

*Bluegrass Healthcare Coalition*

 *COVID Vaccination TTX*

Nov. 23rd 2020

**AFTER ACTION REPORT**

   

 *This after-action report is intended for exclusive use of exercise planners, exercise participants, observing agencies and associated ESF-8 stakeholders with the Bluegrass Healthcare Coalition. Exercise information required for preparedness reporting and trend analysis is included. Report recipients are encouraged to contact listed point of contacts for further information and dissemination of report contents.*

THIS PAGE IS INTENTIONALLY BLANK

# Executive Summary

## Purpose

 The Bluegrass Healthcare Coalition conducted a vaccination virtual table top exercise on Monday, Nov. 23rd with more than 162 participants. Participating agencies included, health departments, hospitals, behavioral health, long term care, dialysis centers, surgical centers, state public health, emergency management and emergency medical services. Focal points of the exercise discussion centered on vaccination plans associated with the COVID19 Pandemic. Agencies were able to review and discuss their agencies current infectious disease response plans and protocols.

 This exercise initiated questions with participants on aspects of the COVID19 vaccination process in areas of pre-planning, vaccine allocation, communications and points of dispensing. Agencies were pressed to determine which front line staff should receive initial allocations of the COVID19 vaccine when it becomes available.

## Objectives

1. BGHCC partners will demonstrate capability to administer and/or organize the COVID-19 vaccination process to local Tier 1 priority groups according to State vaccination plans.

2. BGHCC partners will provide consistent, prompt and reliable information regarding vaccination procedures that are consistent with jurisdictional ESF-8 vaccination plans and procedures.

3. BHGCC agencies will identify strengths and areas needed for improvement with regards to regional and State vaccinating strategies.

## Major Strengths

* Most agencies had determined essential staff to be vaccinated including those at high risk.
* Participants showed a working knowledge of current vaccination plans and procedures.
* Agencies had worked through storage concerns associated with the vaccine.
* Agency procedures were in place to handle adverse side effects of the vaccine.
* Information on vaccine had been circulated with staff to address concerns or questions.
* The immediate pace to administer the vaccine once received at each agency had been well reviewed.

## Primary Areas for Improvement

* The need for vaccinators for larger client numbers.
* Educating community members on vaccine information.
* Side effects of the vaccine.
* Addressing fears and concerns regarding the vaccine.
* Have consistent information on the vaccine consent form.
* Little response in county and regional planning to provide vaccination support.

## Conclusion

 The virtual table top exercise discussion between agencies went very well. Best practices from different partners were shared which made for an excellent collaboration between ESF-8 agencies. The COVID19 pandemic has challenged most to review procedures and plans for infectious disease response and vaccination procedures. Due to the potential limited amount of vaccine, agencies will need to address who is either most likely to contract COVID19 due to where they work in their healthcare facility or if they are at a higher comorbidity.

 Our regional partners have been eager for information concerning the vaccination process. The pandemic has challenged agencies to work outside their individual networks to plan with other partners. The first initial push of vaccine will be for smaller tier groups. As more vaccine becomes available there will be logistic challenges to vaccinate larger population groups in the lower tiers. This exercise challenged participants on how different healthcare agencies will plan together to provide support for point of dispensing sites.

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | **Bluegrass Healthcare Coalition COVID Vaccination TTX** |
| **Exercise Dates** | Nov. 23rd 2020 |
| **Scope** | This exercise is a virtual Table Top Exercise (TTX) intended for healthcare partners associated with the Bluegrass Healthcare Coalition. The exercise is scheduled for a 2 hour duration for the intent to review plans and procedures in administering vaccine due to a pandemic.  |
| **Mission Area(s)** | Protection and Response  |
| **Core Capabilities** | Health Care and Medical Response Coordination Medical Surge  |
| **Objectives** | 1. BGHCC partners will demonstrate capability to administer and/or organize the COVID-19 vaccination process to local Tier 1 priority groups according to State vaccination plans.2. BGHCC partners will provide consistent, prompt and reliable information regarding vaccination procedures that are consistent with jurisdictional ESF-8 vaccination plans and procedures.3. BHGCC agencies will identify strengths and areas needed for improvement with regards to regional and State vaccinating strategies. |
| **Threat or Hazard** | Biological |
| **Scenario** | State of Kentucky reported on Sunday, Nov. 23rd 2,187 new cases of COVID bringing the total to 158,100 with a 9.18% positivity rate. The Governor has requested new restrictions that were made effective as of 5:00 pm on November 20th in an attempt to reduce the spread of the COVID19 virus. Healthcare facilities will begin administering vaccine to tier groups within a few weeks.  |
| **Sponsor** | Bluegrass Healthcare Coalition  |
| **Participating Organizations** | Reference Appendix B |
| **Point of Contact** |

|  |  |
| --- | --- |
| **Dave Carney, BS, MEP**Regional Response CoordinatorKentucky Department for Public Health400 Professional DriveWinchester, KY 40391Phone: (502) 905-9969 Email: davidn.carney@ky.gov |   |
|  |  |
|  |  |
|  |  |

 |

# 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.

Table 1. Summary of Core Capability Performance

| Exercise Objective | Core Capability |
| --- | --- |
| **1** BGHCC partners will demonstrate capability to administer and/or organize the COVID-19 vaccination process to local Tier 1 priority groups according to State vaccination plans | Health Care and Medical Response Coordination |
| **2** BGHCC partners will provide consistent, prompt and reliable information regarding vaccination procedures that are consistent with jurisdictional ESF-8 vaccination plans and procedures. | Health and Medical Response Coordination |
| **3** BHGCC agencies will identify strengths and areas needed for improvement with regards to regional and State vaccinating strategies.. | Medical Surge |
|  |  |
|  |  |
|  |  |

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 exercise objective and associated core capability, highlighting strengths and areas for improvement.

## Objective 1 - BGHCC partners will demonstrate capability to administer and/or organize the COVID-19 vaccination process to local Tier 1 priority groups according to State vaccination plans.

## Core Capability - Health and Medical Response Coordination

### Strengths

A partial capability level can be attributed to the following strengths:

Strength 1: Healthcare agencies have addressed who will receive initial doses of the vaccine.

Strength 2: Plans and procedures for infectious disease have been reviewed for accuracy.

Strength 3: Preplanning was addressed for vaccine storage.

### Areas for Improvement

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

Area for Improvement 1: Will need additional vaccinators to administer doses to larger groups when more doses for the general public becomes available.

Reference: Agency infectious disease or pan flu plans.

Analysis: Healthcare agencies will need to collaborate with other community partners to address mass vaccination procedures and points of dispensing locations.

Area for Improvement 2: Addressing staffing shortages caused by COVID19.

Reference: Reference agency Continuity of Operations Plans.

Analysis: Healthcare agencies have been impacted by staff shortages from those being quarantined due to COVID19. Other healthcare workers are being recruited by larger healthcare systems for more money. Healthcare agency will need to address ways to retain workers and hire from nurse labor pools.

**Objective 2** **- BGHCC partners will provide consistent, prompt and reliable information regarding vaccination procedures that are consistent with jurisdictional ESF-8 vaccination plans and procedures.**

## Core Capability - Health and Medical Response Coordination

### Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Information regarding COVID19 vaccine has been shared with staff to alleviate fears.

Strength 2: State Public Health provided sufficient information regarding storage procedures of vaccine requiring extreme low temperatures.

Strength 3: Sufficient situational awareness have been provided by local health departments and emergency management.

### Areas for Improvement

Area for Improvement 3: Addressing concerns for the side effects of the COVID vaccine.

Reference: Vaccine information provided by pharmaceutical companies.

Analysis: Agencies will need to provide as much information as possible to eliminate fears and concerns and demonstrate capability to handle adverse reactions to COVID vaccine.

## Objective 3 - BHGCC agencies will identify strengths and areas needed for improvement with regards to regional and State vaccinating strategies.

## Core Capability - Medical Surge

### Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Regions have identified planning needs for point of dispensing sites.

Strength 2: Kentucky Department for Public Health continues to addresses unmet needs for PPE shortages and logistic support.

Strength 3: Bluegrass Healthcare Coalition initiated a table top exercise to review plans, procedures, best practices and realized gaps.

### Areas for Improvement

Area for Improvement 4: Some counties have not adequately addressed plans to ensure all client tiers will be vaccinated. Those wanting to receive the vaccine continues to fluctuate on a daily basis.

Reference: County and Regional infectious disease and Pan Flu response plans.

Analysis: Healthcare agencies and other ESF-8 partners must ensure all tiers will be vaccinated and identity which agencies will be responsible in vaccinating specific agencies. There will still be associated challenges in knowing how much vaccine will be received and where it will be administered.

 .

1. Improvement Plan

| Core Capability | Issue/Area for Improvement | Corrective Action | Capability Element[[1]](#footnote-1) | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Health and Medical Response Coordination** | 1. Will need additional vaccinators to administer doses to larger groups when more doses for the general public becomes available.  | Collaboration with county and regional healthcare partners. | **Planning** | Regional and Local Health Departments, Healthcare Coalition. | Dave Carney | 12/16/20 | 06/30/21 |
| **Health and Medical Response Coordination**  | 2. Addressing staffing shortages caused by COVID19. | Reference COOP plans to address staff shortages.  | **Planning** | Individual ESF-8 agencies, Healthcare Coalition | Dave Carney | 12/16/20 | 06/30/21 |
| **Health and Medical Response Coordination**  | 3. Addressing concerns for the side effects of the COVID vaccine. | Provide vaccine information provided by pharmaceutical companies.**Training** |  | Individual ESF-8 agencies, Healthcare Coalition | Dave Carney | 12/16/20 | 06/30/21 |
| **Medical Surge** | 4. Some counties have not adequately addressed plans to ensure all client tiers will be vaccinated. Those wanting to receive the vaccine continues to fluctuate on a daily basis. | Collaboration from County partners to ensure all tiers are vaccinated.  | **Planning** | Individual ESF-8 agencies, Healthcare Coalition | Dave Carney | 12/16/20 | 06/30/21 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**\*\*This IP has been developed specifically for all exercise players as a result of Bluegrass Healthcare Coalition COVID Vaccination TTX conducted on Nov. 23th, 2020.**

# Appendix B: Exercise Participants

|  |
| --- |
| Participating Organizations |
|  |
|  |
|  |
|  |
| **State** |
| * Kentucky Department for Public Health
 |
| * Hospital Associated Infection Control Program - UK
 |
| * Kentucky Emergency Preparedness for LTC & Aging
 |
| * Kentucky LTC Ombudsman
 |
| **Regional** |
| * Bluegrass Healthcare Coalition
 |
| * Regional State Epi
 |
| **Local** |
| Hospitals |
| * Baptist Health Lexington
 |
| * Baptist Health Richmond
 |
| * Baptist Health System
 |
| * Bourbon Community
 |
| * Bluegrass Community Hospital
 |
| * Clark Regional Medical Center
 |
| * Eastern State Hospital
 |
| * Ephraim McDowell - Regional
 |
| * Ephraim McDowell – James B Haggin
 |
| * Georgetown Community
 |
| * Harrison Memorial
 |
| * Lexington VA
 |
| * Marcum & Wallace Hospital
 |
| * St. Joseph East
 |
| * St. Joseph Lexington
 |
| * St. Joseph Berea
 |
| * UK Healthcare
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| End-Stage Renal Disease Centers  |
| * DCI - Lexington
 |
| * DCI – South Lexington
 |
| * DCI – Danville
 |
| * DCI - Richmond
 |
| Local Health Departments |
| * Madison County Health Dept
 |
| * Franklin County Health Dept
 |
| * Woodford County Health Dept
 |
| * Madison County Health Dept
 |
| * Fayette County Health Dept
 |
| * Estill County Health Dept
 |
| * WEDCO District Health Dept
 |
| * Clark County Health Dept
 |
| * Fayette County Health Dept
 |
| * Lincoln County Health Dept
 |
| Long Term Care |
| * Bluegrass Care and Rehab
 |
| * Bridgepointe at Ashgrove Woods
 |
| * Cambridge Place
 |
| * Fox – Telford Terrace of Richmond
 |
| * Glen Ridge Health Campus - Louisville
 |
| * Kenwood Health and Rehab
 |
| * Landmark of Danville Nursing and Rehab
 |
| * Park Terrace
 |
| * Sayre Christian Village
 |
| * Signature Healthcare - Tanbark
 |
| * Signature Healthcare– Fountain Circle
 |
| * Signature Healthcare Georgetown
 |
| * Springhurst Pines Health and Rehab
 |
| * Stanford Care and Rehab
 |
| * Telford Terrace
 |
| * The Homeplace at Midway
 |
| * The Willows at Fritz Farm
 |
| * Thomson-Hood Veterans Center
 |
| * Willows at Harrodsburg
 |
| * Willows at Hamburg
 |
| EMS |
| * American Medical Response
 |
| * Anderson County EMS
 |
| * Lexington Fire Dept and EMS
 |
| * Woodford County EMS
 |
| Emergency Management |
| * Anderson County EM
 |
| * Fayette County EM
 |
| Other |
| * Bluegrass Navigators
 |
| * Bluegrass Specialty Surgery Center
 |
| * Eastern Kentucky University
 |
| * Lexington Clinic
 |
| * New Vista of the Bluegrass
 |
| * Nursing Home Ombudsman Agency of the Bluegrass
 |
| * University Health Service
 |
| * University of Kentucky
 |
| * University of Kentucky Police
 |

# Appendix C: Acronyms

|  |  |
| --- | --- |
| AAR | After-Action Report |
| EM | Emergency Management |
| IP | Improvement Plan |
| ESF | Emergency Support Function |
| PPE | Personal Protection Equipment |
| TTX | Table Top Exercise |
| COOP | Continuity of Operations Planning |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)