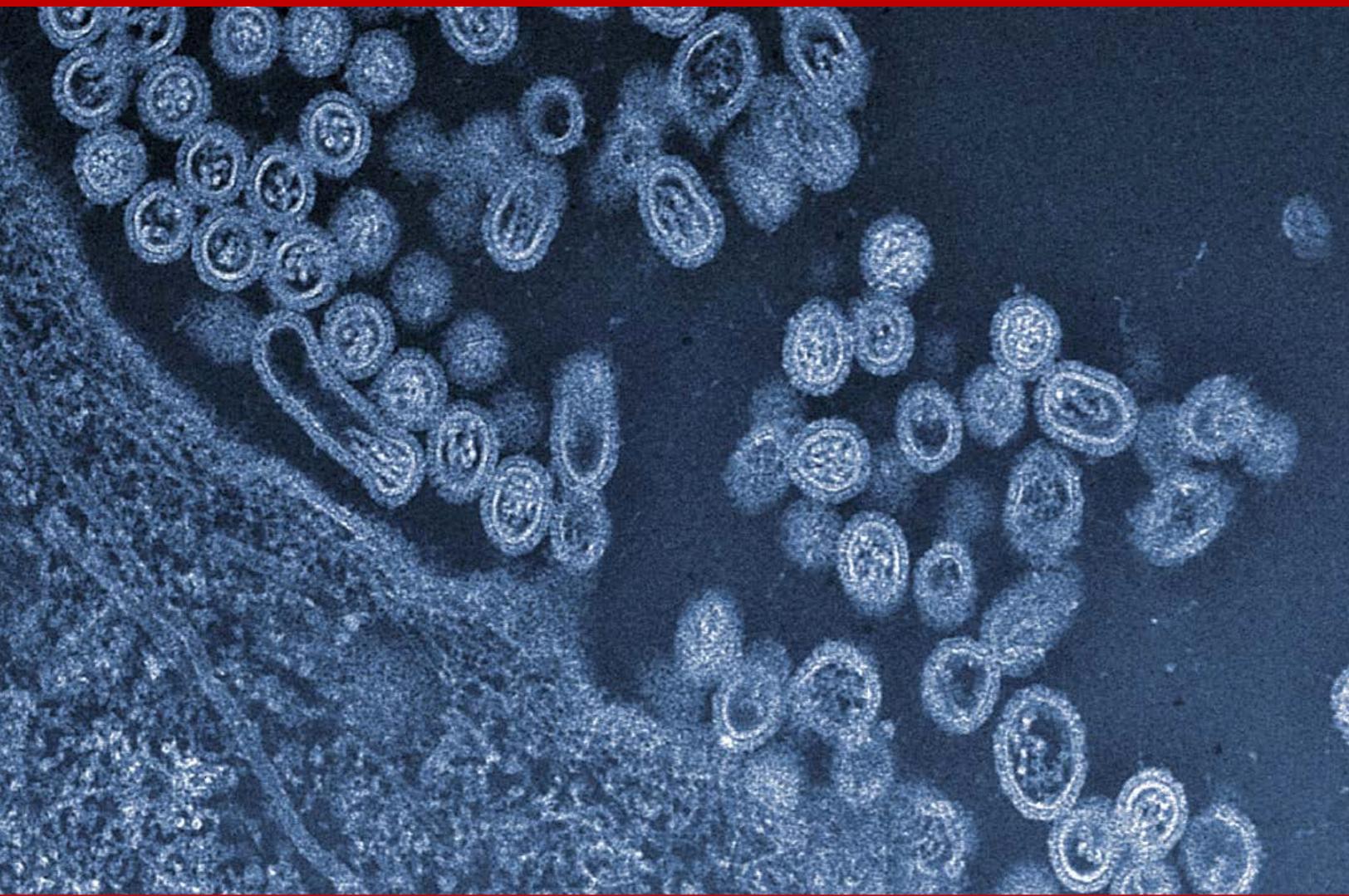


**North Central Florida
HealthCare Coalition**

**Coordinating Preparedness & Resilience
through all sectors of the healthcare system**

H7N9 Pandemic Flu



**After-Action Report/
Improvement Plan**

H7N9 Pandemic Flu

2017 Exercise of the North Central Florida Health Care Coalition

After-Action Report/Improvement Plan

June 15, 2017

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise 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.

INTRODUCTION

A Healthcare Coalition (HCC) is a collaborative network of healthcare organizations and their respective public and private sector response partners. Together, they serve as a multi-agency coordination group to assist Emergency Management, through ESF8, with preparedness, response and recovery activities related to health and medical disaster operations.

Healthcare Coalitions help improve medical surge capacity and capability, further enhancing a community's health system preparedness for disasters and public health emergencies.

A Healthcare Coalition also augments local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event. This is achieved by engaging and empowering all parts of the healthcare community, and by strengthening the existing relationships to understand and meet the actual health and medical needs of the whole community.

Healthcare Coalition objectives are aimed at:

- Building a better community-based, disaster healthcare system;
- Strengthening the local healthcare system by fully integrating disaster preparedness into the daily delivery of care;
- Capitalizing on the links between private healthcare providers and public agencies and groups; and,
- Using evidence informed approaches to improving health and medical preparedness and response.

These objectives can be achieved by planning and organizing local healthcare provider involvement in emergency preparedness activities.

Other objectives include the ability for healthcare organizations to engage with Emergency Management agencies and groups during an incident or event to provide information and assist in the coordination of resource allocation for any affected healthcare organization.

The North Central Florida Health Care Coalition is comprised of the member organizations and agencies in Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties.

EXERCISE OVERVIEW

Exercise Name	H7N9 Pandemic Flu Exercise
Exercise Date	June 15, 2017
Scope	<p>This was an Operations-Based Exercise being offered by the North Central Florida Health Care Coalition. This was a Functional Exercise but several member organizations and agencies exercised at various levels.</p> <p>This Exercise was designed to test and exercise the North Central Florida Health Care Coalition’s member organizations/agencies ability to respond to a Global Pandemic of the H7N9 Flu. County Health Department’s Strategic National Stockpile Mass Prophylaxis and Immunization Plan, which is commonly referred to as a Point of Dispensing or POD Plans, were activated and exercised. This includes coordination with vital community partners/agencies to activate and operate a Point of Dispensing.</p> <p>Hospitals in the region exercised their plans, which included medical surge plans, pandemic flu plans, and Closed-POD plans. Facilities activated hospital incident command, performed triage, and conducted patient tracking.</p> <p>Additionally, other critical partners used the Exercise to commence organization/agency discussions on the use of their facilities for Closed PODs. This was done in an effort to assist the County Health Department’s in their mission to vaccination the local population.</p>
Mission Area(s)	Response
Core Capabilities	<ul style="list-style-type: none"> • Emergency Operations • Public Information • Healthcare System Recovery • Medical Surge
Objectives	<ol style="list-style-type: none"> 1. Exercise coordination activities with local partners/agencies to implement and operate a Point of Dispensing. 2. Exercise public information and warning activities through the development and use of a unified message from a Public Information Officer or Joint Information Center (JIC). 3. Assess and evaluate plans that identify, prioritize and maintain essential services of healthcare delivery following a disaster. 4. Test the plans, processes and procedures that maximize medical surge capacity and capability during response operations.

Threat/Hazard	Pandemic Flu
Scenario	<p>A subtype of Influenza A known as avian influenza H7N9 was first reported in China in 2013. People who were exposed to infected birds became sick. While some mild illnesses in human H7N9 cases were observed, most patients had severe respiratory illness with about one-third resulting in death.</p> <p>In 2014 and 2015, H7N9 spread throughout poultry farms located in Asia. In 2016, the virus transmission was confirmed between humans and a global influenza pandemic began. Countries in Asia experienced the initial impact from this pandemic in late 2016, and now the Americas are expecting severe impacts.</p> <p>There is a Public Health Emergency associated to the H7N9 Flu. County Health Departments are being told to activate their Point of Dispensing (POD) Plans and to coordinate with other local organizations/agencies on distributing SNS stockpile vaccines to their populations. Additionally, hospitals will be inundated with people who are sick or think they are sick.</p>
Sponsor	North Central Florida Health Care Coalition
Participating Organizations	Please refer to Appendix B for a full list of participating agencies
Point of Contact	<p>Eric B. Anderson, AICP Senior Regional Planner, NE Florida LEPC Coordinator Northeast Florida Regional Council 100 Festival Park Avenue Jacksonville, Florida 32202 (904) 279-0880, eanderson@nefrc.org</p> <p>Donald Greist, BS Associate Planner, NC Florida HCC Coordinator Well Florida Council 1785 NW 80th Boulevard Gainesville, Florida 32606 352-313-6500 x115, DGreist@wellflorida.org</p>

ANALYSIS OF CORE CAPABILITIES

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

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Exercise coordination activities with local partners/agencies to implement and operate a Point of Dispensing.	Emergency Operations		S		
Exercise public information and warning activities through the development and use of a unified message from a Public Information Officer or Joint Information Center (JIC).	Public Information	P			
Assess and evaluate plans that identify, prioritize and maintain essential services of healthcare delivery following a disaster.	Health Care System Recovery		S		
Test the plans, processes and procedures that maximize medical surge capacity and capability during response operations.	Medical Surge		S		

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).

Table 1. Summary of Core Capability Performance

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

Objective 1: Exercise coordination activities with local partners/agencies to implement and operate a Point of Dispensing.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Core Capability: Emergency Operations

Strengths

Strength 1: County Health Departments (CHD) recognized that they do not have enough staff to implement open PODs for more than a few operational periods. As a result, requests were made through ESF-8 (Health and Medical) for more people to assist them in their mission to inoculate the County population. Some counties were able to tap into designated personnel from medical reserve corps while others had to place requests directly with the state.

Strength 2: County Health Departments communicated and coordinated with other agencies/organizations that were instrumental in operationalizing the POD plans. Emergency Management activated EOCs and provided support and resources to the CHD. Coordination efforts were also made with local law enforcement, healthcare providers, hospitals, elected officials, and closed POD partners.

Strength 3: Columbia County Health Department identified correctional facilities in the County that were yet to be designated as closed POD partners. Efforts will be made to coordinate with these critical facilities and populations to become closed POD partners.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Consideration of transportation services to access PODs

Analysis: It was recognized that transportation services are critical for implementation of the County's Health Department POD plan. These services are needed for residents that may not be able to access open PODs, as well as for reducing vehicle volume and parking at open PODs. The Council on Aging or other transportation disadvantaged program providers have a robust list of people who access the transportation services for daily operations, and could be used to coordinate delivery of vaccinations or deliver people to open PODs.

Area for Improvement 2: Identification of more closed POD partners.

Analysis: Implementation of closed PODs has a significant impact on the number of people that the CHD must inoculate through their open PODs. A reduction in the number of people who must access the open POD will result in less demand for additional staff and resources being requested by the CHD. Efforts should be made to identify agencies/organization that serves large populations within the county. Examples are large employers, universities/colleges, faith based organizations, jails, hospitals, hotels, and nursing homes or assisted living facilities. Once identified, discussions should be had on entering into an agreement for closed POD services.

Area for Improvement 3: Plans that detail the exchange and security of Strategic National Stockpile cache of medicine and supplies.

Analysis: Transition of supplies from the SNS package at the County Health Department drop site to closed PODs or Points of Service were developed during this exercise. Consideration for storage, security, and pickup or drop-off expectations need to be developed and incorporated into closed POD plans.

Objective 2: Exercise public information and warning activities through the development and use of a unified message from a Public Information Officer or Joint Information Center (JIC).

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Core Capability: Public Information

Strengths

Strength 1: There was clear understanding that the initial public message would set the tone for how POD operations would run in each county. Additionally, there were concerns about getting ahead of the groundswell of misinformation that would likely accompany this type of event. Rumor control was a major topic of discussion, and efforts were made to craft messaging that would be pushed out through multiple community partners and media platforms.

Strength 2: Pre-scripted CHD messages and risk communications have been created, and all CHD communications will be coordinated with the Department of Health's Office of Communications. Information provided to the public included facts about the disease and how to protect themselves. Information about POD locations, hours of operation, and what to bring will be pushed out from the CHD through the use of Emergency Management and Sheriff's Office notification systems and Facebook pages.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Use of other community partners to push out public messaging through social media.

Analysis: Continue and expand the use of other community partners, such as emergency management and law enforcement, who have robust social media platforms with a lot of followers in the community. Efforts should be made to utilize these pre-established communications frameworks to push out the message within the community.

Objective 3: Assess and evaluate plans that identify, prioritize and maintain essential services of healthcare delivery following a disaster.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Core Capability: Health Care System Recovery

Strengths

Strength 1: Health Care Coalition partners exercised plans associated to a pandemic of the H7N9 Flu. This included front line response agencies in public health and hospitals but also support agencies such as emergency management and law enforcement.

Strength 2: Hospitals and other critical partners exercised closed POD plans or developed the framework for internal closed PODs using guidance from the Florida Department of Health. Based upon the results of this exercise those facilities that found themselves to be a good candidate for a closed POD can approach their local County Health Department on being a closed POD partner.

Strength 3: Non-hospital medical providers, such as the Palms Medical Group, developed closed POD frameworks for their locations that serve communities throughout North Florida. In addition, the discussed their ability to become what is known as a Point of Service. A Point of Service is a public or private entity that typically provides vaccinations on a regular basis. Vaccines can be provided to these facilities to assist the County Health Department in their mission to vaccinate the public.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Delineation of resource needs for PODs with pills versus vaccinations.

Analysis: Giving out pills versus providing vaccines can have significant impacts on POD operations. Considerations should be highlighted in Plans regarding mitigation of these impacts. This may include decisions on walk thru versus drive through POD, changes in POD layout to optimize patient flow, and the need for different documentation/forms. Once these have been determined, conduct training and exercises on plan variations to forms, floorplan, etc.

Area for Improvement 2: Defining the role of VA Hospitals in a local response.

Analysis: VA Hospitals are federal facilities that fall under different authorities and guidelines. While they are a federal facility, VA Hospitals serve veterans in the community and can assist the County Health Department in their mission to vaccinate the population. Discussions should be had regarding VA Hospital capabilities that could be called upon in a public health emergency.

Objective 4: Test the plans, processes and procedures that maximize medical surge capacity and capability during response operations.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Core Capability: Medical Surge

Strengths

Strength 1: Hospital Incident Command and other key staff were knowledgeable of their Discharge Management Plans, and were exercised in anticipation of a mass surge event. Patients would have been discharged and bed space made available in anticipation of receiving patients impacted by H7N9.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Review of Security Plans associated to a mass surge event.

Analysis: Security of all facilities would be a challenge in this scenario. Hospitals have well-developed Security Plans, but there is limited staff available to meet all of the needs. Consider meeting with county emergency management, local law enforcement officials, and private security to discuss potential needs of the facility during surge events.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the North Central Florida Health Care Coalition as a result of the H7N9 Pandemic Flu exercise conducted on June 15, 2017.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Emergency Operations	Consideration of transportation services to access POD sites	Work with transportation providers to develop plans and expectations for service during a Pandemic event	Planning	County Health Departments	7/1/2017	7/1/2018
	Identification of more Closed POD partners	Identify potential closed POD partners in the County. Develop agreements to become closed POD partners. Training & Exercise.	Planning, Training, & Exercise	County Health Departments	7/1/2017	7/1/2018
	Plans that detail the exchange and security of Strategic National Stockpile cache of medicine and supplies to closed POD partners	Develop or update closed POD plans that highlight the expected exchange and security of the SNS cache from the County's stockpile.	Planning	County Health Departments & Closed POD Partners	7/1/2017	7/1/2018
Health Care System Recovery	Delineation of resource needs for PODs with pills versus vaccinations.	Update POD plans to consider differences in POD implementation for pills vs. vaccines. Then train and exercise.	Planning, Training, & Exercise	County Health Departments & Closed POD Partners	7/1/2017	7/1/2018
	Defining the role of VA Hospitals in a local response.	Conduct a meeting between the VA Hospitals and their local Health Department and Emergency Management Office.	Planning	County Health Department, EM, & VA Hospital in Alachua & Columbia Counties	7/1/2017	1/1/2018
Medical Surge	Review of Hospital Security Plans associated to a mass surge event	Meet with emergency management, law enforcement, and private security to discuss potential needs of the facility	Planning	NE FL LEPC	7/1/2017	1/1/2018

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
County Health Departments
Department of Health – Alachua County
Department of Health - Columbia / Hamilton County
Department of Health - Putnam County
Hospitals
North Florida Regional Medical Center
Regional General Hospital - Williston
UF Health Shands - Gainesville
VA Medical Center - Gainesville
VA Medical Center – Lake City
Other Critical Partners
Alachua County Emergency Management
Columbia County Emergency Management
Palms Medical Group
Putnam County Emergency Management

APPENDIX C: EXERCISE EVALUATIONS

The following information provides a general overview of the evaluations received from the Exercise participants. A total of 87 evaluations were received from Exercise participants.

The following statements were rated on a scale of 1-5, with **1 = strong disagreement with the statement and 5 = strong agreement**. The average scores were:

Assessment Factor	Average Score
The Exercise was well structured and organized	4.3
The Exercise scenario was plausible and realistic	4.5
The Exercise documentation provided to assist in preparing for and participating in the exercise was useful	4.5
The Exercise provided the opportunity to address significant decisions in support of critical mission areas	4.5
This Exercise helped me to identify strengths and weaknesses in the execution of my agency's plans, protocols, and procedures	4.6

The following is a sample of the most common comments that were received from participants regarding the Exercise.

I observed the following strengths during the exercise:

- Communication and teamwork (x21)
- Recognition of needed collaboration with other agencies to be successful
- Everyone was ready to serve and help
- Very organized
- Already having a Plan in place to test (x3)
- Identified equipment needs (x4)
- This exercise tested our emergency management capabilities
- Excellent discussions
- Security issues were developed for this type of event
- Hands on practice (x5)

I observed the following areas for improvement during the exercise:

- Identifying appropriate power/electricity for vaccine storage
- More supplies and equipment needed
- Making sure we have security and to communicate with the appropriate parties (x2)

- Now that we have discussed it, let's do it
- Transportation for the ones who would need rides to the POD sites
- The need for MOUs with other community partners
- Job action sheets for each role (x3)
- Need for improved facility maps (x4)
- Wanted more discussion of the finite details such as inventory
- Patient influx flow (x2)
- The need for more staffing (x3)
- Establishment of essential functions and staff training
- Would like to conduct a larger drill with volunteers
- Improved forms with signatures, time, and date
- A few more signs for directions
- Groups need to be more familiar with written plans and policies

Additional comments or suggestions:

- Communication lines should always stay open, and a second form or communication should be in place.
- Involve other agencies in a Full County Exercise
- Excellent exercise (x2)
- Consideration of patient's family and employee's family for vaccines
- One mass email to notify everyone
- Consideration for possible heat injuries
- Emergency treatment supplies for adverse reactions to the injection
- Need for security of the vaccine in the pharmacy and at the dispensing site
- Conduct PODs with pills versus vaccines
- Give out written advice for preventative management