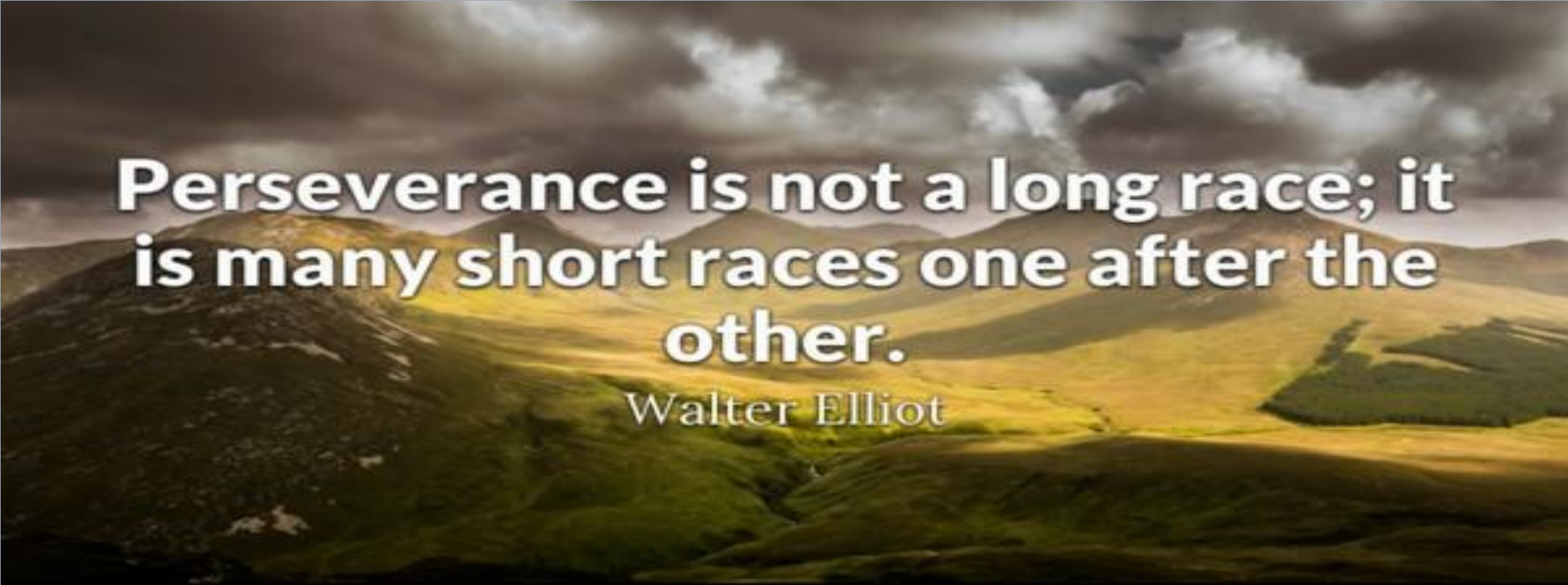




**Metro Health & Medical
Preparedness Coalition**

AFTER ACTION REPORT – PHASE 2

MAY 2021

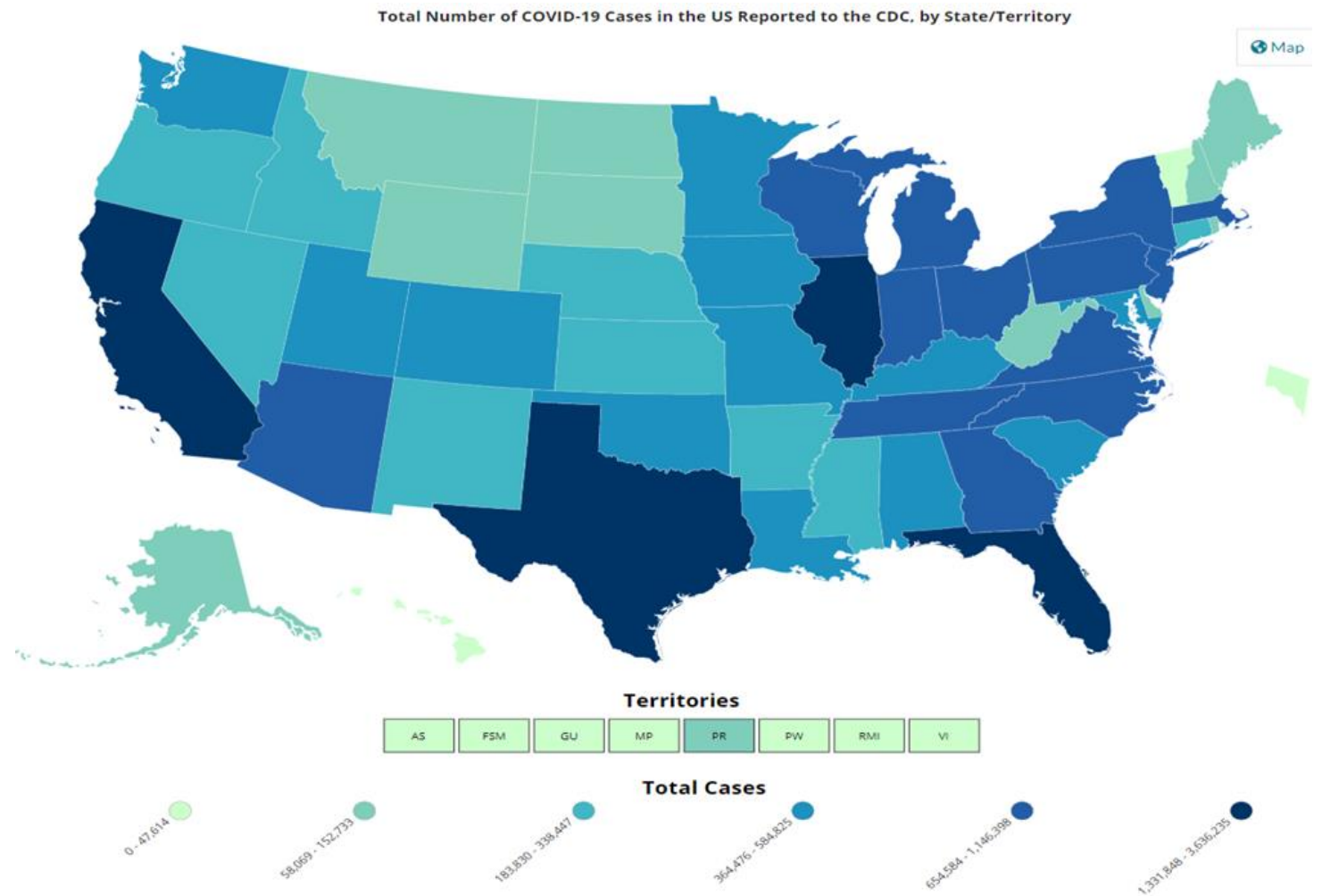
A dramatic landscape featuring rolling hills and mountains under a heavy, cloudy sky. The foreground shows a valley with green grass and a small stream. The hills in the background are bathed in a golden light, suggesting a sunrise or sunset. The overall mood is one of perseverance and resilience.

**Perseverance is not a long race; it
is many short races one after the
other.**

Walter Elliot

Executive Summary

- AAR Phase 2 assesses Coalition/RHRC response from Sept 2020 – April 2021
- 16 months into the response
- As of April 30, 2021, there has been over 32 million cases of COVID-19 in the United States and over 572,000 deaths. In Minnesota, we have had over 575,000 cases and over 7,000 deaths.
- Integrated response structures: Metro Coalition, RHRC, SHCC, SEOC



Executive Summary con't...

Overall, the event was well coordinated across our region during Phase 2 of our response.

- List of strengths
- List of areas for improvement

- The responses from our survey of the phase 2 response indicated an overall *improvement* from Phase 1 in planning and strategy for several key elements that were assessed.
- It remains evident that the Metro Healthcare Coalition is committed to all four (4) phases of emergency management (planning, response, recovery, and mitigation) and providing continuity of service to our regional partners to the best of our ability.
- Lessons learned from this event will better prepare us for our continued response to COVID-19, future large-scale events, and regional coordination efforts.

Event Overview

- Event details
- RHRC Response Team Members
- Response Objectives
- Participating Organizations

Planning and Response Objectives:

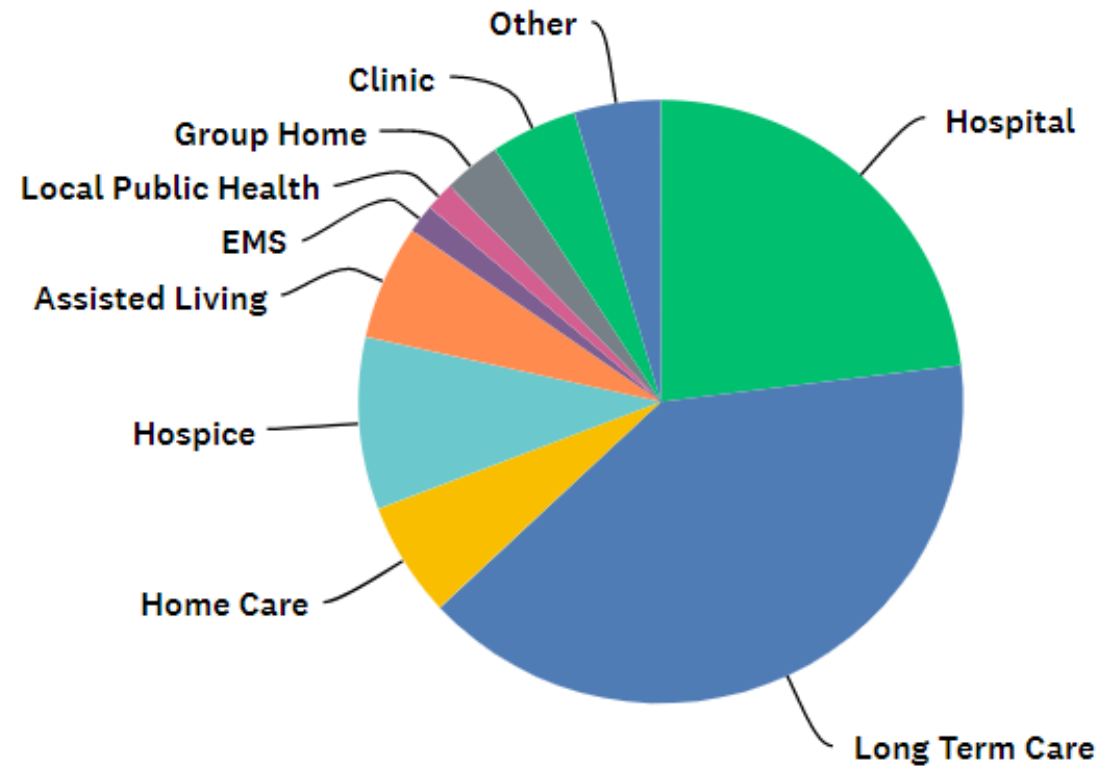
1. Maintain and communicate situational awareness to all partners.
2. Align regional coalition response with local and state efforts.
3. Ensure communication of planning and response efforts with regional partners.
4. Aid healthcare facilities to lessen supply chain disruptions.
5. Ensure coordination of efforts among coalition and regional partners.
6. Assist with staffing, testing, vaccination, and patient movement efforts as assigned.
7. Participate in regional planning efforts with external partners to ensure integrated response efforts.
8. Provide staff support and wellness strategies and resources.

Survey Respondents

We had 65 respondents to that survey across ten different disciplines.

74% of the respondents indicated they are now more knowledgeable of the role the Metro RHRC/Coalition and how it can support regional response coordination.

25% stated they already had a good understanding of the role the Metro RHRC/Coalition can play in a response.



Strengths

know calls support links weekly assisted needed pandemic
resources coordination information continued
Communication use information sharing
Collaboration helpful coalition vaccine helped sharing provided

Major Strengths

The major strengths identified during Phase 2 of this event are as follows:

- Coordination of regional partners.
- Communication and Information Sharing with regional partners during fluid and dynamic times.
- Providing tools, documents, and resources to assist regional partners.
- Providing case counts, hospitalization, bed capacity, and vaccine data reports.
- Providing personal protective equipment, training, and resources.
- Staff wellness topics and presentations

Areas for Improvement

conflicting_{process} Needed Resources_{support} meetings
better communication_{MDH} LTC/AL/HCH_{time}
Nothing_{relevant} needs_{none} coalition staffing

Primary Areas for Improvement

Throughout the Phase 2 response and feedback garnered from the regional response survey, opportunities for improvement in our planning and response were identified. The primary areas for improvement, including recommendations, are as follows:

- Implementation of the Care Delivery System (CDS) caused an information void and confusion around coordination and the role of the Coalition.
- Strengthen planning/preparedness efforts for non-hospital and non-residential facilities.
- Need more MNTrac training for non-hospital entities.
- Planning efforts by Coalitions were usurped by MDH.
- Strengthen the short-term crisis staffing plans for non-hospital entities.

Conclusion

The years of working on the development of the Metro Health & Medical Coalition and building community **relationships** have made a positive impact in our response capability to one of the most complicated incidents that this region has seen in its history.

One of the immense challenges to our response during Phase 2 was the dynamic and fluid nature of the fast-changing information and state and federal guidelines. Navigating those challenges proved to be **difficult at times yet rewarding** to see the coalitions and communities pull together for the greater good.

This report, along with the improvement plan, will give use a brief **time to pause** to address the identified areas of improvement along with our response assumptions and objectives.

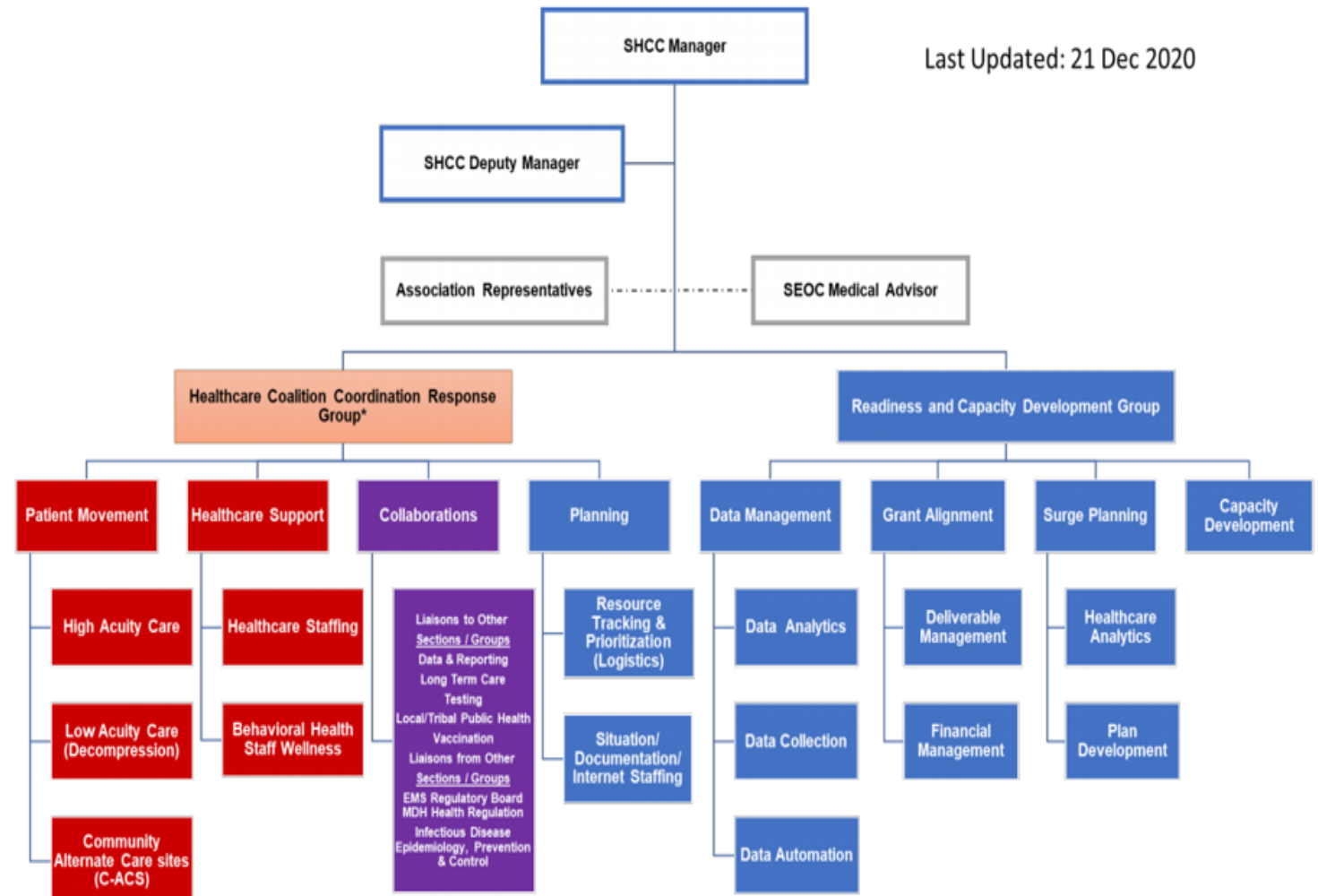
There will be an on-going need for all levels of responders and healthcare providers to find pathways to help maintain one's **wellness and strength to be resilient** in the long-term response needs.

Appendix A

Organizational Structures:

- RHRC
- SHCC
- SEOC

SHCC Organizational Chart



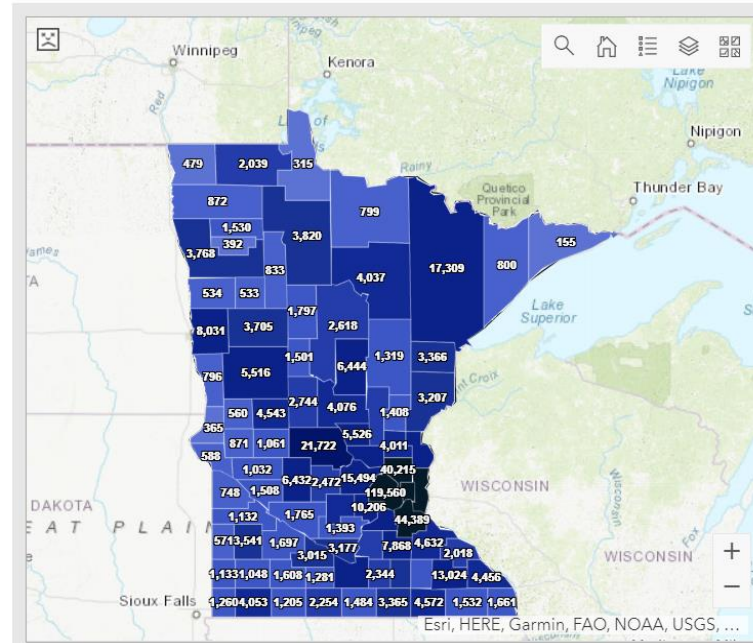
Appendix B

COVID 19 by the Numbers

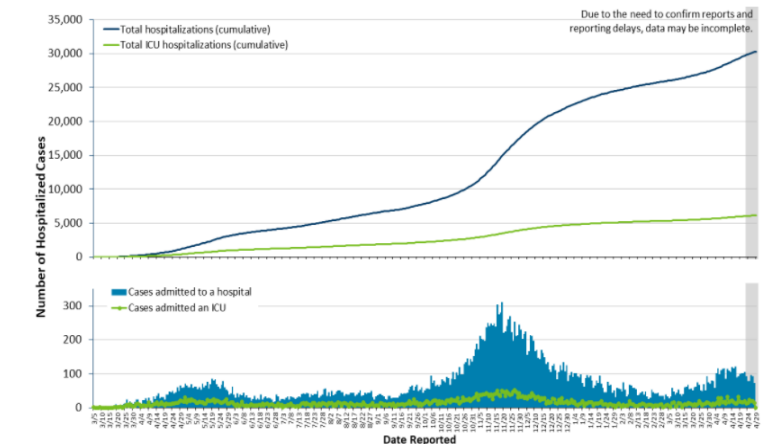
- Case counts
- Deaths
- Hospitalizations
- Testing

Cases by County of Residence

County of residence is confirmed during the case interview. At the time of this posting not all interviews have been completed.




Hospitalizations



Appendix C

Stay Safe MN

STATE OF MINNESOTA
Executive Department



Governor Tim Walz


Emergency Executive Order 21-11

Adjusting Limitations on Certain Activities and Taking Steps Forward

I, **Tim Walz, Governor of the State of Minnesota**, by the authority vested in me by the Constitution and applicable statutes, issue the following Executive Order:

The COVID-19 pandemic continues to present an unprecedented and rapidly evolving challenge to our State. Minnesota has taken extraordinary steps to prevent and respond to the pandemic. On

BRIGHTER DAYS ARE HERE



Bars and restaurants

75% Capacity*

250 People max

*75% applies to indoors. Outdoor has no percentage limit. Groups must stay 6 feet apart. Bar seating increases to parties of 4.




Social gatherings

Outside

50 People max

Inside

15 People max



Salons and barbers

No occupancy limits.

Social distancing and masks required.



Gyms, fitness centers, and pools

50% Capacity

Social distancing and masks required.

Guidance Updates

Start at 12 p.m. on March 15 unless otherwise noted.



Work from home

Starting April 15:

Work from home will be strongly recommended for those who can.


All employers should continue to accommodate employees who wish to work from home, and must provide reasonable accommodations as required by law.



Wedding ceremonies and religious services

No occupancy limits.

Social distancing and masks required.



Venues, celebrations, and receptions

50% Capacity

250 People max

Starting April 15: Larger venues add additional capacity.

Inside

Non-seated:

Add 10% of capacity over 500 people. Max 1,500 people.

Seated:

Add 15% of capacity over 500 people. Max 3,000 people.





Outside

Non-seated:

Add 15% of capacity over 500 people. Max 10,000 people.

Seated:

Add 25% of capacity over 500 people. Max 10,000 people.



STAY SAFE MN


Get tested.
STAY SAFE MN



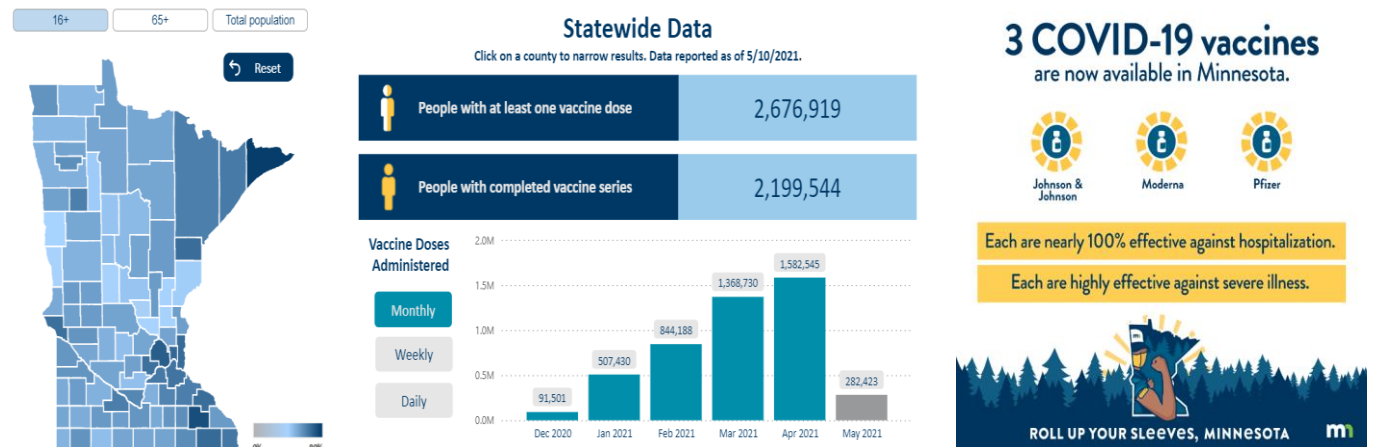
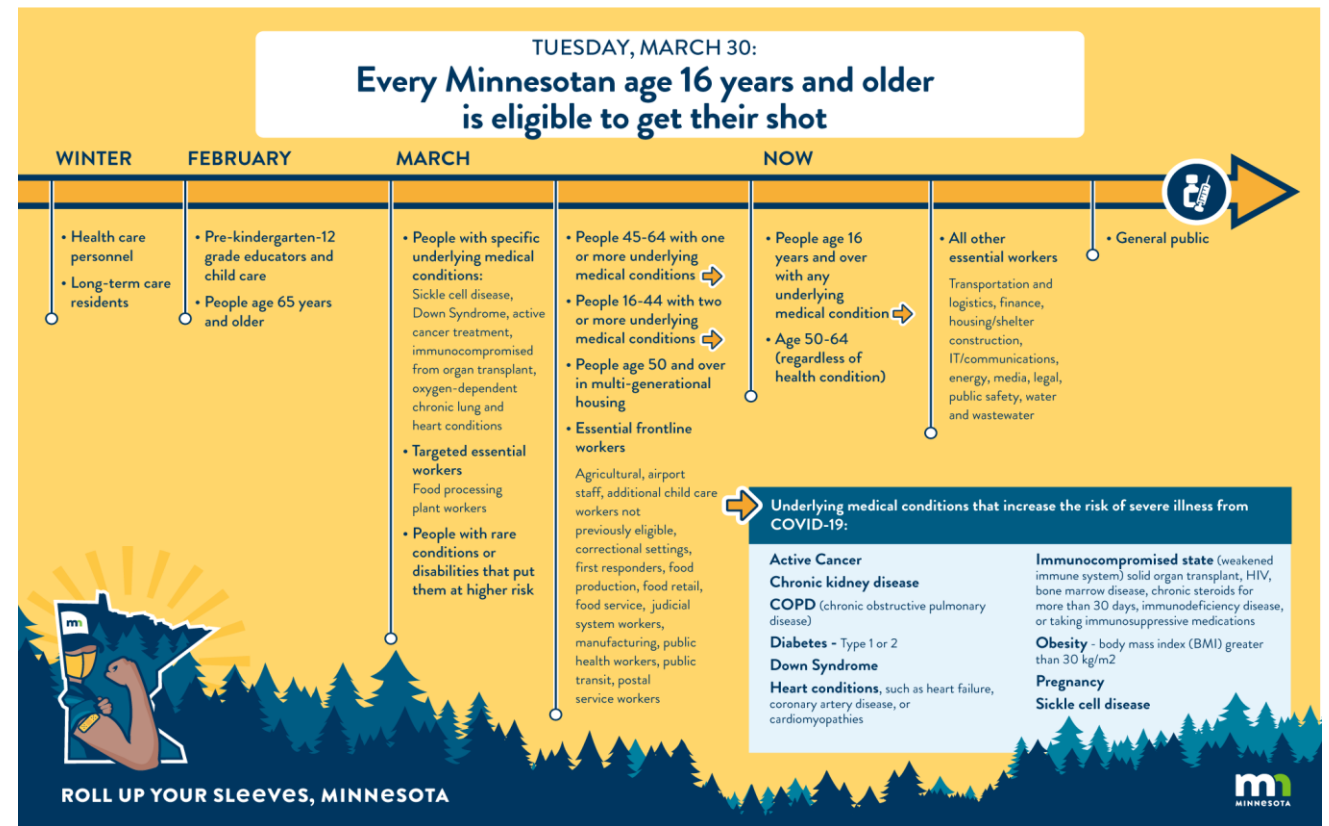
Keep it up, Minnesota!

- 
Wash your hands
- 
Get tested when sick
- 
Stay 6 feet from others
- 
Wear a mask
- 
Stay home when able
- 
Work from home when able

Appendix D

Vaccine Data and Illustrations

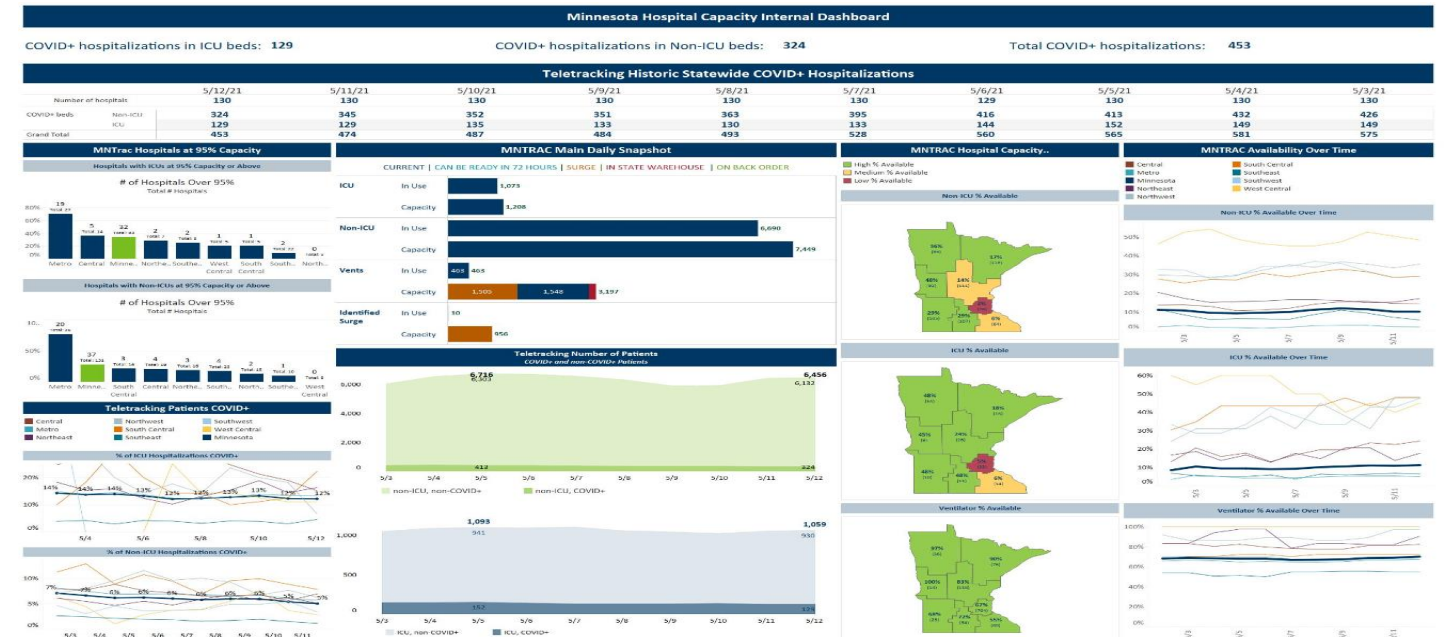
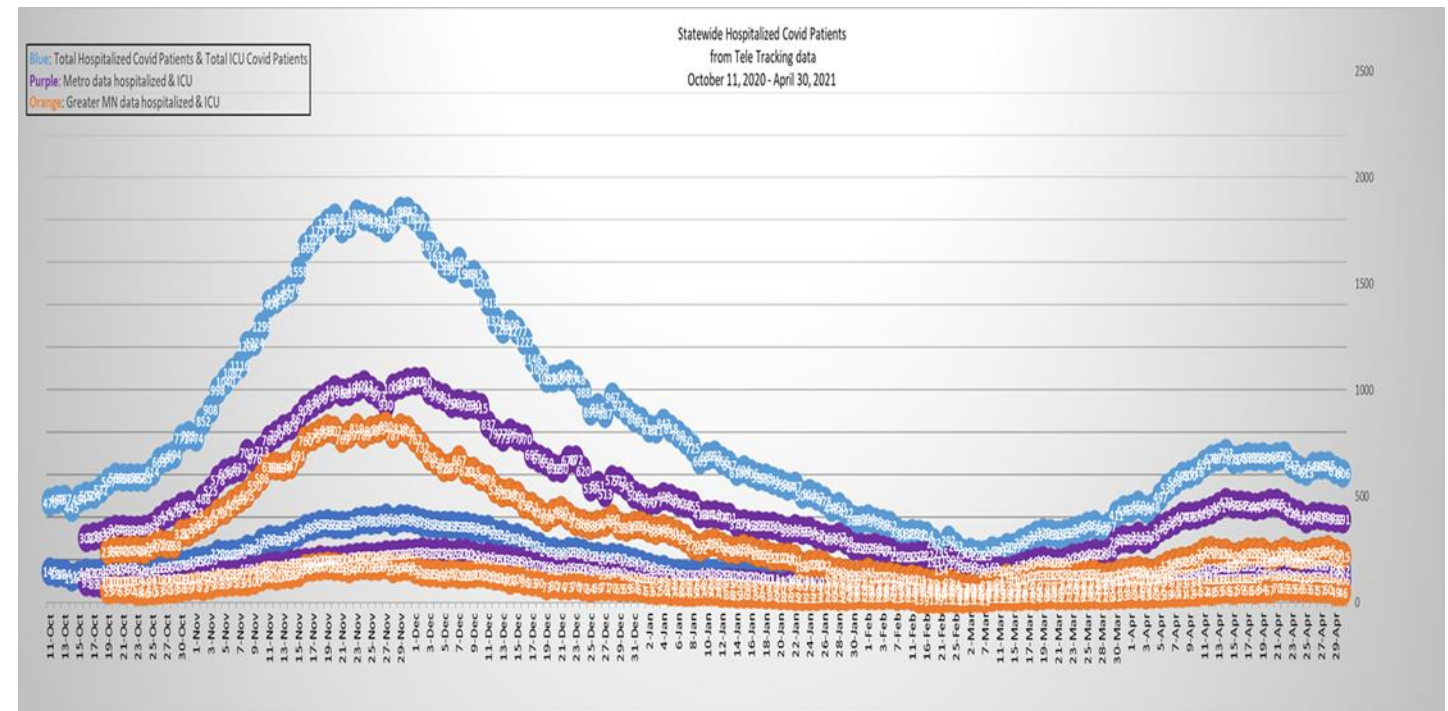
- Statistics
- Media Messaging
- SVI Map



Appendix E

Tracking Reports

- Case counts
- Bed Capacity
- EMS runs
- PPE
- MNRAP



Appendix F

Acronyms

Acronym	Meaning
AAR/IP	After Action Report / Improvement Plan
ACIP	Advisory Committee on Immunization Practices
ACS	Alternate Care Site
AL	Assisted Living
APIC	Association for Professionals in Infection Control and Epidemiology
CDC	Center for Disease Control and Prevention
CDS	Care Delivery System
COVID	Corona Virus Disease (SARS CoV – 2)
EM	Emergency Management
EMSRB	Emergency Medical Services Regulatory Board
EMS	Emergency Medical Services
FOUO	For Official Use Only
GH	Group Homes
HCC	Health Care Coalition
HCW	Health Care Worker
HPP	Healthcare Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IMT	Incident Management Team
LPH	Local Public Health
LTC	Long Term Care
MDH	Minnesota Department of Health

Appendix G

Improvement Plan/Corrective Action Plan

Area of Improvement	Corrective Action Description	Primary Responsible Department	Point of Contact	Date Completed
1. Communication & Information Sharing	1a) Lacked more information related to care or practices/trends in private homes.	RHRC	Emily Moilanen	
	1b) Adding a formal liaison role between CDS and Compact/Coalitions would be beneficial.	RHRC	Chris Chell	
	1c) Strengthen planning for Hospice/Home Care.	RHRC	Emily Moilanen	
2. Coordination	2a) More coordination is needed from the Metro Coalition in support of smaller residential care homes, soon to be small, private Assisted Living's.	RHRC	Emily Moilanen	
	2b) Vaccine coordination needed the RHRC to convince MDH to use the coalitions to coordinate vaccine distribution. (this was a state level decision, not coalition level)	RHRC/MDH	Chris Chell/MDH Liaison	Bring forward at MDH/ SHCC debrief.
3. Supply Chain	3a) RedCap survey is time-intensive and kept changing what information they needed and quantities of supply to request. (this was a state level decision, not coalition level)	RHRC/SHCC	SHCC/MDH	Bring forward at MDH/ SHCC debrief.
4. Staffing	4a) Difficulties building a short-term need/crisis staffing plan. Need to strengthen the plan.	RHRC	Emily Moilanen	
	4b) Assess if a staffing website could be built for employees to manage during times of a staffing crisis.	RHRC/MDH	Chris Chell/MDH Liaison	
5. Staff Wellness	5a) Some facilities access to resources was different and resulted in staff being reluctant to leave the patient and/or the job for a break. Record and post brown bag series, webinars, one-pagers).	RHRC	Chris Chell	
	5b) Begin Behavioral Health/Staff Wellness discussion earlier in the event.	RHRC	Chris Chell	
6. Tools & Resources	6a) Conduct more MNTrac training for non-hospital facilities.	RHRC	Emily Moilanen	
	6b) Consider information type listed on Coalition Website. Having multiple sources for same information caused some resource overload (CDC, MDH, Coalition websites). Potentially narrow focus of topics on Coalition site.	RHRC	Chris Chell	
7. Vaccine	7a) The lines of authority grew fuzzy and in spite of careful planning, efforts felt usurped by decisions that were made at another level.	RHRC/MDH	Chris Chell/MDH Liaison	Bring forward at MDH/ SHCC debrief.
	7b) The development of CDS caused some disruption and communication & coordination gaps for vaccine. (this was a state level decision, not coalition level)	RHRC/MDH	Chris Chell/MDH Liaison	Bring forward at MDH/ SHCC debrief.
	7c) The separation of large hospitals vs smaller, in the Metro area (i.e. the CDS) left those in the coalition vying for limited vaccine and trying to distribute felt awkward. (this was a state level decision, not coalition level)	RHRC/MDH	Chris Chell/MDH Liaison	Bring forward at MDH/ SHCC debrief.

Training

Ideas for training topics from our respondents

Roles, Responsibilities, and Coordination of Structures – *for all disciplines*

Crisis Standards of Care and Surge – *based on lessons learned strengthen existing plans*

Crisis Staffing Plans – *regional and local*

Long Term Vaccine Planning

Assessing long term impact (physical, emotional, spiritual) for on frontline staff and how we close the chapter

Communication Plan for all jurisdictions – *strengthen existing plan based upon lessons learned*

Resource planning for healthcare facilities – *staff and stuff*

Recovery and Demobilization Planning

vaccination response communicate time vaccine Learned plan
one Communication management staff pandemic
Need Continue PPE different testing preparing

Lessons Learned from our Partners

Top lessons learned or gaps identified by respondents within their own organizations

Thank you for all you have done and
continue to do to rise to the on-going
challenges and help your staff, residents,
patients, and community.
YOU MADE A DIFFERENCE!

