

Board of Health Briefing Note

To: Chair and Members of the Board of Health

Date: May 5, 2021

Topic: **COVID-19 Response Evaluation- Staff Survey for the response period of August/September 2020 to February/March 2021**

Submitted by: Dr. Glenn Corneil, Medical Officer of Health/CEO (a)

Prepared by: Adrienne Gullekson Research, Planning & Policy Analyst and Kerry Schubert-Mackey, Director of Community Health, Reviewed by Meera Mahmud, Health Data Analyst

RECOMMENDATIONS

It is recommended that the Timiskaming Board of Health:

1. **Receive the report 'COVID-19 Response Evaluation- Staff Survey for the response period of August/September 2020 to February/March 2021'**

Emergency Preparedness – Learning and Evaluation Topic Overview

Evaluation is an important component of evidence-informed public health and has an important role in the emergency management cycle - how to prepare for, respond to and recover from emergencies. In a framework for *Public Health Emergency Preparedness* for infectious and non-infectious emergencies developed by Public Health Ontario, learning and evaluation is one of 11 essential elements identified (PHO, 2020). In response to a short duration emergency, an after-action review may be undertaken to assess what happened, identify areas for improvement in preparedness and response, and identify gaps, best practices and learning opportunities (ECDC, 2020). Evaluating a response to a single emergency is important in order to identify strengths and successes, while informing improvement actions and establishing timelines for change (PHO, 2020). In-action reviews aim to not only review what has already happened, but to quickly identify readily implementable actions and pressing issues that will improve the current response, as well as look ahead to emerging issues that may require a shift in policy, procedures and responses (ECDC, 2020). For the COVID-19 pandemic, ongoing evaluation efforts as well as a post-pandemic evaluation (after-action review) will be necessary to ensure an adequate public health response, aid in recovery and to contribute to the cycle of continuous quality improvement and resilience in emergency preparedness and response planning (ECDC, 2020).

Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023

Recognizing that the COVID-19 pandemic emergency response is of a significant duration, THU initiated evaluation activities using a real-time, developmental evaluation approach rather than relying on after-action review evaluation. This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2018) Emergency Management and Effective Public Health Practice Foundational Standards and supports the following THU 2019-2023 strategic directions 2 and 4:

We create, share and exchange knowledge

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- We use the best available information, including local lived experience, to inform local programs and services
- We exchange information with communities and partners to broaden our understanding of local needs
- We create quality data to address gaps in knowledge and to identify changing local needs
- We share our knowledge with stakeholders to understand the causes and impacts of health inequities

We adapt to address the diverse and changing local needs

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- Our programs and services are evidence-informed, customized and evaluated to ensure they address local needs
- We clarify roles with partners and allied agencies to reduce duplication, fill gaps and maximize our collective impact to create healthy populations
- We engage in meaningful relationships that respect and respond to our cultural and linguistic diversity

Background

To support effective public health emergency response practice and in alignment with our 2019-2023 strategic plan, THU is evaluating its ongoing response to the COVID-19 Pandemic. The aim is to capture and understand successes, challenges and areas for improvement in THU's collective systems, processes and efforts in handling the COVID-19 pandemic response in order to identify what is working well and = areas for improvement. To date, three internal surveys and four external partner surveys have been conducted relating to the ongoing COVID-19 response. Furthermore, a survey evaluating THU's COVID-19 Vaccine Program is underway.

Reports regarding previous external surveys are publicly available on our website [here](#).

With respect to gathering data from internal staff, an all staff questionnaire was first administered in July of 2020 to identify successes, challenges and areas for improvement related to THU's COVID-19 first wave response (March to June 2020). Survey findings were shared with management and staff. In addition to use for informing ongoing management decisions, the findings were documented to support future evidence based emergency response planning. Given the duration of the COVID-19 pandemic, a second all staff questionnaire was administered in February of 2021. This survey asked staff to reflect on the preceding six month period. Questions from the first survey were repeated and included topics such as staff supports, health & safety, communication, engagement and workload. Employees were also asked to reflect on successes and challenges, and specific actions to improve. Unique to this this second survey was an added section on stress and well-being. Furthermore, THU staff who were members of the Incident Management System (IMS) were invited to continue on with an additional two matrix style questions covering leadership and decision making, IMS meetings and roles, communication, evidence and documentation.

This Briefing Note shares findings of the second all staff survey reflecting on THUs response from September 2020- February 2021, and builds on the November 4, 2020 Briefing Note; [Timiskaming Health Unit COVID-19 First Wave Response Evaluation](#).

Evaluation findings are being used to inform local response efforts to protect our communities by building on aspects of the response which worked well and should be continued or enhanced in case of resurgences or future waves. Furthermore, this data has highlighted learned experiences and lessons allowing THU to course correct or

pivot actions real-time or to apply to future emergency responses. A summary of the findings is provided below and the full report is included in the Board of Health meeting package.

Summary of Findings

Of 66 staff, 54 completed the survey for a response rate of 82%. Staff working the case management and contact tracing or outbreak management / prevention (long-term care & congregate living) and/or other tasks (regular duties) make up the largest proportion of respondents at ~29% and ~33% respectively. During the first wave response, the highest proportion of respondents worked in the COVID hotline or Public Health Inspector (PHI) line and related tasks area of work.

- In terms of **support for assigned tasks** the majority of staff strongly agreed or agreed that they received the proper training (72%), resources and tools (~78%), and clear direction from their manager (70%) to complete assigned tasks. Differences between percent respondents who strongly agreed/agreed versus strongly disagreed, disagreed, or were neutral were significant.
- 72% agreed or strongly agreed that **health and safety protocols and actions** were adequate to support measures such as physical distancing in the workplace, cleaning and sanitation, screening and signage.
- Over 80% of respondents strongly agreed or agreed that they felt **supported to cope with the uncertainty and changes brought on by COVID-19** by their managers, colleagues and agency. Significant differences in % respondents were observed between those who strongly agreed/agreed and those who were neutral, disagreed or strongly disagreed.
- 71% of respondents strongly agreed or agreed that their **workload** was appropriate and manageable with 14% disagreeing and strongly disagreeing.
- 39% of respondents reported their level of **work-related stress** to be moderate, with the top two sources being heavy workload (27%) and balancing work and caregiving responsibilities (25%).
- Feedback about **mental health and well-being support** were generally positive; 81% strongly agreed or somewhat agreed that they felt supported by their manager. Approximately 70% of respondents perceived that management took adequate steps to support the mental health of employees and that they were comfortable sharing concerns to their managers.
- In terms of **internal communication and access to information**, the majority of staff (~70%) felt they were kept informed and that all-staff communication was timely and of adequate detail with approximately 10-12% disagreeing and strongly disagreeing. Respondents who strongly agreed or agreed were significantly higher than those who disagreed or strongly disagreed.
- **Regarding place of work supports**, 81% of respondents strongly agreed or agreed that their location of work was suitable to accommodate their situation during the pandemic. This was significantly higher than the % of respondents who disagreed and strongly disagreed (6%). 81% strongly agreed or agreed that they had the ability to adjust their work schedule to accommodate personal situations; this was significantly higher than the % of staff who disagreed or strongly disagreed (6%).
- 57% of staff agreed and strongly agreed that during the COVID-19 response **essential non-COVID-19 programs and services** continued. Approximately 40% agreed or strongly agreed that they were able to continue supporting non-COVID-19 related projects with community partners or projects assigned prior to the pandemic response. In all cases, those who agreed with these statements were significantly greater than those who disagreed.
- Of the IMS member section of the survey, respondents (80-100%) strongly agreed or agreed that **communication from and between IMS leadership and sections** was effective and timely; however this was not significant. A significantly greater proportion strongly agreed or agreed that these **communications had**

been transparent. 90% of respondents strongly agreed or agreed that THU's **leadership and direction was effective**; this was significantly greater than those who were neutral.

- **Comparison between the first and second all-staff survey** demonstrated no significant differences in mean ratings (strongly agree, agree, neutral, disagree and strongly disagree) between most questions. However, survey 2 respondents were significantly *more* likely to agree that they received proper resources and tools required to complete assigned tasks during the COVID-19 response.

Staff recognized a number of **successes** and **challenges** related to THU's COVID-19 second wave response. Communication, collaboration and teamwork between staff, and overall management of COVID-19 cases emerged as the top 3 successes. A challenge most frequently identified by staff was communication, particularly internal communication as well as a need for clarity and plain language in external communications. Difficulty managing other Public Health work due to fluctuating priorities was also identified as a challenge, as well as balancing workload and taking care of staff's personal well-being.

Staff also offered insight on actions to consider regarding internal processes and structures for an improved and sustained THU COVID-19 response. Recommendations spanned several areas including communication, supports to complete assigned tasks including health and safety supports, supports related to dealing with the uncertainty and changes brought on by COVID-19 as well as supports related to work-related stress and staff mental health and well-being, as well as workplace policies and supports. These are further discussed in the report.

These findings can be used to protect the health of our communities by building on aspects of the response that worked well and should continue or be enhanced during future pandemic waves and emergencies as well as by course correcting as necessary.

Knowledge to Action

The THU management team has reviewed the second all-staff evaluation report. Overall the results indicate many strengths related to THU's processes and collective efforts to effectively respond to the COVID-19 pandemic. This recent data affirms aspects of THUs response effort to continue throughout the response or enhance in the event of future waves. As noted, many staff took time to provide comments offering valuable insight on areas of challenge and many provided recommendations for improvement in several areas. Managers are encouraged to review the findings to consider actions to continue, strengthen or improve with their respective teams. Furthermore, management will engage with the evaluation findings to collectively identify areas for potential adjustment in the short, medium and long term to continuously improve where it is deemed feasible and within THU control. As THU is a relatively small agency that fosters a culture of continuous improvement, adjustments to processes and actions are ongoing of which some may have been responsive to areas for improvement identified in this survey.

Ongoing Evaluation and Continuous Improvement

As noted, evaluation of THUs vaccine campaign is underway. This includes ongoing data collection and analysis of a vaccine clinic client satisfaction survey. In addition continuous quality improvement tools and processes such as debriefs, regular planning and monitoring meetings and mechanisms to collect implementation feedback are being utilized to ensure that THUs vaccination rollout is delivered in an efficient and equitable manner.

Through various engagement opportunities THU will continue to invite and monitor stakeholder feedback on THU's ongoing COVID-19 response. This information will be used to support our workforce, inform communication strategies and other planning decisions related to COVID-19 as well as ongoing public health work.

Summary

Timiskaming Health Unit has been evaluating its COVID-19 response with the aim of understanding successes and challenges to adjust response actions and support emergency response resilience and recovery. Overall the results indicate that there were many strengths in THUs response and supporting processes and structures during the COVID-19 response period of September 2020 to February 2021. These aspects should continue or be enhanced during resurgence and future waves. Moreover, this survey illuminated internal experiences and lessons learned. Staff offered valuable insight regarding opportunities to course correct or pivot internal processes and structures for an improved and sustained THU COVID-19 response. Evidence generated from this evaluation will be used to inform ongoing planning decision making and the eventual emergency response after-action debrief locally as well as potentially at a provincial level.

REFERENCES

ECDC (2020). Conducting in-action and after-action reviews of the public health response to COVID-19. Stockholm: Retrieved from <https://www.ecdc.europa.eu/en/publications-data/conducting-action-and-after-action-reviews-public-health-response-covid-19>

Public Health Ontario (2020) Ontario Agency for Health Protection and Promotion (Public Health Ontario). Public health emergency preparedness framework and indicators: a workbook to support public health practice. Toronto, ON: Queen's Printer for Ontario; 2020.