NORTHWEST WI HEALTHCARE EMERGENCY READINESS COALITION (NWWIHERC)

MULTI-DISCIPLINARY COVID-19 RESPONSE PANDEMIC INTERVALS FRAMEWORK: ACCELERATION AND DECELERATION

JULY 1, 2020-FEBRUARY 28, 2021

May 18, 2021

The After-Action Report/Improvement Plan (AAR/IP) aligns Event objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Event information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Event Overview

Event Name	**COVID-19 Pandemic Response in correlation with the CDC's Pandemic Intervals Framework: Acceleration and Deceleration.**
Event Dates	July 1, 2020-February 28, 2021
Scope	Hospitals, County and Tribal Public Health Departments, County Emergency Management Agencies, Long-Term Care Facilities, Home Health and Hospice Agencies, Community Health Centers, and Emergency Medical Services within the 15 Counties of Northwest WI Healthcare Emergency Readiness Coalition.
Mission Area(s)	Response
Core Capabilities	• Operational Coordination (OC)/Emergency Operations Coordination (EOC) • Operational Communication (OC)/Information Sharing (IS) • Medical Material Management and Distribution (MMMD) • Intelligence and Information Sharing (IIS)/ Public Health Surveillance and Epidemiological Investigation (PHSEI) • Medical Surge (MS)
Objectives	(OC/EOC) Ensure coordinated response throughout real event by activating and sustaining the Incident Command System. (OC/IS) Provide healthcare situational awareness that contributes to the incident common operating picture. (MMMD) Ensure procurement of medical materials prior to an incident and to transport, distribute, and track these materials during an incident. (IIS) Ensure the capacity for timely communications in support of security, situational awareness, and operations among and between affected communities in the impact area and all response forces. (PHSEI) Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. (MS) The ability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care.

Intervals	Core Capabilities will be evaluated in the context of the Center for Disease Control's Pandemic Intervals Framework: Acceleration and Deceleration
Threat or Hazard	Emerging Pandemic of novel coronavirus, COVID-19.
Sponsor	Northwest Wisconsin Healthcare Emergency Readiness Coalition, with funding from Healthcare Preparedness Program (HPP) ASPR Grant.
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SIGNIFICANT EVENTS LOG

Date	Event/Action
7/1/2020	WI DHS reports there were 588 positive tests and 15,312 negative tests. The seven-day percent positive by test was 4.1% Total number of cases in WI: 29,199 Total deaths in WI due to COVID-19: 786
7/9/2020	WHO releases a brief on the Transmission of SARS-CoV-2. The brief described possible modes of transmission, including contact, droplet, airborne, fomite, fecal-oral, bloodborne, mother-to-child, and animal-to-human transmission.
7/10/2020	The United States reached 68,000 new cases for the first time, setting a single-day record for the seventh time in 11 days.
7/12/2020	WI DHS reports over 1000 new daily cases for the first time.
7/30/2020	Governor Evers announces a new mandate, requiring everyone age five or older to wear masks in all indoor spaces.
9/11/2020	WHO published interim guidance, highlighting the value of antigen based rapid diagnostic tests for the SARS-CoV-2 virus, in areas where community transmission is widespread and where nucleic acid amplification-based diagnostic testing is either unavailable or where test results were significantly delayed.
9/13/2020	Midwest starts to see surge in cases as other parts of the United States see falling numbers.
9/20/2020	Wisconsin reports its 100,000th COVID-19 case.
9/22/2020	US Death toll surpasses 200,000 due to SARS-CoV-2, more than any other Country in the world.
10/2/2020	President Trump tests positive for the SARS-CoV-2 virus
10/26/2020	Wisconsin reports its 200,000th COVID-19 case.
11/8/2020	The US surpassed 10 million infections.
11/12/2020	WI DHS reports there were 8,429 positive tests and 40,994 negative tests. The seven-day percent positive by test was 17.5%. This is the peak of WI cases.
11/13/2020	Wisconsin reports its 300,000th COVID-19 case.

12/11/2020	The F.D.A. authorized Pfizer's Covid-19 vaccine for emergency use, clearing the way for millions of highly vulnerable people to begin receiving the vaccine within days.
12/14/2020	The US death toll surpasses 300,000. The first vaccines in Wisconsin are given to health care workers.
12/18/2020	The F.D.A. authorized the Covid-19 vaccine made by Moderna for emergency use, allowing the shipment of millions more doses across the nation.
12/22/2020	WI DHS reports a record 120 deaths in one day.
1/6/2021	Wisconsin passes 5,000 deaths.
1/8/2021	Wisconsin reports its 500,000th COVID-19 case.
2/2/2021	The WI legislature repeals the statewide mask mandate. The governor responds by reinstating it with a new public health emergency and order an hour later.
2/20/2021	A variant of the virus, the so-called UK strain, is detected in Wisconsin.
Week of 2/28/2021	279,102 vaccine doses administered to Wisconsin residents for a total of 1,695,030.
2/28/2021	WI DHS reports there were 331 positive tests and 12,319 negative tests. The seven-day percent positive by test was 2.4% Total number of cases in WI: 563,960 Total deaths in WI due to COVID-19: 6412

Resources:

https://www.who.int/news-room/detail/29-06-2020-covidtimeline

https://www.nytimes.com/article/coronavirus-timeline.html

It's Been a Year: A Wisconsin COVID-19 Timeline | WXPR

https://www.dhs.wisconsin.gov/covid-19/data.htm

METHODOLOGY

The Northwest WI Healthcare Emergency Readiness Coalition (HERC) consists of inter-disciplinary partners including Healthcare, Public and Tribal Health Departments, Emergency Management agencies, Emergency Medical Services (EMS), Long-Term Care facilities, Community Health Centers, and Home Care and Hospice agencies. The HERC surveyed partners in mid-March (Appendix B), asking them to evaluate the strengths and opportunities of their COVID-19 response in relation to five Core Capabilities during July 1, 2020-February 28, 2021. We asked partners to consider the CDC Pandemic Intervals Framework during this timeframe, particularly the continuation of the Acceleration and beginning of the Deceleration Intervals. The surveys asked for examples on how the organization planned for, collaborated with, or engaged special vulnerable populations during the pandemic (Appendix C). Finally, the survey asked for strengths and opportunities for the NWWIHERC's role during this time (Appendix D). These surveys were collected by the end of March, 2021.

On April 13, the HERC held a virtual After-Action Report Discussion. A copy of the power point and summary of the discussion is shared in Appendix E.

The NWWIHERC Improvement Plan is found in Appendix A.

Partners who submitted both the survey and participated in the virtual AAR are listed in Appendix F.

PANDEMIC INTERVALS FRAMEWORK

The CDC's Pandemic Intervals Framework describes the progression of a pandemic using six intervals. This framework is used to guide pandemic planning and provides recommendations for risk assessment, decision-making, and action in the United States. These intervals provide a common method to describe pandemic activity which can inform public health actions. The duration of each pandemic interval might vary depending on the characteristics of the virus and the public health response.

1. Acceleration Interval

The acceleration (or "speeding up") is the upward epidemiological curve as the new virus infects susceptible people. Public health and healthcare actions at this time may focus on the use of appropriate non-pharmaceutical interventions in the community (e.g., school and child-care facility closures, social distancing) as well the use of medications (e.g., antivirals) and vaccines, if available. These actions combined can reduce the spread of the disease, and prevent illness or death.

Interval Tasks:

- Monitor effectiveness of response
- Activate or expand community mitigation strategies such as closure of workplaces, mass gatherings, etc.
- Monitor surge in healthcare facilities. Consider Alternate Care Sites.
- Plan for Emergency Staffing needs.

- Prepare to receive funding to support response efforts.
- Review mortuary plans
- Continue information sharing with key partners and stakeholders

2. Deceleration Interval

The deceleration (or "slowing down") happens when pandemic influenza cases consistently decrease in the United States. Public health actions include continued vaccination, monitoring of pandemic influenza A virus circulation and illness, and reducing the use of non-pharmaceutical interventions in the community (e.g., school closures).

Interval Tasks:

- Continue actions described for the acceleration interval as appropriate.
- Review plans, and evaluate whether response activities are proportionate to the situation.
- Continue severe disease and syndromic surveillance.
- Monitor for changes in epidemiology.
- Continue vaccination response as appropriate.
- Disseminate updated risk messages.
- Provide information on measures to prepare for and respond to possible additional pandemic waves.
- Continue to coordinate with all partners.

https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html

ANALYSIS OF CORE CAPABILITIES

Aligning event objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the event objectives, aligned core capabilities, and performance ratings for each core capability as observed during the event and determined by the evaluation team.

Table 1. Summary of Core Capability Performance

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).

The following sections provide an overview of the performance related to each Event objective and associated core capability, highlighting strengths and areas for improvement.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Ensure coordinated response throughout simulated event by activating and sustaining the Incident Command System.	Operational Coordination		**S**		
Provide healthcare situational awareness that contributes to the incident common operating picture.	Operational Communication		**S**		
Ensure procurement of medical materials prior to an incident and to transport, distribute, and track these materials during an incident.	Material Management and Distribution		**S**		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Timely communications in support of security, situational awareness, and operations among and between affected communities in the impact area and all response forces/ Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.	Intelligence and Information Sharing/ Public Health Surveillance and Epidemiological Investigation				

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
The ability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care.	Medical Surge		**S**		

Core Capability 1: Operational Coordination

Ensure and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Critical Tasks:

- Activate Incident Command System.
- Respond within scope of Incident Command System structure.
- Distinguish between Incident Command and Unified Command.
- Implement incident communications interoperability plans and protocols.
- Communicate incident response information.
- Provide direction, information, and/or support as appropriate to Incident Command or Unified Command.
- Identify who in each organization will perform what role.
- Determine how each role will be provided the responsibilities.

Core Capability 1: Operational Coordination	Hospitals	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Hospital Incident Command Structure remained activated through this interval. • Use of HICS to manage event ensured identification of priorities and ability to make timely decisions. • Great teamwork by our incident command group. • Internally shifted staff from lower volume departments to departments experiencing surges. • Scaled Incident Command up and down as pandemic progressed based on needs. Met at least weekly and increased to daily meetings as we entered medical surge.	• We operate in silos until we meet as an Incident Command Team. • Lack of understanding of HICS sometimes complicates the process. • Lack of depth in the leadership team to support HICS roles over a prolonged event, especially when response was accelerating and more IC positions were needed. • Office staff was sent home to work remotely. As on-site job duties increased, this fell to patient care staff. • Better use of Labor Pool software Volgistics. • Identify a Labor Pool site coordinator. • Fewer testing capacities resulted in fewer available staff. Delays were experienced in receiving results.

	• Organization was flexible across all levels of staff. • Enhanced coordination with County Public Health Department and other NWWIHERC partners including weekly meetings to identify gaps or opportunities in response. • Daily huddles held in patient care departments. • Many workgroups developed to manage/titrate inpatient and outpatient operations and increase space for patient influx. Reactivation of labor pool for staff exposure shortages and to strengthen areas of priority.	• Learning to operate within guidance with ever-changing variables.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Hospital Incident Command Structure continued to meet and function, though frequency reduced. • Daily monitoring of data and daily patient care unit huddles continued. • Roles and teams identified in acceleration interval were in place to monitor deceleration of the pandemic and recommend gradual return to standard procedures. • Transition from surge to back down to normal practices was conducted smoothly. • Flexibility within all staff was appreciated. • The Incident Command was structured to ramp back up as needed. • Created pre-determined roles to assist in reactivation of HICS. • Infection Prevention policies and procedures regarding masking, screening and visitor restrictions remain in place.	• Staffing challenges were created in some areas when staff pulled in during medical surge returning to their respective departments post-surge. • Scaling back rapidly doesn't come easy as people are wary that it is the right time to scale back. • Once Incident Command meetings were held less frequently, it became more challenging to share information in a timely manner. • Some weeks, HICS meetings had a lot of information, other weeks, there was very little to share. • Unclear when Incident Command should stand down.

	• Solid workgroup teams. Rapid and concise planning in preparation for monoclonal antibodies and vaccines. • Utilized internal education software to create timely accountabilities for staff to finish vaccination education courses. • Great collaboration with NWWIHERC Region 1 HUB and Regional Manager, Rick Merryfield. • Focus shifted to mass vaccination operations when vaccine became available in Region 1. • We began planning for vaccines within our hospitals and transitioned to an off-site location to accommodate more of the public.	

Core Capability 1: Operational Coordination	Public and Tribal Health	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Incident Command Structure activated allowing a more effective response as the pandemic escalated. • Regular Intercounty-Tribal Relations meetings reinforced a more unified response, allowed sharing of resources when needed, and built credibility in public messaging. • Long-standing history of partnerships with many organizations, sectors, and departments made operational coordination easier and more seamless. • Remote work options in place including necessary supplies and equipment. • Smooth transition from remote work back to in-person work when needed based on local metrics/situation/need. • County and Tribal agencies were able to quickly adapt and change service operations (for example, shift Meals on Wheels to grab-n-go meals for older adults) based on local updates from DHS/Public Health. • Identified roles within incident command structure, using individual and organizational strengths to maximize capacity. Good ongoing coordination with Local Health Department, hospital, Long Term Care facilities, coroner, tribe, clinics, and schools. • Daily nurse meetings held related to cases. • Weekly ICS meetings minutes shared with all. • Weekly vaccine coordinator calls with all vaccine providers in multi-county area.	• Distribute “Public Health On-Call Schedule” or “off hours contact information” sooner so it’s clear what to do when something comes up on weekends/evenings, etc. • Share any changes with internal Incident Command structure with external partner organizations for clear communication. • Hire limited term employees earlier in the pandemic. • Ensure continuity of EOC operations with staffing and the correct representatives.

	• Department of Administration support and the ability to add more Limited Term Employment positions. • Regular discussion and encouragement for self-care. • Strengthened partnerships among leadership, while more clearly defining the role of public health for all those involved.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• Mobilization for the vaccine clinics corresponded to the beginning of the deceleration interval (a decline in cases). • Good vaccine response – staff members were ready to go with vaccination clinics. • The Wisconsin National Guard (WING) testing sites and logistics prepared staff for the COVID vaccination clinics once vaccine was available. • Smooth process for vaccination clinics developed. Staff were trained and knowledgeable by the time vaccine arrived to our communities. • Reduced frequency of meetings kept partners engaged. • "Revive the Valley" Task Force- was formed to create and dispense information for event organizers and attendees for safety protocols.	• Need a better system for vaccine appointment management in future (for example, VRAS). • Consider leveraging existing partnerships to hold community-based clinics together. • Recognize there could be a gap in coordination/communication during deceleration interval. Existing staff/partners may be tired, may be burnt out, may finally be taking vacation/PTO. • Gaps in vaccine coordination as State was not able/willing to share who was receiving vaccine initially.

Core Capability 1: Operational Coordination	**Emergency Management**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Emergency Management agencies were included in regular (daily or weekly) conference calls with both internal and external response partners.	• Involve local schools and local municipalities earlier in the response.

	• Worked as a "well-oiled team" with Public Health partners in our efforts to provide PPE to health care and responders, vaccinate as new groups became eligible, and provide drive through Covid testing. • Our EOC was virtual and met 2x a week at first and then only once a week to make sure all were updated on the response and to problem-solve any issues, including legal issues. Included Tribal partners. • Developed an on-line vaccination registration process that seemed to streamline the process. • Recruited volunteers to assist vaccination clinics that included our Medical Reserve Corps, Search and Rescue volunteers, and others who wanted to help. • Served as a regional fixed UV light decontamination site for PPE with broader coordination effort outside the County, WEM, and other healthcare agencies.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• Continue to hold one local coordination call per week with partners. • Continue to provide support for testing sites through WING with excellent National Guard members.	• More input from other agencies on what, if anything they need. Many of our local agencies experienced pandemic fatigue, and sometimes that caused information to be lost or missed. • Consider funding support for rural Emergency Management offices to hire LTE positions or other support. Very challenging to complete plan of work, manage PPE distribution, testing, and coordination with a department of one.

Core Capability 1: Operational Coordination

Emergency Medical Services

Acceleration Interval

Strengths	Opportunities
• Incident Command was activated and utilized well. • EMS was asked to assist with internal system vaccination clinics for observation only. Did not participate as vaccinators outside of the healthcare system.	• Didn't have an agreement between MN and WI to allow EMS responders from other states to come and work in WI while their WI license was being processed. Legislation to fix this has since been passed. This was needed sooner than later!! • Staffing was an issue due to hiring freezes and compounded by pandemic.

Deceleration Interval

Strengths	Opportunities
• Strong message from leadership about need to change expectations and respect time off since the pace of response is not sustainable long term. • Continue weekly staff call in for information sharing.	• None identified

Core Capability 1: Operational Coordination

Community Health Centers

Acceleration Interval

Strengths	Opportunities
• Incident command structure for the organization was established quickly at one of the administration sites. • Participation in regional/community pandemic planning. • Covid curbside testing established at multiple sites including both PCR testing and antigen testing for symptomatic patients with PCR to follow.	• Increase staffing for COVID related staff shortages. • Not understanding the full ramifications of the virus.

	• Ability to mobilize resources quickly. • Established meetings daily as needed, scheduled for 3 days a week. • Coordinated with the state for needed supplies. • Moved to telehealth with our therapists quickly.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• Continued Covid testing and vaccination for communities.	• Increase volunteer opportunities with COVID vaccination

Core Capability 1: Operational Coordination	**Long-Term Care**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Well-developed Emergency Preparedness and Response plans that are easily understood by ancillary staff. • Regular meetings with Public Health for agency planning in preparation for cases and surge was helpful for agency readiness. • Several facilities were set up well to accommodate the isolation as needed. • Dedicated COVID units were established. • Facility has a Medical Director who will sign directives in an emergency in timely manner. • Our Incident Commander was very well prepared for outbreak and followed policies and procedures. • Larger organization coordination for establishment and revisions of policies and procedures to address infection prevention concerns by utilizing guidelines and recommendations from CDC, CMS, and State and local health departments.	• Difficult to attend all calls, resulting in missed updates at times. • Lack of depth of trained staff for coverage of key leadership positions. • Limited options for staffing contingencies when staff was out sick or on quarantine. • Updated policy dissemination to front line staff was inconsistent. • Leadership needs more training on the Incident Command System. Need to understand roles and responsibilities. • Leadership is new and we had to circle back many times to revisit different areas of our plan.

	• Rapid response to outbreaks. • Strong and cohesive core group that could improvise and adapt to the rapidly changing situation. • Quickly implementing response policies and auditing for compliance.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• Ability to continue to execute Core Principles. • Knowledge and awareness of ongoing CMS, CDC and DQA guidance updates and changes, as well as regulatory waivers. • Ability to adapt quickly to changing policies regulations. • Staff continued to work well together to cover for each other as other staff were sick and to move residents in and out of the COVID unit. • Strong coordination when implementing the National Pharmacy Program for residents and staff of Skilled Nursing facilities. • After initial surge, able to get into a good flow and rhythm with new policies and procedures.	• With fewer company-wide meetings, concern that facility and staff were less nimble to make rapid changes. • Need increased knowledge of the Incident Command System and to build staff redundancy for key positions. • Managing staff morale regarding burnout and pandemic fatigue. • Challenging to coordinate changes in guidance across different continuums of care. • Share and educate on all changes in guidance and policies with all staff, not just those who “need to know”.

Core Capability 1: Operational Coordination	**Home Health and Hospice**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Ability to hire additional RN’s and LPN’s to manage surge of patients, not only those with COVID, but also those leaving nursing facilities to be cared for in their homes, and those refusing rehabilitation stays in Skilled Nursing and Assisted Living Facilities.	• Need Skilled Nursing Facilities, Public Health, and Health Care systems to agree to use PCR tests for diagnosis. Use of antigen tests in some facilities for diagnosis caused confusion. • Hired additional RN’s but had 3-month training program before able to work.

	• In house 24/7 call center for internal employees/staff	• Expand on emergency staffing options to include travel nurses.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Additional staff equaled additional business and good company growth overall. • Able to admit more patients weekly which is what area hospitals and facilities needed pandemic or not. • Information technology issues were solved quickly.	• Pandemic fatigue is resulting is less implementation of infection prevention tools initiated during the peak of the pandemic. • Need to review and evaluate policies and update as situation changes.

Core Capability 1: Operational Coordination Analysis

Summary of Strengths

The majority of organizations within the NWWIHERC activated their Incident Command structure prior to the acceleration interval and were functioning at a high level during this time period. Most organizations met daily or several times a week during the peak of the medical surge and have since reduced or limited the number of meetings based on need. Facilities named staff teamwork, flexibility, better defined roles and responsibilities, and existing relationships with partners as strengths. Unified Command between County and Tribal Health Departments was utilized and Hospital Incident Command Systems demonstrated scalability as the surge in cases progressed. The ability to hire additional staff, utilize telehealth options, create solid work teams, and receive assistance from the Wisconsin National Guard and the Federal Pharmacy Program were key strengths.

Summary of Improvements

The prolonged nature of the COVID response has exposed a lack of depth and redundancy among leadership staff at many facilities. Issues such as covering for leadership staff when they became ill, limited number of staff in rural departments, staff burnout, and pandemic fatigue were all named as challenges during these two intervals. The ever-changing guidance from National and State sources was difficult to integrate into existing operations. As meeting frequency declined it became challenging again to remain up to date on the latest developments in the response. Some decisions were difficult to make at the local or facility level due to delayed information or project implementation from WI DHS.

Analysis

Throughout the acceleration and deceleration intervals of the pandemic all sectors in the NWWIHERC utilized the Incident Command System and Emergency Operations Centers to manage and support their response with success. Building depth and understanding in leadership roles and responsibilities, as well as lifting up staff resiliency and creating chances for rest and renewal for staff are opportunities. The transition from daily

operational coordination to standing down and returning to “normal” business has not been consistent across sectors and is difficult to navigate.

Core Capability 2: Operational Communication and Information Sharing

Provide healthcare situational awareness that contributes to the incident common operating picture.

Critical Tasks:

- Disseminate relevant and timely messages in coordination with key partners to the community regarding mitigation strategies, situational awareness, and response plans and policies.
- Utilize existing communication platforms to share situational awareness.
- Conduct briefings with local partners including elected officials, businesses, response agencies, schools, and health care facilities.
- Disseminate updated risk messages.
- Share information regarding vaccine eligibility, availability, and distribution.

Core Capability 2: Operational Communication	Hospitals	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Incident Command communications included sending out intranet notifications, daily leadership huddles, updates from Public Information Officer, and daily or weekly emails to keep all staff informed. • Implemented digital sign at main highway entrance to communicate changes in policies to the public. • Always tried to start communications with the "why". • Weekly call with our local stakeholders (county leaders, Public Health, clinics, etc.). • During the times of surge, a capacity report was formed by the Emergency Manager to report internal hospital capacity, regional capacity including out of State hospitals and EMS capabilities for transfer.	• Frequent workflow changes made communicating the right information at the right time to the right people difficult. It was difficult to avoid information overload. • Quarantine requirements for staff and return to work guidelines were ever changing and confusing for some. • External communication to the public could have been better at times. • Good communication to leadership however, not all leaders and frontline staff received updates in a timely manner. • Rapidly changing information and repetitive notifications resulted in email burnout and fatigue. • Provide managers advance communication of changes to prepare for staff needs and questions.

	• Identified 1 Internal PIO & 1 External PIO early in the pandemic and sustained throughout this interval of response. • Active social media presence. • Work group representatives reported out regularly on vaccine, regional updates, infusion clinic status, PPE, and colleague communications. • Weekly Forum/Town Hall Meetings for all staff. • Transparent communications regarding data. • Quickly identified weaknesses with communication and purchased iPhones to be used for better communication strategies. • Multi-level communication processes for internal, external partners and community.	• Better communication at the system level, not all knowledgeable with needs for a hospital versus ambulatory care.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Infection Preventionist created timely updates on how to manage different populations. Incident Command utilized this information to make decisions and share details with staff via the intranet and personal communication. • Director meetings continued following incident command meetings. • Public Information Officer continued staff, website, and social media updates especially once vaccine became available. • Weekly communications to all staff have continued through email, daily briefings, Town Hall meetings, and forums. • COVID data reported daily through EMResource and HHS Tele-tracking. • Internal communication was well-honed at this point in the response.	• As meetings and communication became less frequent during this interval, some communications were missed or overlooked. • Experienced less communication with the county Health Department including during key vaccine task force conversations. • System-wide Incident Command communications were not shared with smaller system entities as frequently. • Inconsistencies in communication to staff related to return to work/testing caused confusion. • Difficult to share up to date information with a decrease in Incident Command meeting frequency.

	• Continue with one internal and one external Public Information Officer. • Continue multi-level communication processes for internal, external partners and community related to operational changes due to reduced COVID levels.	

	Public and Tribal Health	
	Acceleration Interval	
	Strengths	**Opportunities**
Core Capability 2: Operational Communication	• Excellent communication with local Skilled Nursing Facilities to identify and provide clarity to guidance related to staffing issues, testing of staff and residents, isolation and quarantine guidance, and trying to "box in" the virus during this interval. • Provided strong Public Health communication through public presentations to County Board/Tribal Council members, community leaders, and schools to share critical information, research, and updates and help facilitate decision-making. • Utilized multiple outlets such as radio, social media, Canva website, and print media for information sharing. • Relationship foundations made communication easier with partners. • Dedicated Public Information Officer developed materials, double-checked for accuracy, message clarity, and health literacy. • Established a COVID-19 hotline to answer questions about allowing County dispatch to refer calls appropriately. • Shared situational awareness and operations updates multiple times a week internally and weekly with community partners, including school	• Information was not distributed as quickly as previous intervals due to the higher workload, increasing number of cases, and demand on staff time. • Specific requests for information from stakeholders not answered due to small Public Health departments being overwhelmed. Expectations of Public Health Department were not always met. • Educational materials not always easy to read depending on software program. (PDF, JPEG, PNG, etc.) • If doing coordinated/unified command between entities, have information dispensed at same time or in same format/message to avoid confusion. • Internal communication was diminished during the increase and peak of cases. • Some partners did not utilize ICS appropriately, which lead to a less than unified message regarding quarantine and other related issues. • Testing site availability not always communicated to the public in a timely fashion. • Multiple agencies and stakeholders shared information that was not always aligned with messaging from the local Health Department. Need to have

	leaders, elected officials, healthcare partners, coroner/Medical Examiner, and EMS services, as cases increased. • Weekly press conferences. • Weekly community stakeholder meeting minutes shared out to email listserv. • Shared important updates internally prior to information being released to the public, as able. • Daily Western WI Public Health Readiness Consortium calls for participating departments.	consistent and streamlined messaging across organizations.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Information sharing between agencies, and community partners continues for discussion and planning, particularly focusing on vaccine distribution. • Daily situation reports continued via Facebook due to ongoing demand for information and transparency. • Have created a Vaccine newsletter. • Daily Western WI Public Health Readiness Consortium calls for participating departments.	• Large demand from the public regarding the vaccine administration/eligibility process. Constant demand for information. • Hotline has required additional phone lines and more staffing to manage. • Miscommunication within the team as emails or meetings might be missed by personnel. • Keeping staff updated with changes to guidance has been a challenge. • Health equity assistance from the State • Streamlining messages from multiple sources on vaccine eligibility.

Core Capability 2: Operational Communication	**Emergency Management**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Emergency Management radios given to Public Health staff for their response use. • Virtual communication platforms allowed for regular updates locally, regionally, and with State partners.	• A “live” virtual needs board would have been great

	• A weekly Public Information Officer (PIO) team meeting was held. Recruited a volunteer to disseminate information on social media and other media outlets. • PIO handled rumor control on social media and when the Public Health Facebook page was hacked, the entire team was alerted right away. • Emergency Management did great job communicating with and managing PPE requests with partners.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• Continued weekly calls among local agencies, information sharing via e-mail, and regular web teleconferences with state agency partners to stand up vaccination clinics.	• Weekly conference calls continue however with limited participation.

Core Capability 2: Operational Communication	**Emergency Medical Services**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Well connected to large system with daily updates, emails, phone calls for situational awareness. All recorded and available on intranet for reference. • Had current guidance available on phone app for both air and ground services.	• None identified
	Deceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified

Core Capability 2: Organizational Communication

Community Health Centers

Acceleration Interval

Strengths	Opportunities
• Robust and timely internal communication around safety and workflow changes including a weekly safety/operating procedure meeting, email to all staff, "COVID Office Hours" by senior leadership, weekly videos from senior leadership to all staff, internal signage, media and social media presence on COVID safety, targeted articles in the local press, text messages to patients, Patient Portal messages on safety, telehealth, and testing. • Participation in County/Partner response groups to share testing opportunities. • Worked with state Community Health Center organizations	• Regular communication to all staff was not consistent.

Deceleration Interval

Strengths	Opportunities
• None identified	• External communication on vaccination priority groups.

Core Capability 2: Operational Communication

Long-Term Care

Acceleration Interval

Strengths	Opportunities
• Identified one person to keep up with CDC, CMS, and DHS information and they updated the company weekly on any changes.	• Communication with external businesses, response partners, vendors, other services providers, and other facilities outside our organizations could be improved.

	• Explored multiple manners of communication with staff, residents and families including verbal, written, virtual, mass communication system, and electronic communication. • Communications with the County Public Health, Regional HERC, DQA webinars, and corporate meetings were very current, relevant, timely, and extremely purposeful. • Communication plan included calling families every other week and sending emails on opposite weeks. Email staff with updates. Paper communication distributed to residents. • Director of Nursing and Nursing Home Administrator trained staff on current policies and procedures. Kept them informed of new cases and cases in the community. • Have good relationships with other entities such as Public Health and doctor's offices to keep us informed of increased cases or areas with outbreaks. • Our corporate office sent at least weekly updates to family members and staff regarding current cases. • We connected with our doctors, Hospice, and vendors to keep them informed of our needs as they were not allowed in the building. • Medical director highly involved in preparedness and communication. • A COVID communication board was updated weekly for all staff and residents to receive an update on COVID spread and activity within the local community. • Had sufficient contact information available for staff and family members.	• Over communication and volume of information from too many different sources was overwhelming. People stopped paying attention. • Slow internet that impinges our medical record system. • More regular staff meetings where all staff would be invited to come could have provided a more efficient way to provide education to staff. • Need a more efficient way to communicate with staff, families and residents as opposed to one-to-one conversations. • Need to adopt a mass communication system to communicate with staff quickly. Had contact information, but missed individuals because of communication platforms. • Lack of up-to-date stakeholder email distribution list in the beginning.
	Deceleration Interval	
	Strengths	**Opportunities**

	• Implemented a text-based communication system for staff. • Opening up for visitation and staying in contact with families about how this will happen. • Ongoing communication with residents, staff and family members with proven communication techniques. • Regular situational updates for staff. • Local organizations were providing education as need. Health Department was very good about staying in touch with the facility. • Rapidly changing guidance from various entities was quickly communicated internally to staff and externally to resident family members/emergency contacts. • Residents and families and the community were able to stay connected with the use of technology. Streaming church services, etc.	• Communication between all partners decreased and was not as consistent during this interval begging the question "what are we missing?". • Identified the need for different communication for different levels of care. • Timely with family regarding changes in guidance is key. • Preparing and communicating with staff for the stress of working in the COVID unit would have been helpful. • Continued need for internal and external mass communication methods. • Consistent messaging between Health Departments regarding similar situations would have been helpful. Inconsistency caused confusion. For example, there was confusion on when testing should be completed for influenza. Hospitals and labs were not aware of the CDC recommendations of testing for both viruses. • Need to draft communication regarding how to move forward with increased vigilance and lessons learned to avoid another outbreak.

Core Capability 2: Operational Communication	**Home Health and Hospice**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Good internal staff COVID communication via email and links to intranet system. • Weekly Zoom Meetings by CEO to update all branches on current situations and events. This was a time where all staff could ask questions and have them answered. Assurance was given that there would be no lay-offs,	• Communicating COVID Testing site options to our staff needed expansion to prevent delays. • Need to monitor the effectiveness of external communication with partners. • Slow implementation of communication platforms such as Google Duo, Skype, etc.

	and working from home for some staff would be an option. • In house 24/7 call center in place with ability to mass communicate. • Good written communication disseminated thru multiple media outlets to staff, patients in care, families and community partners.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• COVID Vaccine information and opportunities have been well communicated to staff including the ability to take time off to receive the vaccine and sick time if needed post vaccination. • Monthly Networking group communicates about changes within their companies and facilities, able to know which facilities are completely vaccinated and where others stand on open visitation and resident's leaving facilities. • Account Executive keeping office and staff in the loop as things start changing in the community with facilities and other places starting opening up. Good communication with employees.	• Weekly company-wide meetings have ceased. They were nice when they were in place. • Telehealth Software Acquired, but not well utilized for homecare patients. • External communication with stakeholders could have increased.

Core Capability 2: Operational Communication Analysis

Summary of Strengths

Operational Communication was well-honed by this point in the pandemic. Most facilities had a clearly identified Public Information Officer (PIO) managing communication with the public and some had a PIO for internal stakeholders. Communication from Incident Command teams and leadership was shared regularly and broadly with stakeholders including patients, residents, staff, community partners, and family members. Multiple communication methods were utilized including radio, print media, social media, emails, newsletters, staff forums, daily briefings, press conferences, and Town Hall meetings. Virtual platforms were well-utilized.

Summary of Improvements

The volume of communication was overwhelming at times and facilities named “email burnout and fatigue” among the challenges during these intervals. As facilities became busier caring for patients and residents during the medical surge, communication was missed and not as timely. Suggestions for improvement included creating a local or regional resource request platform, similar to WebEOC, giving adequate notice to leaders of policy changes prior to public press releases, and reaching out to businesses and schools sooner in the pandemic response.

Analysis

Partners within the NWWIHERC utilized a wide variety of communication methods to effectively communicate with internal and external stakeholders. During the deceleration interval, meeting frequency decreased resulting in less timely and regular communication. Issues such as rural internet limitations, limited forewarning of policy changes to leadership, and a lack of mass communication systems negatively impacted operational communication during these intervals of the response. The NWWIHERC will begin utilizing eICS soon, with hope that this will streamline operational communication and coordination between partners.

Core Capability 3: Medical Material Management and Distribution

Ensure procurement of medical materials prior to an incident and to transport, distribute, and track these materials during an incident.

Critical Tasks:

- Direct and activate medical material management and distribution
- Acquire medical material from national stockpiles or other supply sources
- Distribute medical material
- Monitor medical materiel inventories and medical material distribution operations

Core Capability 3: Medical Material Management and Distribution	Hospitals	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Acquired and was able to quickly implement medical protocols for BAM infusions with assistance of the Medical Executive Committee. • Strong engaged enterprise support. • PPE counts occurred daily and were reported to the Emergency Management Coordinator and Incident Command team. • Full conservation measures were in place early on which allowed for good management. • 3 days/week morning calls with system materials management for situational awareness. • Daily report of materials/PPE on hand at main warehouse. • Great management team who was easy to contact. • Ability to obtain supplies to meet needs for PPE, COVID testing, BAM, and staff vaccines. • Supplies and resources held steady and we are replenishing disaster stock	• Need to better manage and count PPE supply. • Procurement of adequate PPE was hindered by inability to stockpile pre-event as well as supply chain availability and back orders from vendor during event. • Challenges in getting lab supplies for Abbott modified PCR test, Biofire panels, Strep test and other lab supplies. • Could have moved more quickly on adding negative pressure rooms in the emergency department. • Decreased testing capacities. Delays were experienced. • Lack of plan for increased need of computers for charting, glucometers, etc. with increased patient load during medical surge. • Need more robust and broader medical supply networks. • Changing conditions and lack of resources: perishable PPE, working outside of our normal patient placement, distribution and management of patients, not considering the medical gas issues, vent beds and

	and continue to rotate to avoid expiration. • Quickly applied for "Vaccinator" status through WI DHS and received vaccine allocation. • Created a vaccine task force within Operations Section. Stood up a closed POD for the hospital staff and EMS as soon as allotments began. Tiered hospital staff for first vaccines. • Provider led education to providers regarding new protocols and policies. • Treatment approach was perfected by providers and nursing staff during the summer months to gear up for the medical surge. • Nebulizer treatment process changed by purchasing new equipment for safer practices. • In-touch devices were implemented and distributed to Skilled Nursing Facilities. • Created Respiratory Clinic within Primary Care that was solely focused on COVID.	demands of additional resources on current inventory. • Fit testing capabilities and having required equipment (PAPR/N95).
	Deceleration Interval	
	Strengths	**Opportunities**
	• Able to procure Abbott modified PCR testing supplies, and Biofire respiratory panels. • Vaccine task force worked closely with Public Health to stand up vaccination clinics for the public. • PPE counts show our levels mostly back to pre-pandemic levels. • Return to conventional use of PPE to promote staff safety: returning to recommended N95 usage. • Supply chains have been restored. • Ongoing ability to obtain supplies to meet needs for PPE, COVID testing, BAM, staff vaccines and systems to	• We are now seeing challenges getting the other Biofire panels because the company put their resources into respiratory panels. • Vaccine allocations have been inconsistent across entities throughout the region. • There will continue to be a short supply of certain PPE that is preferred by staff due to global supply chain shortages. • Adjusting to not "reusing" PPE- people wanted to hoard their N95's from using them for extended periods earlier in the pandemic.

	calculate PPE burn rate adjusted for COVID levels.	

Core Capability 3: Medical Material Management and Distribution

Public and Tribal Health

Acceleration Interval

Strengths	Opportunities
• Critical use of PPE initiated earlier on in, which has prolonged the use of PPE and need for more frequent fit testing. • Community donated many items of PPE to Skilled Nursing Facilities which prolonged the use of the existing supply of PPE. • Good distribution of source control face masks to general public. Distribution through COVID-19 WING testing sites helped provide public with facemask. Local churches sewed masks – these were also distributed at community testing events to increase the number of community members wearing face masks and decrease the spread of illness. • WI National Guard testing sites went well during this interval. Demand for testing was high during the summer of 2020 and into fall. • Facilitated the distribution of PPE, often in partnership with County Emergency Management to facilities that did not have adequate supply. • The new cots from the state were very useful at the mass vaccine clinics. • Utilization of the Sign-up Genius system to schedule in clinics and use of WIR to manage vaccine supply. • Process for vaccine tracking is similar to what is normal practice. This made tracking easy.	• Storage challenges for PPE distribution, additional supplies for vaccination clinics, etc. • As agencies run out of certain make/models for respirators, the demand for fit testing increases. Consider use of volunteers to do fit testing in the future. • Availability of rapid tests was severely limited during the early phase of this interval. Having more rapid tests earlier on would have been able to provide more information for prompt response. • Local Health Department did not do regular rapid COVID testing due to lack of equipment and staff. • Some local facilities were unaware that public health could assist with acquiring necessary PPE or state infection control resources. • We did not adequately plan for some of the delays due to backorders for purchasing needed equipment and supplies. • Monitoring of internal supplies (needles and gloves) not included in the ancillary kits. • Inconsistent reporting by some vaccinators of Wisconsin residents.

Deceleration Interval

	Strengths	Opportunities
	• When other County departments needed additional PPE to stay safe, Emergency Management and Public Health were able to supply enough PPE for staff and complete fit testing. • Vaccination for eligible persons started as soon as possible. • Having dedicated mass vaccine sites saved staff time. • Vaccine supply of the same brand of vaccine started to increase during this phase. Allowed for easy tracking and education of the public.	• The current software programs available to Public Health are not optimal for patient scheduling or managing long waiting lists. • Needed a Statewide database (i.e., VRAS). • Onboarding to new VRAS system was delayed. • Need more supplies than provided in ancillary kits provided with vaccine. Needles not the best for drawing up as many doses as can get from vials. • Challenges in ordering vaccine through Indian Health Services vs. the State. Delays experienced in delivery. • Many moving parts with vaccine handling and administration that made vaccine clinic planning difficult. • Vaccine demand outweighed supply. • Need to develop a standard process that can be shared for managing multiple brands of vaccine at once.

Core Capability 3: Medical Material Management and Distribution

Emergency Management

Acceleration Interval

Strengths	Opportunities
• Emergency Management played a key role in PPE distribution. Local agencies completed surveys or reached out to their County EM. Items were distributed at a central location. • Some PPE was stockpiled for the medical surge. • Items were ordered through WebEOC. • Agencies typically received enough medical supplies for what they needed with new changes to PPE recommendations.	• A virtual information page or platform for all things COVID would have been helpful. Something similar to WebEOC, but on a local or regional level. • PPE distribution process was cumbersome for departments with very small or limited staff.

Deceleration Interval

Strengths	Opportunities
• PPE distribution processes continued with less and less need identified.	• Need to identify a process to transition out of the PPE business for Emergency Management.

Core Capability 3: Medical Material Management and Distribution

Emergency Medical Services

Acceleration Interval

Strengths	Opportunities
• None identified	• Witnessed several volunteer services that didn't have PPE or didn't use PPE appropriately. • EMS services lacked testing supplies.

Deceleration Interval

	Strengths	Opportunities
	• None identified	• None identified

Core Capability 3: Medical Material Management and Distribution	Community Health Centers	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Telehealth implementation reduced the need for PPE. • Created a PPE acquisition/allocation management system including weekly calculation of burn rates, system to assure minimum 90-day supply. • PAPRs acquired for each clinic site. • Curbside COVID testing was available. • Bought tents and a Conex box to conduct testing outside of the clinic.	• Timely access to N95 masks.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Secured a vendor for PPE supplies. • Community vaccination clinics were opened as eligibility increased. • Pharmacy Director registered the organization as a "Vaccinator", handled the weekly request and allocations for all sites, and coordinated with the Regional HUB and clinic leaders. • Electronic Medical Record (EPIC) useful for vaccine registration. • WIR Reporting happened in real time.	• None identified

Core Capability 3: Medical Material Management and Distribution

Long-Term Care

Acceleration Interval

Strengths	Opportunities
• PPE inventory kept organized in a central location. • Weekly PPE inventory and burn rates calculated. • Ordered PPE proactively using new vendors in anticipation of medical surge. • Availability and capacity for routine testing with BinaxNOW antigen tests supplied by the Federal Government. • Ability to secure emergency PPE supplies from Emergency Management and Public Health through State stockpile was helpful. • Implemented contingency use and reuse of PPE following guidance. • Corporate support in acquiring PPE was key with increased purchasing power. • Maintained adequate supply of PPE during surge times as well as rapid access to PCR testing supplies and results. • Community really stepped forward and provided us with hand-sewn face masks as we could not find surgical masks to purchase. • Federal Pharmacy Program for vaccination of staff and residents was a strength.	• Supply chain for PPE and disinfecting supplies were challenged. • Difficult to find masks that the organization had already fit tested to. • Data entry for routine COVID-19 Testing very inefficient, time consuming, and almost unmanageable. • Some facilities were required to change testing laboratories which made testing even more inefficient. • Many facilities did not have robust respiratory protection plans, fit testing supplies or N95 masks. • PPE supplies became very expensive as demand outweighed supply. • Storage space for PPE supplies is limited and will need to manage expiration dates. • Using less than best practices (N95s) to deal with supply shortages. • Needed larger stockpile in beginning; 72 hours supply does not work when hit with a pandemic. • When resources were scarce, there seemed to be no prioritization of skilled care centers, more focus on hospitals.

Deceleration Interval

Strengths	Opportunities
• Able to stabilize supply of PPE and disinfection supplies. • Supply chain issues have ceased and we no longer need to utilize contingency strategies.	• Not monitoring PPE inventory as closely or accurately. Could put us in difficult position should another shortage arise. • Routine asymptomatic testing.

	• Have diversified and secured other suppliers for PPE. • Returning to best practice for use of N95s, eye protection and isolation gowns. • BinaxNow Testing kit supply and shipping was more than ample and very dependable. • Extensive planning due to lessons learned from this experience in regard to Material Management. • Family representatives were contacted by DON, Administrator, MD, and staff to complete consent process and documentation. • Business office staff were trained to complete testing and reporting to free up nursing staff. • Federal Pharmacy Partnerships were critical in the ability to offer vaccination to all staff and residents.	• Reluctance by visitors, residents, and health care personnel to receive the vaccine. • Many staff members did elect to receive vaccination, but it was a touchy subject for facility to broach with staff members. Additional guidance, talking points may have been helpful. • More incentives for staff to receive vaccination. • Staff have never had to reuse PPE. At times had to be creative because not all items and supplies were readily available. Had to wait at times for staff from the care center to bring supplies to the COVID unit. • Vaccine doses were wasted early on because of lack of understanding on what to do with "extra doses". • Finding quality supplies at a more reasonable price • Need plan for when the National Pharmacy Program is over to vaccinate new staff and unvaccinated residents.

Core Capability 3: Medical Material Management and Distribution	**Home Health and Hospice**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Availability of COVID testing for staff to meet CMS requirements. • Weekly check in with corporate office and other branches on PPE supplies. • Distribution of emergency equipment available & ability to distribute for outbreak containment. • Established a company distribution site for PPE/medical supplies. Tracked usage.	• Maintain stockpile of PPE. • Increase communication between branches on their inventory as some had more than others. • Develop an electronic tracking system as the manual tracking system was time consuming.
	Deceleration Interval	

	Strengths	Opportunities
	• Had adequate supplies of PPE during this interval and were able to begin restocking caches. • Material availability and restocking • Continue monitoring of supplies and burn rate. • Continue to work with electronic health record and pharmacy process to offer vaccine to eligible patients.	• Lack of robust respiratory protection plans, fit testing supplies or N95 masks. • Coordination with regional HUB and ability to provide vaccines

Core Capability 3: Medical Material Management and Distribution

Summary of Strengths

Material Management and Distribution during these two intervals included the inventory and management of PPE, COVID testing supplies, monoclonal therapies, and COVID-19 vaccines. Many facilities developed specialty taskforces to rapidly develop new processes. There was ample supply of testing kits available, particularly to Long Term Care partners, through the Federal and State testing programs. Likewise, as vaccine became available, the Federal Pharmacy Partnership for vaccinating staff and residents of Skilled Nursing and Assisted Living Facilities was named as strengths during this response. Corporate buying power, the support of County Emergency Mangers in the distribution of State supplies, plans to move from conventional to contingency use of PPE supplies, and restored supply chain integrity were all strengths during these intervals.

Summary of Improvements

In the beginning of this time frame, many facilities experienced supply chain insecurity and did not have adequate PPE caches to meet the need. Lack of corporate buying power was a disadvantage to smaller facilities as prices for materials increased significantly. Fit testing capabilities and the lack of respiratory protection plans was problematic for some facilities. The quality and quantity of some vaccine ancillary supplies were of concern. County Emergency Managers became overwhelmed with PPE ordering and distribution especially because of their limited staffing. Vaccine resistance continues to be a challenge in this region.

Analysis

Supply chains did not keep up with the demand in the initial intervals of this pandemic, however, by the time the NWWIHERC experienced the acceleration interval, resources had been identified through the State stockpile, processes had been developed for contingency use and decontamination of PPE, and staff had been trained on the proper use and reuse of these supplies. Testing supplies were adequate, although some testing delays were experienced. Trust in the State strategy for vaccine allocation and distribution could have been improved with increased transparency and communication to locals regarding the process.

Core Capability 4: Intelligence and Information Sharing (IIS)/ Public Health Surveillance and Epidemiological Investigation (PHSEI)

Ensure the capacity for timely communications in support of security, situational awareness, and operations among and between affected communities in the impact area and all response forces. Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.

Critical Tasks:

- Provide healthcare situational awareness and exchange information that contributes to the incident common operating picture.
- Provide regular updates to partners, stakeholders, elected officials, and the media.
- Monitor for changes in epidemiology.
- Disseminate updated risk messages.

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation	**Hospitals**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Strong partnership with local Public Health Department for information sharing. • Routine information sharing with EMS and transfer facilities. • Emergency Manager was asked to join the NE MN HERC to share information across state lines and within our usual transfer patterns. • Bi-weekly meetings with hospitals and clinics through NWWIHERC. • Diverse Incident Command team members who attend external informational meetings and webinars to bring information back to the group with suggestions for improvement. • COVID numbers for the region were shared with County Emergency Management weekly. • Daily/Weekly Management huddles.	• Needed additional help with reporting to WIR. • Better flow of communication from regional, State, or National levels. • EMR issues (Epic) did not allow patients to print documents at home. • Occupational Health coordinator would have been helpful for contracted employers. • Managing day to day operations in the midst of the acceleration interval of a pandemic.

	• Increased patient portal usage. • NWWIHERC, Wisconsin DHS, local Health Departments and system-wide facilitated meetings allowed for much needed collaboration and information sharing, thus reduced additional burdens by communicating operational impacts and needs. • Daily monitoring of case counts and hospitalization through the NWWIHERC daily report. • Strong support of Wisconsin Hospital Association and Rural Wisconsin Health Cooperative with State representatives.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• NWWIHERC calls were adjusted to fewer days. • Continue with strong partnerships with local Public Health Departments. • WI DHS sharing regarding vaccine operations and status changes is a strength. The virtual sessions have been helpful in obtaining real time data and updates. • Continue to maintain channels of communication (local, regional, and State). • Continue sharing of information with partners including EMS and transfer facilities to forecast COVID levels within the region and impact on operations. • Increased patient portal usage • Recognizing each hospital system is different in itself, adjusting policies and workflows while adjusting for COVID.	• Need a better flow of information on a regional, State and National level. • State was slow in vaccine planning, establishing guidelines/protocol, and identifying gaps/response; creates confusion and inadequacies. • Determining best way to share information between Incident Command members with decreasing meetings

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation

Public and Tribal Health

Acceleration Interval

Strengths	Opportunities
• Strong communication between local Public Health and Tribal Health partners. Information shared that was crucial to reducing the spread of COVID-19. • Local Public and Tribal Health helped support or assist each other when resources or staffing was limited. • Posted situational awareness on website daily for public understanding. • Public Information Officer communicated daily with public and communicated recommendations and advisories. • Purchasing Virtru email encryption allowed us to easily share HIPAA protected information regarding cases and contacts with the schools and other partners. • Press conference held regularly to share information with stakeholders. • Social media updates • Ability to identify critical needs for achieving data outcomes and make changes accordingly. • Some Public and Tribal Health departments offered routine testing to school staff to help identify illness and prevent outbreak situations.	• Tribal Health may consider including county-wide case numbers when sharing situational updates. • Communication between State agencies and LHDs needs to be improved to avoid communication issues or confusion. • Certain Wisconsin State agencies were not supportive of local Public Health Orders or directly contradicted local orders. • Information sharing happened upwards; lack of good communication downwards to LHDs/THDs. • State plans for COVID-19 response not shared with local leaders in advance. This did not give Health Departments adequate time for local response and planning. • State COVID-19 vaccination plan not shared far enough in advance. • Communication with Assisted Living and Skilled Nursing Facilities related to outbreak management was disjointed and at times delayed their response. • So much information was coming in daily and changing frequently which caused times where we missed information or did not share information in a timely manner. • Material in different languages was needed more quickly. • Consistency and clear explanation of the different ways data is being reported.

Deceleration Interval

Strengths	Opportunities

	• Continued strong information sharing among partners in northern Wisconsin including vaccine information, screening, waiting lists, etc. • Continue daily briefings for public, keeping them informed of current case and vaccine data. • Coordinating with our vaccinator partners within the county allows us to better track our progress and make mutual decisions regarding eligible groups. • Counties created vaccine webpages and coordinated with other vaccinators. • Some Counties created video messages for the public regarding recovery.	• Vaccine distribution information changed quickly. Sometimes slow to know how many doses would be received. Sometimes allocations changed from Tuesday to Friday. Difficult to plan. • Would have been helpful to understand the vaccine distribution process to avoid deliveries when staff was not readily available (weekends and holidays). • The process for vaccine planning with the schools was complicated by the conflicting information the schools were receiving from other sources, which resulted in the schools demanding vaccine before it was allocated to them. • Needed vaccine information in different languages.

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation	**Emergency Management**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified
	Deceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation	Emergency Medical Services	
	Acceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified
	Deceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation	Community Health Centers	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Participated in State and Federal COVID planning teams.	• None identified
	Deceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation

Long-Term Care

Acceleration Interval

Strengths	Opportunities
• Organization held weekly meetings for best practices and information sharing that was very helpful. • The NWWIHERC Regional Daily Report was quite impressive. The Daily Reports were timely, accurate, well-capsulated, and pertinent. • Integrated EMR with capability to share patient information quickly if needed. • Timely and ongoing communication with County Health Department. • Staff screening was done at the door. • PCR testing was done per state and federal guidelines for residents and staff. • Twice per-week testing allowed quick identification of illness. • Staff had been educated on symptoms and came forward if not feeling well or if had an exposure. Rapid test and PCR was used and staff was off until the PCR result was back. • Our corporate office kept our families informed of each new resident and staff case. Also let them know about the frequent changes in Federal, State, and local guidelines/orders. • Attended weekly meetings with local Public Health Department in order to obtain the most current and up to date information. • Attended biweekly/monthly meetings with NWWIHERC, received email alerts from NWWIHERC, DHS/DQA, and LeadingAge WI. • Talked with other nursing homes in the area to identify best practices. • Utilized DHS webinars and listserv daily.	• Not always able to keep up with all of the changes happening at once, falling behind in other areas due to COVID being main focus at all times. • Not all staff were aware of how to get to emergency information quickly in the event of an emergency/disaster. • Reporting processes and penalties were cumbersome. • Information provided by different organizations were at times contradictory of each other. • Information was difficult to find on a variety of websites. • Information provided by governmental agency left many questions unanswered. • County Health Department not always accessible and/or communicative. • Need a better process to communicate with family members of residents. Making individual phone calls to each emergency contact was time consuming and an inefficient use of facility staff time. • Receiving timely and concise updates from regulators.

	Deceleration Interval	
	Strengths	**Opportunities**
	• The NWWIHERC daily reports continue to be well published and a vital source of information. The talking points are very insightful. • Continue to attend meetings with local Public Health Department in order to obtain the most current and up to date information. • Our corporate nurse kept family members informed of new cases but also how many residents recovered and had moved off the COVID unit. • Continue to attend NWWIHERC and receive email alerts from NWWIHERC, DHS/DQA, and LeadingAge WI.	• Organization meetings are less frequent at this time, not as much information sharing. • There was not good information available to provide to staff, residents, and families about vaccinations. The information came too late. • Clear and timely direction from regulators.

Core Capability 4: Intelligence and Information Sharing/Surveillance and Investigation	**Home Health and Hospice**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Weekly meetings on all levels: clinical, office, and sales to update all situations with patients and who was working from where, contact information, and policies and procedures going forwards. • Daily Healthcheck for all employees was started. • Use of company intranet to keep staff updated.	• Healthcheck was not always used daily by staff. Need better incentive to make this process mandatory. • Manual tracking of access to facilities.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Better communication in general about all clinical issues. • Better and refreshed ongoing training.	• Overall, there is less information sharing to staff because things are getting better.

Core Capability 4: Intelligence and Information Sharing (IIS)/ Public Health Surveillance and Epidemiological Investigation (PHSEI) Analysis

Summary of Strengths

For the most part, there was good intelligence and information sharing with local, regional, State, and with bordering States during these intervals. The public was informed of the caseloads, surveillance information, alerts, and vaccine distribution information through regular briefings and social media outlets. Testing requirements within Skilled Nursing Facilities increased awareness and identification of asymptomatic individuals.

Summary of Improvements

Not all surveillance tools were embraced by staff members, residents, or patients. Reporting requirements following outbreak or routine testing in Skilled Nursing Homes were very time consuming and burdensome. Information and guidance from the State seemed to lag behind the reality faced by local leaders and it was challenging to navigate the WI DHS website to find information. Vaccine planning was difficult at the local level when information often changed or was unknown less than a week ahead of time.

Analysis

Strong local partnerships between healthcare entities were key to the success of this capability. Under-utilization of Wisconsin National Guard testing sites was of concern, but routine testing requirements by CMS helped identify illness that may have otherwise gone unnoticed. The NWWIHERC meetings and reports were valued by most facilities for information sharing and awareness of the regional situation.

Core Capability 5: Medical Surge

The ability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care.

Critical Tasks:

- Incorporate Medical Surge into the healthcare organization’s Emergency Operations Plan
- Implement Emergency Department and inpatient Medical Surge response
- Implement an out of hospital medical surge response
- Develop an Alternate Care System
- Enhance infectious disease preparedness and medical surge response
- Manage mass fatalities

Core Capability 5: Medical Surge	Hospitals	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Streamlined process for screening, evaluation, testing, and cleaning. Plenty of bed availability if needed for surge. • Did not experience a surge. Occasional issues created when tertiary hospitals were on divert to transfer patients. • Early planning, development, and review of medical surge plans occurred prior to the actual surge. Plan was clear for staffing needs, beds, etc. • Increased nursing staff training (ventilators, etc.). We have Business Continuity Plans pre-developed for patient surge that layout/define alternate spaces for different patient types. • Established Outpatient Infusion Centers to decrease load on hospitals. • Treatment approach was perfected by providers and nursing staff during the summer months to gear up for the medical surge. • Amazing teamwork across the board from all departments, COVID unit was ready for patients before any surge took place. • Labor Pool and Labor Pool tool to indicate availability was utilized to provide staffing. • Supply Chain managed supply distribution and coordination. • Purchased isolation carts to make PPE distribution safer for staff. • Consistent communication and reporting regarding regional bed availability, patient volumes, and staffing impacts. Allowed for a broad view of situational awareness and how sites were being impacted. This assisted in facilitating/prioritizing planning and response throughout the organization.	• Consider different method for scheduling staff to prevent burnout. Recognize and ensure resiliency is a higher priority. • Needed to adopt antigen testing sooner to save supplies (especially rapid PCR). • No clear plan for managing staff shortages due to COVID exposures. • Infection prevention and control on-site would have been helpful. • Needed to recognize need to increase staffing once options for transfer became limited. • Needed to recognize how quickly Emergency Departments would become overwhelmed once transfers and admissions were delayed due to lack of bed availability. • Lack of communication between clinical managers impacted by surge. • Needed better understanding of the Public Health Departments' role and plans to create buy in from providers.

	• Reallocation of staff from departments that were not busy to inpatient units. • Halted surgeries other than emergent to reallocate staff to inpatient units.	
	Deceleration Interval	
	Strengths	**Opportunities**
	• No further surges experienced. • Extra providers were able to slowly transition back to the clinic or other departments. • Labor pool proves to be extremely effective in continuing to redirect staff to other areas of priority such as the monoclonal antibody and vaccine clinics. • Able to take time to learn from previous experience. • Improved isolation procedures, staff improved on donning/doffing etc. • Planning to close the COVID unit. • Surge plans were developed, revised, and reviewed to accommodate increase and decrease of services and supplies. • COVID positive patients continue to be managed and the numbers have reduced significantly. Surge plans not activated at this point, but confidence that plans can be resurrected quickly if an increase in cases is experienced again.	• Planning and anticipation for future need for isolation space for future medical surge events. Finances for such improvements are challenging. • Need to continue to educate staff on isolation and donning/doffing PPE techniques.

Core Capability 5: Medical Surge	**Public and Tribal Health**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Testing options for outbreak situations was helpful. Rapid results helped guide decisions to prevent additional spread of illness and outbreaks.	• Could have used more disease investigators rather than contact tracers when cases started to increase. • The need for critical staffing in Skilled Nursing Facilities was not addressed or

	• Additional staff was hired and trained to assist with disease investigation and contact tracing prior to medical surge. • Cross-trained social workers for contact investigations increased capacity to manage the heavy caseload during surge. • Developed "just in time" training for disease investigation when it became an "all-hands-on-deck" response within the Health Department. • Developed a procedure on how to work through deaths, including collaboration with the coroner. • Wisconsin National Guard assistance for outbreak testing was beneficial.	supported by the State. State response was to delegate the task of finding additional staff to Local Health Departments. All normal staffing resource pathways were tried and exhausted, with no viable solution. • WEAVR system was ineffective. Word of mouth and social media ended up being the way staffing shortages were managed. • Needed to adjust normal work schedules to accommodate weekends and evening. Needed more 24/7 coverage. • Need for more specific policies and procedures related to pandemic. For example, there was no procedure for how to don/doff PPE when delivering quarantine papers, quarantine papers required constant revision, travel and printing remotely were a challenge. • There was a delay in getting volunteers up and running to help in the vaccine clinics the first few weeks of vaccine distribution. • Need better grasp on staff capacity levels. • Communication with SEOC on Wisconsin National Guard resources. The Pilot Testing Program was challenging to rollout when doing low numbers of tests.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Vaccine clinics were established quickly due to pre-planning and previous experience. • Strong Public and Tribal health focus on vulnerable populations such as those with transportation or language barriers, functional and access needs, etc. • Good natural work pathways, existing partnerships in rural northern Wisconsin. • Strong volunteer base to assist in vaccine clinics as vaccine clinics expanded.	• Determining the "right" hours for vaccine clinics to balance staff and community needs was challenging. • Changes to clinic schedule makes it difficult for working population to adapt/change appointment time. • Needed to purchase additional supplies to meet the needs for pop-up vaccine clinics. • Finding the right fit for some volunteers as well as overall team chemistry during

	• The ability to hire limited term employees for vaccine clinic support. • Ability for continued testing support, along with enough tests being available. Promotion of when testing should occur continues to be on messaging.	vaccine clinics is an opportunity for improvement. • Burnout is impacting the entire public health team. • Significantly lower demand for testing within the community.

Core Capability 5: Medical Surge	Emergency Management	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Emergency Management provided essential service with PPE distribution when supplies were limited.	• A virtual information page or platform for resource requests would have been helpful. Something similar to WebEOC but on a local or regional level.
	Deceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified

Core Capability 5: Medical Surge	Emergency Medical Services	
	Acceleration Interval	
	Strengths	**Opportunities**
	• None identified	• No established process to monitor the effectiveness of the EMS agency COVID response. • No system in place for Quality Improvement or Quality Assurance.
	Deceleration Interval	
	Strengths	**Opportunities**
	• None identified	• None identified

Core Capability 5: Medical Surge

Community Health Centers

Acceleration Interval

Strengths	Opportunities
• Protocols in place to shut down a clinic for COVID exposure and process for creating alternate routing of patients to maintain access to care. • IT platforms in place for telehealth for surge capacity.	• Redundancy staffing protocols for medical clinics.

Deceleration Interval

Strengths	Opportunities
• Volunteer recruitment and temporary staffing plan in place to utilize volunteers and temporary staff for vaccine clinics.	• None identified

Core Capability 5: Medical Surge

Long-Term Care

Acceleration Interval

Strengths	Opportunities
• Created COVID Unit and had prepared the items that would be needed for a COVID positive resident(s). • Response to and recovery from outbreak situation in facility. • Implementation of mitigation strategies. • Preparations were made within facilities to create COVID units by isolating wings or floors. • Use of zip walls to create barriers. • Staff flexibility and willingness to "step up to the plate". • Several managers took the emergency nurse aide course and assisted with everything including laundry, cleaning, feeding residents, assisting with	• Delays in PCR test results were frustrating. • Intake and processing of referrals from hospital to long term care facilities quickly overloaded the facilities' admission process including room cleaning, receiving medical orders, obtaining medications and needed supplies. • Many challenges with disrupting residents on the secured Memory Care unit. Need better planning for this population. • Could not anticipate everything that would be needed to care for the volume of COVID residents at one time.

	transport and other tasks to free up other staff. • Created supply carts for COVID unit. • Staff who recovered from COVID worked on the COVID unit to care for residents. • Took advantage of businesses that retooled and produced hand sanitizer in bulk.	• Lack of staff to accommodate surge. • Emergency staffing options. Facilities would have taken more residents if they had adequate staff. State options were not really options. • Dependent on others to provide testing and surveillance resources. • Testing capabilities in skilled nursing facilities appeared to lag behind resources available to other healthcare facilities. • Lack of clarity regarding responsibility for testing essential staff. • Shortage of hand sanitizer and disinfecting wipes. • Slow access to routine testing supplies/lab service. • More stable supplies situation.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Now have the ability to offer COVID testing with timely results. • Able to respond and make adjustments to mitigation strategies appropriately and in a timely fashion. • Increased communication processes with families based on lessons learned during the acceleration interval. • Strong Infection Prevention programs with strict adherence.	• COVID unit has been deactivated. Uncertainty about ability to stand this up quickly again if needed. • Ability to offer vaccine to new admissions and staff outside of the Federal Pharmacy Program. • Staff resilience and grief during recovery.

Core Capability 5: Medical Surge	**Home Health and Hospice**	
	Acceleration Interval	
	Strengths	**Opportunities**
	• Social work and Massage therapy staff transitioned to Labor Pool when they were unable to do in home visits. • Preparations in place to take care of COVID positive patients at home. Had	• Staff worked in small office space that did not allow for social distancing. • Mask protocols poorly enforced. • Difficult to control after work hour and travel activities for staff.

	adequate supplies, refresher training on appropriate infection control for staff, provided masks, and informed referral sources. • Nurses drove up for supplies, did not come into office any longer. • Enhanced cleaning protocols developed and implemented in office space.	• Locating COVID testing supplies was challenging. • Lack of quality improvement processes to determine success or opportunities during COVID response.
	Deceleration Interval	
	Strengths	**Opportunities**
	• Staffing sustainability has been met and able to manage Hospice patient surges. • High staff vaccination rates. • Continued mitigation efforts including masking, cleaning protocols, and avoiding office contact.	• Home care nurses underutilized in COVID vaccination efforts. • Little to no vaccination allocations to home care agencies. • Staff burnout.

Core Capability 5: Medical Surge Analysis

Summary of Strengths

As the number of COVID cases increased in the NWWIHERC region, most facilities had already reviewed their medical surge plans and were well equipped with dedicated COVID-19 patient care units. Most facilities named staff flexibility and willingness to cross-train and work in areas that needed support during the medical surge as a strength. The ability to hire limited term employees was an advantage and having the support of the Wisconsin National Guard outbreak testing teams was essential. Hospitals were able to make adjustments to elective surgery schedules to meet inpatient needs during the height of the surge event.

Summary of Improvements

In some sectors, particularly Long-Term Care, staff shortages and the failure of systems to quickly recruit volunteers or locate emergency staffing was very challenging. The inability to quickly find additional staff impacted the Skilled Nursing Facility's ability to admit patients from acute care hospitals, therefore increasing the burden on hospitals.

Analysis

The majority of healthcare facilities in the NWWIHERC managed the Medical Surge through hard work, flexibility, and strong team cohesiveness. However, staff burn out and the need for resiliency training has been identified as an opportunity to recover from this prolonged event. Shortages in emergency staffing in our long-term care facilities had consequences for acute care settings which were not easily managed. Ongoing review of medical surge plans and quality assessment of the COVID response will be beneficial.

Appendix A:

Improvement Plan

This IP has been developed specifically for Northwest WI Healthcare Emergency Preparedness Coalition as a result of the initial Four Intervals of the CDC Pandemic Response Plan conducted on July 2020, February, 2021.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Operational Coordination	Increased knowledge of Incident Command Principles	Provide at least three Regional HICS and NHICS courses	**Training**	NWWIHERC Coordinator		7/1/2021	11/15/2021
Core Capability 1: Operational Coordination	Planning Section	Create a Regional Infectious Disease Annex to the Response Plan	**Planning**	NWWIHERC Board		7/1/2021	11/15/2021
Core Capability 1: Operational Coordination	Coordination, Intelligence and	Training and exercise on eICS.	**Training and Exercise**	NWWIHERC Coordinator, Board, and		7/1/2021	11/15/2021

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

	Information Sharing			Member Agencies			
Core Capability 3: Material Management and Distribution	Fit Testing Capabilities	Ensure facilities have access to N95 Fit Testing supplies Respiratory Protection Plan training.	**Equipment**	NWWIHERC		7/1/2021	11/15/2021
Core Capability 2: Operational Communication	Risk Communication	Plan for training regarding Crisis Emergency Risk Communication	**Training/Exercise**	NWWIHERC		7/1/2021	11/15/2021
Core Capability 5: Medical Surge	Resilience	"Now What: Navigating Personal and Community Recovery Post-Pandemic"	**Training**	Aimee Wollman Nesseth and Brian Kaczmarski		7/1/2021	11/15/2021
Core Capability 2: Operational Communication	Social Media	Plan for Social Media Training	**Training/Exercise**	NWWIHERC		7/1/2021	11/15/2021
Core Capability 5: Medical Surge	Crisis Standards of Care	Continue to work with Doug Hill to endorse, support, and educate healthcare	**Planning**	NWWIHERC Board		7/1/2021	11/15/2021

		systems about Crisis Standards of Care within the Region					

APPENDIX B

COVID-19 Regional After-Action Report Survey
Please Complete and Return NO LATER THAN MARCH 19, 2021

WHAT	Novel Coronavirus (COVID-19) Pandemic Regional Preparedness Planning and Response After Action Review/Report (AAR)
WHEN	July 1, 2020-February 28, 2021
CORE CAPABILITIES	○ Operational Coordination/Emergency Operations Coordination ○ Operational Communication/Information Sharing ○ Medical Materiel Management and Distribution ○ Intelligence and Information Sharing/ Public Health Surveillance and Epidemiological Investigation ○ Medical Surge
PANDEMIC INTERVALS FRAMEWORK	○ Acceleration (continuation from previous AAR) ○ Deceleration (to be continued)

OVERVIEW
Purpose

Our region will be conducting a regional after-action review/report to identify strengths and areas for improvement during our COVID-19 response from **July 1, 2020-February 28. 2021**. To ensure we are meeting the needs of the different disciplines within our Membership we will be focusing on the listed core capabilities as well as addressing the CDC's Pandemic Intervals Framework. These are focus areas that must be addressed to meet various requirements, including credit for the Hospital Preparedness Program (HPP) grant 5-year full scale exercise (FSE).

Instructions for Completion
A two-part process is required to receive credit for your agency/organization's participation.

1. Please complete the questionnaire and email to coordinator@nwwiherc.org by close of business on **Friday, March 19, 2021**
2. One agency/organization representative must be present and participate on the AAR call on **Tuesday, April 13, 2021** from **10-11:30am**.

If you have additional strengths or areas for improvement that you would like to add, please do so at the end of the document.

Your agency/organization representative(s) will receive a completed copy of the NWWIHERC Regional COVID-19 AAR within 50 days. It is then your agency/organization's responsibility to ensure that the document meets your requirements and is submitted to required locations/persons as guided by your agency/organization.

DEFINITIONS

Core Capabilities

Operational Coordination: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of Core Capabilities

Operational Communication: Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

Medical Material Management and Distribution: Medical material management and distribution is the ability to acquire, manage, transport, and track medical material during a public health incident or event and the ability to recover and account for unused medical material, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.

Intelligence and Information Sharing: Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

Medical Surge: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.

Intervals based on the CDC's Pandemic Intervals Framework (PIF)

https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html

Acceleration Interval: The acceleration (or "speeding up") is the upward epidemiological curve as the new virus infects susceptible people. Public health and healthcare actions at this time may focus on the use of appropriate non-pharmaceutical interventions in the community (e.g. school and child-care facility closures, social distancing), as well the use of medications (e.g. antivirals) and vaccines, if available. These actions combined can reduce the spread of the disease, and prevent illness or death.

Activities during this interval could include (but are not limited to):

- Monitor effectiveness of response
- Activate or expand community mitigation strategies such as closure of workplaces, mass gatherings, etc.
- Monitor surge in healthcare facilities. Consider Alternate Care Sites.
- Plan for Emergency Staffing needs.

- Prepare to receive funding to support response efforts.
- Review mortuary plans
- Continue information sharing with key partners and stakeholders

Deceleration Interval: The deceleration (or "slowing down") happens when the new virus cases consistently decrease in the United States. Public health actions include continued vaccination, monitoring of virus circulation and illness, and reducing the use of non-pharmaceutical interventions in the community (e.g., school closures).

Activities during this interval could include (but are not limited to):

- Review plans and evaluate whether response activities are proportionate to the situation.
- Continue disease surveillance and monitor for changes in epidemiology
- Assess, plan for, and implement changes in facility and community mitigation measures if appropriate.
- Continue vaccine response.
- Provide updated risk messages both internally and externally.
- Continue coordination and communication with all partners.

Terms

AAR: Reports that summarize and analyzes performance in both exercise and actual events. The reports for exercises may also evaluate achievement of the selected exercise objectives and demonstration of the overall capabilities being exercised.

NWWIHERC Membership: The NWWIHERC is a coalition of member organizations.

Vulnerable Populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to react as the general population. Circumstances that may create barriers include, but are not limited to age; physical, mental, emotional, or cognitive status; culture; ethnicity; religion; language; citizenship; geography; or socioeconomic status.

Organization Name:
Representative Name:
Representative Contact Information:

Using short answers or bullet points, please provide strengths or areas of improvement in the questions below.

1. Consider the following activities when naming your organizational strengths and opportunities for improvement during the acceleration and deceleration intervals. (Not all activities will apply to every organization, nor do you need to address each activity).

    a. Incident Command and operational coordination
    b. Communication
        i. Internal to staff and employees
        ii. External Communication to stakeholders and public
        iii. External Communication to response partners
    c. Therapeutic interventions (BAM etc.)
    d. Disease Surveillance/Testing
    e. Distribution of resources including PPE, vaccine, etc.
    f. Medical Surge
        i. Space: Bed Availability, use of Alternate Care Facility
        ii. Staffing: Strategies within systems, use of volunteers
        iii. Stuff: Supplies,
        iv. Systems: EMS transfers, ability to discharge to post-acute care, etc.
    g. Infection Prevention (outbreak containment)
    h. Vaccine distribution and administration
        i. Vaccinator Registration Process
        ii. Request for allocation process
        iii. Coordination with regional HUB
        iv. Ancillary supplies
        v. Registration systems
        vi. Reporting (WIR)

2. Identify strengths of your agency/organization's COVID-19 preparedness planning and response during ***acceleration interval*** of Pandemic Intervals Framework (PIF). You do NOT need to enter something for each capability. Only complete what applies to your organization.

Acceleration Interval: Strengths
Operational Coordination
•
Operational Communication
•
Medical Management and Materiel Distribution
•
Intelligence and Information Sharing
•
Medical Surge
•

3. Identify areas for improvement of your agency/organization's COVID-19 preparedness planning and response during ***acceleration interval*** of Pandemic Intervals Framework (PIF). You do NOT need to enter something for each capability. Only complete what applies to your organization.

Acceleration Interval: Opportunities for Improvement
Operational Coordination
•
Operational Communication
•
Medical Management and Materiel Distribution
•
Intelligence and Information Sharing
•
Medical Surge
•

4. Identify strengths of your agency/organization's COVID-19 preparedness planning and response during ***deceleration interval*** of Pandemic Intervals Framework (PIF). Consider the following capabilities. You do NOT need to enter something for each capability. Only complete what applies to your organization.

Deceleration Interval: Strengths
Operational Coordination
•
Operational Communication
•
Medical Management and Materiel Distribution
•
Intelligence and Information Sharing
•
Medical Surge
•

5. Identify areas for improvement of your agency/organization's COVID-19 preparedness planning and response during ***deceleration interval*** of Pandemic Intervals Framework (PIF). You do NOT need to enter something for each capability. Only complete what applies to your organization.

Deceleration Interval: Opportunities for Improvement
Operational Coordination
•
Operational Communication
•

Medical Management and Materiel Distribution
•
Intelligence and Information Sharing
•
Medical Surge
•

6. Please describe how your agency/organization planned for, collaborated with, or engaged with a specific vulnerable population during these two intervals:

7. Identify strengths of the NWWIHERC during these two intervals:

8. Identify opportunities for improvement of the NWWIHERC during these two intervals:

9. Additional Input:

Thank you for your participation! Please email to coordinator@nwwiherc.org by close of business on March 19, 2021.

APPENDIX C

Ways in which our NWWIHERC partners planned for, collaborated with, or engaged special vulnerable populations during the acceleration and deceleration intervals of the pandemic response.

Elderly

- Preparations and education on appropriate use of PPE and testing in the nursing home. Purchased equipment and scheduled personal and medical tele-visits for this population and safe outdoor visits during the summer of 2020.
- When the nursing home experienced an outbreak, we immediately ceased visits, communicated/coordinated with residents/legal representative to offer BAM infusions. We also performed biweekly covid testing. Regular communication occurred with residents, families, and staff during the outbreak.
- All our plans focused on the safety of our vulnerable residents and clients.
- We collaborated with long term care facilities on infection prevention strategies and mitigation tactics.
- County Public Health and Skilled Nursing Home worked together to help quell and outbreak and ensure staff had proper PPE for the increasing number of positive staff/residents to protect from further spread of illness.
- Maintained good working and planning relationship other surrounding skilled nursing facilities to share best practices.
- Worked with geriatric population, offer skilled nursing and assisted living services. Daily engagement with residents through verbal communication. Discuss guidelines from CMS and CDC on communal dining, activities and visitation.
- In touch devices were given to SNF facilities to stay in communication with providers.
- Facility communicated with residents and family members on routine/weekly basis to provide status updates, provided need to know information as to not overwhelm or scare vulnerable populations.
- Tried to educate and communicate the need for social distancing and mask wearing to residents and their families. Prevented visitation and used CDC guidance to provide safest means of communication.
- Cared for long term care and rehabilitation population in two skilled nursing facilities.
- We are a SNF with a very vulnerable population and coordinated with local agencies for help and supply needs, as best we could.
- We did a lot of planning and coordinating with our LTCFs, as well as with our Unit on Aging.
- We worked with the ADRC and senior center to get information out and to offer vaccine clinics.
- Public Health worked closely with nursing home and assisted living facilities related to outbreaks and other guidance.

Community Based

- As a Federally Qualified Health Center our primary mission is to serve the underserved and vulnerable populations. We created our curbside testing plan that utilizes the sliding fee scale for patients below the Federal Poverty Level and gave vaccinations at no cost. Telehealth was set up so that high risk patients could continue services at the health center. Created a clinical care management program to outreach to our chronic disease patient population during the pandemic and offered remote monitoring opportunities.
- Made modifications to get information to those who are hard-of-hearing and made modifications for vaccine administration for those with limited mobility to reduce barriers.
- Emergency Management worked with Public Health to assist them in their mission of reaching special populations. We assisted in the procurement of large signs, coordinating parking at test sites for vulnerable populations, and made sure test and vaccination sites were accessible to all.
- We have been providing services as they are requested.
- Developed communication strategies with community partners to ensure vulnerable populations were being informed of testing, infusion treatment, and vaccine opportunities.
- Assisted with SNF/LTC facility testing and infusion treatments.
- Vaccinated vulnerable populations in accordance with WDHS guidance.
- Work with occupation health to ensure Return to Work notes were given for employees/employers to get critical workers back to work, kids to school, etc. Considering this a vulnerable population based on need for kids to be in school, front line workers to be at work.
- Collaborated on a grant writing with school districts and ADRC to target rural areas of the county.
- Brought together organizations that serve vulnerable populations. Created written plans for testing to address outreach to vulnerable populations. Established drive through testing, opened vaccine clinics to the public, and distributed masks to patients that were donated to the hospital.

Cultural Groups

- Incorporated tribal partners in the communications and surge planning during the acceleration interval. Continued tribal communication during deceleration and directly supported public health vaccine implementation with nursing staff and logistics.
- County Public Health and Tribal Health partnered to do disease investigation and contact tracing for positive COVID-19 cases.
- County Public Health and Tribal Health partnered for the vaccine distribution.
  County Human Services and Public Health worked together to arrange for transport for persons with disabilities or other barriers to getting to a vaccine clinic. Tribal Health Center and Tribal Social Services did the same.
- Weekly calls with Public Health to ensure messaging was getting out in relation to what quarantine means, communication on social media in various languages.
- Talked with plain clothed community about a testing site for the community.

Home Bound

- We are a meal site for Meals on Wheels in the County and also prepare meals for delivery. We were able to increase our meal output during the pandemic to provide meals for delivery for additional residents of the County after restaurants shut down. After restaurants reopened residents no longer needed meals from our meal site.
- Home health/Hospice patients were communicated with by our staff to ensure education was done regarding proper quarantine, when to seek care for symptoms, pre-assessment phone calls to all patient prior to entering house.
- We organized and held meetings with our local Nursing Homes and Assisted living facilities. We also included our local Home Health and Hospice.
- As essential workers, our agency continued to provide services throughout the pandemic, going into homes fully prepared with equipment and following all CDC guidelines. Visits were adjusted to accommodate all guidelines/recommendations by the CDC. We had frequent communication with local public health officials and agencies.
- Home Health and Hospice started testing all staff for COVID based on the CMS guidelines for positivity rates in the counties we see patients in.
- Staff continued to use universal masking and eye protection with all patient contacts. Patients and caregivers wore masks while staff were present.
- If patient unable to mask we asked patients to wear a full-face shield during staff visit.
- We continued to see patients wherever they lived as possible, utilization of online communication platforms like Skype, google duo, facetime. Used combination of written, verbal and online communication with patients.

Behavioral Health

- Having a behavioral health unit, we needed to ensure that were able to maintain that service: utilized rapid testing for admissions and transfers, telehealth in the ED for immediate consults; Telehealth for our outpatients. This is especially important as we have seen an increase in need for mental health services.
- Some staff that worked in Covid unit or excessive hours during our 6-week outbreak have some sleep pattern disturbances and changes in mood/behavior. Need to consider PTSD.

Incarcerated

- Worked closely with prisons and jails during outbreaks, testing, and vaccination.

Uninsured or Underinsured

- Our mission is to treat patients despite whether they can afford care or not.

APPENDIX D

Areas of Strength for the Northwest WI Healthcare Emergency Preparedness Coalition (NWWIHERC)

- The summary emails are very informative and a life saver when I could not attend the DHS and DQA webinars.
- The daily updates and minutes from the DQA meetings are a very valuable resource.
- Our regional NWWIHERC coordinator did an outstanding job with keeping me connected with what was going on weekly for sourcing PPE and other resources.
- Great, factual communication with pertinent data to communicate to Incident Command. Aimee does an excellent job encouraging feedback from entities in our region and information sharing.
- Timely communication on what is being done in the individual counties
- Coordination of resources
- I loved the daily updates with numbers/hospital occupancy rates and that you took minutes and sent them out for SNF and AL, as I was unable to attend all of the meetings!
- The information that is sent daily is a great resource. Also, the link between the counties and hospital system is so valuable, and that proved true during the pandemic. HERC did a great job keeping locals informed of what was going in in Wisconsin Hospitals.
- Overall, the HERC did great. We are thankful to have them as a partner!
- Forecasting the "what next" obstacle or hindrance needing to be navigated. Identification of potential hazards and possible solutions were empirically substantiated and evidenced based.
- Mapping out courses of action and way finding through a pandemic.
- Excellent planning and coordination done for this that brings all team members into this industry together and allows everyone to think deeper and realize that we all have room for improvements and that we can learn to each other.
- Monday and Thursday meetings provided a good opportunity for information sharing throughout the region.
- Communication within the HERC was wonderful.
  Providing an avenue for regional networking, collaboration, and information sharing.
- Acting as a liaison to the State, streamlining the way information flowed, improved issue response time, and reducing overall burden.
- Providing a consistent and trusted source of information, developing information resources, and finding answers from partners.
- Communication – weekly meetings that continue today. HERC financial support of the mass testing site managers throughout the region. Also made sure we received supplies, for example, cooling vests and PAPRs,
- HERC distributed a lot useful information.
- HERC supported us with PPE and other supplies. Also, always available for us to guide us with questions.
- Communication
- Recap of AL webinars was helpful if our staff were unable to attend, we could just read the very thorough notes provided by Aimee.

- Accessibility
- Outreach
- Regular updates for clinic/hospitals. Regular updates with the HERC data. This was useful for guiding decision-making at the local level.
- Sharing of vaccine information every-other-day. (ex. Percentage of positive tests, trends in regional data.)
- Good liaison between LHD/THDs and State for communication pathway.
- NWWIHERC communicates well with other HERC regions for information-sharing and support.
- Aimee, thank you for your hard work and dedication. I appreciate your willingness to always be there and for your follow through. I am always confident the loop will be closed.
- Weekly calls pull together all communication from various entities (CDC, DHS, etc.) Provides a forum for discussion, to hear about others challenges and process that work well.
- Regular communication either via email or meetings (timely minutes for meetings were VERY helpful due to busy schedules).
- The NWWIHERC brings a lot of information forward from different agencies and partners. Excellent liaison between local and State.
- High engagement of the members of the HERC during meetings and phone calls.
- Rapid response by the coordinator with requests for equipment, supplies or information.
- As a pandemic has so many unknowns, we feel that it's incredible hard to identify any improvements that NWWIHERC could do. We as a team feel that NWWIHERC has done a great job throughout this pandemic.
- The information provided, collaboration with all facilities, hearing what other facilities we doing.
- They kept us very well informed regarding where there were other outbreaks, hospital surges and capacity, staff ideas, and places to possibly obtain PPE. Meetings to discuss what other people are doing in situations.
- Amazing webinars with up-to-date information.
- Always there to respond to any questions or concerns, frequent updates via email.
- Communication was strong.
- Routine communication with entire HERC was helpful during two intervals, facility felt it could reach out to HERC at any time for help, recommendations, and resource assistance.
- Strong communication both written and via online meetings, daily update emails were helpful.
- Meeting minutes were distributed timely which was helpful when we were not able to attend.
- HERC continues to be a strong liaison between various agencies and sharing information from the State. Through the HERC we receive the most recent information regarding vaccine, updated guidance, and reporting requirements.
- Fast response to EM Resource user requests
- Encourages collaboration and information sharing among agencies.
- Compliance to make sure requirements are met in a timely manner with strong leadership representation by our coordinator.
- Twice weekly communication calls to bring updates, provide discussion between agencies to brainstorm.
- Outbreak lists of nursing homes, this was important to understand what surge we might see from a NH with an outbreak.

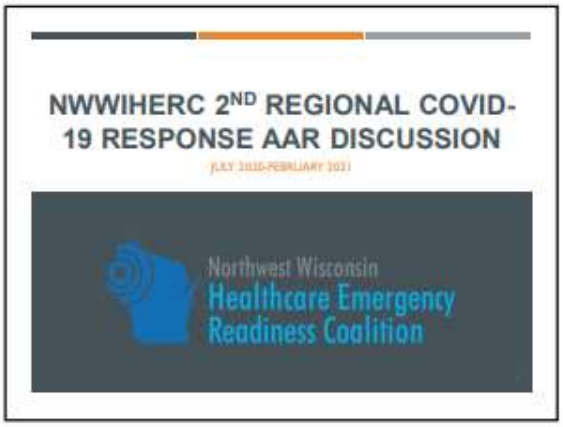
- Timely communication on what is being done in the individual counties.
- Coordination of resources.
- Regional daily briefings.
- Daily communication on hospital data.
- Assistance with coordination and contracting with staff to serve as testing site coordinators in many locations.
- Information and Aimee's emails were phenomenal. Kudos to all of her hard work. I and facilities knew where they stood.
- Kept regional hospital systems and EMS informed of hospital status within Region 1.
- Collaborated with hospital systems and EMS to help identify needs to transfers, equipment, etc.
- Communications within our region's long-term care, home health and hospice were strengthened by the NWWIHERC led conference calls.
- The HERC raised unresolved issues up to the state level for faster resolution (fit testing in facilities).
- I think the weekly meetings were very helpful in keeping all members of the HERC on the same page rather than operating in silos, and the meeting notes were much appreciated.
- The HERC bed capacity report was also very useful in communicating to my Board how serious the position was in late fall. The HERC was also instrumental in getting the right answers for my LTCFs whenever questions came up that I couldn't answer.
- Consistent information sharing.
- Resources available.
- Available for meetings on short notice related to outbreaks.

Opportunities for improvement in communication with the Northwest WI Healthcare Emergency Readiness Coalition (NWWIHERC)

- Better participation from community partners.
- The regional calls we had with the WEM region were great, but during the heavy testing phase, when we were trying to set up sites, a few web calls with the HERC coordinator and maybe 3-4 neighboring counties would have been nice, this might have better allowed us to more strategically place and schedule testing sites in the region.
- Magnitude of communication was overwhelming at times causing missed information.
- Meetings were hard to keep track of.
- Record and archive for watching later on. With everyone so busy in the response, it would be nice to have more opportunities to participate in these meetings.
- Sometimes the silence on the calls is awkward. I would suggest when you aren't getting any responses, stating hearing no comments we will move on to…
- If possible, need to publicize more. I was not aware of the HERC until recently and I am so happy I found you!
- Availability of supplies could have been better.
- Compile list of long-term care facilities that were accepting patients from acute care, COVID + patients, etc. Something like this was done in Region 2, I believe. This may have expedited discharges during the surge when beds were tight.
- Put a hospital representative in the Emergency Operations Center!

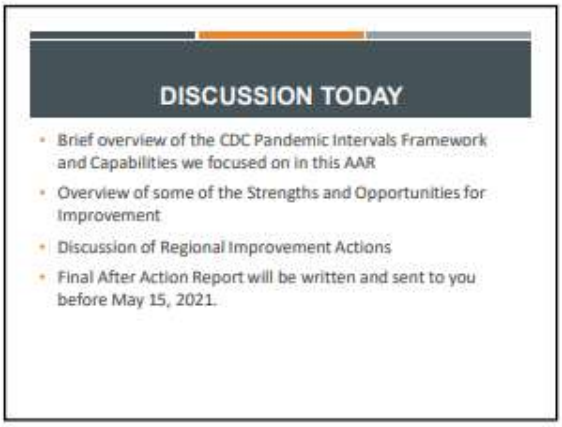
- Increase information sharing from state to locals.
- More organized format of information.
- Reduce the amount of emails sent and share in one weekly newsletter with the understanding there are urgent updates that need to be shared as soon as they are received. Break up information by using themes (ex. COVID, HERC Updates (non-covid), Documentation Review/Action needs).
- Lessen the number of weekly meetings and go back to a monthly session that incorporates COVID updates/topics.
- Prior to pandemic there was good communication between the HERC and LHDs. There seemed to be less availability (on both sides) during the emergency.
- The HERC really met our needs; I had felt that the HERC's role was minimized by the state in the early stage of this, but the HERC has really led the way in coordinating information in these two stages.
- HERC directors across state sharing knowledge and expertise with each other. Would like HERC to and this information back in their areas.
- There were a lot of meetings, a necessary evil, but hard to attend them all. Recordings of the meetings would be helpful I know they are supposed to be interactive, but there were times not possible. Maybe there are recordings and I just missed it. Hard to keep track sometimes of the different types and when they were, but that includes all the other meetings and things from my own company. Zoom fatigue was felt, but was there really a better way and how could that really be avoided.

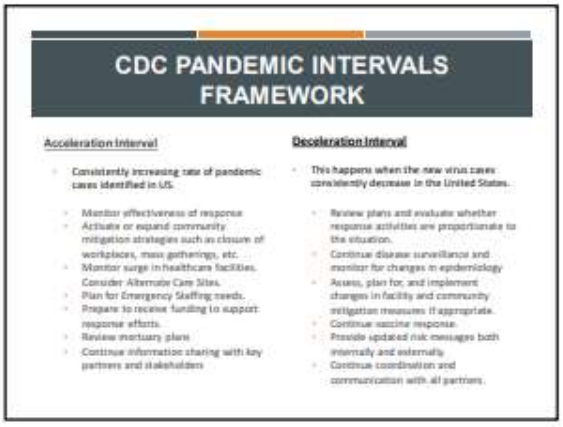
APPENDIX E

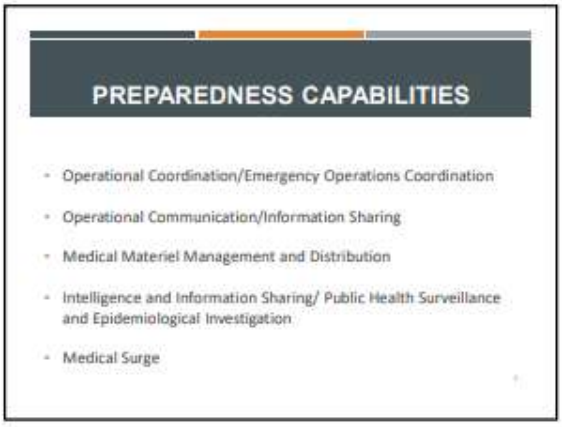

NWWIHERC 2ND REGIONAL COVID-19 RESPONSE AAR DISCUSSION
Northwest Wisconsin
Healthcare Emergency
Readiness Coalition

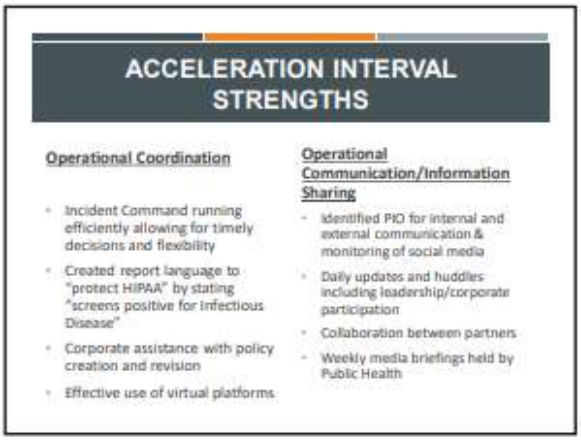

PARTICIPANTS
Hospitals
Emergency Management
Public Health
Tribal Health
EMS
Long Term Care
Home Care
Hospice
Thank you!

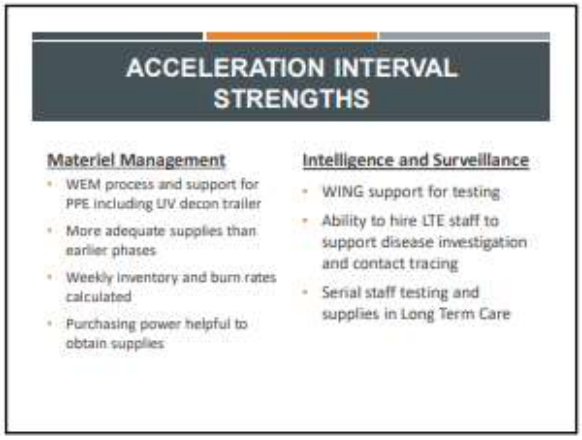

THE BASICS
Don't put us on "hold" if you are calling from a phone.
Mute yourself when you're not contributing to the conversation.
Actively participate in the discussion.
"Half-baked" ideas are encouraged. Make space for group to be creative and innovative. Think outside the box!!
Blaming others for problems will not lead to improvements.

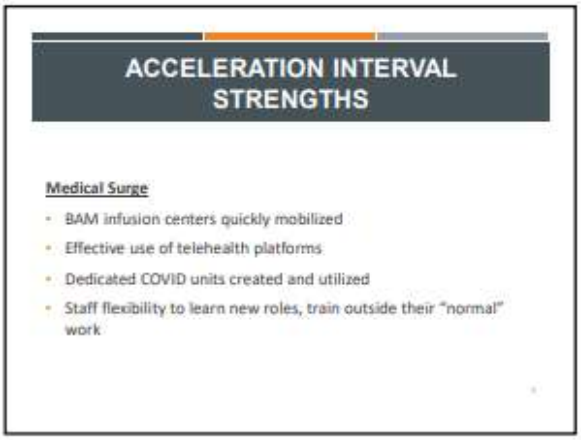

DISCUSSION TODAY
Brief overview of the CDC Pandemic Intervals Framework and Capabilities we focused on in this AAR
Overview of some of the Strengths and Opportunities for Improvement
Discussion of Regional Improvement Actions
Final After Action Report will be written and sent to you before May 15, 2021.


CDC PANDEMIC INTERVALS FRAMEWORK
Acceleration Interval
Consistently increasing rate of pandemic cases identified in US.
Monitor effectiveness of response
Activate or expand community mitigation strategies such as closure of workplaces, mass gatherings, etc.
Monitor surge in healthcare facilities. Consider Alternate Care Sites.
Plan for Emergency Staffing needs.
Prepare to receive funding to support response efforts.
Review mortuary plans
Continue information sharing with key partners and stakeholders
Deceleration Interval
This happens when the new virus cases consistently decrease in the United States.
Review plans and evaluate whether response activities are proportionate to the situation.
Continue disease surveillance and monitor for changes in epidemiology
Assess, plan for, and implement changes in facility and community mitigation measures if appropriate.
Continue vaccine response
Provide updated risk messages both internally and externally
Continue coordination and communication with all partners

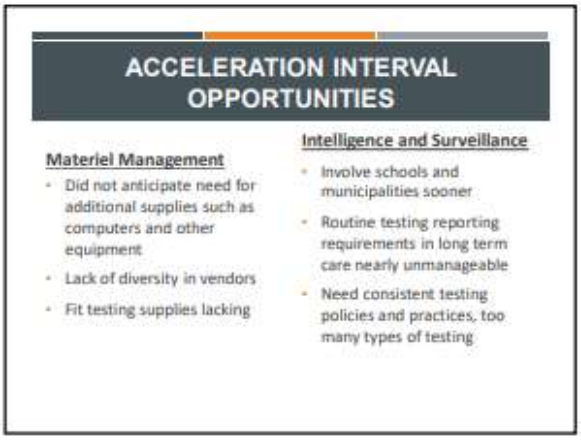

PREPAREDNESS CAPABILITIES
Operational Coordination/Emergency Operations Coordination
Operational Communication/Information Sharing
Medical Materiel Management and Distribution
Intelligence and Information Sharing/ Public Health Surveillance and Epidemiological Investigation
Medical Surge

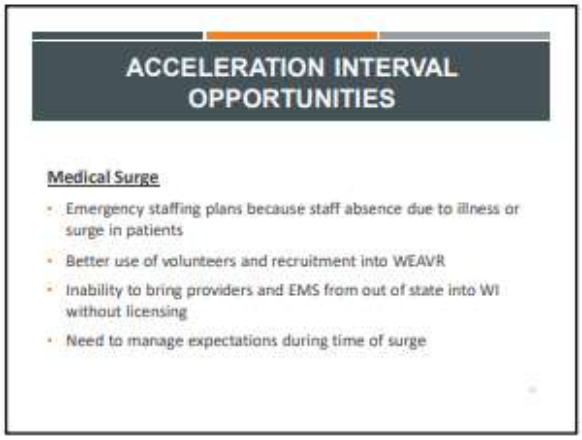

ACCELERATION INTERVAL STRENGTHS
Operational Coordination
Incident Command running efficiently allowing for timely decisions and flexibility
Created report language to "protect HIPAA" by stating "screens positive for Infectious Disease"
Corporate assistance with policy creation and revision
Effective use of virtual platforms
Operational Communication/Information Sharing
Identified PIO for internal and external communication & monitoring of social media
Daily updates and huddles including leadership/corporate participation
Collaboration between partners
Weekly media briefings held by Public Health


ACCELERATION INTERVAL STRENGTHS
Materiel Management
WEM process and support for PPE including UV decon trailer
More adequate supplies than earlier phases
Weekly inventory and burn rates calculated
Purchasing power helpful to obtain supplies
Intelligence and Surveillance
WING support for testing
Ability to hire LTE staff to support disease investigation and contact tracing
Serial staff testing and supplies in Long Term Care


ACCELERATION INTERVAL STRENGTHS
Medical Surge
BAM infusion centers quickly mobilized
Effective use of telehealth platforms
Dedicated COVID units created and utilized
Staff flexibility to learn new roles, train outside their "normal" work


ACCELERATION INTERVAL OPPORTUNITIES
Operational Coordination
Need greater depth in leadership roles for IC
Concerns for staff resiliency
Enforceable staff policies to prevent workplace outbreaks
Operational Communication/Information Sharing
Navigating information overload and frequent changes in guidance
Need mass communication system for staff
Streamlining of messaging across partners needed
Guidance on WI DHS difficult to find.


ACCELERATION INTERVAL OPPORTUNITIES
Materiel Management
Did not anticipate need for additional supplies such as computers and other equipment
Lack of diversity in vendors
Fit testing supplies lacking
Intelligence and Surveillance
Involve schools and municipalities sooner
Routine testing reporting requirements in long term care nearly unmanageable
Need consistent testing policies and practices, too many types of testing


ACCELERATION INTERVAL OPPORTUNITIES
Medical Surge
Emergency staffing plans because staff absence due to illness or surge in patients
Better use of volunteers and recruitment into WEAVR
Inability to bring providers and EMS from out of state into WI without licensing
Need to manage expectations during time of surge

IMPROVEMENT PLAN DISCUSSION

1. Which one do we think it is reasonable to address as a Region?

2. What is an achievable first step towards improvement?

DECELERATION INTERVAL STRENGTHS

Operational Coordination

- Incident Command still active, though meeting less frequently
- Creation of community taskforces such as "Revive the Valley"
- Strong volunteer base for vaccine clinics
- Ability to adapt quickly to changing regulations, policies and procedures

Operational Communication/Information Sharing

- Opportunities for staff vaccinations well communicated
- Partnerships with schools, community through regular meetings
- Good communication with Regional HUB for vaccine distribution

DECELERATION INTERVAL STRENGTHS

Materiel Management

- PPE more available, able to move out of contingency use
- Staff excited to vaccinate!
- Fixed vaccine site easier to manage
- Federal Pharmacy Program for long term care very successful

Intelligence and Surveillance

- Ongoing WING support in some communities in spite of low testing numbers.
- Improved communication with all stakeholders
- Ongoing availability of testing with Binax now, University testing sites, Healthcare Providers

DECELERATION INTERVAL STRENGTHS

Medical Surge

- By definition, there wasn't a surge
- Able to transition back to "normal" activities and roles
- Strong work groups and teams now confident in their ability to "surge" again, if needed.
- Message from leadership to "scale back expectations of self and others" and "take time off"

DECELERATION INTERVAL OPPORTUNITIES

Operational Coordination

- Burnout and staff exhaustion is real
- In some facilities transition to "normal" workflow happened suddenly, transition was challenging
- Unclear when to scale back IC

Operational Communication/Information Sharing

- Information sharing has decreased from daily communications
- Less nimble, harder to make changes with less communication

DECELERATION INTERVAL OPPORTUNITIES

Materiel Management

- Need to identify incentives to increase staff uptake of vaccines
- End to Federal Pharmacy Program, plan for vaccination in long term care
- Home care nursing staff underutilized in vaccine distribution
- Consistent vaccine scheduling software

Intelligence and Surveillance

- Less demand for testing among public
- Pandemic fatigue among public and lack of compliance with mitigation efforts
- Eagerness to "get back to normal"

DECELERATION INTERVAL OPPORTUNITIES

Medical Surge

- Recognized need for future medical surge planning with limited space and money for needed changes.
- Legislation to allow providers and EMS from out of State to practice in WI while licensing process is underway. This was passed!! 2021 Wisconsin Act 10

IMPROVEMENT PLAN DISCUSSION

1. Which one do we think it is reasonable to address as a Region?

2. What is an achievable first step towards improvement?

OPPORTUNITIES FOR IMPROVEMENT FOR THE NWWIHERC

Suggestions included:

- More regional coordination with testing sites supported by WING
- Record meetings for those unable to attend
- Publicize to groups yet unfamiliar with the HERC
- Compile information from long term care regarding which facilities were "open" to receive patients to assist with discharge planning
- Too many emails...move to weekly newsletter format
- Provide training/education on staff resiliency, recovery
- Cache of supplies such as PPE
- Incident Command training

CLOSING

Other issues or concerns from a regional perspective??

"Do the best you can until you know better. Then when you know better, do better."

-Maya Angelou

STAY SAFE, STAY WELL

thank you

Summary of AAR Discussion April 13, 2021, 1000-1100

Acceleration Interval Strengths

Operational Coordination:
Conversation about terminology when bringing a patient exhibiting symptoms of COVID to a hospital via EMS. One hospital stated they liked the idea of stating "patient screens positive for infectious disease". This would prompt ED staff to wear all appropriate PPE, while maintaining patient confidentiality. Question regarding if all infectious diseases require the same level of protection. Many would require the same protective equipment including gloves, gowns, face shields, and N95 respirators.

Operational Communication/Information Sharing:
An adult website hacked into the Local Public Health Facebook page. This was discovered quickly, in part, due the fact that this Local Public Health Department had a dedicated Public Information Officer (PIO) watching social media and was able to react quickly.

Discussion about the benefits of having a PIO dedicated to internal communication and another to external communication, simply due to the amount of information during this interval.

Acceleration Interval Opportunities for Improvement

Operational Coordination:
Strengthening staff resiliency was a concern throughout these intervals of the pandemic. Some creative suggestions included the creation of a peer support team and encouraging a five-minute moment of mindfulness during each huddle in the ED. This practice continues to this day. Outpatient behavioral health teams created and shared "Mental Health Minutes" including tips, reminders regarding Employee Assistance Programs, and other information. Shared every other week to once a month. Some Employee Assistance Programs offered space for drop-in conversation. This was not well-utilized and in no longer available. Still encounter "stigma" around asking for help and seeking mental health support among providers.

Operational Communication/Information Sharing:
There was so much information from multiple sources, it was difficult to remember where to find guidance that was mentioned on calls or webinars. Many discussed challenges in finding specific answers to questions on both the CDC and WI DHS websites. Most found ways around this by reaching out to others for support, such as the HERC, or Local Public Health. Agreed that the PCA Portal was even more difficult to utilize. One Emergency Manager shared that she created a matrix of information for herself with topics, key words, and links for easy reference.

Medical Materiel Management and Distribution:
Other equipment lacking during the medical surge included: computers for charting, glucometers, thermometers, and N95 masks of varying sizes.

Intelligence and Information Sharing/ Public Health Surveillance and Epidemiological Investigation:

Reporting test results was challenging across all disciplines. Many facilities needed to dedicate staff (sometimes a RN) for twice/week or weekly test reporting. This was not a good use of time when nursing staff was needed for patient care. In the hospital setting there were times during the surge when there were up to 70 results a day. The infectious disease nurse recognized she needed help and some of the data entry was delegated to staff who were working from home.

Types of testing often changed, based in large part on the supplies available. It was difficult to help people understand why the changes kept happening.

Deceleration Interval Strengths

Operational Coordination:
Several Public Health Departments stated they had great groups of volunteers available to help with vaccine clinics. One of the three Medical Reserve Corps in the region was very active for both medical and non-medical volunteers.

The pandemic has strengthened community partnerships. Several communities have created task forces or work groups to address broader community needs including the Revive the Valley in Chippewa County and the Chippewa Valley Economic Recovery Taskforce which has a strong connection to Incident Command in Eau Claire County.

Medical Materiel Management and Distribution:
One Local Public Health Department talked about finding a vacant and available space where they were able to set up for the vaccine clinics without having to set up and take down every day the clinic was offered. Finding resources within the community was a good solution once they ran out of space in their Emergency Operations Center or when setting up in the school gymnasium wasn't feasible.

Medical Surge:
Discussion about messages from leadership encouraging staff across disciplines to take time off and "reset" expectations for good self-care.

Deceleration Interval Opportunities

Operational Coordination:
Some voiced questions about when it was the right time to stand down Incident Command. One hospital shared that they scaled back Incident Command meetings when they found they had little new information to share and meetings were very brief. Communication now takes place through email with ad hoc meetings called as needed when there is new information that impacts operations. Discussion from Public Health that they don't feel they are standing down operations or returning to normal yet. They continue to have to prioritize and triage requests for assistance. Recognition that different disciplines are at different stages of deceleration at this time.

APPENDIX F

Local and Regional Participants

Participating Organizations
Regional
Northwest Wisconsin Healthcare Emergency Readiness Coalition
County Administration
Bayfield County Administration
Community Health Centers
Lake Superior Community Health Centers
North Lakes Community Health Centers
County and Tribal Emergency Management
Bayfield County
Chippewa County
Douglas County
Sawyer County
Washburn County
Emergency Medical Services
Mayo Clinic Ambulance Service
County Human Services
Bayfield County Human Services
Home Health Care and Hospice
Aurora Community Health, Inc.
Heartland Hospice
Mayo Clinic Health System Home Health and Hospice
Recover Health and Aveanna Healthcare Company
Hospitals
Burnett Medical Center
Cumberland Healthcare
Hayward Area Memorial Hospital
HSHS Sacred Heart
HSHS St. Joseph's Hospital
Indianhead Medical Center

Marshfield Medical Center-Eau Claire
Marshfield Medical Center-Rice Lake
Mayo Clinic Health System-Chippewa Valley
Mayo Clinic Health System-Eau Claire
Mayo Clinic Health System-Northland
Memorial Medical Center
Osceola Medical Center
Spooner Health
Western Wisconsin Health
Local Public and Tribal Health Departments
Bayfield County
Chippewa County
Red Cliff Tribal Health Clinic
Sawyer County Health and Human Services
Washburn County Health and Human Services
Western WI Public Health Readiness Consortium
Bad River Band of Chippewa
Barron County
Burnett County
Chippewa County
Clark County
Douglas County
Dunn County
Eau Claire City County
Pepin County
Pierce County
Polk County
Rusk County
St. Croix County
St. Croix Tribal Health Clinic
Long Term Care Facilities
American Lutheran Communities-Menomonie
American Lutheran Home-Mondovi

Aspen Health and Rehabilitation
Chippewa Manor
Christian Community Homes-Hudson
Christian Community Homes-Osceola
Dove Healthcare-Rice Lake and Barron
Dove Healthcare-Eau Claire
Ellsworth Health Services
Glenhaven, Inc.
Grace Lutheran Communities
Heritage of Elmwood
Maple Ridge Care Center
Northern Lights
Pioneer Health Services
Plum City
Spring Valley Senior Living and Health Care Campus
The Deerfield
United Pioneer Home
Water's Edge