Smart Growth & Regional Collaboration

Emergency Preparedness Practice
Municipal Collaboration Department
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COVID- 19 Homebound Vaccination Process
After Action Report/Improvement Plan
Executive Summary

The COVID pandemic presented significant challenges to Local Boards of Health (BOHs), and one area where that was especially true was in vaccinating residents and particularly vulnerable individuals that could not leave their homes. In May of 2021, it was announced that the Massachusetts Department of Public Health (MDPH) was expanding its COVID-19 vaccination program to include homebound residents. BOHs were offered the opportunity to contract with a state-provided contractor or provide the vaccines through their own means.

As part of its Emergency Preparedness Practice, the Metropolitan Area Planning Council (MAPC) identified homebound vaccination as an area to conduct an After-Action Report (AAR) because of the lessons that could be learned in informing future vaccination efforts and supporting homebound residents to receive healthcare. MAPC chose five (5) communities in which to conduct the AAR: Lynn, Salem, Peabody, Medford and Gloucester. These communities were selected because they took different approaches to vaccinating homebound residents. This Executive Summary provides an overview of our findings in exploring the strengths and areas for improvement of these programs.

Parties Involved

The exercise planning team was composed of numerous and diverse agencies, including MAPC Staff, City of Lynn Health Department, City of Lynn Council on Aging, City of Lynn Fire/EMS, Mass General-Brigham, City of Salem Health Department, City of Salem Council on Aging, Cataldo Ambulance Service, City of Peabody Health Department, City of Peabody Council on Aging, Massachusetts Department of Public Health, City of Medford Health Department, City of Medford Council on Aging, City of Medford Housing Authority, Armstrong Ambulance, City of Gloucester Health Department, City of Gloucester Council on Aging, Gloucester Finance Department, Gloucester Senior Center and the Gloucester Fire Department.

AAR/IP Process

The planning process for the project took approximately two-months. During that time, documents were created for the project and outreach was conducted to municipalities to gauge their level of interest for participation. After municipalities agreed to participate, key-informant interviews were conducted over a two-month period. The exercise planning team discussed how reviewing and developing an AAR/IP around each municipalities' strategy to provide the COVID-19 vaccination to homebound individuals would ultimately provide the municipalities with lessons learned, best practices and recommendations for future planning, training, and exercises. Once the interviews were finalized, MAPC staff worked to develop AAR/IP's for each of the five communities and conducted a debrief with them. This process took approximately two-months.

Capabilities and Objectives

MAPC's COVID-19 Homebound Vaccination Process AAR and Improvement Plan (AAR/IP) was developed to test:

1. Community Preparedness
2. Information Sharing
3. Medical Countermeasure Dispensing and Administration

Based on the exercise planning team's deliberations, the following objectives were developed for the COVID-19 Homebound Vaccination Process AAR/IP:

- Objective 1. Develop a plan to provide the COVID-19 vaccine to homebound residents within the community.
- Objective 2. Effectively coordinate with community partners.
- Objective 3. Accurately identify homebound residents with the community.
- Objective 4. Successfully administer COVID-19 to homebound residents within the community

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Major Strength 1: All municipalities were able to utilize pre-existing relationships with inter-departmental staff or community-based partners to offer the COVID-19 vaccination to homebound residents. Examples include utilizing community-based EMS, Medical Reserve Corps (MRC) as well as municipal staff from other departments (i.e., Finance, Council on Aging, Housing Authority).

- Major Strength 2: Municipalities operationalized or adapted pre-existing plans in order to offer the COVID-19 vaccination to homebound residents. Some municipalities adapted sections from their Emergency Dispensing Site Plans. Some utilized a similar format to when the offer flu vaccinations to homebound residents. The utilization or adaptation of these plans were primary factors in how municipalities successfully accomplished this task.

- Major Strength 3: Municipalities took an equitable approach to ensure that homebound individuals were aware of the COVID-19 vaccine opportunities. Individuals were made aware of the clinics through postings on social media platforms. For those who did not have access to social media, flyers were handed out and posted at the buildings. Lastly, efforts were also made in conjunction with the Senior Housing facilities to contact family members and make them aware of the clinics.

- Major Strength 4: BOHs were able to quickly recognize and employ well trained staff to lead the homebound vaccination efforts. Having adequately trained Health Department staff decreased the time needed to be spent on training and allowed for a quick response. For those communities who utilized the MDPH resources, they can also be credited for recognizing that they did not have sufficient internal resources to offer the vaccinations to homebound residents. This realization also allowed for a rapid deployment of contracted resources.

Primary Areas for Improvement

Throughout AAR/IP process, several opportunities for improvement in all Municipalities ability to offer COVID-19 vaccinations to homebound residents were identified. The primary areas for improvement, including recommendations, are as follows:

- Key recommendation 1: While conducting stakeholder interviews with municipalities, staffing levels were a concern. It was noted that in the future, if there is an event where a municipal Health Department is tasked with a response role, it is vitally important to ensure that proper clinical and administrative staffing levels are achieved. Additionally, it is recommended that all new staff take trainings to establish a common baseline within the department. For example, having staff take FEMA ICS 100 and 700 at a minimum would not only enhance the level of community preparedness but would also enhance the municipalities' ability to respond and recover from incidents and events.

- Key recommendation 2: During the stakeholder interview process, it was noted that there were barriers around the definition of a homebound individual. BOHs would register an individual who claimed to be homebound for a COVID-19 vaccine appointment. When staff would arrive to vaccinate a homebound resident, it was clear that the resident did not meet the criteria of a homebound individual. This created a challenge since the Health Departments would take the individual's word that they were in fact homebound. Developing a clear and testable definition for a homebound resident at the state and local level would help alleviate any future challenges around homebound resident identification.

- Key recommendation 3: During key stakeholder interviews, it was noted that prior to offering the vaccine, homebound residents were asked to pre-register online using the state-run COLOR system. This created a large barrier in that it quickly became apparent that many homebound residents do not have email addresses or access to the internet. As a result, staff spent a large amount of time collecting information and registering homebound residents for the COVID-19 vaccine. This added additional work and time to an already stressful situation. These processes could have been better streamlined through additional state offered trainings on systems during normal operations to increase familiarity during events and incidents that require a response.

Conclusion

Overall, this AAR/IP process was very successful. MAPC was able to analyze the work that each of the five municipalities did in order to offer the COVID-19 vaccine to homebound residents as well as highlight all the strengths and offer improvement recommendations. Municipalities were provided a copy of their AAR/IP after a debrief was conducted. Municipalities will be able to utilize this AAR/IP to leverage future funding, trainings and resources. All findings from this AAR/IP are not solely for the purpose of vaccinating homebound residents, should be viewed broadly and transferrable to future incidents/events. Municipalities can use these findings to develop any future trainings around staff training, communication and resource management.