

# **Board of Health Briefing Note**

**To:** Chair and Members of the Board of Health

Date: November 4, 2020

Topic: Timiskaming Health Unit COVID19 First Wave Response Evaluation

Submitted by: Dr. Glenn Corneil, Acting Medical Officer of Health/CEO

Prepared by: Adrienne Gullekson Research, Planning & Policy Analyst and Kerry Schubert-Mackey, Director of

**Community Health** 

#### RECOMMENDATIONS

It is recommended that the Timiskaming Board of Health:

1. Receive the report 'Timiskaming Health Unit COVID-19 First Wave Response Evaluation' for information.

### Issue

Evaluation is an important component of evidence-informed public health and it also has an important role in the emergency management cycle- how we 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, such as an ice storm or wildfire, an after-action review may be undertaken to review what happened, identify areas for improvement in preparedness and response and identify gaps, best practices and learning opportunities (ECDC, 2020). During a long duration emergency, such as the COVID19 pandemic, it is necessary to conduct in-action reviews to ensure important observations and lessons learned are not lost. Evaluating a response to a single emergency is important to identify strengths and successes and inform 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 to immediate 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 COVID19 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 COVID19 pandemic is a long duration emergency, THU initiated a COVID-19 first wave response evaluation which. 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



- 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



- 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 response to the first wave of COVID-19 in order to better understand the response and to plan for ongoing improvements. To do this, THU used a comprehensive approach gathering feedback both internally from staff and externally from community members, partners and stakeholders. To date two internal surveys and three external surveys have been conducted. Preliminary findings have been shared with senior leadership and management.

These evaluation findings are being used to inform response efforts and protect our communities by building on aspects of the response that worked well and that should continue or be enhanced during resurgence and future waves. Furthermore, this data has illuminated experiences and lessons learned during the first wave allowing THU to course correct or pivot as appropriate for effective and efficient response during subsequent waves.

### Internal Survey: Incident Management System (IMS) Team

On July 22 a survey was sent to all THU IMS team members (8 command/leads and 8 alternates/support). The survey explored the topics of

- 1. leadership and decision making,
- 2. IMS meetings and roles,
- 3. communication,
- 4. evidence and documentation,
- 5. workload and capacity and
- 6. engagement of staff and community

With a response rate of 100%, the findings identified a number of perceived successes and challenges. Identified successes in THU's response included containing the spread of COVID-19 locally, THU's adaptability and agility, internal and external communications, internal collaboration and team work, our community partnerships, support of vulnerable populations and maintaining a healthy and safe workforce. Identified challenges included high workloads for some IMS members, internal and external communications, adapting to rapidly changing

directives and information from the province, and a lack of role clarity within the IMS team, particularly around the roles of alternates.

On July 30, 2020, the IMS team met virtually for a facilitated debrief session where the team reviewed the preliminary findings of the IMS survey and provided feedback on common themes and potential next steps for subsequent waves of COVID-19 and a sustained response. The group identified priorities for action based on timeframe (now vs later) and level of impact (high or low) and effort (high or low).

Short term recommendations included to continue to assess and restructure IMS to ensure better workload distribution and scalability, to assess how we can build capacity in THU now and assess how we can improve our communications. Several of these recommended actions have been implemented. Longer term recommendations include reviewing how emergency preparedness can be better supported at an agency level and to improve workforce skills and capacity.

# **Internal Survey: THU Staff**

An all-staff survey was sent to THU on July 23 with the intent of prompting reflection on the COVID-19 response during the first wave. The survey asked agree-disagree style questions on 8 topics, including topics on support, health & safety, leadership, communication, engagement & workload. Employees were also asked to reflect on THU's success and challenges during the COVID-19 response, emergency preparedness strengths and weaknesses and invited input on specific actions to improve. There were a total of 51 respondents to the THU all-staff survey of 54 staff for an overall response rate of 94%.

# Preliminary findings include:

- Overall, **57%** of staff agreed or strongly agreed that they received clear direction from their manager to complete assigned tasks with nearly **1** in **4** (**24%**) disagreeing or strongly disagreeing.
- Overall, 64% agreed or strongly agreed that health and safety protocols and actions were adequate to support COVID-19 public health measures such as physical distancing in the workplace, cleaning and sanitation, screening and signage.
- **78%** of respondents felt that THU's IMS leadership and direction has been effective at guiding our local COVID-19 response.
- Over 91% of respondents felt that their location of work (remote, onsite) was suitable to accommodate their situation during the pandemic.
- **59%** agreed or strongly agreed that they had the ability to adjust their work schedule to accommodate their personal situations brought on by COVID-19, with **1 in 3** indicating this questions was not applicable to them.
- **88%** of staff either agreed or strongly agreed they were able to effectively engage and communicate with management and coworkers irrespective of location of work.
- The majority of staff (70%) felt they were kept informed and that all-staff communication was timely and of adequate detail. Approximately 14% disagreed or strongly disagreed that they were kept informed of new and upcoming changes as much as possible and 10% felt that communication was *not* timely.
- 74% of respondents agreed or strongly agreed that their workload was appropriate and manageable during the March to June period of the COVID-19 pandemic; 12% disagreeing or strongly disagreeing.

THU employees recognized a number of successes of the response to the first wave of the pandemic. Effective and timely external communications with the public and stakeholders was frequently mentioned as a success, which included social media communications (e.g. MOH videos) and the COVID line. Internal communication and general communication were also mentioned. Staff teamwork (flexibility, adaptability, collaboration) emerged as a strong theme as both a success and a contributing factor to THU's success. Leadership was also mentioned numerous times as both a success and a contributor factor as well as partnership connections, relationships and THU's supportive workplace policies.

The challenge most frequently identified by staff was communication, particularly internal communication (consistency, timeliness, sufficiency & effectiveness). Some staff identified a need for clarity and plain language in our external communications. Staff capacity was also frequently mentioned as a challenge, with some identifying their workload to be overwhelming. Although the overall perspective of respondents was that the THU's COVID-19 response was timely and effective, there were some respondents that believed it could have been better had there been a greater capacity to plan and divide workload early on in the pandemic. This was the most evident among staff in communications, case management/contact tracing, and surveillance, planning, and evaluation roles. Keeping up with rapidly changing information was identified as a challenge. Emergency preparedness deficiencies (training, adequacy of plans, tools and supports) were noted many times as a challenge. Role clarity was noted a few times as a challenge as was ensuring a health equity approach was applied to our response.

One of the questions invited staff to provide suggestions for actions to prioritize for subsequent waves. A session is being held on October 28, 2020 for management to provide feedback on a related report and to begin a review of potential actions in response to the evaluation findings. Overall, many of the all-staff survey findings overlapped with findings of the earlier IMS Team survey and as such actions have been implemented to course correct and ensure effective and efficient sustained response.

#### **External Survey: Health & Municipal Partners**

A Health and Municipal partner survey was disseminated on July 14, 2020. This survey was created to gather feedback from our health system and municipal partners invited to weekly COVID-19 pandemic response calls. There were 43 stakeholder responses to this survey (77% Health system, 23% municipal). Overall, 88% of respondents believed that the timing of the first partner call/meeting in the district was adequate. Of those who believed that timing of the first meeting was not adequate, 80% provided feedback suggesting initiating meetings 2–4 weeks sooner would have been desirable. Participants agreed that the frequency and format met their needs (98% and 93% respectively). Ninety five percent responded that the information provided at THU weekly meetings was sufficient. Nearly all respondents agreed or strongly agreed that the meetings aided their organizations overall response to the Covid-19 pandemic (98%), helped clarify information received from other sources (98%) and contributed to a coordinated response across the region (93%).

Overall, the results indicate that the agency's response and supporting processes and structures during the first wave of the pandemic were adequate, appropriate, and effective. Additionally, stakeholders offered valuable insight regarding actions to continue during Timiskaming Health Unit's ongoing COVID-19 response. For example, there is a need for Timiskaming Health Unit to continue to provide ongoing leadership and guidance; provide current, clear, concise, communications and ensure adequate collaborations with community partners and stakeholders across the district to address new, changing, and complex challenges.

Preliminary findings of this survey have been reviewed internally and a report for external sharing is in progress.

## **External Survey: Community Collaborative Partners**

This survey was created to gather feedback from members of a community collaborative group that has been meeting regularly since the end of March facilitated by THU. The aim of this group is to identify opportunities to collaborate and amplify efforts, identify gaps and priority population groups and minimize duplication of effort related to mitigating COVID-19 related health and well-being harms and disparities. The survey aim was to identify areas for improvement in the function and format of these meetings. It was not intended to evaluate outcomes arising from this collaborative.

Most respondents (10/11 or 91%) agreed or strongly agreed that these meetings have been helpful in identifying potential health disparities and harms resulting from the pandemic, identifying priority population groups

impacted by public health measures, identifying actions to address potential health disparities and harms, and identifying supports, funding and opportunities for collaboration. Most agreed or strongly agreed (8/11 or 72%) that these meetings have helped to reduce duplication of efforts by community partners. There were high levels of agreement for the remainder of the questions which covered meeting format, timing, frequency, amount of information shared and cultural/linguistic accessibility.

Feedback from respondents indicate these meetings have been helpful to identify priority topic such as transportation, food security, isolation, e-equity/digital divide. Comments expressed pride and satisfaction at the work that has been done by this group and its ability to identify projects and move them forward.

Preliminary findings from this survey have been reviewed internally and recently shared with collaborative members.

# In-Progress and Upcoming Surveys: School, Child Care and Businesses and Community Members

Other surveys are currently ongoing or soon to be started. The *Community Partner & Business Survey Evaluation* has closed and is currently undergoing analysis. In total, there were 245 respondents to the questionnaire (228 English and 17 French).

THU is part of a consortium of health units in the Province of Ontario engaging gathering input from community members in the health unit's catchment area. A bilingual survey is being coordinated by the Rapid Risk Factor Surveillance System (RRFSS) and will launch locally in early November. This survey will garner information about health behaviours related to public health measures (mask usage, hand washing, physical distancing), how the COVID-19 pandemic has affected employment and family, mental health & coping mechanisms, and opinions about public health measures, and perceptions about THU's COVID-19 response. Information gathered from this survey will help inform our on-going COVID-19 response including targeted planning of interventions to contain spread. Furthermore, this data will help THU and stakeholders to understand the impact of COVID-19 on our local population groups and will help to drive evidence based decision making for interventions to mitigate harm.

#### **Conclusion and Next Steps**

Timiskaming Health Unit has been evaluating its COVID-19 first wave response with the aim of understanding successes and challenges to adjust response actions and support emergency response resilience and recovery. The evaluation includes gathering feedback internally from staff and externally from community members and partners. This briefing note describes preliminary findings from several targeted evaluation surveys to date. Overall, the results indicate that THU's response, processes and structures were adequate and effective. Furthermore, many respondents provided valuable insight on opportunities to improve our response. Detailed reports will further describe what has worked well, challenges and what could be improved in our response. These reports will be publically available on THU's website and shared with staff and relevant stakeholders. THU management and staff are currently reviewing current evaluation findings and developing an action plan. This action plan will document course correction and improvement actions that have already occurred and will delineate actions that are yet to take place. Moreover the plan will document any improvement ideas that were deferred or declined and related rationale.

THU will continue to engage with stakeholders for 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.

## **REFERENCES**

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

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