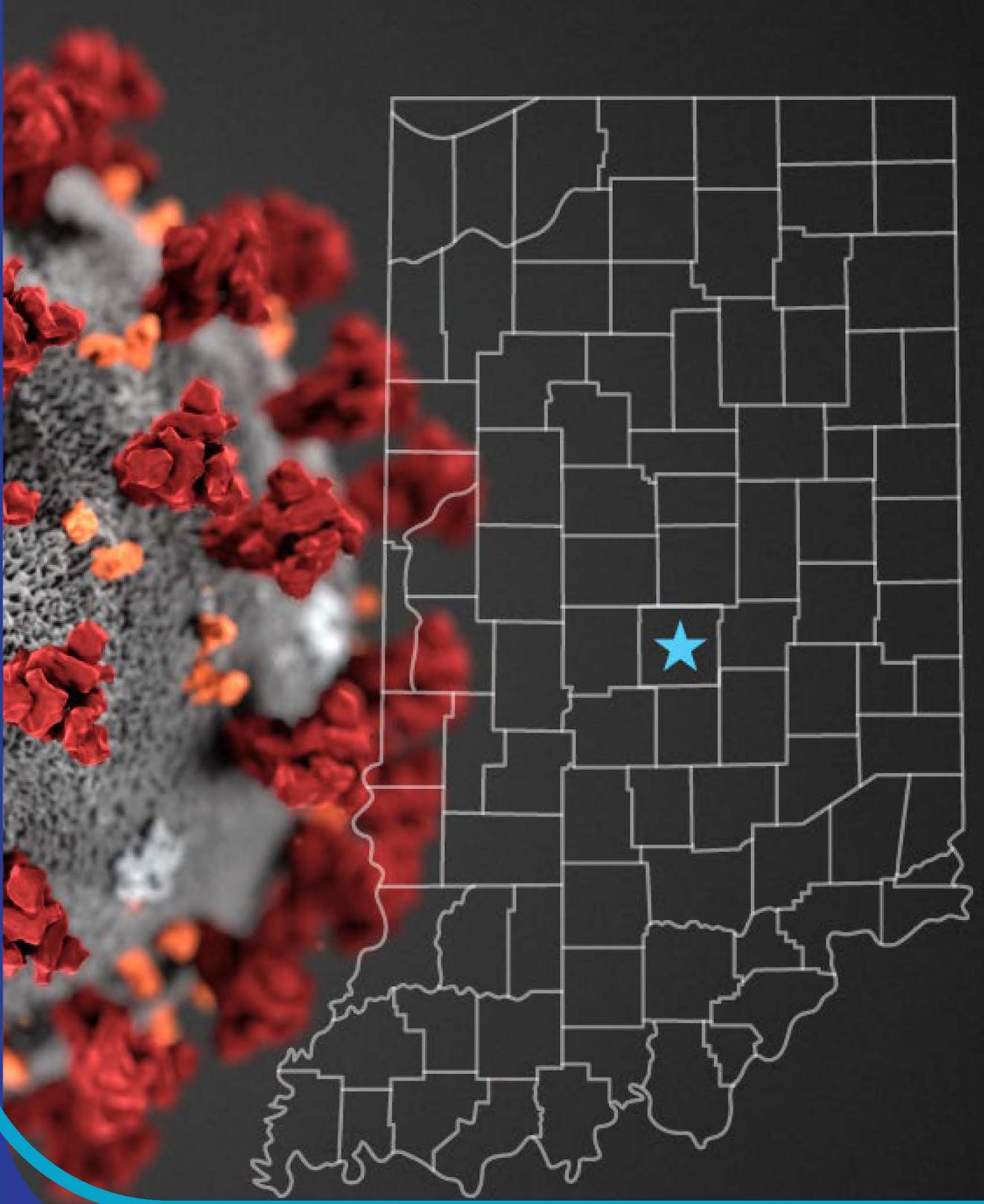


# COVID-19 Response After Action Report and Improvement Plan



Indiana  
Department  
of  
Health



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## PURPOSE

The purpose of a post-incident After Action Report (AAR) and Improvement Plan is to help an organization build on successes and identify and address areas of improvement after an incident. The outcome: To ensure the organization learns from an incident and is better prepared to manage and respond to future incidents.

This report is a culmination of interviews and workshops with hundreds of medical and public health professionals across the State of Indiana regarding COVID-19 response efforts. This included hours of discussions with key staff and personnel throughout the [Indiana Department of Health](#) (IDOH), partner agencies, local health departments (LHDs), as well as key stakeholders from the private and non-profit sectors. These discussions expanded on – and added clarity to – the significant amount of information collected by IDOH via stakeholder surveys conducted during the summer of 2021.

**"I believe IDOH did the best it could [through] this difficult time. We were in uncharted waters."**

– Local Health Responder

For its evaluation and planning process, IDOH wanted to produce more than a simple report that checks off what went well and what did not. The goal was to take an in-depth look at strengths and areas of improvement, build on them, and ensure IDOH is better prepared to meet the challenges of any future event.

## METHODOLOGY

IDOH commissioned [DCMC Partners](#) to provide subject matter expertise in public health and incident management, conduct the information-gathering sessions with partners and staff, help analyze the data, and provide an objective evaluation with suggestions for next steps.

Much of the data gathering has been qualitative, with a focus on collecting the stories behind the events of the response. These stories provide needed context for constructive analysis of the successes and challenges. The approach to creating this report and improvement plan included extensive listening and research through surveys, workshops, and interviews to assess the root causes; in other words, a holistic approach.

More than 200 local partners participated in one of 13, three-hour, virtual information-gathering workshops, with at least one workshop held with each of Indiana's 10 public health preparedness districts. Workshop participants included LHD administrators and staff, hospital executives and staff, local emergency management agency directors, long-term care providers, and many others who

coordinated with IDOH across a broad spectrum of roles, including response management, resource allocation, testing and vaccination, and emergency preparedness, among dozens of other functions. In addition, more than 30 local partners provided feedback in hour-long individual interviews. Dozens more IDOH partners participated in 10 small group interviews.

Nearly half of the workshop participants completed an evaluation survey:

- **100%** of local partners agreed that their comments were valued during the workshops.
- **98%** of local partners felt like they were able to share feedback to inform this report.
- **13%** of partners requested additional time for 1:1 discussions to share more feedback.

Eight IDOH executives and more than two dozen members of the IDOH core response team were interviewed – in some cases, multiple times. Nearly all of these team members served in the IDOH Departmental Operations Center (DOC) and worked full-time on the COVID-19 response. Hour-long workshops were conducted with 65 IDOH staff who served in support roles during the response, such as call center, logistics, or mobile testing/vaccination site staffing, among other roles. Multiple state agency partners also were interviewed.

This level of partner engagement serves an additional key purpose. In its approach, IDOH leadership understood that their partners and staff not only wanted an opportunity to provide feedback, but also the opportunity to be heard in the process. This is a critical element in fostering real success for any after-action effort and is the linchpin for stakeholder buy-in and successful execution of the improvement plan. In other words, people will be part of solutions they helped create. IDOH's commitment to an inclusive, non-attributional assessment of the COVID-19 response has been incredibly well received.

Analysis of the vast amount of information collected in this effort resulted in five key findings discussed in detail in the first section of the report. These findings provided the foundation for aligning the AAR with the [Agency Strategic Plan](#) to ensure that the resulting objectives and actions support the comprehensive vision for IDOH. These objectives provide the framework for the improvement plan that will enable Indiana to learn from its COVID-19 response effort and ensure that it is even better able to respond to any future public health emergency.

**"Thank you so much for taking the time to conduct this AAR with us! I believe it was very beneficial for the state and for us! I hope that in our next health emergency we can take what we've learned throughout this pandemic and improve!"**

– Local Health Responder

## CONSIDERATIONS

### **1. The level of effort, passion, and commitment to the mission by the medical and public health community in the State of Indiana has been nothing short of astounding.**

Eighty- to 100-hour work weeks have not only been common; for many they have been the norm. This kind of workload is often seen in large-scale incident response, but normally for weeks at a time – not years.

The level of effort is heroic, yet comes at a price. Turnover in staff due to burnout, desire for a better work/life balance, or better relative pay make the system weaker as valuable seasoned professionals leave the organization. This is an issue for the medical and public health community across the state and across the country. Therefore, significant effort has gone into identifying capabilities, processes, and best practices that would enable the IDOH to respond more efficiently in the future, reducing the human toll, while still improving overall incident management.



IDOH staff respond to COVID-19 from the Departmental Operations Center.

### **2. None of the major challenges faced by Indiana were unique. Every single finding identified in this report happened in other states.**

A major driver to these common problems stemmed from systemic issues with the federal response and failings by the national-level private sector medical supply providers. This revealed itself in the logistics and supply chain issues with just-in-time delivery practices, lack of attention at the federal level to address critical supply shortages, and significant issues with the Strategic National Stockpile (SNS). Similarly, there were major communications and messaging problems resulting from inconsistent disease-related guidance, policy, and information coming from various elements of the federal government and other sources. Further, federal

information and guidance did not adequately support Hoosiers (and Americans in general) who have limited proficiency in English. Although these problems originated at the national level, the impact was felt at the state and local levels.

As it is not clear if/when the federal government will identify and address the root causes of these failures at the national level, it is critical for IDOH to continue to mitigate these issues at a state level to the greatest extent possible. This includes identifying ways to better manage supply chain issues and to improve crisis communications to ensure Hoosiers have access to the things they need and are getting maximum exposure to factual information related to an incident.

**3. Though the challenges that Indiana faced are not unique, there has been a major difference in how Indiana has and will continue to respond to those challenges.**

A consistent theme in the workshops and interviews was that IDOH continually improved its response efforts over the course of the pandemic. Feedback collected for this report affirmed that IDOH has strived tirelessly, at all levels during the past two years, to improve its pandemic response. Case in point, the methodology to develop this report: IDOH's commitment to provide an opportunity for every partner to be heard and considered is notable and has been well received across the state. This approach is certainly not the norm nationwide. IDOH should receive credit for such a rigorous process of assessment and constructive critique. It will provide the agency an opportunity to do an even better job with future public health incidents and is the genesis of everything that follows in this report.



Distribution warehouse supporting sustained response operations

**4. This pandemic created a uniquely challenging work environment within which IDOH had to operate.**

This was particularly true early in the pandemic when the unknown nature of how the disease spread, operating hours, work locations, and, in some cases, even the availability of local stakeholders across the state dramatically impacted the ability of IDOH to provide support. Consequently, this report emphasizes and focuses on the need for stakeholders at all levels to maintain engagement and be full, available, and participating partners in response efforts to ensure better outcomes

**5. It is critical to remember that this report is a snapshot of a two-year event.**

The length of time is unprecedented for a national disaster. Some elements of this report are more relevant to the initial outbreak. Other elements correlate to efforts after vaccines were available. Some elements also relate to being able to transition to a sustainable steady state where COVID-19 is an endemic health risk.

In reviewing and assessing the report, as well as executing the improvement plan, it is important to view the event through the lens of the time over which it has occurred.

*This section outlines five key findings that provide a lens for understanding and evaluating IDOH's response efforts. The findings acknowledge the agency's overall successes and describe systems and processes to encourage greater coordination and information sharing internally and with local and state agency partners. IDOH should prioritize addressing the findings 3, 4 and 5 in this section. Changes in these areas will lead to statewide improvements and will determine IDOH's success for future emergencies of any size and scope.*

## **1. IDOH was successful in meeting its primary goals.**

This report recognizes IDOH staff for their tireless commitment to their communities, for all of the ways they demonstrated competence during a worldwide crisis not seen in a hundred years, and for their caring attitude toward the individuals they served, treated, and protected during the COVID-19 pandemic.

Through each phase of the pandemic, IDOH focused on providing the resources available at that time to fight COVID-19 to the best of its ability. The turning point in the pandemic was the availability of approved vaccines. IDOH leadership frequently shared their collective goal: "To prevent loss of life and promote the health of Hoosiers." Repeatedly over the course of the pandemic, IDOH established the executive-level direction, set up the infrastructure, provided the resources, and implemented services that accomplished its vision.

From all accounts, every Hoosier who wanted a vaccination received a vaccination. Every Hoosier with COVID-19 who needed a hospital bed got a bed. Recognizing the overall success of IDOH's response efforts, this report identifies opportunities to make future response efforts even more coordinated and efficient.

Many IDOH staff are proud of what the agency accomplished. Still, they participated in a months-long, in-depth review of the agency's response to identify strengths and areas for improvement, recognizing the potential to do better. Many times, IDOH learned and modified its approach during the COVID-19 response. This report captures these lessons learned so that in the future, response efforts can be easier with increased success.

## **2. IDOH was successful at building its capacity to respond to a pandemic.**

U.S. Department of Health and Human Services (HHS) has identified the components of a successful pandemic response for states, including Indiana, that receive funding through the [Public Health Emergency Preparedness \(PHEP\)](#) and [Hospital Preparedness Programs \(HPP\)](#).

The PHEP capabilities build capacity within state and local public health to ensure resilience. HPP increases the collective ability to deliver care during medical surges and creates important collaboration pathways between the healthcare system and public health. These capability requirements cover common response elements, such as incident management, information management, biosurveillance, surge management, countermeasures and mitigation, and community resilience.

IDOH not only met the capability requirements during its pandemic response, but this report also describes examples of how the agency further enhanced Indiana's capabilities to respond to health-related incidents. (See the Capabilities Crosswalk in the Appendix).

### 3. IDOH can improve its internal coordination.

IDOH can enhance internal coordination and communication by examining how the agency will adapt best practices for incident management.

- **IDOH can improve its capabilities by adapting proven concepts from national best practices for managing incidents.**

Many of these concepts can also be used to streamline coordination and communications in the agency's day-to-day programs. The concepts that shaped the development of the [National Incident Management System](#) (NIMS) and the [Incident Command System \(ICS\)](#) are based on recognized best practices. It is important to note that NIMS/ICS implementation is not a checklist, and success in disaster response is not defined solely by using a defined NIMS/ICS organizational structure. NIMS/ICS concepts and functions [can be adopted to suit any organization](#). IDOH scaled and adapted use of NIMS/ICS to structure a public health response, but there is room for improvement.

Training and exercising using these management best practices (including chain of command, span of control, and management by objective, among other concepts) are key to enhancing incident responses. Incorporating incident management elements such as integrated communications, collaborative planning, manageable span of control and information management into day-to-day operations allows IDOH to integrate these practices during non-crisis operations.

- **IDOH can align its incident organizational structure as closely as possible to its day-to-day structure.**

There are also benefits to not recreating IDOH's organizational structure for

incident management. Staff work more efficiently when they are able to focus on their primary jobs and skillsets. Asking them to learn new skills during a crisis can backfire, making them temporarily ineffective and slowing the response process.

Many states viewed the pandemic as a series of novel problems, changing the way they operate to keep up. The states that saw the most success found ways to translate their day-to-day strengths into systems that supported incident management capitalizing on the existing knowledge base and experience. Aligning the experience and relationships of IDOH staff with an incident management structure can help the agency make the most of its resources and enhance the ability to respond quickly and efficiently.

Therefore, IDOH needs to work toward aligning disaster and surge response roles as closely as possible to day-to-day programs and reporting structures. It is important to remember that this alignment may not be a one-to-one relationship. It is not necessarily that they are in the exact same job title as their “day job.” The key element is being familiar with and understanding the functional capabilities of what they are responsible for in times of crises. This will help ensure that people are in positions where they are comfortable and successful when they are responding to crises, rather than having to learn new roles and responsibilities with which they may not be comfortable.

- **IDOH can enhance the planning processes for incident management.**

A structured planning process supports collaborative, informed decision-making. Even though the planning process takes additional time, the result is a more efficient, successful incident management.

The planning process helps synchronize incident management, ensuring operations support strategic objectives. Planning also allows organizations to manage the incident using the resources, including personnel, they have or can realistically obtain. For example, if the plan requires four staff and only two are available, it is unsustainable to have the two available staff work double the hours. The organization would need to obtain additional staff from another source or change the plan.

The onset of the pandemic was swift, with enormous pressure to move quickly. Most public health executives, including IDOH leaders, prefer to make data-driven decisions. However, collecting and analyzing information takes time. IDOH and its partners can benefit from having a dedicated work environment to collaboratively share information, analyze data, and plan response efforts.

## 4. IDOH can enhance its coordination with local partners.

Improving coordination and communication with local partners benefits IDOH's mission-driven programs and initiatives at all times, not just in crisis. Collaboration with local partners improved the quality of the pandemic response. However, collaborating with Indiana's 94 LHDs during a statewide crisis response is no small undertaking. In addition to these essential partners, IDOH's local partners during the pandemic also included thousands of staff and administrators at hospitals, community healthcare centers, FQHCs (Federally Qualified Health Centers), long-term care facilities, businesses, K-12 schools, colleges and universities, corrections facilities, organizations serving at-risk populations, and many others.

### Why focus on local coordination?

- Local partners know the needs of their communities
- Enhanced information from local partners informs decision-making and at times may change decisions
- Trusted relationships with local stakeholders can lead to more successful program outcomes
- Helps IDOH and the state prioritize the use of limited resources, including staff time
- Aligns with IDOH mission to work with local partners to identify and meet the needs of populations disproportionately at risk to the impacts of an incident

**Because of an established communication pathway, IDOH used the Indiana Hospital Association to communicate some information to members. As a result, the association was better informed and stayed current on response information.**

Collaboration was particularly challenging in the early stages of the pandemic when little was understood about transmission of the disease, what was known was ever-changing, and many partners closed their facilities, opting for remote work environments.

- **Consistent points of contact within IDOH for each local partner helps ensure timely and consistent information flows in both directions.**

LHDs, hospitals, and other local partners used multiple communication channels to reach state response staff, including direct communications with IDOH executives, epidemiologists, field coordinators, and dozens of other IDOH staff.

Partners with pre-pandemic relationships with IDOH staff were able to gain information more readily. Reaching out to their connections became part of normal operations for some local partners. Establishing and using consistent communication pathways can streamline coordination efforts with local partners.

Many of the agency's staff were new or had shifted roles to support response during the pandemic. This resulted in the majority of IDOH response staff being unclear on their roles and responsibilities prior to the pandemic. Updating IDOH response plans in concert with local partners and exercising coordination and communication together will help all partners develop a deeper appreciation for mutual support.

- **Expanded insight from local partners provides more precise data, operational visibility, and better-informed decision-making.**

IDOH can benefit from a more consistent two-way information-sharing process with local partners – both to and from the local level. IDOH can use a broad spectrum of information from local partners in addition to the data it collected during the pandemic.

Indiana's counties are varied in terms of size, incident response capacities and authorities, disaster history, and capabilities. Consistent communication can help IDOH staff evaluate the impacts of their operations on local response efforts in different parts of the state.

- **Consistent, two-way communication between IDOH and local partners will help local partners better understand their roles.**

Local partners noted they were often unclear on what type or level of support to expect from IDOH. IDOH can better support local partners by identifying communication pathways, educating partners on the types of communication to expect in an incident, educating partners on IDOH response functions and subject matter expertise, and updating plans to define IDOH's incident management functions. These actions will be fully effective if local partners also commit to formalizing their communication practices with IDOH.

When team members see the other members' commitment and level of effort, they appreciate that they are not alone. In fact, they are much more likely to collaborate on a shared vision. For two years, more than 100 IDOH staff often worked more than 80 hours a week on pandemic response efforts. Most local partners did not have visibility on the magnitude of IDOH's efforts.

## **5. IDOH can improve coordination with state agency partners.**

IDOH can improve coordination and communication with other state agencies for future incidents. A state's success in responding to an incident depends on

the ability of its responding agencies to collaborate and support each other in meeting each agency's mission and residents' needs. This is especially true for an incident with the scope and scale of the COVID-19 pandemic.

- **IDOH and its state agency partners can discuss and improve the incident management and response coordination structure**, align their expectations of what interagency coordination looks like, and refine existing plans and/or develop a playbook for coordinating roles, responsibilities, and resource sharing. This may include participating in a workshop with IDOH, Indiana Department of Homeland Security (IDHS), Indiana National Guard (INNG), and other agency partners to discuss state incident management structures going forward. For example, partners can walk through different response scenarios and functions, determine what types of operations would require coordination with the State Emergency Operations Center (SEOC), and what types of operations would be appropriate for IDOH to plan internally.
- **IDOH can take advantage of incident management training for IDOH staff who may work at the SEOC or in Unified Command to better understand and use state-provided and/or federally mandated processes and systems.**

These training opportunities will improve IDOH staff's coordination with the SEOC for large-scale incidents. For smaller public health incidents, IDOH should still bring incident management best practices from the trainings back to the IDOH DOC. Having more than one person participate in training and exercises builds capacity and healthy redundancy.

- **IDOH can practice response and recovery coordination with its state agency partners.**

Exercises are critical at assessing if plans and systems work as intended. An exercise creates a learning environment where people can make mistakes without consequences. Initially, the best exercises are usually small scale, focused, and often limited to tabletop exercises to help participants discuss expectations and what success looks like.

In addition to exercising, IDOH can talk with state agency partners about observing an SEOC activation for a small-scale incident. Routinely practicing coordination through training and exercising supports continuity of operations, accounts for staff turnover, and allows partners to update plans with new methodologies and technologies.

# Highlighted Successes

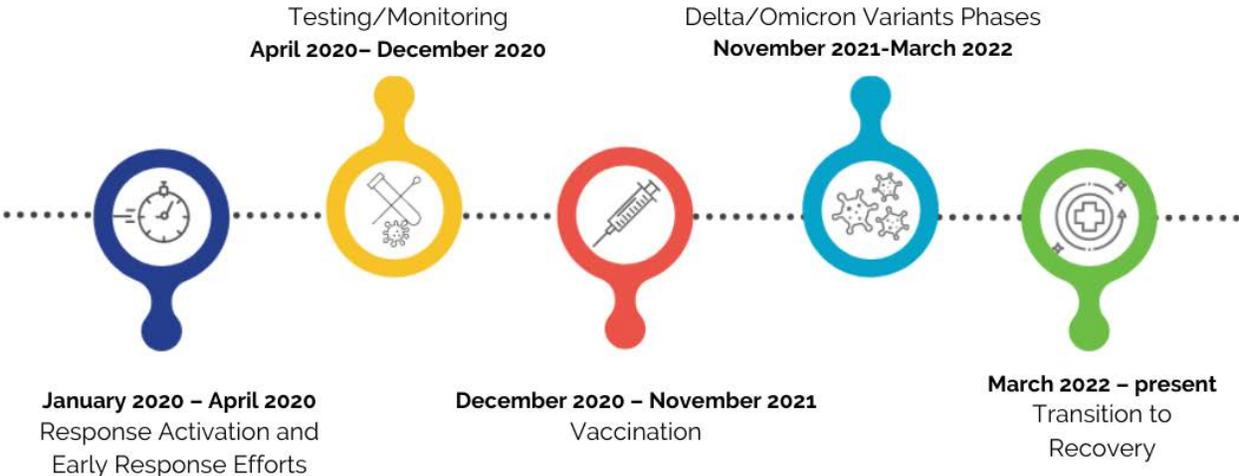


*A key element in developing an After-Action Report and Improvement Plan is an understanding of what was accomplished during an event. This provides critical context to areas where response efforts can be improved, as areas of strength can be leveraged to mitigate weaknesses.*

*This section highlights many of Indiana’s COVID-19 response accomplishments. These successes would not have been possible without the tireless and collaborative efforts of IDOH staff and the agency’s state and local partners. This summary also helps frame partnership and resource (staff time, funding, equipment, etc.) needs for future large-scale disasters. Organized by function in this section, these accomplishments are not an exhaustive list. IDOH continues to gather data on the magnitude of statewide response efforts.*

## RESPONSE PHASES

IDOH and its partners’ operations and resource needs shifted over the course of the pandemic. As these shifts occurred, IDOH and its partners were overall responsive to the changing pandemic environment.



# RESOURCE ACQUISITION & DISTRIBUTION

## STRATEGIC NATIONAL STOCKPILE RESOURCES

In March 2020, IDOH received federal Strategic National Stockpile (SNS) shipments of much-needed personal protective equipment (PPE) to support LHDs and hospitals. In collaboration with the Indiana Department of Transportation (INDOT), Indiana State Police (ISP), Indiana Integrated Public Safety Commission (IPSC) and INNG, IDOH pushed resources to local partners.

## STATE RESOURCES

In March 2020, IDOH developed a centralized email inbox whereby partners submitted an ICS-213 Request form for resources. In late June 2020, as demand exceeded existing capabilities to meet the ongoing demand for PPE, supplies and equipment needed to identify, mitigate and control COVID-19, IDOH partnered with a third-party warehouse and distribution facility to alleviate and supplement agency efforts. During the response, IDOH fulfilled a total of 14,348 unique resource requests throughout the state.

In addition to the federal SNS assets, IDOH pushed PPE supplies and test kits to local partners through eight mass distributions, including 1,000-plus facilities (LTCs, schools, jails, local EMAs, LHDs and other partners).

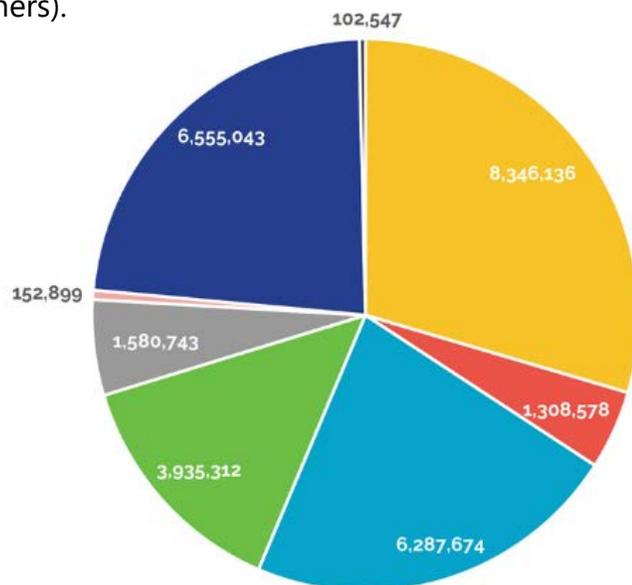
### State Resources

**28,268,932**

total number of resources distributed

**Total State Resource Distribution (as of April 2022)**

- Facemasks
- Face Shields
- Gloves
- Respirators
- Gowns
- Other PPE
- Lab Supplies
- Thermometers & Hand Sanitizer



### At a Glance

#### SNS PPE Distributions

**857,186**

total number of PPE distributed

#### Ventilators (via SNS):

**70**

ventilators distributed

**28**

facilities received ventilators

## TESTING AND MONITORING

### INITIAL IDOH LABORATORY TESTING

Testing for COVID-19 was initially coordinated directly through the IDOH Public Health Laboratory, whereby every individual who met current testing eligibility was pre-screened and approved for testing. During this period, only hospitals and a limited number of physicians were the only providers administering testing. From January 27, 2020, through March 21, 2020, epidemiologists in the IDOH Epidemiology Resource Center (ERC) consulted with providers on every person under investigation (PUI) and SARS-CoV-2 test that was conducted, totaling 312 PUIs.

### CONTRACTOR SUPPORT FOR COMMUNITY TESTING SITES

As cases increased, IDOH contracted with an external provider (Vendor 1) to set up community testing sites. Vendor 1 stood up COVID-19 testing sites in 20 INNG armories throughout the state, expanding to 50 sites by May 31, 2020, and administering 754,307 tests. In addition to the community testing, Vendor 1, IDOH and INNG partnered in June 2020 to test all employees in every long-term care facility across the state.

### LHD COMMUNITY TESTING SITES

IDOH recognized the need for increased community testing locations. Utilizing federal funding opportunities in April 2020, IDOH developed a Community Testing Playbook and identified/procured the necessary equipment, supplies, PPE and wraparound service logistics to provide a turnkey Community Testing solution to every LHD throughout the state. IDOH provided the testing packages, along with funding for personnel, and lab testing capabilities, including courier transportation to lab and patient scheduling/resulting platform, to LHDs. IDOH developed an interactive map with real-time information on testing locations and hours of operation throughout the state. The map included direct links to schedule appointments at all community sites (including pre-registration and appointment confirmation).

## At a Glance

**Vendor 1 Community Testing Sites**  
**April-June 2020**

**50**  
community sites operated simultaneously

**754,307**  
tests administered

**Vendor 2 Community Testing Sites**

**24**  
sites

**49,657**  
tests administered

**LTC Facility Testing**  
**June 2020**

**23**  
teams deployed to LTC facilities

**461**  
LTC clinics participated in testing

**46,995**  
individuals tested at LTC clinics

In addition to providing testing capabilities throughout the state, the IDOH worked with essential business industry partners (meat-packing facilities, migrant farms) and others to provide testing strike teams at their facilities.

### LHD Community Testing Sites

- Peak of 97 sites
- 791,376 total tests administered

### IDOH-Operated Testing Sites

(mobile and strike)

- 461 unique sites and IndyCar Parking Lot Mass Clinic
- 254,883 total tests administered

Throughout the response, IDOH provided direct services, support to local partners and Hoosiers through strike teams (initial, surge) and mobile units. Early in the response, IDOH developed the initial strike teams that deployed to congregate settings, such as jails, LTC facilities, group homes, high-risk essential business and industries and others, to conduct testing.



### MOBILE TESTING UNITS

Throughout the response, IDOH provided direct services support to local partners and Hoosiers through strike teams and mobile units. IDOH utilized epidemiologic data to identify areas of increased transmission and deployed testing strike teams to meet testing needs. In August 2020, IDOH acquired and staffed 10 mobile units, adding to the statewide testing capacity. Later in the pandemic response, these mobile units would support vaccination efforts.

State Health Commissioner Dr. Kris Box administers a test during a mobile unit at the Indiana Statehouse.

### VARIANT SURGE CAPACITY FOR TESTING

In August 2021, IDOH rapidly deployed 20 strike teams in addition to its 10 mobile units – for a total of 30 dedicated teams throughout the state – to administer testing and vaccines in preparation for the Delta and Omicron surges.

In September 2021, the Delta variant emerged in Indiana. The demand for testing strained statewide testing capabilities. IDOH partnered with Vendor 2 to augment community testing support by opening an additional 24 sites throughout the state.

To further expand Hoosiers' access to testing and in response to the Delta variant, IDOH operated a mass testing site at the Indianapolis Motor Speedway beginning in September 2021. This site later provided booster vaccinations, while continuing to offer testing through February 26, 2022. In total, staff at this site administered 35,470 tests.

## LABORATORY TESTING NETWORK

From January to March 2020, obtaining resources to support testing was challenging. Viral transport medium (VTM), reagents, pipette tips, swabs, and other supplies were limited. National demand exceeded availability. The federal government was acquiring and allocating large quantities of supplies. States and independent laboratories attempted to outbid each other for the remaining supplies.

Recognizing these market challenges, IDOH collaborated with private laboratory partners and created the Laboratory Testing Network (LTN), an innovative initiative to meet statewide needs. The LTN formed in March 2020 and operated through February 2022.

IDOH partnered with and provided laboratory testing equipment and supplies (reagents) to 11 Indiana laboratories. In return, these partner laboratories processed all specimens received through testing sites funded by IDOH. The LTN partnership gave IDOH daily insight into the number of tests collected and received by laboratories for testing. This visibility provided increased turnaround times (TAT) for notifying Hoosiers who tested positive for COVID-19.

### At a Glance

**Total Specimens Processed with IDOH Funding**

**205,231**

processed at IDOH Laboratory

**815,910**

processed at LTN Partner Labs

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**Lab Data Processing**

**21,368,853**

SARS-CoV-2 laboratory results processed

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**IDOH Lab Testing Support**

**2,321,785**

BinaxNOW rapid tests

**405,777**

VTM, phosphate-buffered saline, molecular transport medium

**1,159,963**

pharyngeal and anterior nares swabs

**759,060**

PCR test kits

**85,056**

Abbott ID Now tests

# CASE INVESTIGATION, INFECTION CONTROL AND CONTACT TRACING

IDOH advised partners on COVID-19 best practices throughout the response. Many commissions and divisions adapted their practices during the pandemic.

## INFECTION PREVENTION TEAM

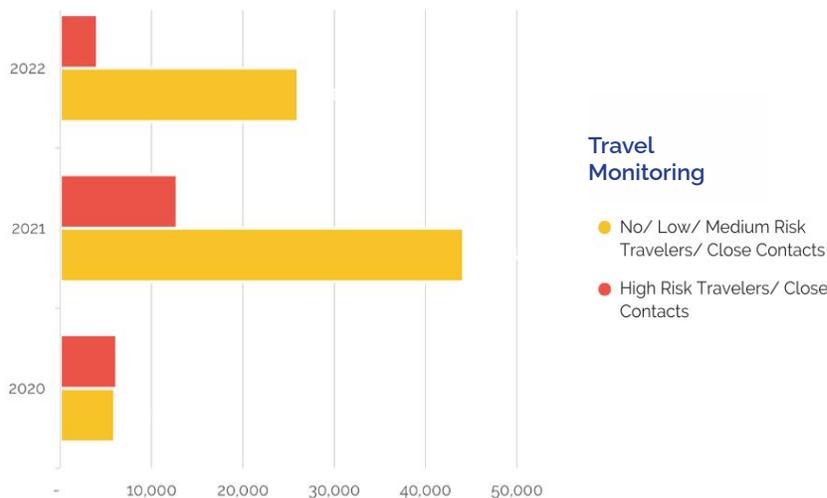
For example, the agency’s regulatory commission pivoted from conducting surveys of long-term care (LTC) facilities to supporting partners with infection prevention guidance.

Months into the response, IDOH identified a need for sustainable support to LTC facilities. IDOH created and is sustaining COVID Infection Prevention teams to respond to requests for COVID-19 expertise and guidance from those facilities. The Infection Prevention (IP) team conducted onsite visits at LTC facilities.

## EPIDEMIOLOGY RESOURCE CENTER INVESTIGATIONS

The IDOH Epidemiology Resource Center (ERC) also conducted case investigations for and in coordination with LHDs early in the response.

ERC epidemiologists also monitored travelers and close contacts in collaboration with the CDC Division of Global Migration and Quarantine (DGMQ) Travelers and Contacts monitoring program for symptom development and referral to LHDs:



## At a Glance

**IP Team at LTC Facilities, Sept 2020- Dec 2021**

**681**  
onsite visits in 2020

**1,582**  
onsite visits in 2021

**550**  
IP phone consults for COVID-19

**ERC Case Investigations**

**1,743**  
case investigations & contact tracing

## CENTRALIZED CONTACT TRACING

As case counts increased, in May 2020, the IDOH created and implemented a centralized case investigation and contact management system for and in coordination with local health departments. This system operated through May 2022. Contact tracers had a total of 5,048,927 interactions with Hoosiers.

## SUPPORT FOR THERAPEUTICS

IDOH led the coordination, allocation, and communication with providers for COVID-19 therapeutics during the response. IDOH was responsible for efficiently and equitably allocating federally purchased therapeutics to providers. Allocated therapeutics included: Remdesivir, monoclonal antibody therapeutics (Bamlanivimab/Etesevimab, Casivimab/Imdevimab, Sotrovimab, Bebtelovimab, and Evusheld), and oral antivirals (Paxlovid and Molnupiravir).

The allocation process for these limited availability therapeutics involved engaging healthcare providers, such as hospitals, LTC facilities, LTC pharmacies, and retail pharmacies, through weekly allocation request surveys to collect administration rates, current inventory, and requested amounts.

IDOH allocated therapeutics to providers utilizing these metrics to ensure equitable distribution. IDOH helped ensure geographic distribution and accessibility of therapeutics across the state and additionally utilized social vulnerability index (SVI) data to inform location and provider selection. To promote statewide access to therapeutics, IDOH developed a GIS map on [coronavirus.in.gov](https://coronavirus.in.gov) for providers and the public to locate providers offering various COVID-19 therapeutics. Indiana 211 was also engaged to navigate callers to locations offering therapeutics.

As of April 2022, HHS/ASPR and state departments of health are still responsible for the coordination and allocation of COVID-19 therapeutics.

### At a Glance

Contact Tracer  
Interactions with  
Hoosiers

**2,911,643**  
outbound calls

**559,662**  
inbound calls

**10,069**  
medical escalation  
calls

**597,494**  
COVID-19 cases  
interviewed

**1,169,148**  
close contacts  
identified

## VACCINATIONS

### COVID-19 VACCINE ADVISORY COMMITTEE

In preparation for Indiana's COVID-19 vaccine program execution, the IDOH formed the COVID-19 Vaccine Advisory Committee comprised of physicians, ethicists, public health officials and community stakeholders to inform Indiana's approach to a safe and equitable vaccine eligibility and administration rollout.

Initial vaccine availability was very limited at the time. Indiana utilized guidance from the COVID-19 Vaccine Advisory Committee and existing knowledge of occupational risk and the disease burden of COVID-19 to inform the state's approach to rolling out and allocating COVID-19 vaccines. Throughout the lifetime of the vaccination program, Indiana expanded eligibility based on occupation (healthcare worker, first responder), age, and pre-existing conditions.



One of the first individuals to receive the COVID-19 vaccine when it became available

### VACCINE PROVIDER ENROLLMENT

For COVID-19 provider enrollment, IDOH developed an electronic Provider Portal to gather CDC-required provider information. All COVID-19 vaccine providers had to complete this process. Indiana's approach to an electronic portal improved process efficiency compared to the existing federal process. As of April 2022, Indiana had 1,160 enrolled and approved COVID-19 vaccine providers.

The state, including all COVID-19 vaccine providers, utilized a centralized scheduling platform for COVID-19 vaccines, a system previously used for IDOH COVID-19 testing operations. Initially, hospitals were the primary providers of COVID-19 vaccines, expanding to LHDs as product availability increased. In the subsequent months, additional provider groups were added, including FQHC/CHCs, pharmacies, and private providers.

The state's utilization of a centralized platform allowed visibility on vaccine utilization and inventory. The platform also allowed the state to reduce vaccine wastage and supported decision-making related to vaccine redistributions. Once the federal government started expanding vaccine ordering/allocating to retail pharmacies, the state allowed hospitals and other provider types to utilize their own electronic medical record (EMR) system.

## LOCAL PARTNER VACCINE ADMINISTRATION

LHDs, FQHC/CHCs and pharmacies quickly joined hospitals to provide vaccine administration to Hoosiers.

### Vaccines Administered by Local Provider Type

Partner	Total Vaccinated	Total # of sites
LHDs	1,682,976	250
FQHC/CHCs	328,108	374
Hospitals	2,578,924	181
Pharmacies (prior to federal pharmacy rollout)	78,774	57
Long-term Care Facilities	3,260	50

## IDOH MASS VACCINATION AND MOBILE OPERATIONS

IDOH increased vaccine access by operating mass vaccination sites throughout the state.

In addition to the mass vaccination sites, IDOH used its mobile units to augment local vaccination efforts. IDOH operated 10 mobile vaccination units starting in December 2020 and, as noted, added an additional 20 strike teams to support the Delta and Omicron surges from August 23, 2021–February 26, 2022.



Mass vaccination at the Indianapolis Motor Speedway

### IDOH Vaccination Operations

	Total # of Sites	Total Vaccinated
Mobile	569	98,105
Strike	192	30,802
Mass Vax	3	140,704
<b>TOTAL</b>	<b>764</b>	<b>269,611</b>

## HIGHER EDUCATION AND PRIVATE INDUSTRY OUTREACH

IDOH worked with private sector and higher education partners to support their occupational health clinics and on-campus health clinics in the delivery of vaccines and provided guidance, playbooks and resources to partners.

For essential workers, IDOH coordinated with employers to allocate and distribute doses for employer health clinics to administer doses directly to employees. IDOH worked directly with 35 business partners and 22 higher education partners to administer more than 100,000 vaccine doses to their populations.

IDOH also worked with meat-packing industry partners by providing targeted messaging and on-site vaccination clinics. Additionally, support was provided to migrant farm workers in the same manner.

### At a Glance

**Business/ Industry Partners, as of Aug 2021**

**35,282**

doses administered by partners

**Higher Education Partners, as of Aug 2021**

**95,903**

doses administered by partners

## HEALTH EQUITY & OUTREACH

IDOH and its state and local partners created and implemented multiple initiatives, with the underlying goal of increasing testing and vaccinations in populations disproportionately at risk to the effects of COVID-19.

### TARGETED OUTREACH TO HIGH-RISK INDIVIDUALS

IDOH conducted targeted outreach at the end of February 2021 to providers who had patients with high-risk conditions, such as kidney disease requiring dialysis, organ transplant, cancer, sickle-cell and Down syndrome. This effort was followed by similar outreach to those considered immunocompromised or with other conditions that put them at risk for serious COVID-19 illness.

As providers identified patients and submitted their information, IDOH entered this information into the centralized scheduling system, inviting individuals via text message to schedule a vaccination appointment when they were not yet eligible by age and/or occupation. Healthcare providers entered more than 150,000 at-risk patients into the outreach system.

## OUTREACH TO MINORITY POPULATIONS

As part of its overall “It’s Our Shot, Hoosiers” public awareness campaign, IDOH developed a marketing campaign, “Vaccination Voices,” targeted to Hoosier minority populations. This included video testimonials and advertisements in social media and broadcast and media outlets.

IDOH developed guidance and educational materials in various languages in collaboration with community stakeholders and worked with vaccine providers to give them information on what was required to administer vaccine and to remove any barriers related to immigration status and/or residency.

IDOH identified communities of greatest need for vaccination support, using the data in the [CDC Social Vulnerability Index \(SVI\)](#) maps, and deployed its mobile units to various satellite sites reaching those communities, providing direct access for those in need.

IDOH partnered with the Indiana Minority Health Coalition and met weekly to identify partners and locations for mobile clinics to serve minority populations. These included faith-based community sites, local minority organization events and sites, barber shops, and many more.

### INDIANA DEPARTMENT OF CORRECTIONS (IDOC)

IDOH partnered with IDOC to provide vaccinations to all personnel and eligible offenders through IDOH mobile units. IDOC continues to partner with IDOH as a COVID-19 provider, offering vaccines to personnel and offenders.

### FEMA/GARY ROOSEVELT MASS VACCINATION SITE

The state partnered with FEMA to open a mass vaccination site at the former Roosevelt High School site in Gary, Indiana, from April 6-May 29, 2021. Hoosiers were able to drive and walk up to receive a dose. The Gary Roosevelt site partnered with Gary Transit to provide free bus passes to anyone receiving a vaccine.



FEMA mass vaccination site at Roosevelt High School in Gary Indiana

## HOMEBOUND HOOSIERS

The Homebound Hoosier (HBH) program, developed by IDHS/EMS, Family and Social Services Administration (FSSA) and IDOH, is a collaborative effort designed to address COVID-19 vaccination needs for individuals who are homebound and have no other means of obtaining a vaccination.

EMS initially provided vaccine administration, which has since included other local partners such as LHDs, IDOH mobile units, and others. As of May 2022, the program is coordinated through the Indiana Immunization Coalition and its various partners.



Photo of Homebound Hoosier patient courtesy City of Carmel

### At a Glance

**FEMA Mobile  
Units & Gary Mass  
Vaccination Site,  
April-May 2021**

**47,586**

vaccinated at the Gary  
site

**13,145**

vaccinated via 14 FEMA  
mobile units

**Homebound Hoosiers**

**7,647**

Hoosiers requested  
services

**4,788**

received at least one  
vaccination dose

**Correctional Facilities**

**41,739**

vaccines administered

**61**

participating facilities

## HEALTHCARE SURGE SUPPORT

In coordination with the INNG, IDOH developed various programs to support healthcare surge within the state for both hospitals and long-term care facilities. Support to facilities was based on an assessment of needs review and analysis of demand and availability of INNG teams to support facilities statewide. The scope of the teams encompassed both clinical and general support.

These teams provided clinical support (68W – medic basic) such as collecting vital signs, assisting nursing staff with bedside duties, phlebotomy, and 12-lead EKGs, among a variety of skills in which the medics are trained. General support (non-medically trained staff) provided wraparound supportive services, such as delivery of non-patient care within the hospital, including environmental services support, food tray delivery, supply management and resource logistics.

### Healthcare Surge Support Teams

Team	Description	Facilities Supported	Program Duration
INNG Hospital Crisis Support Team (HCST)	Consisted of 10 INNG soldiers (staff) comprised of 4 68W medics and 6 generalists. Deployed an average of 1-2 weeks/facility, with a max. of 12 hours/day per soldier (120 hours/day per team) with rotations	8 hospitals supported	September 22, 2021 – November 2, 2021
INNG Hospital Recovery Support Teams (HRST)	Consisted of 6 PAX total comprised of 2 68W medics and 4 generalists. Deployed an average of 2-4 weeks/facility, with a max. of 40 hours/soldier per week.	44 hospitals supported	November 2, 2021 – March 1, 2022
INNG Long-Term Care Support Teams (LTCST)	Provided administrative support – meal services, cleaning support, infection prevention, etc. Consisted of 6 PAX comprised of 6 generalists. . Deployed an average of 2-4 weeks/facility, with a max. of 40 hours/soldier per week.	16 LTC facilities supported	January 17, 2022 – March 12, 2022
INNG Long-Term Care Crisis Response Teams (LTC CRT)	A standard team consisted of five PAX comprised of five 68W medics	15 LTC facilities supported	December 3, 2020 – January 13, 2021

## PUBLIC INFORMATION & COMMUNICATIONS

During the COVID-19 response, IDOH staff hosted more than 400 webinars with stakeholders, such as LHDs, providers, schools, long-term care facilities, and other partners weekly and as needed. In addition, the agency held more than 75 press conferences. Public Information team members fulfilled 3,865 total media requests.

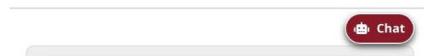
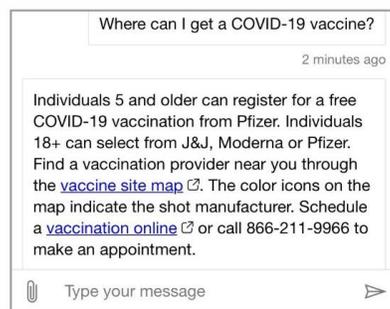
The IDOH COVID-19 website included two of the most-visited pages of all State of Indiana websites and three of the top 10 pages. At its peak, the website had 241,434 total subscribers.

IDOH Public Information team members managed interactive maps for testing, vaccination, and treatment locations.

IDOH issued multiple messages via the Indiana Health Alert Network (IHAN), which IDOH uses to inform healthcare providers. The system has 4,009 total subscribers.



Ask COVID-19 related questions to Barb below (or call 877-826-0011 to speak to a live person):



Barb the Bot – IDOH interactive COVID-19 information resource

### At a Glance

#### IDOH COVID-19 Website

**131,000,000**

visitors to the website

**238,802**

subscribers to the IDOH website, as of April 2022

**802,450**

engagements with Barb the Bot, as of April 2022

#### Call Center Interactions

**113,919**

calls received at IDOH Call Center

**2,100,000**

calls received at Indiana 211 Call Center

This section identifies the aspects of IDOH's COVID-19 response that went well and opportunities for improvement to inform the agency's operations and future incident management efforts.

For each objective, this report includes a summary of why it is important for IDOH to prioritize this area, a brief description of what happened during the pandemic, and summarizes the actions IDOH will take to meet the objective. The objectives are organized by the goals in [IDOH's Agency Strategic Plan](#).

## Agency Strategic Plan Goals and After Action Report Objectives

This graphic summarizes the 18 objectives in this report and illustrates how they align with the goals in the Agency Strategic Plan.



### Goal 1: Health Services and Outcomes

1. Identify & support at-risk Hoosiers
2. Increase translated materials & services
3. Support community mental health
4. Provide a central platform for medical countermeasures
5. Develop public information products



### Goal 2: Partnerships and Collaboration

6. Enhance information sharing with local partners
7. Refine structures for interagency coordination
8. Develop partnerships for call center operations
9. Plan for contact tracing activities



### Goal 3: Operational Excellence

10. Conduct a systematic planning process
11. Develop system for sharing information within IDOH
12. Refine resource management roles & processes
13. Develop systems to analyze & share data
14. Augment public information capacity
15. Plan for continuity of operations
16. Plan for recovery



### Goal 4: Workforce Stability

17. Protect responder health & safety



### Goal 5: Financial Stewardship and Sustainability

18. Ensure federal recovery program compliance

**OBJECTIVE 1.** *Augment expertise, partnerships, and tools to identify and support Hoosiers with characteristics historically linked to discrimination or exclusion, including [people with access and functional needs](#), who may be disproportionately impacted by health-related incidents.*

## WHY IS THIS WORK IMPORTANT?

### **Benefits**

- Aligns with IDOH’s mission and core values
- Provides a shared understanding of statewide needs and capabilities
- Enhances partnerships
- Builds trust and credibility
- Targets resources to meet Hoosiers’ diverse needs

### **Risks**

- Hoosiers with the highest risks may be unable to access health services
- Efforts are limited in scope and reach

## HOW DID WE DO?

Identifying at-risk populations and their locations throughout Indiana is an initial step in integrating the Whole Community during an incident. As noted, IDOH used the [CDC/ATSDR Social Vulnerability Index](#) to help identify locations for the state’s mobile testing and vaccination clinics. IDOH also has access to [HHS emPOWER maps](#) for statistics on Medicare and electricity-dependent beneficiaries. Both state and local partners agree that because the data is only searchable by zip code, it is not often detailed enough to be useful during an incident.

IDOH collaborated with faith-based organizations and other minority health organizations, such as through the barbershop initiative, for outreach at vaccination sites.

IDOH conducted a targeted campaign to encourage Hoosiers with sickle cell disease to obtain a vaccination. IDOH also collaborated with healthcare providers to identify all immunocompromised Hoosiers throughout the state. These Hoosiers received targeted text messages and mailings with a unique code to get primary and booster vaccinations.

Leadership from the [Office of Minority Health \(OMH\)](#) participated in the IDOH Department Operations Center (DOC) meetings starting in April 2020, although the position was not formalized in the DOC’s organizational structures. During

the response, OMH worked with local community faith-based organizations, local providers, and other groups who requested assistance responding to concerns from their community members.

OMH supported translation services, encouraging IDOH to use community-based organizations whenever possible. OMH also worked with IDOH public information officers (PIOs) to provide subject matter expertise on targeted messaging.

Health Equity is a [core value](#) of IDOH. Embedding the [lens of health equity](#) in all aspects of incident management is instrumental in ensuring that the state's most vulnerable populations remain a priority throughout an incident. Multiple IDOH staff commented that when OMH was addressing the needs of at-risk populations during the response, they did not see the need to also contribute to this work. Having staff and expertise to help IDOH staff integrate best practices is important. Equally important is that this work is recognized as a shared responsibility.

IDOH leadership consulted Indiana's [Family and Social Services Administration](#) (FSSA) during the response for guidance on long-term care (LTC) populations, people with disabilities, and other populations disproportionately at risk to the effects of COVID-19. For most of the response, IDOH did not have a subject matter expert consistently advising the DOC on assessing and addressing the diverse needs of people with disabilities, among other at-risk populations. Indiana code does not include people with disabilities as part of the charge of the OMH.

## IMPROVEMENT ACTIONS AND TASKS

### **1. Create a Health Equity job position in the Division of Emergency Preparedness to advise IDOH and ensure Health Equity is incorporated into all incident preparedness activities and to advise the DOC on understanding and accommodating people with access and functional needs, including people with disabilities, during incident response and recovery.**

- Use FEMA guidance to define "access and functional needs" for the scope of this position and IDOH incident management plans, trainings, and other incident preparedness efforts.
- Identify the Health Equity position's job title, roles and responsibilities, including reporting and coordination structures and how this position will provide expertise to all sections/operations in an incident.
- Identify funding to sustain a permanent, full-time Health Equity position.
- Develop a position description, work with Human Resources to post the position, market the position to state and community partners (including FSSA) and hire a qualified subject matter expert for the position.

- Assign this position with creating and coordinating an advisory group to inform IDOH’s efforts to understand and accommodate people with access and functional needs related to incidents.
- Update incident management plans and DOC position descriptions to describe how the Health Equity position provides subject matter expertise to each section and/or other leadership positions in the DOC.
- Integrate the position into IDOH training and exercise plans, describing how this position will contribute to the planning of and will participate in exercises.
- Update incident management plans to describe how IDOH will stand up this position at the start of every emergency activation.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> Office of Minority Health, FSSA, advisory group members (to be identified)</li> </ul>	<ul style="list-style-type: none"> <li>• IDOH secures a funding source to sustain the IDOH Health Equity position until 2032 or later.</li> <li>• Three qualified candidates, at a minimum, apply for the IDOH Health Equity position.</li> <li>• IDOH incident management plans describe how the Health Equity position will coordinate with and provide subject matter expertise to 100% of the leadership positions in the IDOH DOC and Executive Policy Group.</li> </ul>

**2. Work with the 10 Indiana Public Health Preparedness Districts to identify and support local efforts to understand and accommodate the needs of people with access and functional needs, who are disproportionately at-risk to the effects of an incident.**

- Reviewing [PHEP guidance](#), brainstorm and draft an initial list of opportunities for IDOH to work with Preparedness Districts to support people with access and functional needs in an incident.
- Meet with leadership from each Preparedness District to discuss current efforts, demographics, capabilities, and needs related to this action.
- Develop a database or matrix with information gathered from Preparedness District meetings that identifies local efforts, demographics, capabilities, and needs to understand and accommodate the people with access and functional needs, who are disproportionately at-risk to the effects of an incident.
- Using the database or matrix as a guide, identify opportunities for how IDOH will support/partner with Preparedness Districts on this capability, integrating the types of support into IDOH plans, trainings, and exercises.
- Work with Preparedness Districts and state/federal partners to identify data requirements (level of detail, format, and other criteria) necessary to identify locations of populations disproportionately at-risk to the effects of an incident, focusing on how the data will be used for analysis and decision-making.
- Work with Preparedness Districts and state/federal partners to identify sources of data on populations disproportionately at-risk to the effects of an incident, develop methods to capture and analyze data, and detail methods in IDOH incident management plans.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> Office of Minority Health, FSSA, local representatives from Preparedness Districts</li> </ul>	<ul style="list-style-type: none"> <li>• IDOH conducts meetings with 100% of Preparedness Districts to identify local efforts, demographics, capabilities, and needs to understand and accommodate the needs of populations disproportionately at-risk to the effects of an incident.</li> <li>• IDOH provides 100% of Preparedness Districts with resources/guidance that describes how IDOH can support local efforts to understand and accommodate the needs of populations disproportionately at-risk to the effects of an incident, including mapping resources.</li> </ul>

**3. Develop a contact list of statewide organizations that can partner with IDOH to support outreach efforts to people with access and functional needs, who are disproportionately at-risk to the effects of an incident.**

- Meet with fellow state agencies and Preparedness District leadership to brainstorm a list of organizations that work statewide to provide services, expertise, advocacy, and the like to populations disproportionately at-risk to the effects of an incident. (Some organizations may have local offices in addition to their Indiana-wide presence.)
- Connect with points of contact at partner organizations and discuss partnership opportunities before, during, and in the aftermath of an incident.
- Create a list/matrix that identifies organizations, the populations they reach/serve, how they might partner with IDOH in an incident, and contact information, among other areas.
- Describe partnerships and coordination processes in IDOH incident management plans.
- Practice coordination with partners in trainings and exercises.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Minority Health</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness, FSSA, local representatives from Preparedness Districts, partner organizations that serve at-risk population Districts</li> </ul>	<ul style="list-style-type: none"> <li>• IDOH’s list of organizations that work statewide to provide services, expertise, advocacy, and the like to populations disproportionately at-risk to the effects of an incident addresses each component of the agency’s definition of “access and functional needs” (see Improvement Action 1.1).</li> <li>• IDOH has contacted 100% of the partner organizations identified in this action and confirmed their contact information.</li> </ul>

**ADDITIONAL CONSIDERATIONS**

- IDOH can work with the state’s [District Healthcare Coalitions \(HCCs\)](#) to identify district leaders for Improvement Actions 2 and 3.

**CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capability: Community Preparedness. HPP Health Care Preparedness and Response Capability: Foundation for Health Care and Medical Readiness

**OBJECTIVE 2.** *Increase the number, types, and quality of professionally translated materials and qualified interpretation services to support incident management.*

### WHY IS THIS WORK IMPORTANT?

#### Benefits

- Increases health equity
- Ensures all Hoosiers have access to the information to protect their health during an emergency
- Builds trust across cultural groups
- Strengthens relationships with organizations that provide direct services

#### Risks

- Unclear messages cause confusion and affect trust
- Inability to serve limited English proficiency (LEP) populations
- Inefficient use of resources to adequately serve LEP populations
- Lose the opportunity for Hoosiers to act in a timely manner to protect their health

### HOW DID WE DO?

IDOH had a limited amount of non-English translated materials early in the pandemic response. Only certain materials were translated from English. Registration materials and other vaccination forms were initially unavailable in multiple languages.

***LHDs reported that some IDOH teams deployed to mobile testing and vaccination sites did not have the ability to communicate with the Spanish-speaking populations.*** Later in the incident, IDOH made efforts to include Spanish-speaking staff at mobile and mass vaccination sites.

IDOH Public Information Officers (PIOs) noted that they verified the [COVID-19 website](#) compatibility with Google Translate. At mass vaccination sites, IDOH translated signage and post-vaccine guidance into English and Spanish. IDOH also posted vaccine fact sheets online in English and Spanish. The agency's vaccine marketing campaign materials were available in Spanish, Chinese, and Hakha Chin.



The initial IDOH call center utilized a vendor for translation/interpretation services. Months into the pandemic, IDOH provided Spanish-speaking staff in the contact tracing call center to support contract tracing. The online vaccination appointment system was translated into Spanish, Burmese, and Hakha Chin.

As part of the IDOH testing and vaccination operations, IDOH Office of Minority Health led additional efforts to contract with local translation providers and interpreters.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Identify languages spoken across the state and plan for translation/interpretation support for incidents.**

- Discuss how the IDOH Language Access Coordinator position will lead or support this improvement action.
- Identify non-English languages spoken in Indiana and locations of populations with LEP.
- List state-approved vendors currently used for translation/interpretation services.
- Referencing list of current providers, identify service requirements (languages/dialects, print material, over the phone, training, 24/7 availability, etc.) and needs for redundancy and/or additional support.
- Work with IDOH staff, state agency partners, and Preparedness District partners to identify additional service providers to provide translation/interpretation services, including Indiana University's School of Global and International Studies.
- Contact service providers to negotiate pre-incident/standby agreements for translation/interpretation services and/or update existing agreements to reflect requirements.
- Practice translation/interpretation coordination during incident management exercises with IDOH staff and partners, including contracted service providers.
- Create a process for using translation/interpretation services (including resource activation, supervision, quality controls, etc.) and integrate into IDOH incident management plans.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Minority Health</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness, Epidemiology Resource Center (ERC), Office of Public Affairs (OPA), FSSA</li> </ul>	<ul style="list-style-type: none"> <li>• IDOH has a map that shows non-English languages spoken in Indiana and locations of populations with limited-English proficiency.</li> <li>• IDOH confirms that the agency has signed agreements with at least two service providers (for redundancy) to support each of the agency's translation/interpretation requirements before, during, and in the aftermath of an incident.</li> <li>• Review agreements with translation/interpretation providers annually to confirm that the agreements meet IDOH's needs and support this objective.</li> </ul>

**ADDITIONAL CONSIDERATIONS**

- IDOH can translate documents and other products in preparation for future incidents. This could include identifying the materials to translate, identifying languages, translating materials, working with reviewers who are fluent in the identified languages to review the materials, maintaining the materials in a repository, and referencing the repository in incident management plans.

**CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capability: Community Preparedness. HPP Health Care Preparedness and Response Capability: Foundation for Health Care and Medical Readiness

**OBJECTIVE 3.** *Support community recovery through mental and behavioral health initiatives.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Enhances community recovery through interagency collaboration
- Restores public health mental/behavioral health to pre-incident levels

#### **Risks**

- Limits access to services and programs that Hoosiers need to survive and live

### **HOW DID WE DO?**

IDOH and its state agency partners, such as FSSA’s Division of Mental Health and Addiction (DMHA), developed and shared mental and behavioral health resources during the pandemic. For example, [Mental Health Considerations During the COVID-19 Outbreak](#), contains general guidelines for mental health.

[Be Well Indiana](#), a website managed by FSSA DMHA, contains links to 211, a Crisis Text Line, and the Be Well Crisis Helpline, as well as COVID-19 mental health resources. IDOH shared Be Well Indiana as a resource on its social media accounts.

IDOH did not work with state agency partners to develop a comprehensive plan or program to support community mental/behavioral health during the pandemic. State agency partners with expertise and programs in community mental/behavioral health did not have consistent representation in the IDOH DOC.

### **IMPROVEMENT ACTIONS AND TASKS**

**1. Create a process with FSSA to collaborate with state and local partners to develop and communicate mental and behavioral health resources to all Hoosiers.**

- Identify a lead – whether IDOH staff or state agency partner staff – who will manage preparedness (such as planning and exercising) and collaboration efforts for mental/behavioral health support to Hoosiers. (If role is filled by a state agency partner, identify IDOH staff member to liaise with the lead.)
- Work with state agency partner(s) to perform the following tasks:

- Meet with FSSA and other state and local partners to catalogue mental/behavioral health support and resources provided to the public during the COVID-19 response, current mental/behavioral health support capabilities, statewide and local capability gaps, available mental/behavioral health resources, and resource needs.
- Work with FSSA to identify mental/behavioral health resources necessary to support community and responder COVID-19 recovery. Develop a central repository on the IDOH website for mental/behavioral health resources available during the COVID-19 recovery phase.
- Identify a position in the IDOH DOC to provide expertise and support operations and coordination tasks related to community mental/behavioral health.
- Work with state agency partners, including FSSA, to staff this expert/liaison position.
- Integrate responsibilities for community mental/behavioral health into IDOH incident management plans, DOC position descriptions, playbooks, and public information efforts, providing processes and structures for IDOH to address this capability consistently.
- Work with FSSA to practice community mental/behavioral health processes and develop/share related resources in preparedness exercises.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> Office of Minority Health (OMH), OPA, FSSA, local representatives from Preparedness Districts</li> </ul>	<ul style="list-style-type: none"> <li>• A process to develop and communicate mental/behavioral resources to Hoosiers is integrated into IDOH incident management plans.</li> <li>• IDOH executives and DOC staff have participated in an exercise that practices collaboration with state and local partners on communicating mental/behavioral resources to Hoosiers.</li> </ul>

**OBJECTIVE 4.** *Provide a centralized platform to support surge demand for medical countermeasures.*

#### **WHY IS THIS WORK IMPORTANT?**

##### **Benefits**

- Technology solutions meet statewide needs
- Reduces frustration among local partners and Hoosiers
- Data informs decision-making

##### **Risks**

- Partners have unrealistic expectations of platform capabilities and limitations  
Users do not use the platform for its intended use
- Creates extra work for staff and partners when the platform does not meet IDOH requirements

#### **HOW DID WE DO?**

Although local partners typically manage scheduling for influenza and other types of routine vaccines and testing, IDOH provided centralized scheduling support in response to the statewide surge demand for COVID-19 testing and vaccinations.

At the start of the surge for medical countermeasures, IDOH used an existing platform to manage most of the demand for medical countermeasures, including scheduling and vaccine provider payments. ***Staff and partners noted that scheduling was not the initial intended use of the platform.*** Recognizing the limitations of the initial platform, mid-way through the pandemic IDOH attempted to use a different vendor. The new solution did not function as intended, so the state reverted to the previous platform and the vendor attempted to adjust the platform's functionality to help meet IDOH requirements.

The platform allowed Hoosiers to schedule vaccination appointments and provided a means for the state to record vaccination information, track payments to providers, and perform similar functions. Hoosiers who did not have access to the internet were able to make appointments by calling 211. ***Multiple local partners noted that despite issues, the platform was helpful in getting Hoosiers vaccinated. For example, hospitals that ran vaccination sites appreciated the centralized scheduling platform, as it allowed them to monitor expected vaccination numbers and staff accordingly.***

***Local partners noted that they were not able to view records from other vaccination sites. This made it difficult to verify previous vaccinations of Hoosiers returning for booster vaccinations.***

**Staff and local partners both made assumptions about local operations and the platform's functionality.** For example, IDOH staff initially assumed that local clinics would operate seven days a week. Some jurisdictions did not have policies for weekend work or overtime. When local partners asked IDOH to remove the Saturday scheduling option, IDOH staff spent hours updating the platform. **Local partners did not understand these limitations of the platform.** Seemingly minor adjustments to the platform required significant time. When a vaccination site canceled appointments – for example, due to a weather event – people had to be individually rescheduled, which did not always occur.

**Local partners expressed frustration that they were unable to make immediate changes to the platform.** It took days to update the platform with new vaccine-eligible age groups. **Local partners spent a significant amount of time requesting changes. Many assumed that fixes to the platform could occur quickly.** IDOH staff noted that they did not have enough staff to train local partners on the platform.

**When IDOH call center staff or local partners had issues with the platform, they did not always know how to report and/or resolve issues. They commented that they would have appreciated additional training.**

## IMPROVEMENT ACTIONS AND TASKS

### 1. Acquire a platform to support surge demand for medical countermeasures that augments capabilities and meets IDOH requirements.

- Identify an IDOH staff member who will lead the requirements planning and implementation of a system(s).
- Integrate lessons learned from the COVID-19 response and work with representatives from LHDs, hospitals, and other end users; identify requirements for a system(s) to manage payments, scheduling, documentation, and other functions associated with a surge demand for medical countermeasures.
- Identify a sustainable funding source for the platform(s).
- Identify vendor(s) to provide a platform(s) that meets IDOH requirements and execute contract(s), including training materials and issue resolution processes in the scope of work(s).
- Provide training to IDOH staff and partners who will use the platform(s) on the system's capabilities, limitations, use (including records), and issue reporting/resolution.
- Develop a two-way process for IDOH staff and partner users to share updated information about the platform(s), report feedback, and resolve issues related to the platform.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> Office of Technology and Cybersecurity (OTC), Office of Data and Analytics, and Indiana Office of Technology (IOT)</li> </ul>	<ul style="list-style-type: none"> <li>• At least 10 partners representing pharmacies, physician offices, hospitals, LHDs, and other local end users contribute to requirements planning.</li> <li>• System(s) implemented are accessible by 90% of the state’s population (and IDOH has identified alternatives to the system for the remaining 10%).</li> <li>• All of IDOH’s PHEP and HPP Program Coordinators have participated in a train-the-trainer training on the system(s).</li> <li>• At least three users from each of Indiana’s 10 Health Districts participate in a train-the-trainer training on the system(s).</li> <li>• IDOH has mapped a feedback/issue resolution communication process with input from at least 10 partners representing pharmacies, physician offices, hospitals, LHDs, and other local end users.</li> </ul>

### ADDITIONAL CONSIDERATIONS

- If IDOH uses the platform(s)/system(s) for day-to-day operations, in the event of surge demand, staff and partners are familiar with the system, along with its capabilities and limitations.
- **Local partners expressed interest in a system that would allow them to manage their own operating hours/schedules.**
- Using a train-the-trainer model for training end users on the platform(s)/system(s) helps IDOH reach a larger pool of users, addressing staffing capacity issues identified during the COVID-19 response.

### CAPABILITY ALIGNMENT

- CDC PHEP Readiness Capability: Information Sharing, Medical Countermeasure Dispensing and Administration, Medical Surge. HPP Health Care Preparedness and Response Capabilities: Medical Surge

**OBJECTIVE 5.** *Develop products to disseminate accurate, timely information to the public during an incident.*

### WHY IS THIS WORK IMPORTANT?

#### **Benefits**

- Empowers the public to make informed decisions
- [Manages expectations and calms fears](#)
- Reduces misinformation and rumors
- Establishes IDOH as a trusted information source

#### **Risks**

- Other organizations fill gaps in information
- Public has confusing, unreasonable, or unclear expectations
- Drains resources to correct misinformation and rumors

### HOW DID WE DO?

IDOH delivered information to the public using multiple methods. The following list highlights IDOH's efforts.

- IDOH established a [website \(www.coronavirus.in.gov\)](http://www.coronavirus.in.gov) to share information about COVID-19.
- ***Local partners noted that they used the information on the website (especially [the dashboards](#)) to support decision-making, such as when to close schools or reopen businesses. They also expressed interest in having additional details on information and data provided via the website.***
- [Barb the Bot](#), a bot that auto-generated answers to questions on the COVID-19 website, was developed in partnership between IDOH and the Indiana Office of Technology (IOT). IDOH had a staff member monitoring the questions people asked Barb the Bot. Those topics would inform the Frequently Asked Questions (FAQs) developed for the 211 call center.
- IDOH developed interactive GIS maps for the public and 211 call center agents to identify state-operated, LHD community sites, and local partners (pharmacies, hospitals, FQHC/CHCs, etc.) offering COVID-19 testing services, vaccinations, and therapeutics. These map locations included address, telephone number, hours of operation, and vaccine type offered. Indiana 211 utilized the map to provide information to callers without internet access or who needed language support.
- IDOH worked with the Governor's Office to hold regular media briefings, which were televised and streamed online. The public and partners watched the briefings to get the latest information on the response. Briefings included sign language interpreters.

- IDOH posted information about COVID-19 to its social media accounts, including Facebook, Instagram, and Twitter. Messages were not consistently translated in 2020. In 2021, IDOH started posting to social media in Spanish. Members of the public posted hundreds of comments to IDOH accounts with misinformation and rumors. IDOH staff said that per agency policy, IDOH added new posts with accurate information, rather than posting to the comments section.
- IDOH staff noted that a few weeks into the response, they started using an Accessibility Checker on guidance documents.
- IDOH provided materials to local partners to support public information. Some resources were provided to IDOH by other organizations, such as the CDC. **Local partners commented that some materials were not editable. Many partners said that they recreated their own materials, which took extra time, and additional templates from IDOH would have been helpful.**
- Like for nearly every agency across the country, IDOH staff noted that the agency's crisis communications plan developed as part of the IDOH [accreditation process](#) was intended for a short-duration incident.
- IDOH designed and implemented a public campaign to educate Hoosiers about COVID-19, available testing, and vaccine safety and eligibility.

## IMPROVEMENT ACTIONS AND TASKS

### 1. Archive all products created for the COVID-19 response so they can be used to support future incidents.

- Identify a shared drive/repository to collect files.
- Ensure access to the drive/repository for appropriate staff.
- Create file organization system for the drive/repository.
- Email all IDOH divisions that staffed the DOC during COVID-19 response with directions on how to upload materials to the shared drive.
- Confirm that appropriate IDOH staff has uploaded materials.
- Review materials uploaded to the drive/repository.
- Discuss how materials can be used to support future incidents.
- Integrate how materials can be used to support future incidents into incident management plans.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Public Affairs</li> <li>• <b>Supporting Staff &amp; Partners:</b> All IDOH Divisions that staffed the DOC during COVID-19 response</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and set up a cloud-based drive/repository with the following requirements:</li> <li>• Capacity to store a minimum of 1T of data</li> <li>• Accessible to appropriate IDOH staff for at least five years</li> <li>• Files are searchable by type and keyword</li> <li>• Meets state security requirements</li> <li>• Appropriate IDOH staff have ability to access and upload files</li> <li>• Can export files and organization to another platform</li> <li>• 100% of all IDOH divisions that staffed the IDOH DOC during COVID-19 response have either uploaded all public information files to shared drive/repository or confirmed via email that they do not have files to upload.</li> <li>• IDOH crisis plans reference templates, tools, and sample public information products developed during the COVID-19 response as resources to support future incidents.</li> </ul>

## ADDITIONAL CONSIDERATIONS

- Update the IDOH crisis communications plan to incorporate lessons learned from the COVID-19 response. Include a review of IDOH’s rapid response rumor control protocol and social media practices. Engage representation from each Preparedness District to prioritize and define how IDOH can support local public information efforts and discuss public information coordination.
- Partner with [Indiana’s Assistive Technology Standards Group \(ATSG\)](#) and the Health Equity position (Objective 1) to make sure all social media posts and website messages are accessible to people with disabilities. This includes [508 compliance](#) with closed captions, subtitles, image tags, and voiceovers.

## CAPABILITY ALIGNMENT

- CDC PHEP Readiness Capability: Emergency Public Information and Warning, HPP Health Care Preparedness and Response Capabilities: Health Care and Medical Response Coordination

**OBJECTIVE 6.** *Develop products to disseminate accurate, timely information to the public during an incident.*

### WHY IS THIS WORK IMPORTANT?

#### **Benefits**

- Builds trust and enhances credibility
- Increases communication and coordination with local partners
- Enhanced operational picture informs response and policy decisions
- Creates a common operating picture for IDOH and partners to align local and state agency decisions
- Helps IDOH and the state prioritize the use of limited resources, including staff time
- Increases partners' understanding of the "why" behind IDOH decisions

#### **Risks**

- Sensitive information may be shared with the media and/or public
- Local partners may lose trust in the agency
- Partners do not share necessary information with IDOH, resulting in an incomplete common operating picture
- Limits IDOH's understanding of statewide needs
- Communicating information individually to partners overwhelms staffing resources
- Increases inaccurate assumptions made by IDOH and its local partners about each other's capabilities, roles and responsibilities

### HOW DID WE DO?

When IDOH and its local partners actively receive and share information with each other during an incident, they can work collectively to develop a statewide common operating picture that supports collaborative decision-making. IDOH staff and **local partners agree that the organizational structures and tools used to support information sharing and coordination during the pandemic response demonstrated varying degrees of success. Local partners repeatedly expressed a desire for additional two-way communications and opportunities for information sharing.**

**Indiana's Healthcare Coalitions:** The HCCs "bring together diverse healthcare organizations to work together to respond and coordinate efforts before, during, and after emergencies." Executive board members of multiple HCCs suggested that IDOH could have used them more often as a resource during the pandemic.

**Local partners did not have consistent points of contact at IDOH during the response.** At times during the response, IDOH prompted local partners to coordinate with IDOH field staff. In their pre-pandemic role, IDOH regional

and district-level PHEP/HPP Program Coordinators (PHEP/HPP field staff) administered program compliance and provided guidance on meeting federal grant emergency preparedness requirements. ***Through training and exercising, some local partners noted that they had developed relationships with PHEP/HPP field staff.***

In their normal roles, PHEP/HPP field staff coordinate directly with Indiana's [Healthcare Coalitions](#) and local health departments in its 10 Preparedness Health Districts. For months during the COVID-19 response, PHEP/HPP field staff were re-assigned to transport supplies to healthcare providers and staff mobile testing and vaccination sites. During these deployments, PHEP/HPP field staff members had limited to no availability to respond to requests for information from local partners. There were times when LHDs informed PHEP/HPP field staff of IDOH mandates before staff learned about the changes from the agency.

***Without clearly identified and available coordination pathways, local partners reverted to either contacting the IDOH staff they knew before the pandemic or went without necessary information. Both IDOH staff and local partners reported that these individual communications occurred at all hours and took a considerable amount of time.***

In the DOC, IDOH reported that the agency had dedicated response staff responsible for local coordination and communication with selected stakeholder audiences including LHDs, hospitals, and FQHC/CHCs. IDOH staff said that these representatives collected and shared information from their respective stakeholders. This structure was meant to ensure situational awareness of local activities that would support IDOH decision-making. However, a lack of awareness of this structure among local partners inhibited information flow and associated decision-making efforts.

IDOH shared information about COVID-19 with local partners primarily via webinars. Separate webinars targeted hospitals, schools, and LHDs.

**The majority of local partners were not aware of IDOH's incident management structures during the COVID-19 response, including whether IDOH had activated a DOC to manage response efforts.**

## IMPROVEMENT ACTIONS AND TASKS

### 1. Work collaboratively with local partners to define and communicate organizational structures for communication and information sharing.

- Identify local partners and map information-sharing processes (include pre-pandemic and response channels).
- Identify information-sharing needs for all stakeholders (e.g., asking ‘What information does X partner need to manage the incident successfully? What information does IDOH need from X partner to manage the incident successfully?’).
- Identify IDOH subject-matter experts who may be called on to respond to local partner information requests.
- Work collaboratively to create an organizational structure that allows for two-way information sharing and coordination between IDOH and its local partners.
- Write local coordination structures and methods into incident management plans.
- Train IDOH liaisons, DOC staff, executives, and local partners on local coordination and information sharing structures and processes.
- Include practicing local coordination and information sharing in a multi-year training and exercise plan.
- Practice IDOH-local communications processes, including requests for information and information sharing, during HCC exercises.
- Host an annual regional and/or statewide exercise(s) to practice coordination, define expectations, and refine roles, responsibilities, and resource sharing protocols.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Immunizations, ERC, Office of Minority Health, OPA, local representatives from Preparedness Health Districts</li> </ul>	<ul style="list-style-type: none"> <li>• Via a survey, HCC leaders from all 10 Preparedness Health Districts correctly identify their primary point of contact for incident management.</li> <li>• Via a survey, IDOH liaisons to local partners, as identified in IDOH incident management plans, correctly identify contact information for public health incident leadership from all 10 Health Preparedness Districts.</li> </ul>

## **ADDITIONAL CONSIDERATIONS**

- Explore opportunities to use existing relationships between IDOH's PHEP/HPP field staff and HCCs as a means to structure coordination and information sharing during incidents. Using these structures can lead to IDOH staff efficiencies and provide a reliable back and forth communication flow.
- Recognizing that local partners may work with multiple state agencies in a response, work with state agency partners to map an information-sharing process between agencies in the SEOC, IDOH, and local partners.
- Discuss opportunities to enhance IDOH's approach to webinars to promote two-way communications before/after IDOH meetings with local partners.
- Explore ways to give local partners a heads-up on potential policy-level decisions. For example, 'please review your local plans for X in case they may be necessary.

## **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capabilities: Emergency Operations Coordination and Information Sharing. HPP Health Care Preparedness and Response Capabilities: Foundation for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge

**OBJECTIVE 7.** *Work with state agency partners involved in the COVID-19 response to examine, define, and practice coordination structures for future incidents.*

## WHY IS THIS WORK IMPORTANT?

### Benefits

- Reduces staffing needs and costs
- Increases information sharing and situational awareness
- Promotes well-informed decision-making
- Results in greater numbers of trained staff

### Risks

- Creates a potential misuse of state resources
- Leads to duplication of effort
- Siloes decision-making
- Increases burden on staff

## WHAT DID IT LOOK LIKE?

Interagency coordination looked different at various points during the pandemic response. IDOH executives described coordinated meetings that occurred at different times during the COVID-19 response, including:

- IDOH executives participated in calls with representatives from IDHS, FSSA, EMS, INNG, and the Governor's Office. Initially these calls occurred daily, then three times per week, two times per week, and then weekly.
- During the initial weeks of the pandemic, IDOH executives also participated in a second evening briefing with the same state agency partners and the Governor's Office. This meeting also eventually occurred three times per week.
- On Fridays, IDOH executives participated in a two-hour briefing with the Governor. At the start of the pandemic, this meeting also included FSSA, IDHS, INNG, IDOC, INDOT, IDEM, and the Governor's Office. Midway through the response, participants included FSSA, INNG, IDOC, and the Governor's Office.
- For months during the pandemic, physicians from IDOC, IDHS, FSSA, and IDOH met on Saturdays to discuss recent literature and information about the virus and strategize incident actions.



Marrion County, Indiana National Guard, and IDOH staff supporting mass vaccination at the Indianapolis Motor Speedway.

These policy/executive-level groups identified high-level pandemic response actions. IDOH's executive leaders brought that direction back to IDOH. Other agencies' policy group members may have shared the same direction with the State Emergency Operations Center (SEOC) and/or their own agencies. Implementation of policy and executive direction was not coordinated across state agencies.

IDOH provided a staff member to serve as the state Emergency Support Function (ESF) 8 Liaison in the SEOC. The staff assigned to the SEOC did not have an adequate level of authority to commit resources and make decisions on behalf of the agency.

IDOH staff did not collaborate on operational or future planning in the SEOC. As a result, there were times during the pandemic when IDOH did not inform statewide incident management efforts and other state agencies did not always inform IDOH's response efforts. During multiple times when IDOH did not have enough resources to implement executive guidance, the agency worked directly with the INNG for support, rather than coordinating requests for resources from other state agencies with the SEOC.

IDOH and its state agencies defined incident management terms, such as Unified Command, inconsistently. This resulted in additional confusion among state agency partners around roles and responsibilities for incident management and coordination.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Work collaboratively with state agency partners involved in the COVID-19 response to examine, define, and practice incident management coordination structures.**

- Create a statewide working group with the overarching goal of establishing best practices for coordination going forward.
- In collaboration with state agency partners, discuss and create an incident management coordination structure that aligns expectations of interagency coordination.
- In coordination with partners, develop playbooks that delineate partner roles and responsibilities for high consequence events, such as pandemics or bioterrorism events.
- Identify and complete incident management training for IDOH representatives and subject matter experts who may staff the SEOC and/or in Unified Command to better understand and use state-provided and/or federally-mandated processes and systems.

- Practice incident management coordination with state agency partners through a series of exercises, refining/validate planning assumptions and playbooks.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> IDOH Executive Policy Group, IDOH DOC leadership, IDHS, INNG, INDOT, DOE, ISP, IDOC, and other state agency partners with a role in managing or supporting a public health-related incident</li> </ul>	<ul style="list-style-type: none"> <li>• State agency partners practice coordination structures and methods in at least one exercise per year through 2027.</li> <li>• The working group includes participation from all agencies that provided an ESF representative to the SEOC or participated in policy-level meetings during the COVID-19 response.</li> <li>• 100% of IDOH staff and executives have taken training on SEOC operations and Unified Command roles and coordination processes.</li> <li>• 100% of IDOH staff assigned to SEOC has the authority to share information about IDOH’s response efforts, data, or other information to enhance statewide decision-making efforts.</li> <li>• Staffing plans describe how IDOH will provide for a continuous presence at SEOC, whether via an ESF-8 representative, subject matter experts, and/or staff coordinating or supporting different response functions, like public information or operations.</li> </ul>

### ADDITIONAL CONSIDERATIONS

- Improvement Action 1 may involve hiring an incident management subject matter expert to facilitate a workshop with IDOH and its state agency partners to discuss and create a coordination structure going forward.
- During a workshop, partners can walk through different response functions, determine what types of operations require SEOC coordination, and what types of operations would be appropriate for IDOH to plan internally.
- It may be helpful for IDOH staff to observe SEOC activation for a small-scale disaster.

- IDOH’s representative in the SEOC should have the authority to commit some level of resources to the collective response effort. For example, if the agencies represented in Unified Command agree that the state should have three public health specialists deployed to a response site, it streamlines decision-making if at least one IDOH representative is able to approve or amend this type of request.
- In addition to its representation in Unified Command, IDOH should have a continuous presence in the SEOC. This may include an ESF-8 representative, subject matter experts, and/or staff coordinating or supporting different response functions, like public information or operations.

### **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capabilities: Emergency Operations Coordination

**OBJECTIVE 8.** *Partner with state agencies to plan for coordinated call center operations.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Increases support for Hoosiers in counties with limited resources that do not have the capacity to operate a call center
- Positions the state as a credible source of information about the emergency
- Positions IDOH as a subject matter expert
- Provides key health and medical information to the public
- Broadens disease surveillance tools (call centers can be monitored for “spikes” in disease reporting)
- Increases IDOH’s ability to respond to common questions, topics, and concerns from the public
- Insights from call centers can be integrated into public information strategies and products

#### **Risks**

- Call centers require significant staffing, equipment, and funding, which can strain or overwhelm IDOH resources.
- Counties with their own call centers may prefer their residents call their hotlines as a primary source of information about the emergency.
- Calls are answered by humans who can make mistakes and may provide inaccurate information.

### **HOW DID WE DO?**

In the beginning of the COVID-19 response, IDOH internally operated a call center, including provider, public, and school call lines. Indiana 211 (managed by FSSA) was utilized as a call center at the beginning of vaccine distribution implementation. All functions of the IDOH call center eventually transitioned to Indiana 211.

The IDOH call center provided a centralized means for the public to ask questions and to schedule testing and vaccinations. ***Local partners commented that the call center reduced their administrative burden. Some counties with greater resources established local call centers, rather than refer their community members to statewide call center.***

During the first part of the response, IDOH personnel staffing the IDOH [call center](#) were not trained in call center procedures prior to the pandemic but had subject-matter expertise in health and medical topics (e.g., HIV and TB). A training slide deck was created for those working in the call center, but no job action sheet or job description was provided.

Some IDOH staff offered to take call center hours in addition to their day-to-day roles, while others were assigned the roles by their supervisors. Some staff were required or “volun-told” to work the call center on top of their normal jobs. Others opted to take advantage of overtime pay and volunteered for hours beyond their normal work week. Some call center staff reported working up to 100 hours per week for multiple weeks, causing stress, trauma, and attrition.

IDOH did not have consistent processes for tracking who was working and when, for taking calls, and for looking up information. Call center management changed frequently. IDOH OPA had a dedicated staff member who coordinated FAQs with Indiana 211. A daily report was sent to OPA with the number of calls and categories of questions so they could address these in media statements.

Based on its experience during the COVID-19 response, IDOH has re-evaluated its approach to future call center operations. The agency will partner with FSSA and Indiana 211 to provide call center operations. IDOH is planning on retaining its epidemiological call line for epidemiologists and physicians.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Evaluate tools to support two-way information sharing between IDOH and local partners.**

- Meet with FSSA to discuss and enter into a Memorandum of Understanding (MOU) for call center operations, including:
  - a. Call volume and other thresholds for MOU activation
  - b. Pre-incident contracts with vendors to support surge demand
  - c. Language translation needs
  - d. Support from public health subject matter experts
  - e. Coordination of approved messages

- Work with FSSA to identify and develop communications tools and templates that can be adapted for future public health incidents.
- Reference MOU and include thresholds for partnering with Indiana 211 to operate a call center in IDOH incident management plans.
- Encourage FSSA representation in IDOH DOC and/or SEOC to support collaboration on call center communications strategies and receive updates on call center operations.
- Train and exercise on MOU and coordinating call center operations and strategies.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Public Affairs</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness, ERC, Finance, FSSA</li> </ul>	<ul style="list-style-type: none"> <li>• IDOH and FSSA have signed an MOU that describes how FSSA will lead call center activities and coordinate with IDOH during public health incidents.</li> <li>• IDOH and FSSA exercise activating and implementing their call center MOU annually at a minimum.</li> </ul>

### ADDITIONAL CONSIDERATIONS

- Establish clear processes for developing preparedness responses by IDOH staff. Identify a feedback mechanism in IDOH incident management plans from the call center to IDOH to understand the callers’ concerns and adjust call center responses as needed.
- Using Indiana census and/or migration data, determine the languages needed at the call centers to support Hoosiers.

### CAPABILITY ALIGNMENT

- CDC PHEP Readiness Capabilities: Emergency Operations Coordination and Information Sharing. HPP Health Care Preparedness and Response Capabilities: Health Care and Medical Response Coordination

**OBJECTIVE 9.** *Examine, document, and update IDOH's approach to supporting local and state partners with contract tracing operations.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Streamlines contact tracing functions
- Reduces burden of contact tracing on local health departments with limited resources
- Enables identification of potentially affected people and allows quick decisions to recommend interventions to slow the spread of the disease

#### **Risks**

- Loses the ability to influence and prioritize corrective actions
- Less situational awareness of the nature of the incident

### **HOW DID WE DO?**

IDOH created a program for [centralized contact tracing for Indiana](#) that launched in May 2020, engaging a contractor to conduct contract tracing functions. As of July 2021, Indiana reported 400 contract tracers as part of its contact tracing program.

***The majority of local partners said that they benefited from the state's contact tracing support. Some local partners said that without the state support, they would not have prioritized contact tracing, noting that contact tracing took considerable effort.***

***Jurisdictions that had already established local contact tracing operations reported that the centralized efforts had a negative impact (e.g., greatly extending their timelines or impacting local visibility on outbreaks).***

***Some local partners and IDOH staff observed that during high transmission periods of the response, the length of time to contact cases and their contacts increased to the point where contact tracing did not serve as an effective measure to prevent disease transmission. During these times, local partners said that contact tracing did not generate usable results and did little to reduce cases within their communities.*** IDOH staff reported that during low volume times, the time to reach contacts was close to two days, and during high volume times, could exceed five days.

IDOH staff reported that they did not have a standard operating procedure (SOP) for contact tracing. Contact tracing staff, who worked long hours in the call center, frequently were unable to collect all of the required information during their calls, leaving large gaps in the epidemiological data. They noted that the required survey was long. In the early months of the response, each call often took more than 45 minutes. At another point later in the pandemic, the length of the survey grew to 60-90 minutes before settling back again at 45 minutes. Despite multiple attempts, the contact tracing staff experienced a high loss to follow-up for contacts, meaning they were unable to regularly connect with a high percentage of cases and contacts, further compounding the gaps in data.

There was at times a lag in getting positive test results into Microsoft (MS) Dynamics (the system for contact tracing). When that happened, if a LHD received a call from a Hoosier who had tested positive for COVID-19 and was seeking guidance but did not find the Hoosier in the system, a new record of the case was created in MS Dynamics, causing a duplicate entry after the MS Dynamics data refreshed.

Recognizing these challenges with contact tracing, IDOH implemented multiple enhancements to its contact tracing operations throughout the pandemic in an attempt to improve its results. For example, IDOH developed an online survey for Hoosiers who were unavailable to complete the questions via phone. IDOH also provided guidance to school districts that were able to lead contact tracing efforts for school-aged children.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Working with state and local partners, document and plan for contact tracing operations for future incidents.**

- Meet with FSSA to discuss and enter into a Memorandum of Understanding (MOU) for call center operations, including:
  - a. Call volume and other thresholds for MOU activation
  - b. Pre-incident contracts with vendors to support surge demand
  - c. Language translation needs
  - d. Support from public health subject matter experts
  - e. Coordination of approved messages
- Work with FSSA to identify and develop communications tools and templates that can be adapted for future public health incidents.
- Reference MOU and include thresholds for partnering with Indiana 211 to operate a call center in IDOH incident management plans.
- Encourage FSSA representation in IDOH DOC and/or SEOC to support collaboration on call center communications strategies and receive updates on call center operations.
- Train and exercise on MOU and coordinating call center operations and strategies.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Epidemiology Resource Center</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness, local partner advisory group (TBD), and state agency partners (DOE, IDOC, and others)</li> </ul>	<ul style="list-style-type: none"> <li>• Contact tracing planning considerations and SOPs describe how IDOH will support the diverse needs and capabilities of all LHDs with contact tracing.</li> <li>• Contact tracing SOPs describe how IDOH will shorten times to contact for future contact tracing operations.</li> </ul>

**ADDITIONAL CONSIDERATIONS**

- Consider outbreak investigations and surveillance as a part implementing the action item and tasks under this objective.
- Record contact tracing processes and procedures while staff and IDOH contractors still retain the knowledge and experience to help IDOH use lessons learned to inform SOPs and vendor scopes of work.
- During the COVID-19 response, the state centralized contact tracing helped many counties and produced negative impacts for others. In preparing for future incidents, IDOH can work collaboratively with counties (and District-level HCCs) to develop an approach to contact tracing that might benefits all counties. For example, IDOH may consider operating as an overflow resource for some counties with established capabilities.

**CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capabilities: Information Sharing, Medical Surge, Nonpharmaceutical Interventions, Public Health Surveillance and Epidemiological Investigation. HPP Health Care Preparedness and Response Capabilities: Medical Surge

**OBJECTIVE 10.** *Conduct a systematic planning process to manage and respond to incidents.*

### WHY IS THIS WORK IMPORTANT?

#### **Benefits**

- Establishes a common, transparent goal for everyone
- Allows the DOC to build a response strategy around that goal
- Allows the DOC to evaluate progress and adjust strategy, objective, or tactics as needed
- Allows staff to understand when to transition between objectives, or when to transition from response to recovery phases
- Increases IDOH’s ability to measure progress towards outcomes
- Leads to a greater ability to prioritize and allocate limited resources
- Helps IDOH allocate staff to response roles that are the highest and best use of their skills, experience, or partnerships
- Helps coordinate resources more efficiently between state and local partners
- Incorporates local response efforts into objectives

#### **Risks**

- Policymakers have unmet expectations
- Cannot clearly measure success
- Response staff does not know when an operation is completed
- IDOH does not benefit from staff expertise, skills, or partnerships
- Cannot assess impacts on local partners, setting expectations or implementing operations that strain local resources and trusted partnerships



Sample IDOH Daily Meeting Cadence:  
October 2020

### HOW DID WE DO?

IDOH conducted and participated in hundreds of meetings, briefings, and planning sessions throughout the pandemic response. The types of meetings, participation, schedule and frequency of meetings changed throughout the pandemic.

IDOH planning efforts were most successful when IDOH executives, DOC staff, and state agency partners anticipated operational needs and had time to plan for future operations. For example, in late 2020, IDOH executives and DOC staff meet regularly on Saturdays leading up to the vaccination roll-out. Staff noted that they had the right partners involved in this vaccination planning effort, along with the ability to establish a planning process, and work through the steps.

Working at times internally, and other times with partner agencies, IDOH developed and implemented new initiatives and programs to target the unique demands of a statewide pandemic. These new initiatives were most successful when developed and implemented in collaboration with partners. For example, [The Lab Testing Network \(LTN\)](#) was a coordinated and comprehensive new initiative that boosted the capacity of the state's laboratory to perform COVID-19 testing, increasing lab capability by more than 1,000 tests a day. The LTN included nine labs throughout the state, with representation from private companies, hospitals, and university laboratories. Later in the pandemic, IDOH utilized vendors to augment capacity. IDOH leadership and subject matter experts worked together to define the requirements for the LTN.

Planning efforts were more reactionary and less thorough when executives communicated urgent, time sensitive needs to the DOC. At times, this led to the development of objectives that were not measurable, planning without first determining resource availability, duplication of efforts, unsustainable workloads, or a lack of processes for feedback and evaluation. Similarly, IDOH at times conducted planning with state and local partners. Other times during the pandemic, the appropriate stakeholders were not involved in planning meetings. IDOH did not use a consistent planning process throughout the pandemic response.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Refine, document, and practice a formal, collaborative planning process for incident management.**

- Create an IDOH working group to discuss and develop a comprehensive planning and evaluation process that can consistently be used for future incidents. The process will:
  - a. Address planning for both immediate and future operations
  - b. Define steps to understand the need/problem requiring a plan
  - c. Integrate participation from the appropriate IDOH executives and staff and state and local partners
  - d. Identify the position(s) who will establish daily goals and objectives
  - e. Avoid potential duplication of efforts by following chain of command practices

- f. Ensure IDOH plans with resources it has or can readily obtain
- g. Include steps to evaluate the plan and objectives, with a process to revise the plans when necessary
- h. Have a process to brief policy-level/executives and integrate feedback
- i. Be consistent with the best practice characteristics of the Incident Command System
- Develop a process map of the planning process and integrate the map, steps, tools, etc. into IDOH incident management plans.
- Train IDOH staff on the planning process, including:
  - a. Creating strategic and operational incident objectives (e.g., SMARTIE objectives)
  - b. Practices for reporting status/progress
  - c. Processes for evaluating objectives and measuring success
- Develop and implement just-in-time training on the IDOH planning process for all staff and partners who may be involved in planning during an incident, including new staff and state agency partners.
- Practice and refine the IDOH planning process via a series of exercises, practicing planning for urgent needs and future operations.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> IDOH Executive Policy Group, all IDOH DOC staff</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of IDOH executives and DOC staff (and alternates) have taken training on the IDOH planning process.</li> <li>• IDOH’s multi-year training and exercise plan describes how IDOH executives and DOC staff will practice the IDOH planning process three times a year between 2023-2028.</li> </ul>

### **ADDITIONAL CONSIDERATIONS**

- Incident planning is an iterative process. Planning in a crisis often involves multiple meetings to evaluate the initial plan and assess whether strategies should be updated. IDOH staff and partners – including the appropriate response staff, subject matter experts, executives, and others – are involved in multiple phases of the planning process. Between meetings, teams are gathering data and other information to inform decision-making and planning. Everyone, including executive leadership, should be informed of any changes to the process.
- Completing all steps of a formal planning process improves IDOH incident management operations. This example process is based on lessons learned during the COVID-19 response. IDOH executives and staff will need to refine planning processes for future incidents, and update incident management plans with a structured description of the process. This process can include:



1

**Setting Strategic Goals.** The IDOH Commissioner works with the Governor, state agency leaders, or others to assess the situation, develop overarching strategic goals and priorities for the response, and convey the response priorities to the response team at IDOH and other state agencies.

2

**Creating Measurable Objectives.** The IDOH Commissioner, Executive Policy Group, and DOC leadership discuss the policy-level direction and work together to turn those goals into [SMARTIE, measurable objectives](#). Once drafted, these objectives allow the Commissioner and staff to share expectations on the important elements of the operation and understand what will make the operation successful or when it will be completed.

### Creating SMARTIE Objectives

- **Specific:** Who/what does this objective target? Are we considering populations disproportionately at risk from the impacts of the incident?
- **Measurable:** How many Hoosiers do we expect to reach? How many partners will be involved?
- **Achievable:** Is our objective possible, considering the resources (staff, equipment, vendor support, etc.) that we have on hand or that we are certain we can obtain, without straining our resources for future operations?
- **Relevant:** How does this objective align with IDOH's mission or the state's overall response mission?
- **Timebound:** When do we anticipate meeting the objective? If it will take days or weeks, our plan should look not just at immediate needs and impacts, but also into the days and weeks ahead.
- **Inclusion:** How does IDOH have representation from socially and economically marginalized groups and appropriate community partners?
- **Equity:** Do the objectives address the needs of different Hoosier populations? How will IDOH increase the quality of services to address disparities?

Sample Objective: By January 2021, build a mobile testing capability to augment the state's current testing capacity by an additional 5,000 people/day, prioritizing locations in the state's highest rated communities (per the SVI).





3

**Collaborative Operational Planning.** Establish a process to plan in a collaborative environment. Once the objective is drafted, the necessary staff meets to develop an operational plan.

Participants in the planning discussion include the DOC Response Manager, the team responsible for implementing the operation, team members who have hands-on experience, subject matter experts (epidemiologists, GIS specialists, etc.), local partner liaison(s), finance, planning staff, logistics, and others who may be able to inform operational plans. Some operations may require input from other state agencies.

Operational Plans address:

- Resource requirements and resource demands
- How IDOH will use the resources it has or the resources it can realistically obtain over the coming days/weeks to accomplish the objective
- The activities to accomplish the objectives
- Impacts on IDOH, other state agencies, and local partners
- Actions to mitigate safety risks to responders
- Roles and responsibilities
- Other topics necessary to implement the policy guidance

This plan also consistently documents operations and can be shared with other IDOH staff so a broad group of staff has a clear picture of response efforts, can assess progress made towards an objective, and has a sense of accomplishment.



4

**Validating the Operational Plan.**

Once the DOC and partners develop the operational plan, the Response Manager and other operational leaders take the plan to the Commissioner and review the plan together to ensure:

- The plan meets the objective
- The plan meets the Commissioner's expectations

This step is especially important if the DOC has proposed changes to the objective based on resource availability or other constraints. IDOH executives and response staff may need to adjust their expectations and the objective to reflect the crisis situation.

- Incidents are complex when they span long periods of time, affect large populations of people, or have heavy planning and resource requirements. Advanced/future planning is useful for:
  - Anticipating the direction of the incident
  - Assessing the adequacy of previous and present plans
  - Identifying future resource requirements and availability
  - Assessing the incident strategy and developing alternatives
  - Assessing of the effectiveness of the organizational structure and developing alternatives
  - Identifying potential political and economic issues
  - Supporting the transition to long-term recovery

### **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capabilities: Information Sharing, Medical Surge, Nonpharmaceutical Interventions, Public Health Surveillance and Epidemiological Investigation. HPP Health Care Preparedness and Response Capabilities: Medical Surge

**OBJECTIVE 11.** *Enhance and implement processes and tools for exchanging information internally within IDOH during an incident.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Informs IDOH policy and decision-making
- Creates a full, shared picture of the incident
- IDOH programs/divisions have a mutual understanding of the situation and can align decisions, especially resources
- Builds trust and enhances IDOH leaders' credibility (IDOH staff appreciate understanding the "why" behind decisions)

#### **Risks**

- Sensitive information is shared with the media and/or public
- Loss of trust in agency decisions
- Some IDOH staff may not share necessary information with colleagues, resulting in an incomplete picture of the incident

### **HOW DID WE DO?**

DOC staff commented that internal communication between briefings was at times limited. When IDOH staff did not participate in DOC briefings and meetings, they did not have clear communication pathways to learn or discuss response actions with other response staff. DOC members noted that sometimes the only method for obtaining accurate/updated information was to hear it firsthand in DOC meetings.

IDOH did not have a consistent process or format for sharing information related to the response with IDOH staff not directly involved in the response. For example, the DOC developed various reports, including briefing materials, incident action plans, and situation reports. Many of these reports were adapted from the Federal Emergency Management Agency (FEMA) Incident Command System (ICS) forms and thoroughly document DOC response actions. Multiple IDOH staff involved in the response noted that they did not have access to the reports.

### **IMPROVEMENT ACTIONS AND TASKS**

- 1. Define internal information needs and develop tools to support needs during an incident.**

- Create an IDOH working group to inform internal information sharing methods and tools.
- Survey IDOH staff and map information sharing processes during an incident within IDOH, identifying:
  - a. How information flows between DOC members and executives; and among executives, DOC staff, incident support staff, and IDOH staff not involved in the incident response.
  - b. The information that each group needs to be able to perform its responsibilities successfully.
- Identify and create tools/templates to support internal information sharing, including:
  - a. Format and content (based on information needs)
  - b. Responsibilities for creating/updating tools
  - c. Frequency of distribution
  - d. Recipients for each tool
  - e. How completed tools will be archived for reference/future use (e.g., via online information sharing hub)
  - f. Timestamps or other mechanisms for indicating when the tool was developed
- Follow these steps to develop processes and templates for tools (e.g., activity logs, situational reports, etc.) to share timely incident information between DOC members and IDOH executives.
- Add responsibilities to IDOH and DOC staff position descriptions that require staff to provide information for tools.
- Update IDOH incident management plans with information sharing process maps, tool templates, position responsibilities, etc.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Data and Analytics</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness, OPA, all IDOH executives and staff</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of IDOH divisions/programs, IDOH Executive Policy Group members, and DOC Command Staff provide input on their information needs during incidents.</li> <li>• Templates provide information about the incident to 100% of IDOH divisions/programs, IDOH Executive Policy Group members, and DOC Command Staff.</li> <li>• 100% of IDOH Executive Policy Group and DOC members have taken training on developing/reviewing incident reports.</li> </ul>

## **ADDITIONAL CONSIDERATIONS**

- Sharing information with IDOH staff not directly involved in the response efforts helps support future involvement, if needed, and builds agency-wide support of incident management efforts.

## **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capability: Information Sharing. HPP Health Care Preparedness and Response Capability: Health Care and Medical Response Coordination

**OBJECTIVE 12.** *Refine IDOH's roles and responsibilities within the resource management process.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Comprehensive resource management is necessary for an effective incident response
- Helps ensure fiscal stewardship of state resources
- Increases visibility on resource status and availability
- Partners receive resources they can use
- Reduces wasting unusable resources

#### **Risks**

- Creates an incomplete picture of available resources, including personnel
- Strains or overwhelms IDOH and state agency partner resources, including personnel
- Increases administrative burden (e.g., from revising reimbursement documentation, reassigning resources, etc.)
- Incurs unnecessary expenses

### **HOW DID WE DO?**

A comprehensive resource management process includes, but is not limited to: identifying requirements, ordering and obtaining resources, storing and sending resources, tracking and recording resources, and accounting for the resources financially. Depending on the type and scale of the incident, resource management may reside within IDOH and managed by IDOH staff, may be performed by an IDOH vendor, and/or may be coordinated with the SEOC.

IDOH met major challenges resulting from national and global medical supply chain shortfalls. This included critical inadequacies in the federal government's [Strategic National Stockpile \(SNS\)](#), [\[including Inventory Management Tracking System \(IMATS\)\]](#), and significant problems resulting from private sector medical suppliers being unable to meet demand.

Among other issues, this contributed to product scarcity, massive increases in supply costs, and fraudulent PPE being sold in the marketplace. States with practiced resource management plans had to [rework their plans significantly](#) during the response once it became clear they could not rely on federal assets/resources as they had planned and exercised.

During the response, IDOH conducted key components of resource management, including resource requests, acquisition, and storing and delivery. IDOH logistics focused on supplies and equipment, such as laboratory reagents, test supplies, vaccine management, and PPE. The logistics function did not manage personnel resources.

At the start of the response, IDOH submitted SNS initial resource requests to the Logistics Section in the SEOC. IDOH staff expressed concerns that the process was not responsive enough to meet pandemic needs. Instead, IDOH at times identified and acquired the specific resources to complete tasks, which sometimes included the INNG. IDOH did not always work with other state agencies to identify the most efficient resources to meet resource needs. It was noted in interviews that when IDOH did not utilize the SEOC or collaborate with other agencies on resource management, it competed with other agencies for scarce resources.

At the start of the pandemic, IDOH created an email account for LHDs to email resource requests. Local partners completed and emailed a [ICS Form 213RR](#) (usually an MS Excel file emailed as an attachment). IDOH reviewed these forms and EMResource data entered by local partners to identify resource needs, prioritize requests, order resources, and fill requests.

IDOH staff noted that recording and prioritizing resources was difficult. At times, the logistics inbox had up to 300 unopened emails. The overwhelming number of emails affected IDOH's visibility into local resource needs, making the system less effective – especially when resource demand was high – and thereby creating delays in filling requests.

***Once local partners requested resources from IDOH, they did not have visibility on their requests, including the status of the request and whether it would be filled or denied. Local partners sometimes received alternative resources that did not meet their requirements, or resources that were not requested. For example, one partner requested masks, but the masks had deteriorated and were unusable.*** There were many times when resources were not available due to supply shortages.

***Local partners did not have the ability to decline or return resources that were delivered in place of the requested resource.*** IDOH did not have a process for returning and restocking equipment, such as ventilators. ***Some local partners stated that they sometimes underreported supply inventories fearing re-allocation of their assets.***

IDOH contracted with a logistics firm to manage portions of the resource management process that included ordering, acquiring, storing, mobilizing, tracking, reporting, and restocking resources. IDOH noted that engaging a vendor was helpful and improved efficiency.

## IMPROVEMENT ACTIONS AND TASKS

### **1. Work with state and local partners and vendors to define and document a system that provides for comprehensive and collaborative resource management for incidents that involve public health.**

- Create a working group with IDOH staff, state agency partners, and local partners to inform resource management preparedness activities.
- Work with partner agencies and vendors to define roles and responsibilities for different resource management scenarios.
- Work with state and local partners and vendor(s) to examine policies, processes, and tools that support resource management used during the COVID-19 response, identifying the components of resource management that necessitate ongoing collaborative planning and exercising.
- Work collaboratively with partners and vendor(s) to develop/update systems for prioritizing and filling resource requests.
- Work with state agency partners to ensure the SEOC resource allocation process is responsive and ensure consensus on a comprehensive system for resource management.
- Work with state and local partners and IDOH staff to review and update financial controls for resource management, including processes to capture the data needed for financial reconciliation and federal reimbursement programs.
- Create a decision-making process to determine which components of resource management IDOH will manage or support for different types of incidents that involve public health.
- Analyze and assess future resource needs and work together with partners to develop a system to acquire, rotate, store, and maintain resources for public health incidents.
- Integrate planning considerations for resource management into IDOH incident management plans and develop SOPs for resource management.
- Communicate IDOH's resource management processes, responsibilities, tools, etc. to all state and local partners.
- Create and/or update scopes of work and contracts for vendor support for resource management and logistics, ensuring that standby/pre-disaster contracts are in place with qualified vendors.
- Train and exercise IDOH staff, vendor(s), and state and local partners with resource management roles.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> IDOH Executives; DOC members; IDHS, INNG, ISP, INDOT, and other state agency partners; vendors; local partners (e.g., LHDs and hospitals)</li> </ul>	<ul style="list-style-type: none"> <li>• Identified working group includes representation from all state agencies that performed resource management roles during the COVID-19 response.</li> <li>• IDOH has at least two standby contracts with vendors to augment resource management/logistics capabilities.</li> <li>• The state supplies stockpiled for public health meet 100% resource needs identified by the working group.</li> <li>• IDOH has a realistic plan (including funding sources) to maintain its stockpile of public health/medical supplies for a minimum of ten years.</li> <li>• When surveyed, IDOH staff and partners identify resource management roles, processes, financial controls, and coordination methods.</li> </ul>

**ADDITIONAL CONSIDERATIONS**

- As previously discussed, for large-scale public health crises where federal assets and national supply chains cannot be relied upon, efficiency of resource allocation will be paramount to effective response. IDOH will continue to be part of a comprehensive resource management process with state and local partners and contractors. Some aspects of resource management will always be inherent to IDOH. Other times, IDOH may be working closely with other state agencies and/or contractors to fulfill a portion of the resource management process.
- ***Some local partners reported requesting resources both from IDOH and from the SEOC, which underscores the importance of coordinating resource management processes with state agency partners for future incidents.***
- The ICS Form 213RR form is commonly used to order resources that are already available within an organization, rather than request new resources to be acquired. The form does not have fields for tracking resources (including status of receipt of request), approvals, identifying the type of resources that the requestor can expect to receive, identifying when the requestor should receive resources, etc. IDOH may opt to use a different tool, such as an online platform, that enhances all partners’ real-time visibility into resource requests. IDOH’s resource management tools should provide a [common operating picture](#) (a comprehensive view of resources).

- When IDOH integrates the full scope of resource management into its incident planning process, IDOH and its partners are more likely to plan with the resources available or the resources that IDOH and its partners can realistically obtain.
- As part of resource management, IDOH should ensure that all managers in the supply chain work with subject matter experts to understand manufacturer requirements to ensure that the appropriate supplies are sent to hospitals and other providers.

## **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capability: Emergency Operations Coordination, Medical Countermeasure Dispensing and Administration and Medical Materiel Management and Distribution. HPP Health Care Preparedness and Response Capability: Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge.

**OBJECTIVE 13.** *Identify and develop rules, expectations, and all partners necessary for data exchange to create a common operating picture.*

### WHY IS THIS WORK IMPORTANT?

#### Benefits

- Scientifically accurate data supports decision-making
- Utilizing predictive analytics can forecast trends
- Supporting local data analysis helps local partners understand their community's needs

#### Risks

- Incomplete data informs decisions
- Other, potentially less accurate sources fill the information gap

### HOW DID WE DO?

IDOH at the state-level, and U.S. Health and Human Services (HHS) on the federal level have established requirements for collecting data. ***Most hospitals shared information (e.g., bed availability, positive cases, etc.), but not all hospitals complied with the requirements. Some local partners noted that the amount of required data was cumbersome. Also, once they added the data to the system, they could not retrieve it or generate reports to support their own situational awareness and decision-making. As a result, multiple hospitals created parallel systems to log data, taking hours of extra staff time.***

At the start of the response, the IDOH Office of Data and Analytics included one staff member. During the response, IDOH has increased the Office's capacity, including engaging vendor support to increase data analysis capabilities. This team compiled the data and developed visualizations, such as the COVID-19 dashboard. For more than a year, IDOH updated the dashboard daily, even during holidays and weekends.

Data collection and analysis were a continuous effort during the pandemic, leading to constantly changing numbers. IDOH staff worked long hours and late nights to input and update data, data was entered by partners 24/7, and data systems updated and reconciled data at different times. On occasion, these nuances created confusion around the data. ***Partners noted that there were times during the pandemic when the data was different across systems.***

IDOH used multiple sources to gather and analyze data during the COVID-19

response (e.g., to track the spread of the virus and later to identify vaccination rates in communities). Commonly used sources of data included:

- [National Electronic Disease Surveillance System](#) (NEDSS) Base System (NBS) for confirmed COVID-19 cases and deaths and COVID-19 test results
- [LimsNet](#) for COVID-19 test accessioning and results
- [Zotec](#) for testing and vaccinations administered
- [Microsoft Dynamics \(MS Dynamics\)](#) for case investigation and contact tracing data early in the pandemic
- [REDCap](#) as a survey tool with data on initial case investigation and contact tracing from long-term care, and other partners

In part to maintain data integrity, only IDOH was able to create cases in NBS. In Zotec, **hospitals noted that they were unable to view data for neighboring sites, for example, to track Hoosiers receiving vaccine doses at different locations.** Vaccine administration data from different locations was available through the state’s immunization information system (IIS), CHIRP. **Local partners also said the [COVID-19 dashboard](#) allowed a limited view of the data.**

**Although local partners reported having limited access to data sources, the majority stated they did not have the technical expertise necessary to use the data to create customized reports/visualizations or engage in predictive analytics or modeling for their jurisdictions. Very few counties or districts have staff epidemiologists or data analysts.**

**Some local partners contacted IDOH with requests to generate data reports.** During the pandemic, IDOH had limited staff supporting state and local data needs. They noted that keeping up with the volume of requests was a challenge. IDOH staff gave local partners tutorials on MS Dynamics and [PowerBI](#) to be

#### Advisory Level

Advisory level refers to the current guidelines the county must follow. A county must remain at a lower Weekly Two-Metric Score for two consecutive weeks to move down to a lower advisory level.

#### Weekly 2-Metric Score

- Blue (0 and .5)
- Yellow (1 and 1.5)
- Orange (2 and 2.5)
- Red (3)

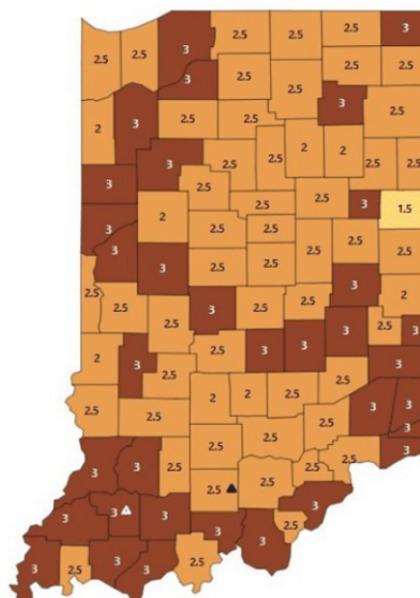
#### Weekly Cases Per 100,000 Residents

- Less Than 10 new cases(0)
- 10 to 99 new cases(1)
- 100 to 199 new cases(2)
- 200 or more(3)

#### 7-Day All Tests Positivity Rate

- Less than 5% (0)
- 5% to 9.9% (1)
- 10% to 14.9% (2)
- 15% or greater (3)

The ▲ indicates a disclaimer alert for the county. Hover over the symbol for additional details.



able to collect information on contact tracing efforts and run analysis on data. However, **partners commented that they did not have the capacity to analyze the database.**

In addition to IDOH's data analysis efforts, partnerships helped to create a more comprehensive picture of COVID-19 trends. During the pandemic, IDOH identified multiple outside partners, such as research groups, that could be used as support and build surge capacity and capabilities for future emergencies.

Partnerships with entities like the [Indiana Health Information Exchange \(IHIE\)](#) and [Regenstrief](#) Institute allowed IDOH to access additional external data, couple it with internal data, and collaboratively generate informative data visualizations for state, local partners, and the public. These partnerships served as a force multiplier for IDOH and better allowed for data-driven decision-making at both the state and local levels.

The pandemic so clearly demonstrated the need to enhance data collection, sharing, and usability that in June 2021, IDOH launched a Digital Transformation Initiative. This on-going, focused, two-year effort will be critical to addressing this objective and is being executed under Project Data, Analytics, Reporting, and Technology Transformation (DARTT), lead by the Office of Data and Analytics.

## IMPROVEMENT ACTIONS AND TASKS

The development of IDOH's DARTT is underway and will encompass, among other areas:

- Exploring opportunities to expand data analysis capabilities, not just for incident response, but also to inform day-to-day mission-driven programs.
- Identifying types of reports and visualizations that can be useful to support situational awareness and decision-making.
- Continuing to explore additional partnerships to use data to create more comprehensive situational awareness.
- Exploring opportunities to support local partners with the expertise and ability to analyze and use public health data.
- Exploring opportunities to increase the use of epidemiological subject matter expertise to inform decisions.

## CAPABILITY ALIGNMENT

- CDC PHEP Readiness Capability: Information Sharing, Public Health Surveillance and Epidemiological Investigation. HPP Health Care Preparedness and Response Capabilities: Health Care and Medical Response Coordination, Medical Surge

**OBJECTIVE 14.** *Develop thresholds for escalating or scaling resources to support public information during incident response and recovery.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Allows IDOH to augment its capacity for escalating public health incidents
- Provides support to address the full range of public information functions, including message testing; monitoring and publishing content across digital, social, and other media; rumor control; providing support to spokespersons such as developing talking points, speeches, and visuals; and managing or responding to public inquiries using hotlines or other channels
- Ensures creation and sharing of consistent, coordinated, and scientifically accurate health and medical public information

#### **Risks**

- High work burden on IDOH staff
- Unable to address all public information functions

### **HOW DID WE DO?**

IDOH has experienced communications professionals with expertise in media relations who performed a plethora of public information duties throughout the pandemic, including drafting talking points, organizing media briefings, updating webpages and developing fact sheets.

IDOH communications staff also coordinated with the state Joint Information Center (JIC). Per the *Indiana Response to COVID-19: State Joint Information Center After Action Review* (IDHS, December 2020), “the State of Indiana Joint Information Center was officially active in support of the COVID-19 response on March 20, 2020. The JIC officially stood down on July 2, 2020.” During the first nine days, the State JIC operated in person and was staffed by 41 personnel from 21 agencies distributed in 3-team shifts. The report notes that “once

the JIC moved to a virtual format on March 29, the dedicated team rapidly shrank to 19 individuals.” The after-action review outlines items for action and recommendations specific to the State JIC.

Once the State JIC deactivated, IDOH managed the majority of public information functions for the duration of the pandemic. IDOH staff reported that the amount of work was overwhelming. IDOH did not have a plan or process to augment staffing resources to meet all of the state’s public information needs. IDOH did collaborate with a state-approved vendor to support development and implementation of public education vaccine campaigns.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Identify and plan for staffing support to augment IDOH’s public information capacity during public health incidents**

- Work collaboratively with state partners and vendors to list the full scope of public information functions performed during the COVID-19 response.
- Work with partners to identify opportunities to coordinate the delivery of public information across state agencies, including defining activation thresholds and roles and responsibilities for the State JIC.
- Work collaboratively with state partners to identify processes for requesting activation of/activating the State JIC and sustaining/coordinating operations to support public information for public health incidents. (This includes processes for IDOH to serve as subject matter expert on all health and medical matters.)
- Identify potential gaps in staffing and/or public information expertise capacity, especially for large-scale or long duration incidents.
- Identify communication practitioners (IDOH staff, partners, or vendors) with media relations, public health communications, website, and social media skills to augment IDOH’s public information staffing capacity.
- Develop MOUs with partner agencies or vendor contracts that enable quick onboarding to support an escalating public health incident prior to the activation of a State JIC or when the state does not anticipate activating a JIC.
- Develop a plan to a) evaluate staffing needs continuously from the start of the incident and b) draw on resources to augment capacity.
- Train and exercise plans with state partners and vendor(s).

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Public Affairs</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness; state agency partners, including IDHS; vendor(s)</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of IDOH public information staff have taken training on coordinating public information with the State JIC.</li> <li>• IDOH’s multi-year training and exercise plan describes how IDOH will practice coordinating with and supporting the State JIC at least annually for five years.</li> </ul>

**CAPABILITY ALIGNMENT**

- PHEP Readiness Capability: Emergency Public Information and Warning. HPP Health Care Preparedness and Response Capability: Health Care and Medical Response Coordination.

**OBJECTIVE 15.** *Conduct planning for a transition to the recovery phase of the pandemic.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Integrates lessons and good practices into its mission-driven and future response activities
- Plans strategically for recovery
- Uses resources appropriately
- Public health is restored to day-to-day level of functioning.

#### **Risks**

- Inability to understand and implement actions that mitigate future problems
- Prolonged emergency response can exhaust an agency's resources.
- Not planning for recovery can overwhelm or strain an organization's resources.

### **HOW DID WE DO?**

On March 3, 2022, the Governor rescinded the [public health emergency disaster declaration](#). The Division of Emergency Preparedness is identifying all remaining ongoing pandemic response activities at IDOH. In March 2022, IDOH ended contact tracing efforts. In May 2022, IDOH anticipates completing its after-action and evaluation process, summarized in this report. The SEOC is leading the financial reimbursement process.

***Local partners requested IDOH recovery support primarily in two areas:***

- 1. Although the statewide mask and social distancing mandates [have been lifted](#), Hoosiers may continue to practice non-pharmaceutical interventions (NPIs) to protect their health or the health of their loved ones. They have seen how opting for NPIs can have a stigma. Local partners asked that IDOH support their messaging normalizing [layered prevention strategies](#).***
- 2. Help with planning and messaging to encourages Hoosier to catch up on two years of deferred vaccinations and other public health prevention efforts. For example, COVID-19 had a devastating effect on children who delayed their annual check-ups and on adults who did not attend their cancer screenings.***

## **IMPROVEMENT ACTIONS AND TASKS**

Since much of IDOH's recovery will involve scaling and sustaining operations such as logistics; documenting response actions; and exploring opportunities to enhance its systems, processes, and partnerships, improvement actions for the pandemic recovery have been addressed throughout this report.

## **ADDITIONAL CONSIDERATIONS**

- IDOH can review and update the [IDOH Pandemic Response Plan](#) with lessons learned from the COVID-19 pandemic, including the action items identified in this report.
- IDOH can continue to work with local partners to support public information during the pandemic recovery phase (such as collaborating on messaging and products that support people who opt to continue to wear masks or encouraging Hoosiers to catch up on their vaccinations and screenings).

## **CAPABILITY ALIGNMENT**

- PHEP Readiness Capability: Emergency Public Information and Warning.  
HPP Health Care Preparedness and Response Capability: Health Care and Medical Response Coordination.

**OBJECTIVE 16.** *Plan for the continuity of IDOH's mission and operations in an incident by identifying IDOH's mission-essential functions and long-term staffing plans.*

## **WHY IS THIS WORK IMPORTANT?**

### **Benefits**

- Helps ensure that IDOH continues its mission-essential tasks and functions, even in a disaster
- Helps IDOH prioritize resources, including staff time
- Ensures long-term response strategies are effective

### **Risks**

- Cannot perform mission-essential functions
- Resources, including staff, are strained or overwhelmed
- Does not consider future, long-term needs

## **HOW DID WE DO?**

In the first few months of the COVID-19 response, IDOH replaced its [pandemic operations plan](#), which the agency developed in 2009. IDOH staff developed a COVID-19 response plan, adapting CDC guidance and best practice to create the new plan. Future pandemic operations plans will be updated and based on lessons learned from the two-year COVID-19 response.

In addition to pandemic operations, the 2009 plan contained a Pandemic Influenza Continuity of Operations Plan (COOP). IDOH is in the process of updating its COOP, including prioritizing essential functions that ensure the agency meets its mission even during an incident.

During the COVID-19 response, some IDOH staff commented that they were unclear on IDOH's priorities. For example, staff working overtime on pandemic activities would be tasked to perform what they described as low-priority functions in addition to their response activities.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Update the IDOH COOP to identify mission-essential functions and processes for continuing functions and maintaining capacity in an incident.**

- Create a continuity planning working group with representation from all IDOH Divisions/Programs.

- Work collaboratively to inform the continuity planning process (assessing risks, lines of succession, identifying mission-essential functions, roles, resource needs, etc.)
- Update IDOH continuity plan, as well as continuity references/planning considerations in IDOH incident management plans.
- Train IDOH executives and staff on continuity plan and tools.
- Integrate continuity into annual exercises.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> All IDOH Divisions/Programs</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of IDOH Divisions/Programs have participated in the continuity planning process.</li> <li>• IDOH’s multi-year training and exercise plan describes how IDOH will practice continuity as a component of 75% of its exercises.</li> </ul>

## CAPABILITY ALIGNMENT

- CDC PHEP Readiness Capability: Emergency Operations Coordination. HPP Health Care Preparedness and Response Capabilities: Continuity of Health Care Service Delivery

**OBJECTIVE 17.** *Develop strategies and processes to identify risks and protect the health and safety of IDOH responders.*

### **WHY IS THIS WORK IMPORTANT?**

#### **Benefits**

- Limits exposure or injury
- Enhances quality work
- Helps with staff retention
- Aligns with IDOH mission

#### **Risks**

- Risks responder health and safety
- Staff attrition results in loss of experience, skills, people to perform work, and added onboarding costs
- Negative reflection on reputation, affecting recruitment
- Staff experiences elevated stress, burnout, resultant physical effects, increased risk of depression and post-traumatic stress disorder

### **HOW DID WE DO?**

As occurred nationally in the medical and public health community, nearly all IDOH staff involved in the pandemic response worked long hours, for long periods of time, without breaks or backup support. Many staff left IDOH during the pandemic. Multiple staff who remained noted that their workload further increased, as it was difficult to hire and train new staff and operational expectations did not change.

Some IDOH staff reported working more than 16 hour days without a day off for more than three months at a time. However, other IDOH staff members reported always having multiple days off for rest and recovery.

Salaried staff had the ability to receive overtime and/or accumulate compensatory time; however, many staff did not have the ability to utilize time off. Staff reported that they were unable to take days off because they did not have other staff to assume their responsibilities in the response.

Similar to ramifications reported across the country in the medical and public health community related to the COVID-19 response, IDOH staff also reported several health/quality-of-life issues. This included problems such as weight gain, sleeping problems, anxiety, depression, lack of time to grieve deaths in their families, relationship problems, and academic concerns for children. Staff

commented that the two-year-long constant sense of urgency was exhausting. School and childcare closures compounded the stress.

The State of Indiana offers employee benefits, including an Employee Assistance Program (EAP) for state employees. Through the EAP, state employees have access to counseling sessions. Contractors may not have access to these same resources, depending on their individual insurance plans. Some staff said they did not have enough time off to use the service, as they were already working more than 12 hours a day. Others noted that therapy sessions were booked out six weeks at a time. IDOH executives noted that they promoted the EAP, partnered with FSSA to provide mental health support, provided mental health webinars and other resources, and added therapy dogs.

IDOH staff deployed to work in the field, such as mobile testing and vaccination clinics, reported hazardous working conditions that were not addressed during the planning process. For example, staff reported performing testing in full PPE outdoors in high heat and humidity without adequate planned work-rest cycles. At some sites, such as the call center, staff reported initial issues with following social distancing. Physical site security was considered after incidents occurred that necessitated support from law enforcement officers.

Many staff stated that they did not have processes to distinguish between the hours they worked on the response and the hours they spent on their day-to-day responsibilities. IDOH supervisors did not consistently track staff time. IDOH supervisors may not have had full visibility on the amount of time staff worked during the response. Without visibility of worked hours or a maximum threshold, supervisors may not have been able to identify when people were at risk for working too many hours. Dozens of staff reported working two full-time jobs – maintaining their day-to-day responsibilities and working their positions in the response.

## **IMPROVEMENT ACTIONS AND TASKS**

### **1. Update the IDOH COOP to identify mission-essential functions and processes for continuing functions and maintaining capacity in an incident.**

- Form a working group to identify strategies and tools to protect the health and safety of IDOH responders.
- Develop processes to evaluate, report, and mitigate responder risks in an

incident.

- Brainstorm and identify additional working group tasks, which may include one or more of the following tasks identified during the COVID-19 response:
  - a. Establish a Safety Officer position in the DOC to monitor health and safety, including mental health, of IDOH staff responding to the emergency.
  - b. Explore ways to enhance the EAP and expand access to and awareness of mental health services to all IDOH staff.
  - c. Create a policy to address rest/work cycles.
  - d. Develop processes to track staff hours and provide information to leadership to inform decision-making and operational planning.
  - e. Identify alternate/back-up staff.
  - f. Delineate procedures for transferring work on mandatory “off days.”
  - g. Discuss plans to maximize use of contractors to augment staff whenever possible, especially for Presidentially-declared disasters.
- Train and exercise IDOH executives, DOC, and incident support staff on practices and initiatives to mitigate risks to responder health and safety.

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Division of Emergency Preparedness</li> <li>• <b>Supporting Staff &amp; Partners:</b> IDOH Human Resources, State Personnel Department, and IDOH Divisions/ Programs that staff DOC</li> </ul>	<ul style="list-style-type: none"> <li>• IDOH’s responder health and safety practices address risk mitigation actions for 100% of IDOH staff who may help respond to an incident.</li> <li>• 100% of IDOH staff who may help respond to an incident have taken training on IDOH’s responder health and safety practices.</li> <li>• IDOH staffs a Safety Officer position for 100% of exercises and real-world public health incidents at a minimum until 2027.</li> </ul>

### ADDITIONAL CONSIDERATIONS

- Research has shown that employees who work 16-hour days or 80-hour weeks are more likely to make mistakes and are less productive.
- By developing workplace policies and mental health initiatives designed to support staff, IDOH can recruit and maintain a steady, experienced, and knowledgeable workforce capable of leading the state through the next public health emergency.
- During the pandemic, many response positions were staffed by employees that were still responsible for their day-to-day job. Times of crisis often call for employees to work more hours than normal, but this practice cannot be sustained for long periods of time without risks. Future planning initiatives should prioritize methods to address this issue as possible.
- The Safety Officer should participate in operational planning meetings, for

- example, to establish work-rest cycles for field sites, or to ensure access to food/drink and develop mitigation strategies for missions/operations/tasks.
- IDOH should consider offering mental health services to contractors or working with staffing agencies to provide and advertise access to mental health services for contractors.
  - Federal recovery programs may reimburse contracted response services more readily than internal staff time, so it may be preferable to use additional contractor support for some incident management support roles.
  - IDOH should train managers on signs of depression, anxiety, and other common mental health conditions and how to intervene appropriately, especially during incidents.

### **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capabilities: Emergency Operations Coordination and Responder Safety and Health. HPP Health Care Preparedness and Response Capabilities: Continuity of Health Care Service Delivery

**OBJECTIVE 18.** *Ensure compliance with requirements for federal recovery programs and state fiscal policies, allowing IDOH to efficiently fund COVID-19 activities and maximize reimbursement.*

## **WHY IS THIS WORK IMPORTANT?**

### **Benefits**

- Aligns with IDOH goals of ensuring fiscal stewardship of state resources
- Accurate documentation practices during the emergency make for a more efficient recovery process and allow the state to maximize its reimbursement.
- Informs operational planning

### **Risks**

- Spends extra hours of staff time recreating documentation
- Missed opportunities to recoup costly incident expenses
- Operations have insufficient funding

## **HOW DID WE DO?**

IDOH managed more than 36 funding streams during the pandemic. Input during the interviews and workshops noted that IDOH may not have had adequate documentation and accounting guidelines for federal recovery program reimbursement. In addition to compliance with federal programs, disaster financial reconciliation requires compliance with state processes for contracting, purchase orders, hiring, budgeting, forecasting, and reporting.

Delays in state compliance can affect local reimbursement timelines. Some local partners reported that their reimbursement requests are taking months to process. State agency partners noted that the exigency of the response may have resulted in the use of more expensive assets and resources than could have been utilized if better pre-event plans and contracts had been in place.

## **IMPROVEMENT ACTIONS AND TASKS**

- 1. Develop and implement structures and processes to encourage compliance with state and federal fiscal policies and programs.**
  - Create a comprehensive list of tasks/initiatives to support this fiscal compliance and stewardship. This list includes the following tasks:
    - a. Identify/hire staff to fill Finance Section Chief position in the DOC, ensuring a continuous presence during DOC activation.

- b. Update incident management plans to describe how Finance will have an active presence in the DOC. The plans and SOPs should describe how:
  - The DOC will involve a representative from Finance, who understands financial regulations and requirements, in operational planning meetings to ensure compliance with reimbursement and other financial requirements.
  - Finance will advise all sections in the DOC on fiscal policies and practices.
  - Finance will provide forms and tools to support fiscal compliance.
  - Finance will track and document operations to support reimbursement claims.
- c. Develop guidelines for DOC and IDOH support staff to comply with state and federal response and recovery programs.
- d. Members of Finance, including the Finance Section Chief, who may staff the DOC or support incident response and recovery, will complete FEMA training courses for Finance/Admin Section Chief and on the Public Assistance Program.
- e. Evaluate and establish standby/pre-incident contracts that will support IDOH disaster response and recovery operations, especially financial reconciliation and reimbursement processes, ensuring disaster related

Responsibilities	Key Performance Indicators
<ul style="list-style-type: none"> <li>• <b>IDOH Lead:</b> Office of Finance</li> <li>• <b>Supporting Staff &amp; Partners:</b> Division of Emergency Preparedness, ERC</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of Finance staff who may lead or support the DOC have taken FEMA trainings.</li> <li>• IDOH’s multi-year training and exercise plan describes how IDOH will practice fiscal policies as a component of 100% of its exercises.</li> </ul>

### ADDITIONAL CONSIDERATIONS

- Federal grant programs can be very difficult to navigate. There are resources that have a thorough understanding of federal recovery programs, including CARES Act, the American Recovery Plan Act (ARPA), FEMA Public Assistance, and other programs. These programs require highly specialized expertise and are heavily influenced by past precedent. IDOH and SEOC Finance Section staff should meet to discuss ongoing reimbursement requirements and ensure that the State of Indiana maximizes the reimbursement funding from its COVID-19 response.

- IDOH should work with the IDHS Public Assistance program to establish forms and processes to comply with federal recovery program documentation requirements. All IDOH response functions should be trained on internal emergency financial requirements and be aware of general federal Public Assistance rules regarding eligibility.
- IDOH should have subject matter experts in federal grant programs review relevant policy (labor, acquisition, and other relevant documents) and practices to ensure that the agency is best positioned to recoup disaster expenses. In the future, this review and policy change needs to happen prior to a disaster designation, or it could be excluded from eligibility determination for federal funds.
- Consider issuing a state purchase card to Logistics staff for incident response. IDOH staff noted that they were not always able to make purchases in the field in a timely manner during the pandemic.

## **CAPABILITY ALIGNMENT**

- CDC PHEP Readiness Capability: Community Recovery. HPP Health Care Preparedness and Response Capabilities: Foundation for Health Care and Medical Readiness

## GENERAL ADDITIONAL CONSIDERATIONS

IDOH should consider incorporating these additional planning considerations assumptions into its programs, plans, and processes. Additional discussions with local and state partners will help further inform these considerations.

- ***Local governments have different processes for receiving grant funding and allocating funds to LHD operations and/or local emergency response efforts. LHDs reported that IDOH did not always understand their processes and limitations. For example, IDOH might expect LHDs to have response programs staffed and underway within a couple weeks of funding; however, some local governance systems could take two or more months to process the grants and disperse it to the LHD.***
- Indiana had limited quantities of the vaccine when it was first available. The state initially offered doses only to Hoosiers. People who live near the state border, especially in the Chicago and Louisville metro areas, may work in one state and live in another. ***The LHDs consider these people within their service area, although they may live in a bordering city.*** This should be considered during policy and operational planning meetings for creating guidelines for testing and vaccines.
- In part due to home rule status, IDOH may not be able to expect local jurisdictions to implement state mandates consistently without guidance. Per IDOH counsel, the state can explain a state mandate, but cannot give legal advice to local authorities. IDOH should establish clear boundaries in emergency plans so that local partners understand the type of legal guidance to expect from IDOH in an emergency. During the response, IDOH directed local partners to develop relationships with their local counsel. Many local partners assumed that they would be able to use state attorneys as legal counsel regarding pandemic-related issues.

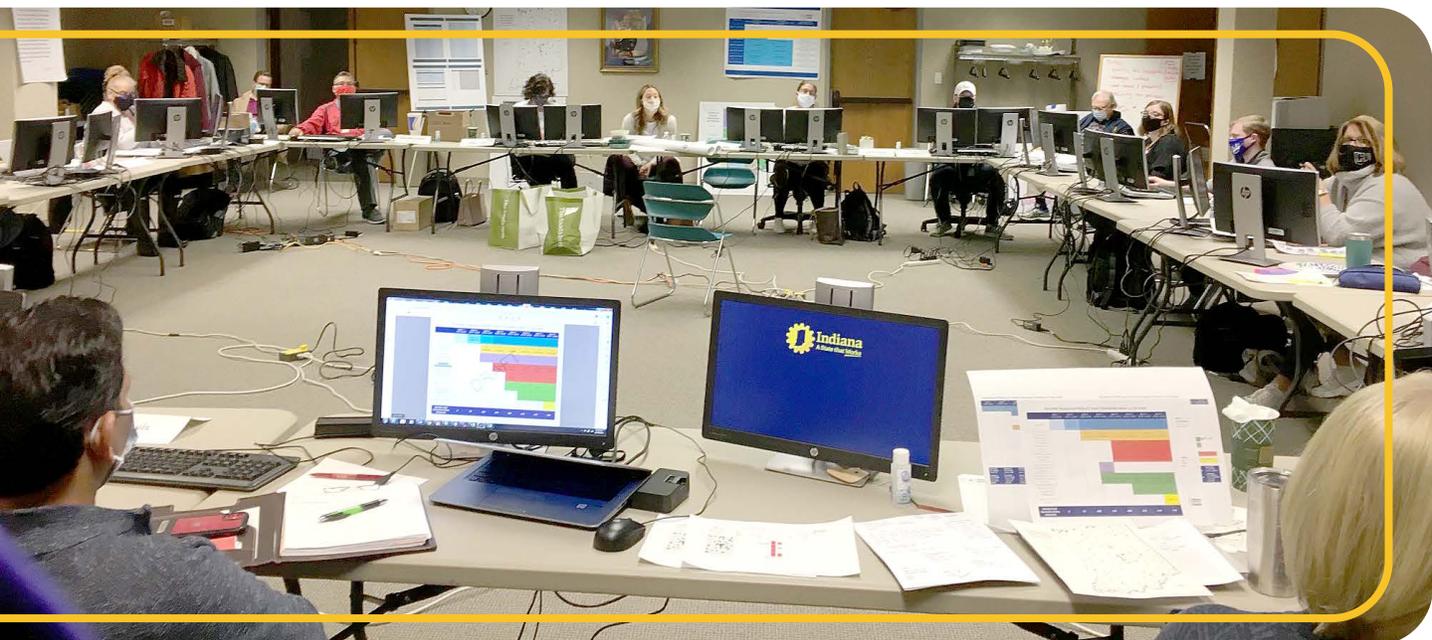
IDOH executives and staff met for three days in early April 2022 to review the report, its objectives, and recommended improvement actions from its subject matter experts, DCMC Partners. In those facilitated discussions, the IDOH team built the initial approach to improvement planning outlined in this report.

The improvement actions and tasks cover a broad scope of capabilities. Actions target the development or enhancement of working groups, partnerships, programs, systems, processes, structures, resources capacity, plans, and other tools.

The objectives, actions, tasks, and key performance indicators described in this report serve as a starting point for implementation. Implementation is an iterative process, continuously focused on the agency's vision: to continue to assess and build the agency's capabilities so incident management is even more efficient, coordinated, and successful in the future. IDOH leadership also recognizes that the process to implement the improvement actions described in this report will enhance day-to-day partnerships and programs.

The Division of Emergency Preparedness, in partnership with the Office of Public Health Performance Management, will monitor and manage the overall implementation of improvement actions. Initial implementation steps will include:

- Sharing copies of this report and discussing next steps with staff, contractors, and state and local partners.
- Reviewing the report with the Governor's Public Health Commission, gathering input on statewide priorities, and aligning this focus on incident preparedness with the Commission's other focus areas.



- Meeting with staff and state and local partners to form working groups and confirm tasks.
- Developing mechanisms to monitor, evaluate, and capture progress on the improvement actions.

In each of these steps, IDOH will work collaboratively to refine the improvement plan. Initial implementation steps include, but are not limited to:

- Adding dates and a comprehensive timeline to the actions/tasks
- Finalizing key performance indicators
- Identifying resource requirements (including budgets/funding sources)
- Considering risks and developing plans to continue to identify and mitigate risks
- Developing plans to communicate the status of implementation efforts regularly with staff, contractors, and local and state partners

IDOH will continue to align the implementation efforts with the agency's strategic planning, connecting programs and initiatives whenever possible. IDOH executives commit to prioritizing IDOH resources to support the implementation efforts, including securing staff time and funding.

Finally, in the implementation of its improvement plan, IDOH commits to continued collaboration across agency offices/divisions, and with its hundreds of local and state agency partners. As reiterated throughout this report, the sustained response to the two-year long pandemic would not have been possible without resolute dedication of IDOH staff and partners. IDOH values the ongoing collaboration that will occur through these improvement planning efforts.

## APPENDIX 1: ACRONYMS AND ABBREVIATIONS

ARPA – American Recovery Plan Act  
ASPR – Assistant Secretary for Preparedness and Response  
ATSDR – Agency for Toxic Substances and Disease Registry  
ATSG – Assistive Technology Standards Group  
CARES Act – Coronavirus Aid, Relief, and Economic Security Act  
CDC – Centers for Disease Control  
CHC – community health center  
CHIRP – Children and Hoosier Immunization Registry Program  
COOP – Continuity of Operations Plan  
COVID-19 – Coronavirus disease 2019, the official name given by the World Health Organization to the disease caused by SARS-CoV-2  
CRM – customer relationship management system  
DARTT – Data, Analytics, Reporting, and Technology Transformation  
DGMQ – Division of Global Migration and Quarantine  
DMHA – Division of Mental Health and Addiction (a division of FSSA)  
DOC – Departmental Operations Center  
DOE – Indiana Department of Education  
EAP – Employee Assistance Program  
EKG – electrocardiogram  
EMR – electronic medical record  
EMS – Emergency Medical Services  
ERC – Epidemiology Resource Center  
ESF – emergency support function  
FAQ – frequently asked question  
FEMA – Federal Emergency Management Agency  
FSSA – Family and Social Services Administration  
FQHCs – Federally Qualified Health Centers  
GIS – geospatial information systems  
HBH – Homebound Hoosier Program  
HCC – healthcare coalition  
HCST – Hospital Crisis Support Team  
HPP – Hospital Preparedness Program  
HHS – U.S. Department of Health and Human Services  
HIV – Human Immunodeficiency Virus  
HRST – Hospital Recovery Support Teams  
ICS – The Incident Command System  
IDEM – Indiana Department of Environmental Management  
IDHS – Indiana Department of Homeland Security  
IDOC – Indiana Department of Corrections  
IDOH – Indiana Department of Health  
IHAN – Indiana Health Alert Network

IHIE – Indiana Health Information Exchange  
IIS – immunization information system  
IMAT – Inventory Management Tracking System  
INDOT – Indiana Department of Transportation  
INNG – Indiana National Guard  
IOT – Indiana Office of Technology  
IP – Infection Prevention  
IPSC – Indiana Integrated Public Safety Commission  
ISP – Indiana State Police  
JIC – Joint Information Center  
LEP – limited English proficiency  
LHD – local health department  
LTC – long-term care  
LTC CRT – Long-Term Care Crisis Response Team  
LTC ST – Long-Term Care Support Team  
LTN - Laboratory Testing Network  
MOU – memorandum of understanding  
MS – Microsoft  
NEDSS – National Electronic Disease Surveillance System  
NBS – NEDSS Base System  
NIMS – The National Incident Management System  
NPI – non-pharmaceutical intervention  
OMH – Office of Minority Health  
OPA – Office of Public Affairs  
OTC – Office of Technology  
PCR – polymerase chain reaction test  
PHEP – Public Health Emergency Preparedness Program  
PIO – Public Information Officer  
PPE – personal protective equipment  
PUI – person under investigation  
RR – resource request  
SEOC – State Emergency Operations Center  
SERV-IN – State Emergency Registry of Volunteers for Indiana  
SNS – Strategic National Stockpile  
SOP – standard operating procedure  
SVI – social vulnerability index  
TAT – turnaround times  
TB – Tuberculosis  
VTM – viral transport medium

## APPENDIX 2. PHEP/HPP REQUIRED CAPABILITIES CROSSWALK

IDOH met the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Programs (HPP) capability requirements during its pandemic response. The following crosswalk connects the capabilities with where they have been discussed in this report.

### PHEP CAPABILITIES

Capability	After-Action Report Objective(s)
<b>Community Preparedness</b>	<b>Objective 1.</b> Augment expertise, partnerships, and tools to identify and support Hoosiers with characteristics historically linked to discrimination or exclusion, including people with access and functional needs, who may be disproportionately impacted by health-related incidents.
<b>Community Recovery</b>	<b>Objective 3:</b> Support community recovery through mental and behavioral health initiatives. <b>Objective 15.</b> Conduct planning for a transition to the recovery phase of the pandemic. <b>Objective 18.</b> Ensure compliance with requirements for federal recovery programs and state fiscal policies, allowing IDOH to efficiently fund COVID-19 activities and maximize reimbursement.
<b>Emergency Operations Coordination</b>	<b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident. <b>Objective 7:</b> Work with state agency partners involved in the COVID-19 response to examine, define, and practice coordination structures for future incidents. <b>Objective 10.</b> Conduct a systematic planning process to manage and respond to incidents. <b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process. <b>Objective 16.</b> Plan for the continuity of IDOH's mission and operations in an incident by identifying IDOH's mission-essential functions and long-term staffing plans. <b>Objective 15.</b> Conduct planning for a transition to the recovery phase of the pandemic.
<b>Emergency Public Information and Warning</b>	<b>Objective 2.</b> Increase the number, types, and quality of professionally translated materials and qualified interpretation services to support incident management. <b>Objective 5.</b> Develop products to disseminate accurate, timely information to the public during an incident. <b>Objective 8.</b> Partner with state agencies to plan for coordinated call center operations. <b>Objective 14:</b> Develop thresholds for escalating or scaling resources to support public information during incident response and recovery.

Capability	After-Action Report Objective(s)
<b>Fatality Management</b>	IDOH participated in a working group with IDHS, INNG, the <a href="#">Indiana Coroner's Association</a> , <a href="#">Indiana Funeral Director Association</a> , and other partners to discuss ways to increase capacity for fatality management (e.g., identifying resource needs for trailers, body bags, and other supplies). The state received materials, such as body bags, from FEMA. The SEOC managed and distributed these resources.
<b>Information Sharing</b>	<p><b>Objective 4.</b> Provide a centralized platform to support surge demand for medical countermeasures.</p> <p><b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident.</p> <p><b>Objective 7:</b> Work with state agency partners involved in the COVID-19 response to examine, define, and practice coordination structures for future incidents.</p> <p><b>Objective 8.</b> Partner with state agencies to plan for coordinated call center operations.</p> <p><b>Objective 9.</b> Examine, document, and update IDOH's approach to supporting local and state partners with contract tracing operations.</p> <p><b>Objective 11.</b> Enhance and implement a processes and tools for exchanging information internally within IDOH during an incident.</p> <p><b>Objective 13.</b> Identify and develop rules, expectations, and all partners necessary for data exchange to create a common operating picture.</p>
<b>Mass Care</b>	IDOH supported local partners' mass care efforts by providing PPE, hand sanitizer, hand washing stations, and other resources, at facilities set up for people who tested positive for COVID-19 and experiencing homelessness.
<b>Medical Countermeasure Dispensing and Administration</b>	<b>Objective 7:</b> Work with state agency partners involved in the COVID-19 response to examine, define, and practice coordination structures for future incidents.
<b>Medical Material Management and Distribution</b>	<p><b>Objective 4.</b> Provide a centralized platform to support surge demand for medical countermeasures.</p> <p><b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process.</p>
<b>Medical Material Management and Distribution</b>	<b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process.
<b>Medical Surge</b>	<b>Objective 9.</b> Examine, document, and update IDOH's approach to supporting local and state partners with contract tracing operations.
<b>Nonpharmaceutical Interventions</b>	<b>Objective 9.</b> Examine, document, and update IDOH's approach to supporting local and state partners with contract tracing operations.

Capability	After-Action Report Objective(s)
<b>Public Health Lab Testing</b>	<b>Objective 10.</b> Conduct a systematic planning process to manage and respond to incidents.
<b>Public Health Surveillance and Epidemiological Investigation</b>	<b>Objective 9.</b> Examine, document, and update IDOH's approach to supporting local and state partners with contact tracing operations. <b>Objective 13.</b> Identify and develop rules, expectations, and all partners necessary for data exchange to create a common operating picture.
<b>Responder Safety and Health</b>	<b>Objective 17.</b> Develop strategies and processes to identify risks and protect the health and safety of IDOH responders.
<b>Volunteer Management</b>	IDOH supported local partners' volunteer management efforts. IDOH hosts <a href="#">SERV-IN</a> as a resource for local partners to collect information on available volunteers. During the COVID-19 response, the background checks and credentialing functions were not set up in the system. At least two districts pulled reports from SERV-IN to identify volunteers. IDOH also worked with the <a href="#">Indiana University Bowen Center for Health</a> to match volunteers with facilities that requested volunteers. Some local partners reported that they were unable to use the system.

## HPP CAPABILITIES

Capability	After-Action Report Objective(s)
<p><b>Foundation for Health Care and Medical Readiness</b></p>	<p><b>Objective 1.</b> Augment expertise, partnerships, and tools to identify and support Hoosiers with characteristics historically linked to discrimination or exclusion, including people with access and functional needs, who may be disproportionately impacted by health-related incidents.</p> <p><b>Objective 2.</b> Increase the number, types, and quality of professionally translated materials and qualified interpretation services to support incident management.</p> <p><b>Objective 3:</b> Support community recovery through mental/behavioral health initiatives.</p> <p><b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident.</p> <p><b>Objective 15.</b> Conduct planning for a transition to the recovery phase of the pandemic.</p> <p><b>Objective 18.</b> Ensure compliance with requirements for federal recovery programs and state fiscal policies, allowing IDOH to efficiently fund COVID-19 activities and maximize reimbursement.</p>
<p><b>Health Care and Medical Response Coordination</b></p>	<p><b>Objective 5.</b> Develop products to disseminate accurate, timely information to the public during an incident.</p> <p><b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident.</p> <p><b>Objective 7:</b> Work with state agency partners involved in the COVID-19 response to examine, define, and practice coordination structures for future incidents.</p> <p><b>Objective 8.</b> Partner with state agencies to plan for coordinated call center operations.</p> <p><b>Objective 10.</b> Conduct a systematic planning process to manage and respond to incidents.</p> <p><b>Objective 11.</b> Enhance and implement a processes and tools for exchanging information internally within IDOH during an incident.</p> <p><b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process.</p> <p><b>Objective 13.</b> Identify and develop rules, expectations, and all partners necessary for data exchange to create a common operating picture.</p> <p><b>Objective 14:</b> Develop thresholds for escalating or scaling resources to support public information during incident response and recovery.</p>

Capability	After-Action Report Objective(s)
<p><b>Continuity of Healthcare Service Delivery</b></p>	<p><b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident.</p> <p><b>Objective 10.</b> Conduct a systematic planning process to manage and respond to incidents.</p> <p><b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process.</p> <p><b>Objective 16.</b> Plan for the continuity of IDOH's mission and operations in an incident by identifying IDOH's mission-essential functions and long-term staffing plans.</p> <p><b>Objective 15.</b> Conduct planning for a transition to the recovery phase of the pandemic.</p> <p><b>Objective 17.</b> Develop strategies and processes to identify risks and protect the health and safety of IDOH responders.</p>
<p><b>Medical Surge</b></p>	<p><b>Objective 4.</b> Provide a centralized platform to support surge demand for medical countermeasures.</p> <p><b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident.</p> <p><b>Objective 9.</b> Examine, document, and update IDOH's approach to supporting local and state partners with contract tracing operations.</p> <p><b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process.</p> <p><b>Objective 13.</b> Identify and develop rules, expectations, and all partners necessary for data exchange to create a common operating picture.</p>
<p><b>Continuity of Healthcare Service Delivery</b></p>	<p><b>Objective 6.</b> Develop and update organizational structures, methods, and tools for exchanging information with local partners during an incident.</p> <p><b>Objective 10.</b> Conduct a systematic planning process to manage and respond to incidents.</p> <p><b>Objective 12.</b> Refine IDOH's roles and responsibilities within the resource management process.</p> <p><b>Objective 16.</b> Plan for the continuity of IDOH's mission and operations in an incident by identifying IDOH's mission-essential functions and long-term staffing plans.</p> <p><b>Objective 15.</b> Conduct planning for a transition to the recovery phase of the pandemic.</p> <p><b>Objective 17.</b> Develop strategies and processes to identify risks and protect the health and safety of IDOH responders.</p>
<p><b>Medical Surge</b></p>	<p>IDOH supported local partners' volunteer management efforts. IDOH hosts SERV-IN as a resource for local partners to collect information on available volunteers. During the COVID-19 response, the background checks and credentialing functions were not set up in the system. At least two districts pulled reports from SERV-IN to identify volunteers. IDOH also worked with the Indiana University Bowen Center for Health to match volunteers with facilities that requested volunteers. Some local partners reported that they were unable to use the system.</p>

## **DISCLAIMER**

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