

**NORTHWEST WI HEALTHCARE EMERGENCY
READINESS COALITION (NWWIHERC)
MULTI-DISCIPLINARY COVID-19 RESPONSE
PANDEMIC INTERVALS FRAMEWORK 1-4
MARCH 1-JUNE 30, 2020**

September 21, 2020

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 1-4.
Event Dates	March 1, 2020-June 30, 2020
Scope	Hospitals, County and Tribal Public Health Departments, County Emergency Management Agencies, Long-Term Care Facilities, Home Health and Hospice Agencies, and Emergency Medical Services within the 15 Counties of Northwest WI Healthcare Emergency Readiness Coalition
Mission Area(s)	Response
Core Capabilities	<ul style="list-style-type: none"> • Operational Coordination (OC) • Medical Material Management and Distribution (MMMD) • Responder Health and Safety (RSH) • Emergency Public Information and Warning (EPIW) • Intelligence and Information Sharing (IIS) • Medical Surge (MS) • Non-Pharmaceutical Intervention (NPI) • Public Health Laboratory Testing (PHLT) • Public Health Surveillance and Epidemiological Investigation (PHSEI)
Objectives	<p>(OC) Ensure coordinated response throughout real event by activating and sustaining the Incident Command System.</p> <p>(MMMD) Ensure procurement of medical materials prior to an incident and to transport, distribute, and track these materials during an incident.</p> <p>(RSH) Ensure the ability to protect public health, healthcare personnel, and other emergency responders during an incident.</p> <p>(EPIW) Develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.</p> <p>(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.</p> <p>(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.</p>

	<p>(NPI) Ensure awareness of actions people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies including isolation and quarantine, social distancing, travel restrictions, hygiene, and precautionary protective behaviors.</p> <p>(PHLT) Implement and perform methods to detect, characterize, and confirm public health threats, including the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threats.</p> <p>(PHSEI) Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.</p>
Intervals	<p>Core Capabilities will be evaluated in the context of the Center for Disease Control's Pandemic Intervals Framework 1-4</p> <ol style="list-style-type: none"> 1. Investigation 2. Recognition 3. Initiation 4. Acceleration
Threat or Hazard	<p>Emerging Pandemic of novel coronavirus, COVID-19.</p>
Sponsor	<p>Northwest Wisconsin Healthcare Emergency Readiness Coalition, with funding from Healthcare Preparedness Program (HPP) ASPR Grant.</p>
Point of Contact	<p>Aimee Wollman Nesseth</p> <p>Program Coordinator</p> <p>Northwest Wisconsin Emergency Readiness Coalition</p> <p>P.O. Box 465</p> <p>Menomonie, WI 54751</p> <p>coordinator@nwwiherc.org</p> <p>715-379-6664</p>

SIGNIFICANT EVENTS LOG

Date	Event/Action
12/31/2019	Wuhan Municipal Health Commission reports cases of 'viral pneumonia' in Wuhan, People's Republic of China on their website
1/3/2020	Chinese officials provided information to WHO on the cluster of cases of 'viral pneumonia of unknown cause' identified in Wuhan.
1/9/2020	WHO reports that Chinese authorities have determined that the outbreak is caused by a novel coronavirus.
1/11/2020	Chinese media reported the first death from the novel coronavirus.
1/20/2020	First case is identified in the United States in Washington State in a man who returned from a trip to Wuhan
1/30/2020	WHO declares a global health emergency
2/5/2020	First Confirmed case in Wisconsin in Dane County
2/11/2020	WHO announces that the disease caused by the novel coronavirus would be named COVID-19
2/28/2020	First confirmed case in Wisconsin recovers
2/29/2020	First death from COVID-19 reported in the United States
3/2/2020	First two public labs in Wisconsin are capable of performing tests for COVID-19. Prior to this, all tests were sent to the CDC.
3/9/2020	Second confirmed case in Wisconsin identified in Pierce County
3/11/2020	WHO declares a worldwide pandemic
3/12/2020	Governor Evers declares a Public Health Emergency through Executive Order #72
3/13/2020	Governor Evers orders schools to be closed in Emergency Order #1
3/13/2020	President Trump declares a National Emergency
3/15/2020	CDC recommends no gatherings of greater than 50 people
3/16/2020	NWWIHERC holds the first Hospital and Clinic Call
3/17/2020	Governor orders bars and restaurants to close
3/19/2020	First two deaths from COVID-19 occur in Wisconsin
3/24/2020	NWWIHERC holds first Long-Term Care and Home Care Hospice Call

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3/25/2020	Governor Evers' "Safer At home Order" goes into effect
4/16/2020	"Safer at Home" Order Extended Executive Order #28
4/20/2020	Emergency Order #31 announces the "Badger Bounce Back plan
5/13/2020	WI Supreme Court revokes the "Safer at Home" Order
6/30/2020	Number of confirmed positive cases in WI per WI DHS: 28,659

Resources:

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

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

<https://wkow.com/2020/03/23/how-did-we-get-here-a-wisconsin-coronavirus-timeline/>

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

METHODOLOGY

The Northwest WI Healthcare Emergency Readiness Coalition (HERC) consists of inter-disciplinary partners from Healthcare, Public and Tribal Health Departments, Emergency Management agencies, Emergency Medical Services (EMS), Long-Term Care facilities and Home Care and Hospice agencies. The HERC surveyed partners in mid-July (Appendix B), asking them to evaluate the strengths and opportunities of their COVID-19 response in relation to nine Core Capabilities during March-June, 2020. In addition, we asked partners to consider the CDC Pandemic Intervals Framework, loosely considering March=Investigation Interval, April=Recognition Interval, May=Initiation Interval, and June=Acceleration Interval. 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 examples of how communication with the NWWIHERC went well, or could have been improved (Appendix D). These surveys were collected by the end of July, 2020.

On August 5, 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. Investigation Interval

When a novel virus is identified, public health and healthcare actions focus on targeted monitoring and investigation. This can trigger a risk assessment of that virus to evaluate if the virus has the potential to cause a pandemic.

Interval Tasks:

- Review local response plans.
- Review and exercise aspects of the facility's infectious disease or pandemic plan.
- Maintain and enhance infectious disease surveillance systems.
- Evaluate and optimize laboratory capabilities and assess need for state or federal assistance or resources.
- Emphasize importance of mitigation strategies such as (PPE, hand hygiene, respiratory etiquette) to staff and visitors.
- Implement infection-control practices.

- Evaluate isolation and quarantine processes.
- Review guidance documents from multiple sources and communicate with stakeholders.

2. Recognition Interval

When increasing numbers of human cases of the novel illness are identified and the virus has the potential to spread from person-to-person, public health and healthcare actions focus on control of the outbreak, including treatment of sick persons.

Interval Tasks:

- Consider activation of the local emergency operations center/ Incident Command Center.
- Conduct enhanced infectious disease surveillance.
- Report cases utilizing the appropriate reporting system (WEDSS).
- Educate clinicians about recommended treatment.
- Increase community mitigation strategies including voluntary quarantine, use of face masks, closure of schools, social distancing measures.
- Assess potential impact on medical care facilities regarding surge planning.
- Develop risk communication messages to patients, clients, stakeholders.
- Conduct briefings with local, regional, and state responders.

3. Initiation Interval

A pandemic occurs when people are easily infected with a novel virus that has the ability to spread in a sustained manner from person-to-person.

Interval Tasks:

- Activate Emergency Operations Center and Incident Command.
- Consider declaring a public health emergency.
- Conduct case investigation and close contact tracing.
- Utilize internal lab or contracted laboratory for increased testing capability.
- Implement mitigation strategies to protect vulnerable populations (i.e. limitation on visitors, canceled elective surgeries, etc.).
- Establish testing sites or protocols for staff, residents, patients, or community.
- Continue to coordinate and communicate with all partners.
- Monitor surge in healthcare needs and assess need for additional resources from regional or State assets.
- Consider deployment of caches (such as PPE)

4. 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-

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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

<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.

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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.	Operation Coordination		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			M	
Ability to protect public health, healthcare personnel, and other emergency responders during an incident.	Responder Safety and Health		S		

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Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.	Emergency Public Health Warning			M	
Timely communications in support of security, situational awareness, and operations among and between affected communities in the impact area and all response forces.	Intelligence and Information Sharing			M	

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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		
Ensure awareness of actions people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies.	Non-Pharmaceutical Intervention	P			

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Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Implement and perform methods to detect, characterize, and confirm public health threats, including the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threats.	Public Health Laboratory Testing			M	
Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.	Public Health Surveillance and Epidemiological Investigation			M	

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: Organizational Coordination	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Creation of internal COVID taskforces • Strong communication and collaboration between community partners • Rigorous collaboration within healthcare systems • Early establishment of Hospital Incident Command • Review of internal response plans • Strong collaboration between Administration, Infection Prevention, and Emergency Department leadership 	<ul style="list-style-type: none"> • Establish Hospital Incident Command earlier with limited positions • Expand knowledge base of Hospital Incident Command for key leaders • Lack of plans, policies for highly infectious disease outbreak • Pandemic was not identified as potential Hazard on HVA • Lack of ability to coordinate information coming from multiple sources • Communication exposed organizational gaps within the healthcare systems causing confusion, duplicative efforts, and delays in operationalizing priorities
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Expanded HICS positions to include clinic leaders and personnel • Quickly updated and distributed operational response plans that was easily accessible to all employees • Adapted staffing as volumes changed with cancellation of elective surgeries • County leaders included all healthcare systems in County Incident Command communications and meetings • Initiation of external communication for County-wide planning 	<ul style="list-style-type: none"> • Improve situational awareness with local, regional and State sources as opposed to just National sources of information • Improve coordination with and outreach to local Public Health departments early in the event • Limited full time Infection Preventionist within Critical Access Hospitals • Changing report forms to WEDSS and limited staff required training of additional staff for accurate data input • Anticipate supply shortages and need for creative resourcing
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • HICS worked effectively and helped formalize decisions and policies • Monitored hospital needs for surge capacity and resources from Region or State • Ability to rapidly develop and operationalize 	<ul style="list-style-type: none"> • improve method of internal communication to all employees regarding changes to operational plans and policies. Email was not sufficient due to the pace of changing information. Casual employees or those who did not check their

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	<p>new plans, policies, and procedures</p> <ul style="list-style-type: none"> • Interfacility collaboration and discussion of mutual aid and support • Labor Pool activation to assist with critical patient services and business continuity • Expanded collaboration with key County and community partners including Local Public Health, and EMS • Establishment of Cooperative Groups within a region (3 Counties and 2 Tribes) to share resources, provide support, and problem-solve 	<p>email regularly were left behind</p> <ul style="list-style-type: none"> • Lack of understanding of Hospital Incident Command for employees and how decisions are made within the HICS structure • Labor Pool coordination and communication was slow due to rapidly changing information and minimal availability of staff
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Found creative alternate work for staff to prevent layoffs or furloughs • Continued partnerships with County officials to monitor surge capacity • Refined internal screening and examination processes • Refined plans and policies to meet needs of current incident • Exercised existing plans, fine-tuned policies and practices, and imagined future planning needs 	<ul style="list-style-type: none"> • Increased understanding and coordination between hospitals, long term care facilities, and assisted living facilities for discharge planning • Imbalance of work load and need for staff within hospital and clinic departments • Managing number of phone calls, video conferences, webinars, and internal and external meetings was overwhelming at times • Lack of internal communication plans that were effective • Expand the knowledge of HICS and assign roles in advance of event to ensure staff capacity to support the HICS structure for a long-term event. • Need strategies to manage prolonged event stress on employees • Need tools to help manage difficult individuals who refuse to wear masks within the facility per policy

Core Capability 1: Organizational Coordination	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Establishment of a Joint Information Center as part of the Emergency Operation Center • Western WI Public Health Readiness Consortium and members have established pandemic influenza plans in place. These were able to be adapted to COVID-19 fairly easily • Reviewed and updated pandemic planning with community partners including obtaining numbers for tiered response in anticipation of mass vaccination clinics • Shared responsibilities with community partners. For example, County Emergency Manager began search for Isolation and Quarantine sites • State of Wisconsin Department of Health Services took a lead role with the Safer At Home order • Early Activation of Incident Command and close partnering with County Emergency Management • Informed patients and employees of Tribal health clinic of plan to maintain minimal staff presence • Quickly developed policies and procedures to safeguard Tribal Health clinic for patients and employees 	<ul style="list-style-type: none"> • Pandemic plans were reviewed, but not updated early in response • Earlier activation of Incident Command System both internally and with community partners • Pandemic plans had not been exercised or implemented. Existing plan was out of date and portions did not apply to situation with COVID-19 • Develop plan to alternate nurses and providers to limit essential staff in the same location
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Pandemic plans were reviewed, but not updated early in response • Earlier activation of Incident Command System both internally and with community partners • Pandemic plans had not been exercised or implemented. Existing plan was out of date and portions did not apply to situation with COVID-19 	<ul style="list-style-type: none"> • Identification of additional staffing resources • Communicable Disease and other response staff capacity was taxed by this point in the response • Did not include local clinicians as Medical Technical experts in Incident Command Structure

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	<ul style="list-style-type: none"> • Develop plan to alternate nurses and providers to limit essential staff in the same location 	
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Fully engaged Incident Command System structure including Command and General staff • Operating in Incident Command System provided structure and level of accountability to operational objectives and formalizing this as a Public Health led response • County Public Health officials declared a Public Health Emergency allowing other County department staff to be trained in contact tracing and to build redundancy in staffing 	<ul style="list-style-type: none"> • Improve communication and coordination with surrounding Counties regarding Public Health orders and recommendations • Lack of consensus resulted in public confusion and anger around differing rules for businesses and community events • When WI Supreme Court overturned Safer at Home order, responsibility fell to Local Public Health Departments which lack staff and expertise to manage a response to a global pandemic
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Have developed flexibility within team with many people cross trained to alleviate lead roles in Incident Command System structure • Strengthened relationships between County agencies • Development of additional taskforces such as the Chippewa Valley Economic Recovery Taskforce, assisted businesses in the reopening effort • Changes made in Incident Command System structure as attempt was made to resume some "regular" Public Health services • Approval of Public Health Specialist position allowed current staff to increase FTE from .6 to 1.0 	<ul style="list-style-type: none"> • Difficult to evaluate and make adjustments to Operational Coordination due to demands of pandemic response • County health ordinance regarding State Statute 252 lacked detail to protect the County and Health Officer from legal challenge

Core Capability 1: Organizational Coordination	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Served in a supportive role, at times the Logistics Section, to County Public Health Department who assumed Incident Command role • Established Unified Command between Public Health and Emergency Manager in some Counties • Forward thinking administrative team • Strong preparedness plans and pre-existing relationships in place prior to the pandemic facilitated a well-organized and coordinated local response • Initially, very easy to identify locations such as hotels, motels, and resorts as potential isolation and quarantine sites due to the Safer at Home order and lack of tourist business • Plans such as hospital surge capacity, isolation facilities, quarantine facilities for responders, and triage and overflow measures were reviewed and updated • Immediate implementation of an Incident Command System and adherence to IC principles • Pre-pandemic training regarding the EOC and IC interface for most primary participants • Reduction of "silos" due to Health Department Director and Emergency Manager being co-located most days • Policy Group established in some Counties to manage continuity of operations and to guide decisions at the County Management level • Complete buy in from County Administrators, Legal and County Board • Continuity of Operations Plan (COOP) was implemented quickly 	<ul style="list-style-type: none"> • Need to consider enhanced security for when sick or exposed individuals ignore Public Health orders for isolation and Quarantine • Response partners with limited background in the Incident Command System needed to learn along the way • Some early confusion regarding Emergency Operations Center roles vs. Incident Command System roles • Access to the Emergency Operations Center was difficult especially for non-County staff • Lack of multiple EOC spaces does not allow for efficient management of multiple disasters • Unfamiliarity for some users of Web EOC platform • Remote work was next to impossible due to lack of software and hardware in the Emergency Operations Center • Need multiple staff trained in physical and virtual set up of the Emergency Operations Center

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	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Great partnerships to solve problems and support other agencies during this time 	<ul style="list-style-type: none"> • Vastly different opinions expressed by County Board of Supervisors and other leadership boards such as city council, village boards, school boards, etc. within the County made decision making extremely challenging at times • Difficult to maintain "normal" operations with limited staff. Need to develop systems to keep services and supplies available when responding to a prolonged event
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • EOC briefings were reduced to 3 times per week as situation allowed 	<ul style="list-style-type: none"> • Once travel restrictions were lifted, increasingly difficult to identify and secure Isolation and Quarantine facilities • Planning and re-evaluation of objectives in the Incident Action Plan is needed as the emergency continues • Some Incident Command System forms and systems need improvement for smooth operations in future events • Multiple events happening at once with no consideration for extended deadlines of requirements
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Continuity of operations for internal government consumed much time of command staff, including attendance at and assisting the policy group • Additional training and exercises in the Incident Command System and Emergency Operations Center roles for staff is needed

Core Capability 1: Organizational Coordination	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Operational Coordination is a strength for EMS Review of local response plans Strong collaboration between the EMS Coordinator, Service Medical Director, local hospital, NWWIHERC Coordinator, Public Health Department, and other City officials 	<ul style="list-style-type: none"> Since majority of regional EMS agencies are volunteer, concern about exposure to COVID in other contexts (i.e. work). Exposure resulting in quarantine would have significant impact on EMS staffing levels
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Operational Coordination was well informed of local and regional COVID case numbers 	<ul style="list-style-type: none"> None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Successful first transport of a COVID positive patient 	<ul style="list-style-type: none"> Would like to see a coordinated "COVID hospital" per healthcare system to prevent possible exposure to COVID at multiple hospitals through EMS arrival at their ED. This would also prevent patient's from being transported more than once
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Operational coordination remained a strength in this interval 	<ul style="list-style-type: none"> Recognition that each agency must have plans and protocols locally first. Can't rely on State or Federal guidance for quick implementation

Core Capability 1: Organizational Coordination	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Emergency Operations Plan had Infectious Disease plan which was adapted to COVID-19 • Framework for emergency preparedness policies and procedures was in place • Reviewed, revised, and provided education on Emergency Pandemic Plan for successful implementation • Management team met daily to discuss needed policies, equipment, staffing and other ideas for dealing with pandemic • Ability to maintain operations to care for residents 	<ul style="list-style-type: none"> • Development of a "COVID Team" to be a resource for staff regarding updates • Earlier and more aggressive strategies to secure PPE to build inventory • Better process to coordinate information both internally and externally
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Multiple leaders who are well versed in the Emergency Operations Plan, therefore, not having to rely on just one person • Worked well within the organization to coordinate help where needed as work continued to develop plans for a potential outbreak • Strong teamwork and willingness to step up to assist • Monitoring with senior leadership and initiation of external partner community-wide planning 	<ul style="list-style-type: none"> • Exercising the infection disease plan to be sure staff were ready • Designating a COVID-19 specific unit within the facility • Earlier and more aggressive strategies to secure PPE
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Increased communication with local Public Health Department for guidance related to return to work recommendations, supplies, and testing expectations • Establishment of Nursing Home Incident Command and oversight of key protocols and mitigation strategies 	<ul style="list-style-type: none"> • Lack of planning for staffing a potential COVID-19 unit • Lack of emergency staffing plans

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	<ul style="list-style-type: none"> • Activation of Emergency Operations Plan • Census and facility layout allowed facility to create a COVID-19 wing if needed 	
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Policies and procedures updated to fit changing needs • Emergency Staffing plans created • Evaluation of response to date and ongoing adjustments made to plan as lessons learned • In spite of some staff being on Isolation and Quarantine, facility has been successful in maintaining direct staffing levels • Outreach to other facilities and emergency management companies for contingency planning 	<ul style="list-style-type: none"> • Hiring enough staff particularly once school openings may negatively affect work force • Emergency Staffing plan is strong on strategies but weak on tactics • Facility layout does not allow for a separate, clearly segregated area in the case of an outbreak • Inability to secure more funding beyond existing grants/loans/funds to recover from COVID losses • Expand knowledge of the Incident Command System and assign roles in advance of event to ensure sustainability of the Incident Command System structure long-term

Core Capability 1: Organizational Coordination	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Communication from management team in October and November 2019 about preparations being made to address COVID in anticipation of supply shortages and need for changes in policy or protocols 	<ul style="list-style-type: none"> • None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Strong communication regarding community and department mitigation strategies and protocols for patient care and staff safety • Strong collaboration between Leadership, Infection Prevention, Employee Health and Supply Chain 	<ul style="list-style-type: none"> • Contact tracing was rough initially when patients or staff exhibited symptoms
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • In anticipation of needing to shift staff resources, nurses completed a red cap survey and the Labor Pool was activated 	<ul style="list-style-type: none"> • Screening of staff and all visitors for exposure and symptoms • Improved communication with Labor Pool
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Have successfully cared for COVID and non-COVID patients throughout this interval 	<ul style="list-style-type: none"> • Ability to maintain timely and comprehensive documentation and tracking of initiatives, information, and coordination of activities • Significant concerns about staffing shortages should someone become ill or need to quarantine

Core Capability 1: Operational Coordination Analysis

Summary of Strengths

The Incident Command System was utilized by nearly all facilities and agencies in some form during this response. Community partners are well known to each other and worked collaboratively to build response capability and coordination. Public and Tribal Health Departments took lead roles in the response with the support of many other County agencies and private organizations providing assistance. Many agencies had Emergency Operations Plans in place.

Summary of Improvements

Many organizations had Emergency Operations Plans or Pandemic Response Plans that were not up to date or had not imagined the severity of a pandemic. The duration of this response has created an opportunity for additional staff to be trained in the Incident Command System. Staff shortages due to illness or quarantine are feared in many sectors. Internal communication systems could be improved in some facilities.

Analysis

The majority of healthcare facilities within the NWWIHERC region have a fundamental understanding of the Incident Command System and the role of the Emergency Operations Center. Additional training and education to increase the depth of knowledge within every facility would be beneficial. Every healthcare facility has been impacted by COVID-19, therefore the ability to share staff and resources has been challenging because everyone is facing the same issues at the same time. As responders moved through the Pandemic Intervals, operational coordination was streamlined and became more efficient.

Core Capability 2: 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 2: Material Management and Distribution	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Rapid assessment of on hand PPE supplies • Immediately identified alternate vendors for needed supplies • Collaborated with other community partners such as veterinary clinics and dental offices for hard to obtain supplies • Leaders in material management anticipated shortages long before shortages were realized. 	<ul style="list-style-type: none"> • Limited or expired PPE on hand
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Expanded HICS positions to include Material Management and Distribution under Logistics • Explored options for N95 decontamination 	<ul style="list-style-type: none"> • Understanding Burn Rates of PPE needs to happen sooner in the response • Anticipate shortages • Identify alternate models, vendors, products to meet the functional need • Clarify PPE recommendations and guidance

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		early to prevent exposures and provide consistency
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Implemented PPE conservation and optimization strategies utilizing internal and external resources • Interfacility collaboration and discussion of mutual aid and support including sharing of resources 	<ul style="list-style-type: none"> • Improve resource tracking for healthcare systems
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Continued to work with vendors and supply chains to obtain supplies • Continued to refine processes for PPE decontamination with the Battelle System to increase number of masks returned • Continued to educate staff regarding donning and doffing PPE to increase optimization of PPE through decontamination processes 	<ul style="list-style-type: none"> • Difficulty obtaining needed supplies or supplies were allocated at a smaller amount from vendor • Maintaining accurate PPE inventory due to PPE kept and utilized throughout the facilities

Core Capability 2: Material Management and Distribution	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Strong partnership with County Emergency Management helped troubleshoot problems early on regarding material management and distribution • Dedicated staff to review PPE conservation and burn rates • Held meetings with law enforcement, fire and EMS to begin preparations and discussions early • Began fit testing responders early 	<ul style="list-style-type: none"> • Earlier activation of the Incident Command System internally and with community partners to facilitate logistical needs such as material management and distribution
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Strong relationship between Public Health and County Emergency Management for logistics 	<ul style="list-style-type: none"> • Inability to procure fit testing solution to meet the requests from community partners for fit testing
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Strong community partnership with Chequamegon Community Care which managed volunteers who made cloth masks and facilitated distribution of masks to organizations and businesses within community 	<ul style="list-style-type: none"> • None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Utilization of Sawyer County UV Light decontamination process to prolong use of N95 masks 	<ul style="list-style-type: none"> • Concern about necessary supplies such as PPE for when mass vaccination clinics are opened • Uncertainty about distribution of vaccines and supplies such as syringes, alcohol wipes, etc. once they become available

Core Capability 2: Material Management and Distribution	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Some Emergency Management agencies purchased large quantities of PPE to support partners • Some Emergency Management agencies had large stockpiles of PPE • PPE items were tracked, both donations and distributions • Industries, schools, and healthcare institutions were generous in providing surplus PPE 	<ul style="list-style-type: none"> • Several agencies had not fit tested their employees prior to the pandemic and were therefore "behind the curve"
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • In coordination with the State Emergency Operations Center, PPE was distributed to front line responders and patient care agencies early and shortages were minimal • PPE distribution was assigned to the Logistics Section and supplies remained sufficient 	<ul style="list-style-type: none"> • A method to help first responding agencies to predict their PPE needs is needed • Need consistent messaging from professional organizations (Funeral Home, Dental, Schools, Courts, etc.) in collaboration with Public Health and Emergency Management agencies to set appropriate expectations regarding PPE supplies
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Volunteers who were already members of the Medical Reserve Corps and/or Sawyer County Search and Rescue were recruited to assist with PPE decontamination at UV site provided by State 	<ul style="list-style-type: none"> • Encourage local responder groups to maintain larger quantities of PPE in stock regardless of the concerns for expired product or lack of storage space • County received items they had not requested from State • Quality control measures when purchasing PPE or cleaning supplies are needed at State and local level

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	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Recruited volunteers and additional County staff members to assist with PPE distribution 	<ul style="list-style-type: none"> Consider training volunteers to manage logistics of PPE so it doesn't fall solely to the Emergency Manager to maintain

Core Capability 2: Material Management and Distribution	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> EMS identified this as a strength 	<ul style="list-style-type: none"> None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Utilized State resources for PPE through Emergency Management 	<ul style="list-style-type: none"> None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> Recognition that each agency must be able to procure supplies locally first. Can't rely on State or Federal guidance for quick distribution of supplies

Core Capability 2: Material Management and Distribution	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Staff had already been fit tested for N95 masks • Leaders in the areas of long-term care and materials management were monitoring COVID months prior to a regional or local positive case • Daily morning meetings to discuss equipment needs 	<ul style="list-style-type: none"> • Insufficient stockpile of PPE • Difficult to determine potential PPE burn rate • Procuring PPE was challenging to impossible due to lack of availability • Facility did not have a robust system in place to monitor inventory supply • Facility spent much time seeking alternative vendors for PPE and alternatives for source control in order to optimize appropriate usage of PPE
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Strong community support for making cloth masks for employees 	<ul style="list-style-type: none"> • More frequent and enhanced employee education for proper PPE use • Earlier and more aggressive strategies to secure PPE • PPE and cleaning supplies became scarce
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • PPE supplies became more available • Had enough supplies to create a COVID-19 unit which was fully stocked with appropriate PPE and other supplies 	<ul style="list-style-type: none"> • Staff had not been fit tested for N95 respirators prior to the pandemic • No stock of N95 masks • Lack of tracking system for amount and expiration dates of PPE • Needed a better understanding of PPE use during a shortage
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Funding received to support response efforts • Enough PPE to have small cache in preparation for influenza season • Strong partnership with County Emergency 	<ul style="list-style-type: none"> • Concern about PPE supply moving into fall influenza season

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	Management for PPE when supplies were very short	
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Core Capability 2: Material Management and Distribution	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early assessment of PPE inventory in all 30 branches • Ability to quickly evaluate current patient PPE needs and usage to determine potential quantities needed in the event of an influx of patients 	<ul style="list-style-type: none"> • More robust cache of PPE inventory would have been advantageous • Underestimated capability of supply chain vendor to provide PPE on demand
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Corporate assembled a distribution point for PPE and gatekeepers to access the PPE 	<ul style="list-style-type: none"> • Design of PPE needs to be improved: Fogging of eyewear and face shields when assisting patients in showers • PPE resupply was slow
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Need better and more timely education on how to use fit testing kits for N95 masks
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Ability to maintain adequate supply of PPE from shared resources • Able to continue to care for patients in their homes with appropriate PPE for staff protection 	<ul style="list-style-type: none"> • Improved implementation of fit testing for N95 masks for all staff

Core Capability 2: Material Management and Distribution Analysis

Summary of Strengths

Emergency Management played a critical role in the procurement, management, and distribution of PPE when they had available resources. Healthcare systems were able to quickly inventory PPE supplies and many larger organizations were able to allocate resources as needed throughout their system. Facilities became familiar with the guidance for optimizing PPE and utilized several different strategies for PPE decontamination.

Summary of Improvements

Many healthcare facilities did not have large caches of PPE from which to draw resources when the pandemic arrived in Wisconsin. Many vendors and suppliers were not able to fulfill orders. Fit testing resources have been difficult to obtain, particularly for long-term care facilities. Projecting PPE needs was difficult.

Analysis

Over the past several years, hospitals and healthcare systems have moved away from large stock piles of PPE supplies due to concerns about expiration dates, rotation of stock, and management. Unfortunately, this left many facilities without adequate supplies of PPE when everyone in the world was trying to procure the same resources. Maintaining proper training, education, and fit testing for staff in all types of care facilities is an identified need.

Core Capability 3:

Responder Health and Safety

Ensure the ability to protect public health, healthcare personnel, and other emergency responders during an incident.

Critical Tasks

- Identify responder safety and health risks.
- Identify and support risk-specific responder safety and health training.
- Monitor responder safety and health during and after incident response.

Core Capability 3: Responder Safety and Health	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Creation of COVID-19 Task Forces or work groups to learn about the pandemic and discover best practices for infection prevention • Clear and concise information sharing with all employees regarding infection prevention strategies • Provided “Just in Time” training for staff for proper use of PPE 	<ul style="list-style-type: none"> • Provide more intensive information to healthcare workers on potential long-term implications of a pandemic
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Response plan was updated frequently to include a testing plan for employees and PPE for employees per CDC recommendations • Early activation of Hospital Incident Command with Safety Officer • Limited access to the facility to one entrance to assist with screening efforts • Developed and implemented intranet to share information and tools with staff with latest information 	<ul style="list-style-type: none"> • Potential PPE shortages was concerning for hospital staff. Communicate strategies for obtaining appropriate PPE to maintain employee safety throughout response

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	<ul style="list-style-type: none"> • Planning and preparedness efforts focused on safeguarding staff 	
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Hospital Incident Command System was utilized effectively, evolving as the situation changed • Established external drive through testing sites to mitigate the amount of potential exposures to healthcare workers from symptomatic and asymptomatic individuals • Created a dedicated "COVID 19 Mitigated Zone" to ensure urgent care procedures could continue while mitigating potential exposure to staff 	<ul style="list-style-type: none"> • Difficult to maintain contact with employees working from home to understanding their challenges, stress, and mental health needs
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Testing and screening protocols became part of regular operations • Infection prevention strategies implemented to prevent patient to patient and patient to staff transmission • Drive through assessment centers dramatically reduced PPE and potential exposure to staff by being outside of building • Strong community partnerships to refine internal screening and examination processes 	<ul style="list-style-type: none"> • Contract tracing and case investigation processes need to be more fully developed to capture vital information and ensure notification of healthcare workers starting with EMS through hospital stay • Staff in full PPE most of the day to care for patients confirmed with COVID become hot and uncomfortable • Develop a line list process for every patient in the hospital and Emergency Department

Core Capability 3: Responder Safety and Health	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early communication regarding mitigation strategies including hand hygiene, respiratory etiquette to staff and visitors within the facility to protect staff • Numbers of first responders and front-line workers within healthcare in the County have been collected in anticipation of a tiered response for mass vaccine • Early outreach to law enforcement, fire and EMS within County to educate regarding mitigation strategies • Established, trusting relationships with community partners 	<ul style="list-style-type: none"> • Additional emphasis and rationale for the use of mitigation strategies, particularly regular use of face masks with staff • Earlier activation of Incident Command may have expedited information sharing regarding Responder Safety and Health
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Promoted remote work strategies to prevent possible exposure to Public Health staff • Mutual support through Western WI Public Health Readiness Consortium and through Cooperative in Bayfield, Ashland, and Iron Counties provided problem-solving opportunities 	<ul style="list-style-type: none"> • Identifying additional staffing resources to assist in the response. Existing staff was at capacity and feeling taxed. • Improved communication between State DHS and local Public Health Departments regarding tools and protocols in development. Lack of communication and delays in release of information was stressful • Shortage of PPE and inability to procure requested PPE for community partners was difficult and stressful

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Initiation Interval	
Strengths	Opportunities
<ul style="list-style-type: none"> • Declaration of local emergency allowed responders to begin preparations before the cases significantly increased in the community • Local supply of PPE for medical and emergency response personnel was adequate 	<ul style="list-style-type: none"> • Lack of established testing protocols within the department • Identifying resources where responders could receive tests with little or no cost due to work related exposure
Acceleration Interval	
Strengths	Opportunities
<ul style="list-style-type: none"> • Participated in weekly EMS meetings to address first responder safety • Planned for additional staffing needs early and had ability to improve capacity to prevent staff from feeling more overwhelmed • Well trained, fluid, cross-trained team to share lead roles in the Incident Command to reduce burden on just a few staff members 	<ul style="list-style-type: none"> • Almost all staff resources have been dedicated to COVID-19 response resulting in staff working on "essential operations" only • Onboarding new staff during a pandemic is challenging • Extended period of response has contributed to increased workload, burnout, and fatigue • Difficult to continue to strategize and operate with workload demands and staffing shortages • Public Health staff need tools and strategies to help manage the expectations of the public and hostile encounters with those who defy Public Health guidance or orders

Core Capability 3: Responder Safety and Health	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Public Health and Emergency Management published minimum PPE guidelines that encompassed all law, fire, and EMS responders in the County Supported newly established guidelines with large resupply of PPE Implemented process of flagging addresses in the CAD system so dispatchers could alert responders if there were responding to a known COVID positive situation Dispatch implemented a COVID screening process for all medical calls to share with responders prior to arrival 	<ul style="list-style-type: none"> Early on there were several exposures or possible exposures to COVID positive patients, in spite of communication to all agencies
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> EMResource was reviewed weekly to understand hospital bed and equipment availability which helped lessen responder anxiety When possible exposures happened, agencies too the time to discuss and understand where gaps were to keep responders safe 	<ul style="list-style-type: none"> None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> Concern about limited staff in local law enforcement, volunteer- based response agencies and County staff could result in discontinuation of services for brief periods of time
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> Staff burnout and working without utilizing vacation time or personal days

Core Capability 3: Responder Safety and Health	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • EMS has identified policies and protocols in place to support responder safety and health including mitigation strategies such as PPE and respiratory etiquette • Collaboration with local hospitals regarding their procedures for doffing PPE in the Emergency Department 	<ul style="list-style-type: none"> • Many concerns regarding emergency staffing especially if volunteer EMS staff are exposed to COVID in another context and are required to quarantine
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Agencies continued to stay up to date on recommendations from State and CDC regarding protection of EMS personnel 	<ul style="list-style-type: none"> • None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Policies and procedures were tested with first successful transport of COVID-19 positive patients 	<ul style="list-style-type: none"> • None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Ability to procure supplies and resources 	<ul style="list-style-type: none"> • None identified

Core Capability 3: Responder Safety and Health	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Implemented enhanced infectious disease surveillance systems • Early implementation of guidelines for infection prevention and communicated with staff • Installed a wireless doorbell and camera to know when people were coming to the door 	<ul style="list-style-type: none"> • Shortage of PPE to protect our staff • Some staff didn't believe or buy into how serious this would be
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Enhanced infectious disease surveillance was conducted • Increased use of community mitigation strategies within the facility including use of source control masks and good hand hygiene • Facility closed doors to outside visitors and ended all non-essential visits 	<ul style="list-style-type: none"> • It has been a struggle to locate PPE, especially disposable gowns, eye protection, and N95 respirators • Difficult to find testing for staff who were symptomatic, even with local healthcare providers
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Implementation of mitigation strategies to protect vulnerable populations including healthcare personnel • Facility-wide testing was completed by date requested by State DHS for all residents and staff • Information became more consistent which helped staff understand rationale behind mitigation strategies • Completion of State Infection Control Survey indication compliance with all infection-control regulation 	<ul style="list-style-type: none"> • Difficult to continue to educate staff on PPE use as more residents on isolation • Lack of fit testing resources for N95 respirators

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Acceleration Interval		
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Consistent practices of source control, visitor limitations, and other infection control practices • Close coordination with local Public Health Department • Registered with local Public Health Department to be a Closed Points of Dispensing • Educated staff on social distancing practices outside of the workplace • Ability to secure a consistent supply of PPE from normal vendors, new vendors, FEMA, and partnership with County Emergency Management • Staff are wearing appropriate PPE while on duty 	<ul style="list-style-type: none"> • Need to plan for emergency staffing, recruitment, and retention

Core Capability 3: Responder Safety and Health	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Established a daily health check questionnaire for all employees to take each morning All employees were assigned and completed infection control and preparedness education 	<ul style="list-style-type: none"> Need to have better communication strategies in place with surrounding facilities and agencies to reach out for support or offer support
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> Appropriate fit testing supplies not available (expired) or unable to purchase Did not have a plan with local hospital laundry service to launder cloth PPE isolation gowns when the disposable ones were difficult to find
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Established testing and quarantine protocols for staff if exposed or tested positive Quickly deployed additional mitigation strategies to keep staff safe 	<ul style="list-style-type: none"> Needed enhanced screening of visitors of patients to prevent exposure of staff Did not have education on how to use Fit Testing Kits Need to develop ongoing staff support when care delivery is altered due to patient fears/anxiety or access is limited to residential care facilities such as skilled nursing facilities, assisted living facilities, or community based residential facilities
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Kept staff safe with adequate PPE resources 	<ul style="list-style-type: none"> Concerns about overburdening staff if some staff become ill or are out due to quarantine

Core Capability 3: Responder Safety and Health Analysis

Summary of Strengths

Most organizations have robust Infection Control processes and plans to protect their workforce. Information was shared in a timely manner, screening and testing processes were developed and implemented quickly. Staff were provided just in time training and education resources to understand mitigation strategies.

Summary of Improvements

PPE was difficult to obtain and several facilities were very concerned about not having the appropriate protective equipment for their staff. Many of our facilities are small and have limited staff resources during non-pandemic operations. Facilities lack emergency staffing plans and are concerned about staff burnout.

Analysis

Protecting the safety and health of all responders during this pandemic has been a priority. To date, most facilities have had adequate PPE to protect their staff. The greater concern at this time after four months of very intense response, is the mental health and well-being of responders, particularly with no end to the pandemic in sight.

Core Capability 4: Emergency Public Information Sharing and Warning

Develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

Critical Tasks:

- Activate the emergency public information system.
- Determine the need for a Joint Information System.
- Establish and participate in information system operations.
- Establish avenues for public interaction and information exchange.
- Issue public information, alerts, warnings, and notifications.

Core Capability 4: Emergency Public Information and Warning	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Email updates sent routinely to all employees by CEO • Readily accessed State and National information resources including Wisconsin Department of Health Services and the CDC • Established communication with community partners 	<ul style="list-style-type: none"> • The volume of information and guidance being issued during this interval was overwhelming and difficult to digest • Guidance from State and National sources conflicted at times • Need to develop consistent processes for information dissemination between staff and public
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early activation of Hospital Incident Command included identification of a Public Information Officer • Information regarding changing visitation policies and screening protocols were widely shared, posted, and distributed on all media platforms 	<ul style="list-style-type: none"> • None identified

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	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Establishment of curbside testing increased public's awareness of potential community spread 	<ul style="list-style-type: none"> • Some hospitals were not engaged with County officials or other regional stakeholders early on • Messaging was siloed and not always consistent with community partners
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Ongoing organizational communication regarding fine tuning preparedness efforts and updated plans to respond to COVID including information to the public regarding enhanced precautions and mitigation strategies 	<ul style="list-style-type: none"> • None identified

Core Capability 4: Emergency Public Information and Warning	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early establishment of a Joint Information Center as part of the Emergency Operation Center • A Public Information Officer (PIO) was established very early in the response • Public Health provided media alerts to public for mitigation strategies • Strong Community partnerships and trust was already established therefore health-forward messaging was quickly disseminated through magnets, flyers, and posters • Dedication to remaining "up to date" with latest guidance to be able to answer the public's questions in a credible manner • Transparent communication with public regarding case burden • Regularly scheduled meetings with different community stakeholders including long-term care facilities, schools, school nurses, faith leaders, and others as needed. 	<ul style="list-style-type: none"> • Rapidly changing guidance made coordination and consistent messaging to the public challenging • Earlier activation of Incident Command to include more community partners • Very limited resources prepared for pandemic guidance and education for specific groups and businesses. Requests for guidance exceeded existing resources at the State and Federal level
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Public Information sharing was key objective for Incident Command • Daily updates and COVID statistics shared via Facebook and County website • Daily videos created and shared with mitigation strategies • Public Health released joint statements with healthcare organizations informing the public of the need for symptom monitoring and seeking testing as needed 	<ul style="list-style-type: none"> • Increased communication to public regarding mitigation strategies • Include local clinicians to facilitate common messaging • Confirmed positive patients received inconsistent or inaccurate information regarding isolation and quarantine requirements • Improved communication between State and Local Public Health Departments to better understand timeline for release of guidance • Need to develop risk communication messages to patients, clients, and stakeholders

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Initiation Interval	
Strengths	Opportunities
<ul style="list-style-type: none"> • Media relationships were a strength during this time • Health Officer held regular Facebook Live updates including "daily messages" • PIO developed many public facing documents and FAQs regarding end of Safer at Home order and local Public Health Order • Regular communication with community partners was a strength • Declaration of a Public Health Emergency in some Counties helped emphasize to public the seriousness of this pandemic • Tribal Clinics increased signage about washing hands and staying home when sick and increased the amount of hand sanitizer available throughout the clinic. 	<ul style="list-style-type: none"> • None identified
Acceleration Interval	
Strengths	Opportunities
<ul style="list-style-type: none"> • Department's website became more sophisticated over time to include metrics and data • Developed recommendations for the community based on County COVID-19 activity levels • Active pursuit of community mitigation strategies including the consideration of mass gathering bans and face mask requirements 	<ul style="list-style-type: none"> • Need strengthened health ordinance to protect County and Health Officer when attempting to enforce Public Health guidance and orders

Core Capability 4: Emergency Public Information and Warning	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Public Health and County PIO used the County website, social media, newspapers, and free media to share information. This process has been used in past emergencies and public knows to check here first for updated information Strong partnership with local radio station which made frequent interviews with the Public Health officer possible 	<ul style="list-style-type: none"> A consistent way to communicate simultaneously with all local businesses would be beneficial and less time consuming Need to learn how to positively affect public opinion and gain support for important causes such as use of protective measures
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Planned press events have occurred weekly in some Counties Ability to recognize rumors and take swift action to address rumor control 211 was a great asset in information sharing 	<ul style="list-style-type: none"> New and innovative means of communication with citizens and visitors to the County may help with compliance with measures designed to reduce the spread of disease Not all cities have a trained and designated Public Information Officer Challenging to have PIO group in different location than Incident Commander No clearly defined County PIO or Joint Information Center (JIC) process in place Rumor control is impossible to fully contain Prescribed press releases would have been helpful to promote Wisconsin National Guard community testing sites
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> COVID information dashboard was created on the website 	<ul style="list-style-type: none"> New and innovative means of communication with citizens and visitors to the County may help with compliance with measures designed to reduce the spread of disease Challenging to have PIO group in different location than Incident Commander No clearly defined County PIO or Joint Information Center (JIC) process in place Challenging to consistently update dashboards

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		<p>and other messaging at a set time in the day</p> <ul style="list-style-type: none"> • Challenging to replace bad information with accurate and credible information on social media • Need to start using multi-platform social media presence • Social media opens for negative and unhelpful comments
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Earlier creation of the COVID dashboard may have assisted with public information • County website could be made more user friendly and more applicable to mobile devices • Need to develop written guidance regarding what information can be shared through social media and other media outlets • Completion of the "Disaster Website" for all hazards which will be provide more flexibility with design and content for Public Health and Emergency Management

Core Capability 4: Emergency Public Information and Warning	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Worked closely with Local Public Health Department and local hospital to understand information 	<ul style="list-style-type: none"> • Implementing mitigation strategies to help protect vulnerable populations
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A

Core Capability 4: Emergency Public Information and Warning	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Quick and early implementation of guidelines for prevention and strong communication with staff • Strong partnership and close working relationship with Local Public Health Department 	<ul style="list-style-type: none"> • There were so many changes early on, information became confusing and difficult to understand
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Company strength was staying on top of current guidance from local Health Department, Wisconsin DHS, CDC, and CMS • Communication with residents, staff, and families of our plans 	<ul style="list-style-type: none"> • Communication between patients, clients, and stakeholders was not as informative, timely, or complete as it could have been • Varying levels of communication with resident's families and loved ones for important updates • Better education for residents to help them understand the circumstances of the situation • More in person briefings with staff and residents (with mitigation strategies) to better manage expectations
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Rapid establishment of Incident Command provided oversight for key protocols for visitor restrictions, and screening 	<ul style="list-style-type: none"> • Lack of understanding regarding quarantine expectations for close contacts of positive COVID-19 individuals
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Continuous updates to procedures in accordance with CDC and State recommendations and guidelines 	<ul style="list-style-type: none"> • When Safer At Home order was overturned, difficult to require staff to refrain from travel or going out to bars and restaurants • As guidelines changed and communication to the general public differed from guidance to congregate living settings, visitor compliance with guidelines became challenging • Information and guidance came faster than facility

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		was able to respond and maintain updates to residents, staff, or families
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Core Capability 4: Emergency Public Information and Warning	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • A written policy exists that identifies progressive steps to take depending on the level of pandemic response 	<ul style="list-style-type: none"> • Difficult to sift through rapidly changing data and interpreting for post-acute need patients
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Community messaging to educate providers and staff of local nursing facilities and hospitals regarding CMS changes to Home Care requirements to ensure safety and appropriate care for patients 	<ul style="list-style-type: none"> • Need to develop risk communication messages to patients, clients, and stakeholders
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Contacted each patient either in person or virtually to review signs and symptoms and teach them and their families about how COVID spreads 	<ul style="list-style-type: none"> • None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Updated educational materials regarding COVID and Home Care and sent to providers and referral agencies 	<ul style="list-style-type: none"> • Need to improve communication with public health departments of counties where patients live • Need to improve communication with public health department because patient may be on quarantine and choose not to tell home care staff

Core Capability 4: Emergency Public Information and Warning Analysis

Summary of Strengths

Many partners identified the need to activate their communication plans early, including the role of the Public Information Officer. There was also a recognition of the need for transparent and frequent public information sharing. Many partners utilized social media platforms and other media resources to help share their message effectively.

Summary of Improvements

The volume of information coming from National, State, and local resources was overwhelming and difficult to wade through. Messaging seemed to be “siloed” by discipline and cross-discipline sharing was challenging at times. There were observed disconnects or inconsistencies between National, State, and Local messages. Not all partners have trained Public Information Officers or robust Joint Information Center plans.

Analysis

Communication is always one of the biggest challenges in response. The fact that the information being shared during this pandemic was new to both the response community and the public was extremely challenging. Partners in the response were learning as fast as they could in order to provide accurate and timely information to the public. Social media platforms were useful, but are also a tool that could be used to spread misinformation by the public.

Core Capability 5: Intelligence and Information Sharing

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.

Critical Tasks:

- Identify stakeholders that should be incorporated into information flow and define information sharing needs.
- Identify and develop guidance, standards, and systems for information exchange.
- Exchange information to determine a common operating picture.

Core Capability 5: Intelligence and Information Sharing	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Established early communication with community partners to monitor the developing situation • Readily accessed State and National information resources including Wisconsin Department of Health Services and the CDC • Strong collaboration within the healthcare system • Reviewed Infectious Disease plans and protocols with staff • Early assessment of potential staff shortages due to school closures • Early establishment of Hospital Incident Command supported information sharing with all employees 	<ul style="list-style-type: none"> • Need to provide more information and training to staff regarding the potential long term implications of a global pandemic • In some hospitals, information sharing between larger and smaller hospitals within the same health system was challenging • Too much information and guidance to sort through quickly • Need to better coordinate information sharing between departments • Gaps in communication within the regional organizational structure in some health systems created confusion, delays, and duplicative efforts which were unnecessary
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • County officials included all major employers in the area in planning efforts including the healthcare system • Senior leadership involvement enhanced external partner communication and 	<ul style="list-style-type: none"> • Too much reliance on information sharing with staff through email or electronic posts. Needed more face to face interaction • Develop tools to meet the increasing demands for information from community partners

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	<p>community-wide planning</p> <ul style="list-style-type: none"> • Increased frequency of community and regional partnership collaboration aided situational awareness 	<ul style="list-style-type: none"> • Develop more effective way to inform and educate clinicians of rapidly changing information • Develop risk communication messages to be quickly adapted to current situation for patients, employees, and other stakeholders • Needed to train and designate additional staff to gather information and correctly enter into WEDSS • Conduct briefings with local, regional and State stakeholders • Information sharing with visitors and patients was difficult due to rapidly changing guidance
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Some hospitals organized meetings with local nursing homes and home health and hospice agencies for information sharing, and coordination of PPE resources • Leadership was very transparent with staff regarding changes to schedules and reassignments • Several hospitals assisted in curbside testing to assist Public Health in understanding and identification of community spread • Some hospitals obtained in house testing capabilities • Some hospitals worked with local nursing homes to help coordinate initial baseline testing 	<ul style="list-style-type: none"> • Some hospitals reported challenges in educating clinicians to updated guidance and gaining their cooperation • Lack of one internal communication platform to inform staff of rapidly changing operational, policy, and procedural changes • Staff quickly "behind" or overwhelmed by volume of emails • Lack of understanding of role of Hospital Incident Command in general staff
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Continued information sharing with key partners and stakeholders • Improved communication channels with local Public Health • Regular participation in Healthcare Emergency Readiness Coalition (HERC) calls for information sharing 	<ul style="list-style-type: none"> • There were opportunities to share more broadly the status of PPE, number of COVID positive patient, potential exposures internally • Myriad of individuals within the hospital system were attending multiple conference calls and meetings and receiving emails from associations and other associations. Information was often duplicative. No internal process to coordinate information flow

Core Capability 5: Intelligence and Information Sharing	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Western WI Public Health Readiness Consortium began daily meetings to share information within region • Some County Public Health agencies established a regular Community Meeting schedule for information sharing with partners • Bayfield, Ashland, and Iron Counties established a Cooperators' Group to discuss consistent response and messaging across northern WI between Law Enforcement, Public Health Administration, Emergency Management, Medical Providers, and EMS • Communicated importance of mitigation strategies to all County staff and visitors coming to the building • Establishment of a Joint Information center early and identification of a Public Information Officer 	<ul style="list-style-type: none"> • Rapidly changing guidance from WI DHS and CDC made coordination of and consistent messaging to partners and the public challenging • So little was known about this virus initially that staying informed was difficult • Communicating our response plan to key staff and partners was not intuitive
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early activation of Emergency Operations Center facilitated communication between agencies • Emergency Operation Briefings were a venue to report out and provide up to date information on outbreak response to all staff and partners • WI DHS held daily briefings for all Health Officers • Daily messaging to the public per Incident Command objectives • Use of Facebook and other media sources for information sharing to the public • Effective use of existing technology to work remotely • In the event of an outbreak, Public Health issued a joint statement with the organization 	<ul style="list-style-type: none"> • Improve communication between State DHS and local health departments for situational awareness of status of guidance and tools • There were duplicative efforts due to lack of communication between State DHS and local Public Health Departments • Inclusion of local clinicians in Incident Command may have alleviated some communication and information sharing issues • Improve communication and education to clinicians

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	<ul style="list-style-type: none"> or facility facing the outbreak • Widespread community messaging and debriefing with local emergency response teams 	
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Consistent communication with community partners 	<ul style="list-style-type: none"> • Businesses needed ongoing education regarding isolation and quarantine and when close contacts of positive or suspected cases of COVID could return to work
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Development of countywide dashboard including data which helps monitor COVID activity, trajectory, response efforts, and community capabilities 	<ul style="list-style-type: none"> • None identified

Core Capability 5: Intelligence and Information Sharing	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Adequate numbers of laptops and other equipment were available to augment remote meetings and allow work from home Partners respect roles of other agencies and appreciate positive working relationships Multiple televisions within the EOC space allowed team to monitor State and local press events which frequently held breaking information that was not previously known 	<ul style="list-style-type: none"> Needed to define terms and language used by different response agencies to reach a common understanding Some tools for conferencing used for working from home were not adequate Two-way video conferencing may have improved communication through body language Rapidly changing information from State resources was difficult to manage and disseminate Equipment and technology resources were not compatible creating connection problems
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> The Western WI Public Health Readiness Consortium and Northwest WI Healthcare Emergency Readiness Coalition were key in facilitating partnerships and sharing information to help organize and respond to the needs of the region Some County Medical Examiners provided guidance for funeral directors, local Public Health, and other healthcare facilities in the County 	<ul style="list-style-type: none"> Information from State agencies was often delayed or at times inaccurate regarding expectations of County EM
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Strong communication between partners Use of You Tube Live by State for press briefings was helpful PIO worked weekends as needed 	<ul style="list-style-type: none"> Needed to create a better tracking process for distribution and receipt of donations of PPE
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> None identified

Core Capability 5: Intelligence and Information Sharing	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> This is a strength and part of the Emergency Preparedness plan 	<ul style="list-style-type: none"> None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Maintained good situational awareness of COVID case numbers locally, regionally, and statewide 	<ul style="list-style-type: none"> Challenged by members of the public whose perspective is that COVID-19 is "fake news" or "nothing worse than a common cold" Struggle with those who do not see or understand their role in social responsibility Uncertainty about reporting processes. EMS has access to WARDS, but not WEDSS
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Regular communication with all partners including weekly communication with County, Regional, and State partners Daily communication with some NGO partners Quality Assurance coordinator adjusted our ePCR to add a feature for clinicians to select when they suspected possible positive COVID status for better data monitoring and reporting 	<ul style="list-style-type: none"> Consideration of utilization of EMS personnel to assist with County contract tracing
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> No established process to monitor the effectiveness of the EMS agency COVID response No system in place for Quality Improvement or Quality Assurance

Core Capability 5: Intelligence and information Sharing	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Strong framework for emergency preparedness which helped provide information regarding the appropriate resources to find necessary information • Company has strong communication plan to share information with all staff, residents, families, and the community 	<ul style="list-style-type: none"> • Some facilities need to purchase notification system software • Insufficient internet service capabilities • Need better communication with area hospitals regarding testing locations • Improve communication coordination between departments within the facility
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Facility staff had been trained for infection prevention • Established access to the CDC NHSN notification system • Strong teamwork facilitated information sharing • Strong communication and education for residents, staff and families 	<ul style="list-style-type: none"> • Provide separate protocols for hospital vs. long term care facility to reduce confusion for staff • Inconsistent practices and expectations regarding testing between long term care facilities, Public Health departments, and Healthcare providers
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Information became more consistent which helped facility convey consistent information regarding the mitigation and response plans to residents, staff, and family members • Increased community with local Public Health Department for guidance and information sharing • Created education and information sharing through multiple strategies including social media, direct mail, face to face, and signage throughout facility 	<ul style="list-style-type: none"> • Improve status updates to residents to help manage their expectations for the length of the pandemic

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Acceleration Interval		
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Communication with local Public Health departments, other long-term care facilities and emergency management • Policies and policies were updated frequently based on new information and intelligence regarding the virus 	<ul style="list-style-type: none"> • When Safer at Home order was overturned, difficult to require staff to refrain from travel or going out to bars and restaurants

Core Capability 5: Intelligence and Information Sharing	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Maintained situational awareness with well-developed relationships with regional coalitions • Good communication from management regarding intelligence efforts • Leadership was actively involved in messaging changes to department staff 	<ul style="list-style-type: none"> • Difficult to sift through rapidly changing data and interpreting for post-acute need patients • Best practices regarding PPE for front line staff needed immediate publication and changed frequently • COVID websites were developed to share latest information, but had to be coordinated for timely updates
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Ability to quickly develop and communicate messages to staff • Created a dedicated email and phone number for staff and patient COVID questions 	<ul style="list-style-type: none"> • Need to improve ability to enter information into the appropriate reporting system
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Daily calls with all staff for updates • Coordinated with referral sources to anticipate patient's needs as they transitioned into home care • Developed COVID intranet website access for all staff 	<ul style="list-style-type: none"> • Sharing information about what is happening in other areas appears limited and not easily accessible • Need improved communication with all partners
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Organization held regular virtual Employee Forums with members of Leadership, Infection Prevention, Employee Health, Infectious Disease MD, and Human Resources to answer staff questions • Regular participation in DHS, CDC, NWWIHERC, and CMS calls • Maintained awareness of hospital bed availability 	<ul style="list-style-type: none"> • Information Technology department was overwhelmed by the number of people working from home • Accessing information on company devices was not readily available from remote work stations

Core Capability 5: Intelligence and Information Sharing Analysis

Summary of Strengths

Community partner and regional information sharing through Emergency Operations Center briefings, daily, bi-weekly, or weekly phone calls was a strength in this response. Community partners have well-developed relationships and worked together well in the early months of the pandemic.

Summary of Improvements

Working from home had limitations, particularly with real time information sharing. Relying on email and other forms of communication often left staff “behind” as information was changing so rapidly. Partners were gathering information from multiple sources which was not always efficient or consistent.

Analysis

It was very challenging to keep up with the volume of information coming from reliable sources. Some partners felt guidance from National or State partners was often delayed which resulted in duplication of efforts as locals were being pressured by their communities to provide guidance.

Core Capability 6: 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 6: Medical Surge	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early establishment of HICS and COVID taskforces included discussion regarding Medical Surge and increasing hospital or Emergency Department capacity • Some hospitals designated hallways and exam rooms for "COVID" surge • Hospitals reviewed PPE supplies for potential Medical Surge 	<ul style="list-style-type: none"> • Lack of a pandemic surge plan or highly infectious disease plan • Hazard Vulnerability Assessment did not identify "global pandemic" as a high risk
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Activation of local County Emergency Operations Center included medical facilities in discussion regarding surge planning • Recognition that existing Medical Surge plans worked for an isolated incident, not an ongoing pandemic • Many hospitals reworked or rewrote Medical Surge plans to address the ongoing pandemic • Collaboration with EMS, Fire, and other 	<ul style="list-style-type: none"> • None identified

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	county partners addressed potential Medical Surge planning	
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Continued to monitor surge needs based on local, Regional and State information sources • Maintained a "ready" state 	<ul style="list-style-type: none"> • Lack of clear instructions or guidance regarding how to make allocation decisions during a medical surge event • Lack of Crisis Standards of Care Policies locally, regionally, or Statewide
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Surge plans were reviewed and revised and communicated broadly both internally and externally prior to seeing any surge in patients • COVID designated spaces and areas were identified, reviewed, and approved • One hospital held a Medical Surge exercise with key internal partners related to COVID-19 	<ul style="list-style-type: none"> • Recognition of lack of plan for Emergency staffing in the event of widespread illness and quarantine

Core Capability 6: Medical Surge	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None Identified/ N/A 	<ul style="list-style-type: none"> • Many Hospitals within the region are small, Critical Access hospitals which were not prepared for a pandemic. Public Health provided support as hospital worked on a plan to prepared for surge during a pandemic event • Earlier activation of the Incident Command System to include additional partners in anticipation of potential medical surge needs • Earlier implementation of infection control practices
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Public Health had the ability to shift some staff into roles to support the contact tracing and other efforts in response • Some County Public Health Department were able to hire limited term employees or retired Public Health professionals to assist with surge in responsibility during this time 	<ul style="list-style-type: none"> • Due to staff limitations, "essential services" were the only services provided during this time • Earlier recognition that this was going to be a "marathon" and not a "sprint". Early response was strong, but length of response is contributing to insufficient long-term planning and staff burnout
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Early declaration of a health emergency provided administrative flexibility to continue to support the response effort 	<ul style="list-style-type: none"> • Did not have adequate staff resources to maintain "normal" services such as immunizations, TB skin tests, water testing, baby visits, pre-natal visits etc. due to demand for COVID response
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Development of countywide dashboard including data which helps monitor COVID activity, trajectory, response efforts, healthcare system capacity, and community capabilities • Hired more staff to assist with contact tracing and other surveillance activities • Emergency Staffing plans developed 	<ul style="list-style-type: none"> • Need to plan for staff capacity when there is an increase in positive case numbers and outbreaks once school resumes • Struggling to continue or resume "normal" services due to continued high demand for COVID response • Need to develop mortuary plans

Core Capability 6: Medical Surge	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • County purchase of large tents and generators to support triage overflow at local hospitals • Alternate Care Facility at vacant nursing home was placed on "standby" in the event of medical surge • MOUs were reviewed and signed with vendors for refrigerated trucks 	<ul style="list-style-type: none"> • None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

Core Capability 6: Medical Surge	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	• None identified	• Lack of EMS personnel in the event of large surge in requests for services
	Recognition Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Initiation Interval	
	Strengths	Opportunities
	• None identified	• Consideration of a designated "COVID hospital" within the region or healthcare system
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Monitored surge in healthcare facilities • Communication well-established between EMS Coordinator, Service Medical Director, and local hospital regarding daily hospital census 	• None identified

Core Capability 6: Medical Surge	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Facilities had the ability to create new policies and procedures based on information and potential need for "COVID-19" designated space or observation space Facilities designated and equipped wings or units for isolation of positive cases Facility has a complete Emergency Preparedness plan including infectious disease outbreak planning 	<ul style="list-style-type: none"> Staffing during an outbreak would be challenging as some staff stated they would "opt out" or not work if there was an outbreak in the facility Better communication with hospitals and testing locations
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Facility was able to implement measures to optimize PPE supply in order to continue to provide quality care for potential surge of residents Senior leadership participated in external partner communication for situation awareness of potential surges 	<ul style="list-style-type: none"> Concern about staffing impacts if we needed to activate the COVID unit Better collaboration between community clinics, hospitals and other skilled nursing facilities to understand surge planning Some facilities had not created COVID-19 specific units yet Some facilities have no surge planning completed
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None Identified 	<ul style="list-style-type: none"> Monitoring surge within the community and identifying additional resources as needed
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Existing surge plans and processes were refined to meet potential need and communicated internally and external with 	<ul style="list-style-type: none"> Facilities do not have mortuary plans or contracts to address an increase in needed mortuary services Developed a Certified Nursing Assistant emergency training program

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	partners • A plan for emergency staffing was created	• Many facilities noted a lack of resources for Emergency Staffing
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Core Capability 6: Medical Surge	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	• None identified	• Very little or limited use of technology to support medical services
	Recognition Interval	
	Strengths	Opportunities
	• Home Care and Hospice maintained capacity to care for patients in their own homes	• None identified
	Initiation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Acceleration Interval	
	Strengths	Opportunities
	• None identified	• Need to identify sources of additional staff should a surge in our services be requested

Core Capability 6: Medical Surge Analysis

Summary of Strengths

Hospitals and long-term care facilities were able to identify and equip dedicated space within their facilities as “COVID-19” units or wings. Some partners looked to staff from other departments to be trained in the functions of contact tracing or CNAs should there be a medical surge or shortage of staff. Many Medical Surge plans were written or expanded to include pandemic Medical Surge and not only single incident Medical Surge events.

Summary of Improvements

Limited staff and supplies such as PPE were identified as limitations in the responders’ ability to surge their capacity. Alternate Care Facilities were initially identified, but the logistics of staffing and supplying these sites would be challenging.

Analysis

The healthcare organizations and partners responding to this pandemic have been strategic in identifying ways to expand their capacity to care for COVID positive patients. Since many of our facilities function near capacity during non-COVID times, the concept of Medical Surge is difficult, particularly for long-term care facilities. Thankfully, mass fatality plans were not needed during these months of the response, however, several partners identified the need to do more mass fatality planning.

Core Capability 7: Non-Pharmaceutical Interventions

Ensure awareness of actions people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies including isolation and quarantine, social distancing, travel restrictions, hygiene, and precautionary protective behaviors.

Critical Tasks:

- Engage partners and identify factors that impact nonpharmaceutical interventions.
- Determine nonpharmaceutical interventions.
- Implement nonpharmaceutical intervention.
- Monitor nonpharmaceutical interventions.

Core Capability 7: Non-Pharmaceutical Intervention	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Activation of Incident Command included both hospital and clinic staff therefore, practices and recommendations were campus wide • Travel restrictions for staff to affected areas were put into place and expanded upon as virus became more widespread • Staff who traveled were required to quarantine upon return • Some hospitals required universal masking within the facilities • Most hospitals restricted access to their facilities 	<ul style="list-style-type: none"> • Confusion regarding when travel questions need to be added to the registration process
	Initiation Interval	
	Strengths	Opportunities

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	<ul style="list-style-type: none"> Hospitals implemented all staff screening prior to entering work space 	<ul style="list-style-type: none"> None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Universal masking within building Patient and visitor screening processes established Staff who were able to work remotely were encouraged to do 	<ul style="list-style-type: none"> None identified

Core Capability 7: Non-Pharmaceutical Intervention	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Western WI Public Health Readiness Consortium has a pandemic influenza plan in place which provided initial guidance on non-pharmaceutical interventions during a pandemic Early activation of Incident Command allowed for early communication with public and other stakeholders regarding mitigation strategies to help prevent the spread of the virus Recent table top exercise on Isolation and Quarantine protocols and updated policies and procedures were readily available when COVID arrived 	<ul style="list-style-type: none"> Earlier activation of Incident Command to allow more time for research and understanding of the virus
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Robust messaging to community partners and the public regarding non-pharmaceutical interventions including hand washing, social distancing, staying home, reducing travel to essential trips only, etc. Implemented non-pharmaceutical interventions to protect Public Health staff through working from home 	<ul style="list-style-type: none"> Communication between the WI DHS and the Local Public Health Departments regarding guidance and tools in process to prevent duplication of efforts

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	<ul style="list-style-type: none"> • Tribal Clinic issued mask mandate, patients were screened at the door and asked about symptoms and travel • Pharmacy pick up is curbside only • Increased signage regarding hand washing, staying home when sick and use of hand sanitizer 	
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Some Counties were able to pivot after the Supreme Court decision regarding the “Safer at Home” order to institute their own County Public Health Order to strongly recommend mitigation efforts and non-pharmaceutical intervention • Had strong community partnership which invested time in making and distributing cloth facemasks • Site visit from Indian Health Service (IHS) to review policies and procedures 	<ul style="list-style-type: none"> • Increase coordination within the region regarding Public Health non-pharmaceutical intervention recommendations and orders to decrease public confusion and anger • Need to improve Isolation and Quarantine plans
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Continue regular and consistent messaging to community partners, businesses, and the public regarding handwashing, staying home, social distancing, and wearing of face masks to prevent spread • Began conversations with school regarding reopening scenarios, sports functions, and the policies that will need to be in place for a safe return to these activities • Tribal Health restrictions on mass gatherings and travel 	<ul style="list-style-type: none"> • Identification of stable housing options for homeless people requiring Isolation and Quarantine

Core Capability 7: Non-Pharmaceutical Intervention	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Incident Command briefings never exceeded more than 10 individuals in any space at any time to maintain appropriate social distancing Emergency Operations Center has been virtual with individuals working in separate work spaces 	<ul style="list-style-type: none"> None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Incident Command and other meetings were held virtually 	<ul style="list-style-type: none"> None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> Many challenges with general public regarding social distancing and mask wearing as both have become highly political in some parts of the region
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> None identified

Core Capability 7: Non-Pharmaceutical Intervention	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	• Employed appropriate infection control measures	• None identified
	Recognition Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Initiation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Acceleration Interval	
	Strengths	Opportunities
	• Successful in procuring needed supplies and resources for infection control and mitigation strategies	• None identified

Core Capability 7: Non-Pharmaceutical Intervention	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Excellent policy on COVID infection control procedures which continued to change and adapt as recommendations changed • Well-established infection control procedures and policies • Enhanced infectious disease and surveillance systems 	<ul style="list-style-type: none"> • None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Activation of community mitigation strategies including no visitor policies, use of source control masks, droplet precautions, and hand hygiene • Implementation of universal masking • Many facilities implemented telehealth visits • Many facilities implemented virtual and window visits with family members • Utilized a channel in the cable system to allow residents to still participate in sign along, bingo, live reading, and exercise from their own room 	<ul style="list-style-type: none"> • None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • The Focused Infection Control Survey completed by the State yielded no citations meaning the facility was in compliance with all infection control mitigation strategies • Screening of all employees prior to work was implemented 	<ul style="list-style-type: none"> • Facilities do not have negative pressure rooms or space that would prevent any airborne transmission
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Educated staff on mitigation strategies while off work time • Continuation of all mitigation strategies listed in previous intervals 	<ul style="list-style-type: none"> • Difficult to monitor the social distance between residents. Empowering and training staff on strategies to encourage this distance

Core Capability 7: Non-Pharmaceutical Intervention	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Created remote workplace spaces 	<ul style="list-style-type: none"> None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Large meetings were transitioned to virtual platforms Office staff were transitioned to working from home Any in-person meetings were limited in size and space was appropriate for social distancing Agency was able to care for patients in their homes, to keep them quarantined from others, coordinate medical care with their physicians, NP's, PA's, etc., without them having to be exposed to the novel illness that is in the area 	<ul style="list-style-type: none"> None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Patient screening and documentation were entered in the Electronic Medical Record Staff social distancing when appropriate 	<ul style="list-style-type: none"> None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> Telehealth software was acquired Ability to utilize waivers related to telehealth to continue needed services Masking and eye protection protocols in place ahead of the CDC recommendations 	<ul style="list-style-type: none"> None identified

Core Capability 7: Non-Pharmaceutical Intervention Analysis

Summary of Strengths

Most partners either had or put into place robust policies regarding non-pharmaceutical interventions. These policies included topics such as: travel policies, remote work environments, telehealth, visitor restrictions, universal masking and infection control practices. These were widely utilized and embraced by most responders.

Summary of Improvements

Finding both short and long-term locations and solutions to Isolate and Quarantine community members, particularly those in the homeless population, was difficult once hotels and motels reopened after the revocation of the “Safer at Home” order.

Analysis

Many of the non-pharmaceutical interventions recommended by the local, State and National authorities became politicized which has been very difficult to manage in some healthcare organizations. The public confusion, denial, and anger towards responders regarding issues such as wearing masks has made responding to the pandemic more stressful and difficult than it already is.

Core Capability 8: Public Health Laboratory Testing

Implement and perform methods to detect, characterize, and confirm public health threats, including the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threats.

Critical Tasks:

- Conduct laboratory testing and report results.
- Enhance laboratory communications and coordination.
- Support training and outreach.

Core Capability 8: Public Health Laboratory Testing	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Infection Prevention personnel have good understanding of Wisconsin Electronic Disease Surveillance System (WEDSS) and were able to enter data in a timely manner 	<ul style="list-style-type: none"> • None identified
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Reporting forms for Wisconsin Electronic Disease Surveillance System (WEDSS) changed several times during this event therefore, keeping up with changes was challenging for hospital staff • Some hospitals do not have full time Infection Prevention staff. Additional staff needed to be hired or reassigned to meet reporting expectations
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Collaboration with local clinic and County Public Health to develop a curbside testing process at the hospital • Contracted with additional laboratory services 	<ul style="list-style-type: none"> • None identified

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	for increased testing <ul style="list-style-type: none"> • Collaborated with two County Public Health departments to invite and host a Wisconsin National Guard Community Testing Site 	
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

Core Capability 8: Public Health Laboratory Testing	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Relationships with community partners allowed for good communication 	<ul style="list-style-type: none"> • Open Incident Command earlier in the response
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Identification of regular and back up contract tracers in anticipation of more cases • Environmental Health and CCS staff were cross trained in the Wisconsin Electronic Disease Surveillance System and contact tracing procedures • Established regular case review for Public Health nursing staff to consult with one another 	<ul style="list-style-type: none"> • Lack of testing resources in parts of the region. • Difficult to obtain testing even with a Public Health recommendation • Education for providers regarding the testing strategy beyond clinical identification of disease. • Different interpretations of data made plan formulation difficult at times
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Public Health partnered with County Emergency Management to set up several Wisconsin National Guard Community testing sites 	<ul style="list-style-type: none"> • Difficult to set up testing protocols • Difficult to obtain testing supplies through Exact Sciences

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	<ul style="list-style-type: none"> • Strategized with neighboring Counties and Tribes to bring National Guard testing to far Northwestern WI at least every few weeks to continue with Public Health surveillance • Lab testing and Wisconsin Electronic Disease Surveillance System was adequate 	<ul style="list-style-type: none"> • Lacked sufficient staff resources to conduct testing within the Public Health Department • Inconsistent and lengthy turn-around times for test results was confusing for public
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Consideration of developing a "strike team" to help with outbreak testing once Wisconsin National Guard team is no longer available • Incorporated car side testing for all respiratory patients 	<ul style="list-style-type: none"> • Need to develop a plan for outbreak testing once the Wisconsin National Guard is no longer deployed for community testing • County doesn't have a hospital or healthcare system to partner with for testing • Test availability for asymptomatic testing in corrections facilities and long-term care facilities has become more limited and challenging to obtain

Core Capability 8: Public Health Laboratory Testing	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	• None Identified	• None Identified
	Recognition Interval	
	Strengths	Opportunities
	• None Identified	• None Identified
	Initiation Interval	
	Strengths	Opportunities
	• None Identified	• None Identified
	Acceleration Interval	
	Strengths	Opportunities
	• None Identified	• None Identified

Core Capability 8: Public Health Laboratory Testing	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	N/A	N/A
	Recognition Interval	
	Strengths	Opportunities
	N/A	N/A
	Initiation Interval	
	Strengths	Opportunities
	N/A	N/A
	Acceleration Interval	
	Strengths	Opportunities
	N/A	N/A

Core Capability 8: Public Health Laboratory Testing	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Evaluation and optimization of testing mechanisms and laboratory capabilities including identification of support available from the State and Federal Resources
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Testing supplies were scarce at this time
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Some facilities established a testing program with Exact Sciences for staff and resident testing when it became immediately available • Facility-wide testing was completed within recommended time frame • Increased communication with Local Public Health Department regarding testing recommendations 	<ul style="list-style-type: none"> • Strategy for and access to routine testing of staff and residents • Test turn around was longer than expected • Scarcity of testing supplies resulted in being able to test staff and residents only once
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Waiting for guidance for subsequent testing for staff and residents from State

Core Capability 8: Public Health Laboratory Testing	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Recognition Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Initiation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Acceleration Interval	
	Strengths	Opportunities
	• None identified	• Have had patients test positive on PCR test for more than 60 days. Guidance on modifying droplet precautions would be helpful in these instances

Core Capability 8: Public Health Laboratory Testing Analysis

Summary of Strengths

Several hospitals and clinics were able to set up curbside testing for their communities. These tests, along with the Wisconsin National Guard community-based testing sites were successful and helpful in understanding the initial spread of COVID within the community. Many partners were also very familiar with WEDSS, the platform for reporting test results to the State.

Summary of Improvements

Initially there was confusion and possible misunderstanding regarding testing expectations on the part of Public Health, healthcare facilities, and the public. A lack of testing supplies, particularly reagents, has been an ongoing issue for healthcare facilities. In some cases, the lengthy turn around to receive notification of test results was also problematic.

Analysis

Shortages of testing supplies impacted healthcare systems' and long-term care facilities' ability to complete testing as recommended by the State Testing Framework. Confusion from the public regarding symptomatic vs. asymptomatic testing was experienced by many. At the end of June, there was no National, State, or local long-term testing strategy in place, particularly for when the Wisconsin National Guard is no longer able to support community-based testing.

Core Capability 9: Public Health Surveillance and Epidemiological Investigation

Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.

Critical Tasks:

- Conduct or support public health surveillance.
- Conduct public health and epidemiological investigations.
- Recommend, monitor, and analyze mitigation actions.
- Improve public health surveillance and epidemiological investigation systems.

Core Capability 9: Public Health Surveillance and Epidemiological Investigation	Hospitals	
	Investigation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Recognition Interval	
	Strengths	Opportunities
	• Several hospitals quickly established external drive through testing sites to enhance Public Health and community awareness of [potential community spread	<ul style="list-style-type: none"> • Reporting forms for Wisconsin Electronic Disease Surveillance System (WEDSS) changed several times during this event therefore, keeping up with changes was challenging for hospital staff • Some hospitals do not have full time Infection Prevention staff. Additional staff needed to be hired or reassigned to meet reporting expectations
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Collaboration with local clinic and County Public Health to develop a curbside testing process at the hospital • Contracted with additional laboratory services for increased testing • Collaborated with two County Public Health departments to invite and host a Wisconsin National Guard Community Testing Site • One hospital was able to acquire antigen testing for suspected patients. 	• Shortages of testing supplies, especially reagents
	Acceleration Interval	
	Strengths	Opportunities
	• None identified	• Shortages of testing supplies, especially reagents

Core Capability 9: Public Health Surveillance and Epidemiological Investigation	Public and Tribal Health	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Many partners were brought together early in the response to plan and prepare for epidemiological investigation 	<ul style="list-style-type: none"> • Rapidly changing guidance made coordination and consistent messaging regarding testing challenging • Earlier activation of Incident Command would have been beneficial
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Identification of regular and back up contract tracers in anticipation of more cases • Environmental Health and CCS staff were cross trained in the Wisconsin Electronic Disease Surveillance System and contact tracing procedures • Established regular case review for Public Health nursing staff to consult with one another 	<ul style="list-style-type: none"> • Inclusion of local clinicians in Incident Command may have improved communication, especially communicating the rationale for testing beyond clinical diagnosis • Communication between the WI DHS and Local Public Health Departments regarding testing strategies
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Public Health partnered with County Emergency Management to set up several Wisconsin National Guard Community testing sites • Strategized with neighboring Counties and Tribes to bring National Guard testing to far Northwestern WI at least every few weeks to continue with Public Health surveillance 	<ul style="list-style-type: none"> • No reliable back up plan in place for community testing once the Wisconsin National Guard testing groups end their deployment • Lack of protocols and staff capacity for testing • Additional testing sites and lab capacity in this Region with expanded hours would aid in detection of more positive cases • Tribal Health identified a need to develop a more streamlined system for testing members and employees

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Acceleration Interval		
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Hired staff to meet capacity needs due to an increased burden of COVID cases • Working with local Universities to hire contact tracers once students return in the fall 	<ul style="list-style-type: none"> • Challenges in obtaining testing supplies and reagents for both Public Health and Health systems • Public confusion about where to obtain tests with a timely turn around • Lack of understanding regarding costs associated with testing • No Statewide testing strategy to meet the needs of various target groups identified in the Statewide testing goal • Develop better organizational system for drive through testing including additional staff roles, limited contact with papers and pens • Serious concerns about the ability for local staff to have capacity for contract tracing once case load increases

Core Capability 9: Public Health Surveillance and Epidemiological Investigation	Emergency Management	
	Investigation Interval	
	Strengths	Opportunities
	• None Identified	• None Identified
	Recognition Interval	
	Strengths	Opportunities
	• None Identified	• None identified
	Initiation Interval	
	Strengths	Opportunities
	• Additional staff, including Sheriff's Investigators were cross-trained to increase staff available for contact tracing during surges in cases	• Limited County staffing to support community testing sites
	Acceleration Interval	
	Strengths	Opportunities
	• None Identified	• None Identified

Core Capability 9: Public Health Surveillance and Epidemiological Investigation	Emergency Medical Services	
	Investigation Interval	
	Strengths	Opportunities
	N/A	N/A
	Recognition Interval	
	Strengths	Opportunities
	N/A	N/A
	Initiation Interval	
	Strengths	Opportunities
	N/A	N/A
	Acceleration Interval	
	Strengths	Opportunities
	N/A	N/A

Core Capability 9: Public Health Surveillance and Epidemiological Investigation	Long-Term Care	
	Investigation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • Leaders were monitoring COVID-19 weeks prior to a regional or local occurrence 	<ul style="list-style-type: none"> • Evaluation and optimization of testing mechanisms and laboratory capabilities including identification of support available from the State and Federal Resources
	Recognition Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
	Initiation Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • When a positive case was identified in a facility, testing and contact tracing were completed within 24 hours of the test result • Strong collaboration with local Public Health and State when a positive test was identified within the facility 	<ul style="list-style-type: none"> • None identified
	Acceleration Interval	
	Strengths	Opportunities
	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

Core Capability 9: Public Health Surveillance and Epidemiological Investigation	Home Health and Hospice	
	Investigation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Recognition Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Initiation Interval	
	Strengths	Opportunities
	• None identified	• None identified
	Acceleration Interval	
	Strengths	Opportunities
	• Testing kits were ordered in case testing of patients was needed	• Need better communication and collaboration with Public Health Departments regarding patients' status re: isolation and/or quarantine

Core Capability 9: Public Health Surveillance and Epidemiological Investigation Analysis

Summary of Strengths

The majority of responders felt they had very strong relationships with their Local or Tribal Health Departments. Public and Tribal Health departments were creative in hiring, retraining, or bringing back retired personnel to assist with surveillance, operations, or contract tracing efforts.

Summary of Improvements

Lab testing capacity and testing supply shortages impacted early surveillance activities. There is concern about Public and Tribal staff capacity for contact tracing, education, and outreach as the acceleration interval continues.

Analysis

Limitations in staffing, supplies, and systems in place for ongoing community surveillance and epidemiological investigation exist in this region. There are many concerns about limited capacity for appropriate contact tracing if and when the Universities and schools reopen in the fall.

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 March-June, 2020.

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	1. Increased knowledge of Incident Command Principles	Provide at least three Regional HICS and NHICS courses	Training	NWWIHERC Coordinator		9/21	6/30/2021
Core Capability 1: Operational Coordination	2. Liaison Position	Create a plan for a Healthcare Liaison for each County EOC	Organization	NWWIHERC Membership		9/21	6/30/2021
Core Capability 1: Operational Coordination	3. Planning Section	Create a Regional Infectious Disease Annex	Planning	NWWIHERC Board		1/1	6/30/2021

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

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		to the Response Plan					
Core Capability 2: Material Management and Distribution	1. Fit Testing Capabilities	Purchase additional N95 Fit Testing supplies to be distributed throughout the region	Equipment	NWWIHERC		9/21	12/31/20
Core Capability 3: Responder Safety and Health	1. Cooling vests	Purchase 2 Polaris Cooling vests per hospital and 1 cooling vest per long-term care facility	Equipment	NWWIHERC		9/21	12/31/20
Core Capability 3: Responder Safety and Health	2. Communication Strategies	Contract with Vistelar or non- escalation and de-escalation training for hospital gatekeepers and public health contact tracers	Training	NWWIHERC		9/15	6/30/21
Core Capability 3: Responder	3. Quality Improvement	Work with new Medical Director and	Planning	NWWIHERC RTAC Dr. Haley		9/21	6/30/21

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Safety and Health		Regional Trauma Advisory Council to develop Quality Improvement tools for EMS Services within region					
Core Capability 4: Emergency Public Health Warning	1. Risk Communication	Explore option of having Professor Ajay Sethi to provide webinar on "Conspiracies and Public Health"	Training	NWWIHERC		9/15	6/30/21
Core Capability 4: Emergency Public Health Warning	2. Risk Communication	Hold training regarding Crisis Emergency Risk Communication	Training/Exercise	NWWIHERC		9/21	6/30/21
Core Capability 5: Intelligence and Information Sharing	1. Social Media	Conduct Social Media Training that had been canceled in March 2020	Training/Exercise	NWWIHERC		9/21	6/30/21
Core Capability 6: Medical Surge	1. Crisis Standards of Care	Continue to work with Doug Hill to endorse,	Planning	NWWIHERC Board		9/21	6/30/21

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		support, and educate healthcare systems about Crisis Standards of Care within the Region					
Core Capability 6: Medical Surge	2. Staffing	Hold a WEAVR Recruitment campaign to increase regional volunteer database	Planning/Organization	NWWIHERC		9/21	6/30/21
Core Capability 9: Public Health Surveillance and Epidemiological Investigation	1. Community Testing	Help to facility and coordinate enduring WING sites and develop process to support these testing sites with civilian personnel	Planning	NWWIHERC		9/21	6/30/21

APPENDIX B



COVID-19 Regional After-Action Report Survey
Please Complete and Return NO LATER THAN July 31

WHAT	Novel Coronavirus (COVID-19) Pandemic Regional Preparedness Planning and Response After Action Review/Report (AAR)
WHEN	March 1-June 30, 2020
CORE CAPABILITIES	<ul style="list-style-type: none">○ Operational Coordination○ Medical Material Management and Distribution○ Responder Health and Safety○ Emergency Public Information and Warning○ Intelligence and Information Sharing○ Medical Surge○ Nonpharmaceutical Interventions○ Public Health Laboratory Testing○ Public Health Surveillance and Epidemiological Investigation
PANDEMIC INTERVALS FRAMEWORK	<ul style="list-style-type: none">○ Investigation○ Recognition○ Initiation○ Acceleration

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 **March 1, 2020 to June 30, 2020**. 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 this document (beginning on page 5) with your agency/organization's information and have one representative return this document via email to a coordinator@nwwiherc.org by **Friday, July 31, 2020**.
2. One agency/organization representative must be present and participate on the AAR call on **Wednesday, August 5, 2020 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

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.

Responder Health and Safety: Responder health and safety is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment, such as access to personal protective equipment (PPE).

Emergency Public Information and Warning: Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

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.

Nonpharmaceutical Interventions: Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include; isolation, quarantine, restriction on movement and travel advisories or warnings, social distancing, external decontamination, hygiene, precautionary protective behaviors.

Public Health Laboratory Testing: Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.

Public Health Surveillance and Epidemiological Investigation: Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

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

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

Investigation Interval: When a novel virus is identified, public health and healthcare actions focus on targeted monitoring and investigation. This can trigger a risk assessment of that virus to evaluate if the virus has the potential to cause a pandemic.

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

- Review local response plans
- Review and exercise aspects of the facility's infectious disease or pandemic plan
- Maintain and enhance infectious disease surveillance systems
- Evaluate and optimize laboratory capabilities and assess need for state or federal assistance or resources
- Emphasize importance of mitigation strategies such as (PPE, hand hygiene, respiratory etiquette) to staff and visitors
- Implement infection-control practices
- Evaluate isolation and quarantine processes
- Review guidance documents from multiple sources and communicate with stakeholders

Recognition Interval: When increasing numbers of human cases of the novel illness are identified and the virus has the potential to spread from person-to-person, public health and healthcare actions focus on control of the outbreak, including treatment of sick persons.

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

- Consider activation of the local emergency operations center/ Incident Command Center
- Conduct enhanced infectious disease surveillance
- Report cases utilizing the appropriate reporting system (WEDSS)
- Educate clinicians about recommended treatment
- Increase community mitigation strategies including voluntary quarantine, use of face masks, closure of schools, social distancing measures.
- Assess potential impact on medical care facilities regarding surge planning.
- Develop risk communication messages to patients, clients, stakeholders.
- Conduct briefings with local, regional, and state responders.

Initiation Interval: A pandemic occurs when people are easily infected with a novel influenza A virus that has the ability to spread in a sustained manner from person-to-person.

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

- Activate Emergency Operations Center and Incident Command
- Consider declaring a public health emergency.
- Conduct case investigation and close contact tracing.
- Utilize internal lab or contracted laboratory for increased testing capability.
- Implement mitigation strategies to protect vulnerable populations (i.e. limitation on visitors, canceled elective surgeries, etc.)
- Establish testing sites or protocols for staff, residents, patients, or community.
- Continue to coordinate and communicate with all partners.
- Monitor surge in healthcare needs and assess need for additional resources from regional or State assets.
- Consider deployment of caches (such as PPE)

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

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.

Please complete the following information by providing at least one strength or area of improvement in the questions below. Be sure to write in the fillable form and then check the capability. Thank you for your time and effort!

Organization Name:

Representative Name:

Representative Contact Information:

1. Identify a strength of your agency/organization's COVID-19 preparedness planning and response during ***investigation interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this strength addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

2. Identify an area for improvement of your agency/organization's COVID-19 preparedness planning and response during ***investigation interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this area of improvement addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

3. Identify a strength of your agency/organization's COVID-19 preparedness planning and response during ***recognition interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this strength addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions

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COVID-19 Response Pandemic Intervals Framework 1-4

- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

4. Identify an area for improvement of your agency/organization's COVID-19 preparedness planning and response during ***recognition interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this area of improvement addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

5. Identify a strength of your agency/organization's COVID-19 preparedness planning and response during ***initiation interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this strength addresses

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

6. Identify an area for improvement of your agency/organization's COVID-19 preparedness planning and response during ***initiation interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this area of improvement addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

7. Identify a strength of your agency/organization's COVID-19 preparedness planning and response during ***acceleration interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this strength addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

8. Identify an area for improvement of your agency/organization's COVID-19 preparedness planning and response during ***acceleration interval*** of Pandemic Intervals Framework (PIF).

Please select one or more capabilities this area of improvement addresses:

- ☐ Operational Coordination
- ☐ Medical Material Management and Distribution
- ☐ Responder Health and Safety
- ☐ Emergency Information and Warning
- ☐ Intelligence and Information Sharing
- ☐ Medical Surge
- ☐ Nonpharmaceutical Interventions
- ☐ Public Health Lab Testing
- ☐ Public Health Surveillance and Epidemiological Investigation

9. Please describe how your agency/organization planned for, collaborated with, or engaged with a specific vulnerable population.

10. In which ways did you engage in communication with NWWIHERC during this time?

- ☐ Weekly Hospital and Clinic Check-In Calls
- ☐ Weekly Long-Term Care and Home Care and Hospice Check in Calls
- ☐ HERC Coordinator reported on agency or regional calls
- ☐ Email
- ☐ Phone
- ☐ Other: _____

11. Identify a strength of communication, or other, with the NWWIHERC.

12. Identify an area for improvement for communication, or other, with the NWWIHERC.

13. Additional Input:

APPENDIX C

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

Elderly

Burnett Medical Center regularly informed and met with our nursing home residents and staff to explain and provide updates regarding the pandemic, steps to keep them safe, testing and phases for reopening. Also applied for a grant to obtain technology to allow for virtual visits with family members.

We coordinated with our local skilled nursing facility with their targeted testing efforts.

Public Health worked with the local Meals on Wheels programs to provide education to those receiving these services.

The vulnerable population that Hearts of Gold mostly deals with is the elderly – connecting with them is through phones directly with them or family members. We have emergency contact forms for all our patients both in the office and Emergency Management also has a copy available out of the office.

As a long-term care facility, extensive planning and communication occurred to ensure a safe environment for LTC residents and assisted living tenants. Coordination for support and curbside testing to the local Lac Courte Oreilles tribe is also ongoing.

Our organization serves vulnerable populations.

The facility has remained in close contact with our residents and families through various forms of communication. Majority of our residents and families have been supportive of the measure taken in order to protect the vulnerable population we serve.

Since a vulnerable population is at the core of our mission, all of our plans and actions focused on a vulnerable population.

Our organization is a Skilled Nursing Facility and an Assisted Living Facility who serves frail elderly.

Facility provides skilled nursing services to vulnerable population of elderly (70+) residents, many requiring partial or complete assistance with activities of daily living. Operating a long-term care facility during a viral pandemic, one that proves more devastating to an elderly, vulnerable population, requires additional planning on top of already in place policies and procedures. Staff and leadership were continually provided education regarding the virus and pandemic. Every single employee played an important role in maintaining a safe environment for the residents of the facility.

The population we serve in our Skilled Nursing Facility setting is very vulnerable. These individuals are usually over the age of 65 and have multiple comorbidities. We have developed many policies and procedures to ensure that we are protecting our residents from COVID-19. In addition, we've dedicated special units, in case a resident receives a positive test. We've provided the vulnerable population we serve, and their loved ones, several of resources and education related to COVID-19.

We did several check ins with Nursing Homes and Adoray to ensure everyone had proper PPE so they could safely do patient encounters out in the public.

Our facility is part of the vulnerable population, as we are a skilled nursing facility. We continue to follow guidance along with collaborating with our other facilities (Grace Lutheran Communities) to implement and plan to protect our vulnerable population.

We kept our seniors and their families well informed with weekly updates of COVID activity, visiting restrictions and information on how we were putting actions in place to prevent transmission of the disease.

We have a number of elderly people in our community and spent time educating on social distancing and masking using our social media avenues. We also changed the process for our Total Joint classes and made them virtual due to that population being extremely vulnerable.

Weekly or more often updates with LTC facilities including SNF's, ALF's & group homes on restrictions of services (which staff could see patients), discussion of telehealth and availability of equipment to do telehealth.

LTC population was communicated in person, via letters and phone calls. Plans for testing and contingency plans discussed with every patient and family.

Our volunteer group is greater than age 65, they are classified as an especially vulnerable population, therefore we stopped using their services for greeters/escorts/gift shop. We also identified vulnerable employees and allowed them to work from home.

We notified all families via phone of the need to close facility to visitors. We then met with all residents independently and updated them on the need to close to outside visitors along with no longer having communal activity within the facility.

Language lines/iPads were implemented in the ED and throughout the hospital. This provided families with opportunities to speak to their loved ones who couldn't be in the hospital with them due to visitor restrictions. Drive through testing being implemented also was easier for those who were elderly as they didn't have to leave their cars to come inside for an appointment, and felt safer by being less exposed in a hospital setting.

Community Based

We are working ongoing with our vulnerable populations through regular scheduled meetings and discussions. We are working with our schools/UWRF/CVTC, ADRC, LTCF, shelters, jail, and childcare facilities.

We have had regular communication with our schools and have facilitated a group conversation/question and answer session between the schools to facilitate sharing of ideas and trouble-shooting plans.

We developed a weekly letter to families, tenants, residents, child care for weekly updates that impact their living environment.

We have been in contact with the ADRC supervisor since the start of this to ensure that population stays safe and still gets a check in along with their meal.

Our Public Health department has continued to provide services to the best of our ability to Women's Infants, and Children program (WIC).

Our Incident Command System team made a vulnerable populations task force and then broke that down into domestic violence, mental health, AODA, older individuals, those with chronic health conditions, and children and youth with special health care needs. Each area has a task force working to ensure community resources and support are available. As we get communication from individuals and community partners, we refer them to the appropriate task force lead. We also started something called Check In Chippewa which is where anyone can have someone call them daily to check in on them (we had a person positive with COVID that was sad that we were not going to call each day so we started a service to just say hello and have a friendly conversation done by volunteers from our volunteer task force). We also wrote a grant to help pay for isolation or quarantine for anyone who needs it that is in a vulnerable population. Our PIO also make sure to stay on top of info to give out related to vulnerable populations.

Local health departments have been engaged with schools, businesses, and others during this pandemic.

We donated masks to the local grocery store so their employees would be safe.

Cultural Groups

Prior to COVID-19, our local health department engaged in a project with the Amish community. This relationship building was very valuable as COVID began. Communication, respect and trust are all a result of this project.

Worked with our elders, called on a weekly basis to make sure they had their needs met. County Public Health staff worked with Tribal Health staff to be trained as contact tracers.

Created signage for the language barriers. Attended educational events and some of our providers went on social messaging for interviews to help educate our communities on COVID.

Home Bound

Over 65 with a chronic condition and those with chronic conditions were looked at and established ways that we could assist in the home so those patients did not have to leave to get medical care. Example was infusions and blood draws for cancer and other patients with medical conditions. We worked with infusion companies to do infusions in the home rather than the hospital. Wound care was another area as local outpatient wound centers were not seeing the volume of patients that they did normally and these also became home care patients. We worked with the centers to coordinate their patients to get care in their homes.

Home Health, Hospice and Palliative Care provides daily services to a population of adults and children with chronic medical conditions that put them at increased risk if they would contract COVID. Many are immunocompromised patients. We have added Covid-19 prevention education to all our patient care plans. Screening is completed with patients/caregivers prior to each staff visit. We limit the in-person visits, and use technology for virtual visits when possible.

Homeless

Eau Claire City County Health Department worked with Catholic Charities and Sojourner house to arrange for housing at the Hobbs Ice Arena during the pandemic so that safety and social distancing could be maintained. We assisted with training their staff on health screening for this population. In addition, we arranged for hotel housing for COVID positive homeless people and close contacts needing isolation and quarantine. We provided socio-emotional supports through our Mental Health group as well as other food and personal items needed during an I and Q time period.

Incarcerated

Public Health staff has worked with our County jail staff and inmates.

Uninsured or Underinsured

Our County hosted Wisconsin National Guard testing sites to secure free testing options for those who were uninsured or underinsured.

Those with Financial Concerns

There were funds and processes set up to assist employees who were financially challenged during the pandemic.

APPENDIX D

Areas of Strength in Communication with the Northwest WI Healthcare Emergency Preparedness Coalition (NWWIHERC)

- The summary emails are very informative and a life saver when I cannot attend the DHS and DQA webinars.
- Very good information exchange, great way to learn what works and doesn't work for like hospitals. Opportunity to bring needs and concerns and receive information back.
- Great email communication.
- Knowing that the NWWIHERC was an area/regional resource; bridging communication to other key stakeholders and up to the state/SEOC.
- The summary of weekly calls with DHS.
- Communications and updates are quickly shared to support the entire region.
- Quick response time, I get an email back very quickly any time I email. When I call someone answers and if they do not know the answer, they know who to ask to get the answer.
- Weekly calls and prompt responses from the NWWIHERC.
- Communication with the regional NWWIHERC provides a global picture of the multiple Counties our Home Health Hospice Palliative staff are traveling in. Aimee has provided wonderful notes/summaries of the LTCF and Assisted Living Facilities Check In calls and State DHS calls.
- The weekly check-in meetings with the HERC and other long-term care facilities provided a platform to receive additional information regarding the pandemic. This format allowed this facility to receive good communication from various other providers in the geographic region in regards to best practices during a pandemic.
- Dunn County Health / Dunn County Emergency Management primary source of information with weekly virtual meeting.
- Weekly virtual meeting with Wisconsin EMS.
- Consistent communication with clear notes and links to sources of information.
- Very organized agenda, good value and input of time.
- The e-mail weekly summaries were good after the meetings.
- Communication and follow through was very professional and resource contact numbers were provided and used.
- Providing recaps of all the information received from different agency calls, and zoom meetings.
- The HERC is on the regional calls every weekday morning and gives updates/input when asked. Notes from the assisted living calls are sent out after every meeting for review.
- Clear and frequent communication proved to be essential during this time and was our best tool in leading staff and sharing information with our key stakeholders in the community and with other NGO partners. Our organization utilized Microsoft Teams for most internal communications and various other platforms for communicating with other agencies. Our ability to adapt to a virtual only communication style was challenged and could be viewed as a strength in hindsight.

- Consistent and relevant information sharing that helped in our understanding of the broader picture of the pandemic
- Minutes of calls very informative and able to utilize for reference, assist in decision-making for agency.
- Communication with our HERC is quite strong regular business operations.
- HERC meeting minutes from our Region were sent to Marshfield IC so they could know what was going on in all the different regions that we have Marshfield hospitals. Many IC instructions came down from Marshfield, so we also had representatives from Marshfield present at our HERC meeting as well.
- Really appreciate the weekly summaries and emails to keep me informed on everything if I can't be on the phone calls!
- The twice weekly calls are informative and a venue to discuss current cross cutting COVID related issues. It is a time to get updated with the most current information and guidance which is so important when things are rapidly changing.
- Aimee does a great job passing along meeting minutes as well as making us aware of new guidance or any relevant information she feels will apply to our county.
- Good weekly communication with follow up of written minutes of calls. NWWIHERC representative also attended DHS meetings and provided written notes from those calls to members – very helpful & appreciated.
- The communication has been excellent and the conference calls and notes to follow have been extremely helpful. Thanks!!
- The weekly LTC calls have been helpful.
- Scheduled virtual calls.
- The facility put up updates on all COVID-19 changes throughout the building, as they occurred. A meeting was held with social isolation measures in place. Those not able to attend the education sessions were provided copies of the discussion which were available on the floors. A second series of meetings/training was conducted in April
- Routine weekly meetings have helped bring the region together by allowing us to hear what is happening in the region. It has also been a venue to help share best practices. Emails of information and reminders have been extremely helpful.
- Regular communication with the county EOC's was very helpful.
- Calls each with regional partners allowed for consistent messaging throughout the region.
- Group participation and sharing of learnings
- Aimee is always so approachable when there are questions. It's easy to email or call her to confirm things. Networking with others in the HERC on questions of "how are you doing this?" great resource that is easily accessible to contact helpful, knowledgeable people. When I couldn't be on the HERC call I was able to get the information from the notes Aimee provided.
- As my hospital's emergency manager, the weekly HERC Clinic and Hospital conference calls were extremely valuable to keep me informed and abreast of what was not only going on in our region, but state-wide.
- The weekly check-in calls were a helpful way to share information and learn about what other facilities are doing.

- Weekly calls, and regular email communication
- Broad spectrum views of the regional environment and provides the ability to interact with other healthcare organizations and share experiences and best practices.
- Aimee has been the buffer between regional healthcare organizations and State/County agencies ensuring requests and information received is accurate and the burden is reduced allowing for focus on other priorities of work as they pertain to the organizations.
- I appreciated the timely updates and the connections with what other hospitals in WI are doing/experiencing.
- I am a new health officer, my HERC reached out to make contact to ensure I was receiving updates and information as needed.
- Communication
- All information is shared in a timely manner.
- Able to connect through e-mails directly with Aimee and Carol Buck Washburn County Emergency Management
- When we reach out to NWWIHERC, we always seem to get a response in a timely fashion
- Regularly, routine, effective, and comprehensive communications. Discussions were always well researched, prepared, informative, and ACTIONABLE!!
- Great communication from the HERC
- A connection between all emergency response agencies, which is very helpful in assisting with connecting the dots and reminding LHD to keep a big picture view.
- I feel that NWWIHERC is always making sure communication is open, I often refer to Brittany Fry with questions and she responds in a very timely manner with each of my concerns or questions.
- Participated in Alternate Care Site Planning
- Included in MCHS NWWI Regional Surge Planning Exercise
- EMResource Technical Assistance
- Our regional NWWIHERC coordinator did an outstanding job with keeping me connected with what was going on weekly for sourcing PPE and other resources available for our service. She also included the service in weekly communications via e-mail.

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

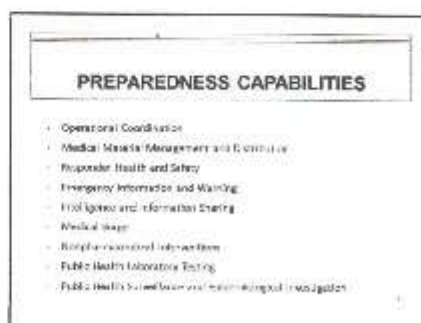
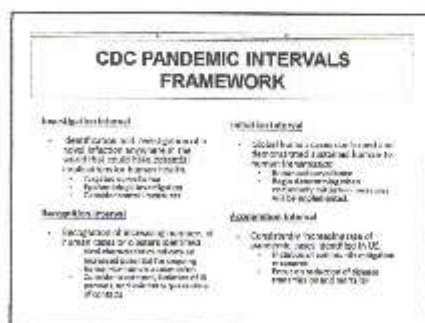
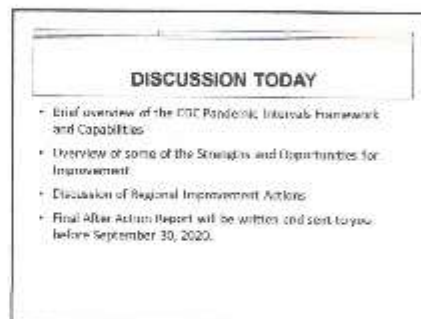
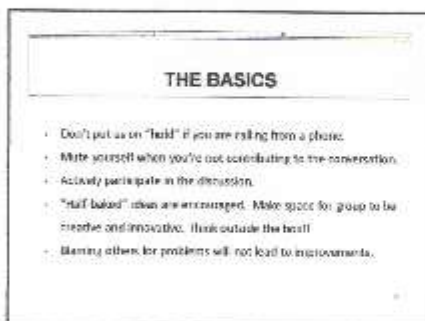
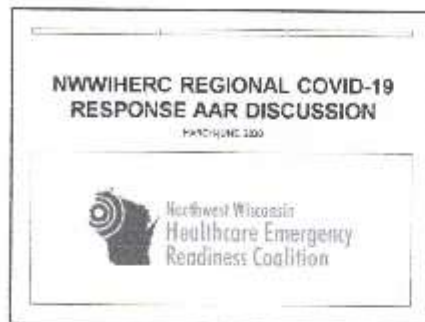
- Nothing that I can think of.
- If there would be a large disaster it would be helpful to have a special phone system or radio available so I could connect directly with Emergency Management to see where special needs are and how to direct staff that are available to help.
- Keep up the good work with communication.
- Depending on the day, the HERC meetings were able to be attended by the EC HERC Representative but they'd be at the same time as incident command, so sometimes information from HERC to IC was delayed.
- I think a biweekly virtual meeting would have been/is a good idea with EMS.
- I really can't think of anything, the communication has been great.

- There could have been more involvement with home care agencies as there were only a few involved on the call. Not sure how the word got out or how all were invited.
- Combine efforts with other organizations to reduce duplication.
- This document format did not support fillable fields. Utilize a fillable PDF to streamline survey reporting.
- Communication of important local information to the State/SEOC was very difficult at local Public Health level; we most likely underutilized the NWWIHERC in this capacity for the COVID-19 response.
- Wisconsin Emergency Management and Public Health did not have every open communication line (not local EM/PH – that communication in our situation was very good). This lack of information sharing between SEOC and PH was very challenging, and information had been shared more so with WEM than PH so if we could have somehow bridged these two worlds would have improved from the top-down information sharing.
- None; I think the communication has been very good.
- None. Aimee always provided accurate and timely information both in meeting and responses to e-mails or phone calls.
- Communication with our HERC seemed to be less during our pandemic response. It seems that it wasn't as responsive as it had been previously.
- None. Thank you!
- Nothing has been identified.
- None at this time.
- None
- Nothing, great job with communication!
- It took a long time for the NWWIHERC to be able to respond to the PPE needs. While many of us were not prepared for a shortage of this type, it did not appear there was any sort of plan for PPE shortages in place.
- It might be helpful to see notes from the hospital/ clinic calls with the rest of the HERC so we are more knowledgeable of our partner issues.
- Maintain high level of communication to deter complacency.
- Often felt like the HERC coordinator was more a middle person between hospitals and the SEOC. Made communications seem like a game of telephone. HERC coordinators should be at the SEOC table.
- No areas of improvement identified in regards to communication with the HERC.
- None noted.
- Sometimes the communication happens at the last minute not giving enough time to react.
- The creation of buckets for differences of communications within the industry: post-acute, acute, LTC, etc.
- Currently our team is satisfied with the communication coming from and with NWWIHERC, we could probably get better and reach out to them more often.
- There have been copious amounts of information produced during the pandemic. Not sure how we could better manage, consolidate or filter the information to be digested.
- Multiple data reporting avenues could have been reduced earlier.

- None really. Maybe a regional update from other HERC Regions to understand how they were faring as each Region is affected differently with COVID-19.
- As much as they (HERC) tried to ensure I had all of the updates and communication, as they updated the contact list (removed the previous health officer), they forgot to add myself to the contact list so I was inadvertently left out of several communication chains. This has since been identified and corrected.
- I think at times there is so much communication from so many sources, that duplication occurs but truthfully, I would rather have the duplication than miss important guidance!
- Maybe doing a message/discussion board for sharing ideas, asking questions, etc. Problems one facility has, other facilities are most likely also addressing or already have.
- Can't think of one at this time.
- Maybe hold the meetings either much earlier in the day or later. The 1100 time is difficult.
- Availability of resources (PPE) to help facilities.

APPENDIX E

9/18/2020



9/18/2020

INVESTIGATION INTERVAL STRENGTHS


Operational Coordination <ul style="list-style-type: none"> Activation of ICS and EOC Rigorous community partner engagement Strong communication and collaboration among team members Review of Pandemic and Infectious Disease Plans and Policies 	Responder Safety and Health <ul style="list-style-type: none"> Clear communication developed regarding mitigation strategies to protect staff and responders Strong community partnerships and regular meetings allowed information to be shared broadly across all responder types Enhancement of infection disease surveillance systems
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INVESTIGATION INTERVAL OPPORTUNITIES

Intelligence and Information Sharing <ul style="list-style-type: none"> Volume of information was overwhelming and at times conflicting Communication through email was not effective as some staff don't check email regularly Information gleaned during conference calls was often duplicative Communication from State EOC was limited and slow 	Medical Surge <ul style="list-style-type: none"> Lack of written, exercised, and updated Pandemic and Highly Infectious Disease Plans Anxiety about future emergency staffing needs Very little use of technology/telehealth prior to this event
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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?



RECOGNITION INTERVAL STRENGTHS

Non-Pharmaceutical Interventions <ul style="list-style-type: none"> Began to think about isolation and quarantine sites within community DHC and Public Health supported "Safe At Home" order Strong communication on mitigation strategies such as hand washing Began to review cleaning processes, visitation policies, and screening policies 	Emergency Public Information and Warning <ul style="list-style-type: none"> Heavily accessed local, regional, state and national information sources Established a Joint Information Center and Public Information Officer was in place early on Written plans and policies helped guide decisions during this time Remained as transparent as possible with public and community partners regarding staffing, infection control practices, current information
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RECOGNITION INTERVAL OPPORTUNITIES

Medical and Material Management <ul style="list-style-type: none"> PPE caches were expired and/or limited Lacked well developed tracking processes of resources Identify PPE turn rates and consider secondary sources for PPE acquisition Logistics of PPE ordering and distribution 	Emergency Information and Warning <ul style="list-style-type: none"> Inconsistency in information and guidance between partners Lack of involvement with clinicians/providers in early phases of Emergency Preparedness planning and response Need for better Crisis Communication Strategies with stakeholders including patients, residents, and family members
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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?



9/18/2020

INITIATION INTERVAL STRENGTHS

<p>Medical Surge</p> <ul style="list-style-type: none"> Designated hallways, rooms, and PPE resources established within the facility for suspected or confirmed COVID positive patients Identified locations within the facility for potential surge capacity 	<p>Public Health Laboratory Testing</p> <ul style="list-style-type: none"> Key collaboration with clinic and public health for curbside testing Testing with Exact Science for Long Term Care Wisconsin National Guard Community testing sites Increased lab capacity in our region
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INITIATION INTERVAL OPPORTUNITIES

<p>Public Health Laboratory Testing</p> <ul style="list-style-type: none"> Lack of supplies, protocols, and personnel Test turn around times increased Struggle to find balance between testing needs and resumption of other "Public Health" functions Finding balance between clinical testing and surveillance 	<p>Non Pharmaceutical Interventions</p> <ul style="list-style-type: none"> Isolation and Quarantine Planning Hotels reopened and ended agreements Homeless Population Information Technology Systems overwhelmed Lack of Negative Pressure rooms Confusion regarding public health orders and ability to enforce in current political climate
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IMPROVEMENT PLAN DISCUSSION

- Which one do we think it is reasonable to address as a Region?
- What is an achievable first step towards improvement?



ACCELERATION INTERVAL STRENGTHS

<p>Medical Management and Distribution</p> <ul style="list-style-type: none"> PPE More Stable Supplies Optimization and Decontamination Strategies in place Consistent use of source control masks within medical and some public buildings 	<p>Intelligence and Information Sharing</p> <ul style="list-style-type: none"> Public Facing Information Data dashboards and metrics developed Social Media Community Engagement Schools and businesses re-opening Updated policies and procedures based on real events Information more transparent
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ACCELERATION INTERVAL OPPORTUNITIES

<p>Operational Coordination</p> <ul style="list-style-type: none"> Need to establish depth in leadership for prolonged incident Command activation Information Flow Management between numerous disciplines Plan for Emergency Staffing Needs Ability to maintain documentation during shifting response Financial Concerns 	<p>Public Health Surveillance and Epidemiological Investigation</p> <ul style="list-style-type: none"> Testing Availability: <ul style="list-style-type: none"> Outbreaks Community Drive Thru Sites Health Systems Supply Chain Issues Costs
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IMPROVEMENT PLAN DISCUSSION

- Which one do we think it is reasonable to address as a Region?
- What is an achievable first step towards improvement?



9/18/2020

ADDITIONAL REGIONAL IMPROVEMENT IDEAS

Suggestions included:

- RPE Cache to support emergent regional needs
- Stress Management/De-Escalation Training
- Pre-planning for Mass Vaccination
- Other ideas??

WAYS TO IMPROVE COMMUNICATION WITH NWWIHERC

Suggestions included:

- Bi-weekly update call with EMS partners
- Create a message or discussion board for people to post questions and concerns. Help to learn what others are doing in the region
- Combine efforts with other organizations to prevent duplication of information
- Find an opportunity for an update from the other HERC regions?
- HERC Coordinators need a seat at the SEOC
- Maintain a high level of communication to order cohesively
- Hold meetings earlier in the day

CLOSING

Other issues or concerns from a regional perspective??

*"To know even **one** life breathed easier because **you** lived. This is to have succeeded."*

-Ralph Waldo Emerson

STAY SAFE, STAY WELL

*thank
you*

Summary of AAR Discussion August 5, 1000-1130

Investigation Interval Strengths

- Operational Coordination
- Responders Safety and Health

Investigation Interval Opportunities

- Intelligence and Information Sharing
- Medical Surge

Discussion:

During the investigation interval all participants voiced concern over the volume of information and the number of meetings being held to gather information and intelligence about the pandemic. Some participants stated they would probably prefer oversharing of information versus an information void, however, the number of emails, meetings, and phone conferences from multiple agencies including the NWWIHERC, local Public and Tribal Health, Wisconsin Hospital Association, etc. was not efficient.

One suggestion was for the NWWIHERC to offer check in calls for more sub groups, for example, offer separate calls for Long Term Care and Home Health Hospice, as they have unique challenges and manage different client needs.

One hospital stated they had one person designated to consolidate all of the memos and information which was then printed and handed out to employees. It was “need to know” information only for their type of healthcare facility. Another agency shared this type of information on “Pillar Boards”, specifically designated areas within their units for the “latest and greatest” new information. All agreed that sending information through email was inefficient because of staff schedules. Often, information had changed by the time staff got to their emails. Daily Safety Updates or Daily Huddles were also a great way to share information.

Participants all agreed that they did not utilize the NWWIHERC website. They chose one or two reliable sources, most often CDC and WI DHS for updated information.

Hospitals stated that they all recognized early on that their Medical Surge plans were not going to work in a pandemic scenario. Previous plans had been drafted for a mass casualty trauma scenario, but not for a prolonged event like COVID. Many hospitals have either written or are in the process of writing a new medical surge plan for the pandemic.

Many hospitals spoke of the need to create ICU beds or other spaces within their facilities where an airborne disease could be managed. Many hospitals have invested in environmental control engineering.

There was discussion about the HERC as a forum to share best practices in plans.

There was a strong feeling among participants that the State Emergency Operations Center should have included the HERCs in more ways than they were. Some hospitals felt it would have been appropriate for there to be a “healthcare liaison” at the County level Emergency Operations Centers as well. How this would look when there are multiple health systems within one County would need to be discussed further.

Bayfield and Ashland Public Health departments shared that their Joint County EOC is working well.

Recognition Interval Strengths

- Non-Pharmaceutical Interventions
- Emergency Public Information and Warning

Recognition Interval Opportunities

- Medical and Material Management and Distribution
- Emergency Public Information and Warning

Discussion

There was some discussion regarding a Regional PPE Stockpile. Is this something that would be beneficial for the region? If the HERC were to take this on, it would be a Board of Director’s decision and there would need to be policies in place regarding the rotation of stock to keep supplies from being outdated and expired.

There was an identified lack of fit testing for agencies who do not routinely fit test their staff. Finding supplies for fit testing was hard to come by. Also, several nursing homes do not have the respiratory protection plan in place and need additional just in time training. Finally, it doesn’t make sense to fit test to one type of mask when you aren’t sure what type will be available at the time it is needed. Need to have further discussion with the goal of having at least one person trained in fit testing in every location.

Reprocessing and optimization of PPE became a big issue. Participants wondered if we utilized this asset as fully as possible, particularly the UV light decontamination trailer in Sawyer County. Initially this site had limited hours which may have contributed to underutilization.

There was discussion about the need to provide education on the proper use of N95 masks from the very beginning. Some individuals and groups were asking for PPE when it was inappropriate for them to be asking. There was discussion about training in the use of PPE in general, not just for N95 masks, but for donning and doffing of all PPE including gowns, and gloves.

Initiation Interval Strengths

- Medical Surge
- Public Health laboratory Testing

Initiation Interval Opportunities

- Public Health Laboratory Testing
- Non-Pharmaceutical Interventions

Discussion

During this interval two different philosophies became apparent. Hospitals and clinics test for diagnosis and treatment, whereas Public Health tests for surveillance to understand spread of disease. There was confusion regarding why we were testing, which required frank and open discussion between disciplines. The lack of a National testing plan was challenging for partners. Hospitals and Counties that border Minnesota experienced differences between the Minnesota and Wisconsin testing plans which also created confusion. Hospitals in rural settings in particular struggled with obtaining testing supplies. The reimbursement process for testing was also a source of confusion. Some participants voiced frustration with what they felt were “empty promises”. On the one hand we were told there were many labs doing testing, but the supplies were not readily available. Organizations felt unsure of who to partner with to correct these issues.

Once businesses began re-opening following the “Safer at Home order” some private businesses sent asymptomatic employees to healthcare facilities for tests prior to returning to work. Participants felt communication needed to be clearer and widely distributed regarding expectations for testing. During this interval, there was also confusion regarding confirmatory tests vs. antigen tests.

Acceleration Interval Strengths

- Medical Management and Distribution
- Intelligence and Information Sharing

Acceleration Interval Opportunities

- Operational Coordination
- Public Health Surveillance and Epidemiological Investigation

Discussion

There was a lot of conversation about intelligence and information sharing and the frustrations shared by many regarding those who would take it upon themselves to go to Facebook to voice their opinions. This was not official communication from the Public Information Officers, but some employees and the public in general. Social media has been the hardest thing to fight due to the amount of misinformation and disinformation out there. One agency shared one key to success: They designated an internal and

external PIOs. The Internal PIO was tasked with addressing rumor control and staff misinformation. This seemed to help resolve some of the issues.

There was discussion around the challenges of finding Isolation and Quarantine sites. Recommendation is to pre-negotiate contracts and agreements with hotels and other facilities for I & Q similar to how we sign contracts for Points of Dispensing with schools.

Discussion around mixed messaging to the public was also discussed. There were sometimes mixed messages. On the one hand, stay home. On the other, come get tested. This was hard to manage. It was also expressed that there were a lot of silos of information between disciplines and between the State and the locals.

It was felt the Medical Reserve Corps was underutilized in our region.

Discussion about creating a chat feature on the HERC website for problem solving together?

Finally, hospitals expressed the feeling of isolation from the SEOC. They received the majority of their information from the HERCs during this time.

APPENDIX F

Local and Regional Event Participants

Participating Organizations
Regional
Northwest Wisconsin Healthcare Emergency Readiness Coalition
Regional Emergency Management
Northwest WEM
West Central WEM
County and Tribal Emergency Management (12)
Ashland County
Barron County
Bayfield County
Burnett County
Chippewa County
Douglas County
Dunn County
Eau Claire County
Pepin County
Polk County
Price County
Rusk County
Sawyer County
St. Croix County
Washburn County
Emergency Medical Services
Chetek EMS
Colfax Rescue
River Falls EMS
Home Health Care and Hospice
Heartland Hospice
Hearts of Gold
Mayo Clinic Home Healthcare and Hospice

NWWIHERC Multi-Disciplinary After-Action Report/Improvement Plan (AAR/IP)
COVID-19 Response Pandemic Intervals Framework 1-4

Moments Hospice
Recover Health
St. Joseph's Home Care
Hospitals
Amery Hospital and Clinics
Burnett Medical Center
Cumberland Health
Essentia Health-Superior
Hayward Area Memorial Hospital
Hudson Hospital and Clinics
HSBS Sacred Heart
HSBS St. Joseph's Hospital
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
OakLeaf Surgical Hospital
Osceola Medical Center
River Falls Area Hospital
Spooner Health
St Croix Regional Medical Center
Western Wisconsin Health
Westfields Hospital and Clinics
Local Public and Tribal Health Departments
Ashland County
Bad River Band
Bayfield County
Chippewa County
Eau Claire City County Health Department
Pepin County
Pierce County

NWWIHERC Multi-Disciplinary After-Action Report/Improvement Plan (AAR/IP)
COVID-19 Response Pandemic Intervals Framework 1-4

Rusk County
Sawyer County Health and Human Services
St. Croix Tribal Health Clinic
Washburn County
Long Term Care Facilities
American Lutheran Communities-Menomonie
American Lutheran Home-Mondovi
Chippewa Manor
Christian Community Homes-Hudson
Christian Community Homes-Osceola
Comfort Recovery Suites-Marshfield/Grace Lutheran, Marshfield Location
Dove Healthcare- Bloomer
Dove Healthcare-Osseo
Dove Healthcare-South, Eau Claire
Dove Healthcare-West, Eau Claire
Ellsworth Health Services
Glenhaven, Inc.
Golden Manor
Heritage of Elmwood
Maple Ridge Care Center
Mellen Manor
Middle River Health and Rehab
Park View Home
Pioneer Health and Rehab
Shell Lake Health Care Center
Spring Valley Senior Living and Health Care Campus
United Pioneer Home
Water's Edge Care Center
WI Veteran's Home at Chippewa