Oro Rapid Response Team Post-Training Review

Jun 16, 2021

To identify best practices and challenges encountered when activating the Rapid Response Team, providing opportunities to share lessons learnt, and identifying areas for improving the RRT response.

World Health Organization | GOARN | Field Epidemiology In Action | Papua New Guinea National Department of Health | FETPNG | Australian Government | Indo-Pacific Centre for Health Security

SUMMARY

This report presents the methodology and findings from the Rapid Response Team (RRT) Post-Training Review conducted in Oro Province. A 2-day RRT initiation training in Oro Province was conducted online from May 5-6, 2021.

The purpose of the RRT Post-Training Review was to reflect on progress made since the RRT Initiation training with a focus on improving the future performance of the RRT. Through a variety of interactive exercises, participants reflected on best practices and key challenges following the RRT Initiation training. The participants identified priority focus areas, which were further workshopped to identify specific activities to strengthen enabling factors and mitigate limiting factors.

It is our intention that this report be used by decision makers to mobilize necessary resources to support and strengthen the RRT in Oro Province as an essential element of the health security workforce, focused on the timely detection and response to epidemic alerts and public health emergencies.

Key Recommendations

- The Oro RRT should commence regular (weekly, biweekly) meetings to review surveillance data and discuss issues pertaining to the functioning of the RRT
- The RRT manual for Oro should be finalised and signed off by the CEO of the Provincial Health Authority; the manual should
    - Finalise roles and responsibilities of team members
    - Identify names and positions of core and expanded team members
    - Establish communication and reporting lines
    - Document processes to ensure the RRT can initiate an investigation within 24 hours of an event being identified/notified, including accessing necessary funds to support team mobilization
- An RRT focal point should be appointed to coordinate the team and ensure the priority activities identified during the post-training review are implemented

BACKGROUND

Rapid Response Teams are an essential component of a country's public health emergency response architecture, focused on strengthening health security. The International Health Regulations (IHR, 2005), set by the World Health Organization, require countries to be prepared to detect and respond to public health threats and emergencies. The concept of rapid response teams is to have a multidisciplinary team trained and able to deploy on short notice in response to public health alerts or emergencies with public health impact.

In recent years, PNG has experienced large outbreaks of cholera, measles, dengue, malaria, polio, and is now responding to the COVID-19 pandemic. In addition, PNG has had to respond to earthquakes, tropical cyclones and large scale flooding. In a move to strengthen health systems in PNG to rapidly respond to infectious disease threats and natural disasters the NDoH commenced the role out of training for multidisciplinary rapid response teams in PNG. The first training was conducted in November 2019 for the National Capital District (NCD), with representation from NDoH and WHO-PNG. The training was facilitated by technical staff from the World Health Organization's Western Pacific Regional Office (WPRO). Due to COVID-19 and the difficulties bringing people out of the workplace for a 5-day training, a 2-day compressed RRT Initiation training program was developed in early 2021 and rolled out to 6 Provinces from May 5 to Jun 10, 2021. This RRT Initiation training is to be followed by a 5-day competency based training and ongoing scenario-based training opportunities. Participants who undertake the RRT Initiation and Competency based training will receive a certificate of completion. The RRT Initiation Training included disease control officers, clinicians, surveillance officers, laboratory scientists, environmental health officers, logisticians, risk communication specialists, and staff trained in field epidemiology through the PNG Field Epidemiology Training Program (FETPNG).

Formal Rapid Response Teams are a new concept in PNG. With the onset of the COVID-19 pandemic, the necessity of RRTs was further highlighted. The NDoH/WHO plan to roll out a RRT Initiation training to the additional provinces of PNG over the coming months. This post-training review is the first to be completed following an RRT Initiation training. Additional post-training reviews are planned to assess the impact of the training and the key challenges faced in establishing and deploying RRTs at the provincial level. RRT post-training reviews foster a culture of continual reflection, learning and improvement of RRT responses.

Objective of the Rapid Response Team Post Training Review

The objective of the Rapid Response Team (RRT) Post-Training Review was to provide an opportunity for the Oro RRT to identify areas for improving the RRT response.

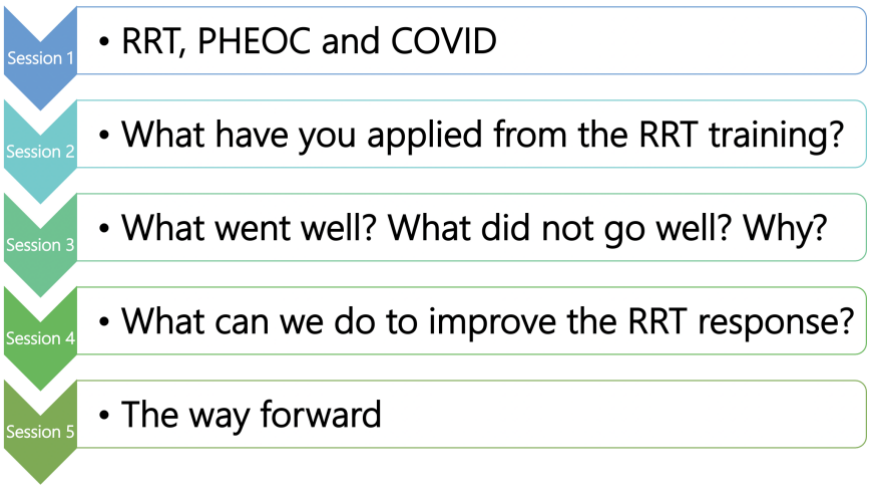
The purpose of the RRT Post-Training Review was to provide an opportunity to share experiences and collectively analyse the RRT by identifying challenges and best practices and to develop a plan of action to strengthen the RRT.

Photo: RRT Review Team in Oro Province discussing the RRT structure

METHODOLOGY

This RRT Training Review followed an interactive methodology with group exercises and interactive facilitation techniques. Opportunities to share and undertake cross learning was fostered between groups. The workshop took place over 1 day and was divided into the key sessions outlined in Figure 1.

Figure 1: Rapid Response Team After-Action Review Process



Session 1. RRT, PHEOC and COVID. In order to visualize the structure of the Provincial Health Emergency Operation Centre and how it relates to the Rapid Response Team and the COVID-19 response team, the participants drew and presented the structures.

Session 2. What have you applied from the learnings of the RRT training? During session 2, participants conducted a group discussion reflecting on learnings from the RRT Initiation training (in May 2021) that they had applied following the training. Responses were reported back to the group and discussed.

Session 3. What went well? What went less well? Why? During session 3 participants individually identified best practices and challenges under six overarching themes. The themes were divided between two groups and best practices and challenges experienced were recorded under each thematic heading. The thematic headings were:

- Composition of RRT (forming a multidisciplinary team)
- Clarity of roles and responsibilities within the RRT
- Activation and deployment of the RRT
- Outbreak investigation
- Reporting and follow-up
- Coordination of the RRT

Facilitators used trigger questions to aid in the identification of best practices and challenges for each theme. Participants explored why these best practices and challenges occurred. Facilitators applied Root Cause Analysis (RCA) to progressively unpack the reasons as to why something did or did not happen. This included asking "why" repeatedly (up to 5 times) to explore the deeper reasons why something did or did not happen, to reveal the root cause of the issue, drawing down to specific enabling and limiting factors. These were then reported back and discussed with the larger group.

Session 4. What can we do to improve the RRT response? In session 4, participants reviewed the enabling and limiting factors from session 3 and constructed activities to institutionalize best practices and address challenges. Participants identified the key steps required for the implementation of the activity, established a timeline for implementation, identified key decision makers who could facilitate the activity, identified a responsible focal point to follow-up that the activity was implemented, identified additional support required to ensure the activity happens, and proposed measurable indicators to monitor progress and outcome. Activities were reported back and discussed with the larger group were they were assessed as to whether they were feasible, realistic and achievable.

Session 5. The way forward. An implementation plan for the activities will be developed by Oro Province. The RRT will meet to identify what can be addressed immediately to improve the ongoing RRT response; and what can be done in the mid or long-term to improve the response to future alerts.

SUMMARY OF FINDINGS

A total of 8 participants attended the RRT Training review session. This section provides a summary of the outputs from each session.

Session 1. RRT, PHEOC and COVID

The following organizational charts were constructed by the participants. Chart 1 depicts the established IMT structure within the Province of ORO with a representation of the COVID cluster. Chart 2 depicts the incident management structure in place for COVID with each of the 10 clusters represented. The core members of the Rapid Response Team are also listed in Chart 2. The RRT team assembled for a response will be specific to the incident and will vary depending on the actual event, the required control measures, and the scale of the event.

Chart 1

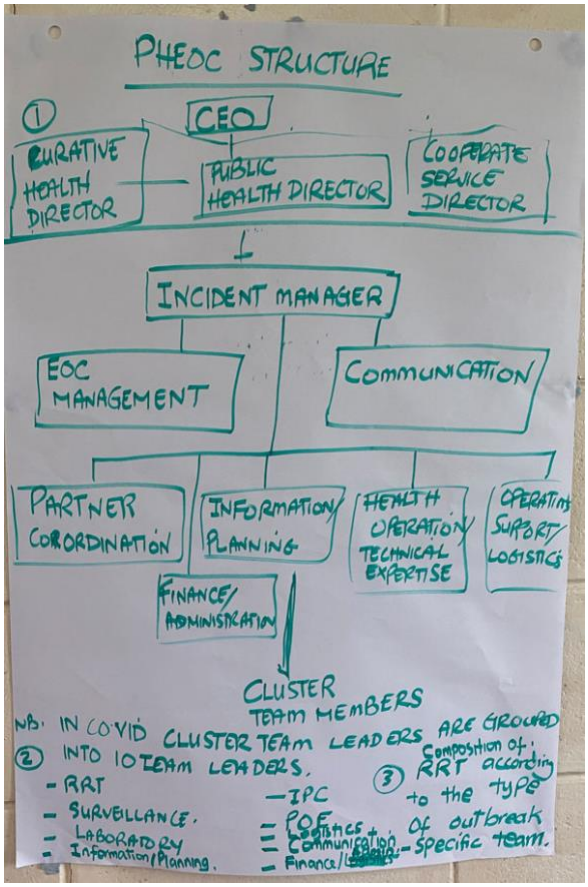
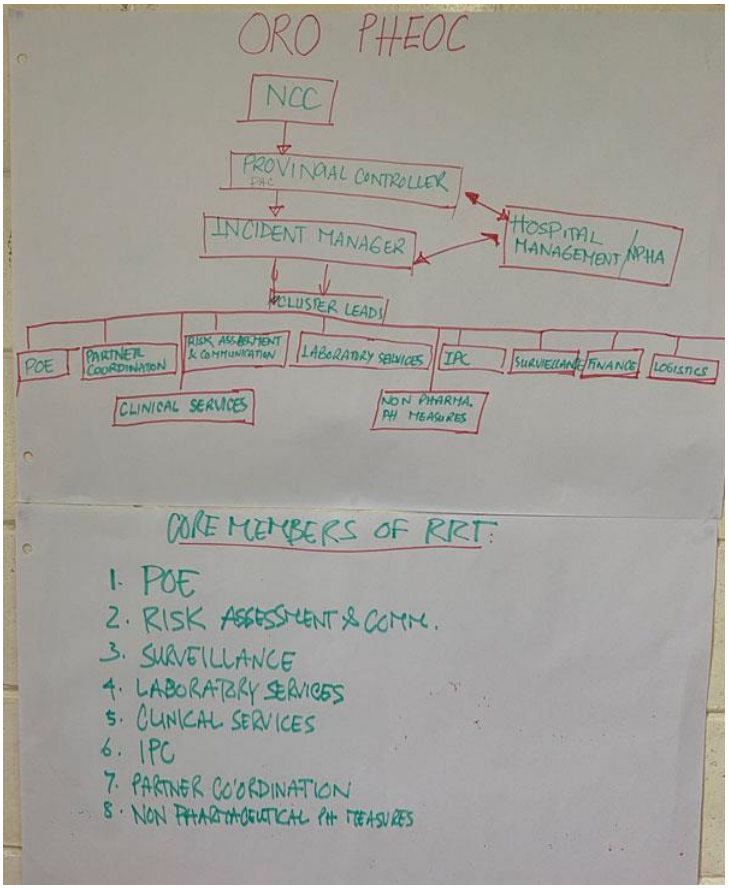


Chart 2



Session 2: Application of Learnings from RRT Training

Given several changes in leadership at the Provincial Health Authority and lack of funds available for operational activities, very few RRT activities occurred following the RRT Initiation training and little progress was made in establishing a functional RRT. A new COVID incident manager was appointed one week prior to the RRT Post-Training Review. There had been some effort made to update the RRT manual provided during the initiation training with further commitments to finalise this manual. The team had not met and had not deployed since the training took place. There was lack of clarity of who was officially on the RRT and what the specific roles and responsibilities were.

Session 3: What went well?, what did not go well?, and why?

Table 2 provides the list of best practice/strengths and challenges identified by the participants. Tables 3 and 4 provide a summary of the outputs from the root cause analysis.

Table 2: RRT Best practices and challenges identified by participants in Oro Province, Papua New Guinea

Best Practices / Strengths	Challenges
Composition of RRT • Diverse group of people available at the Provincial level (10 clusters) • PDCO leads of RRT – available • 3 Field Epis trained and available • Clinicians available • Laboratory staff available • Psychiatric nurses used for social mobilization	Composition of RRT • Planning, organization and coordination • Clinicians not willing to participate in all RRT, especially when unfamiliar with disease • Limited facilities and lack of staff and training for laboratory workers • No social worker on Oro • Many staff not available 24/7 for RRT • Lack of commitment and leadership • No core RRT identified
Clarity of roles and responsibilities • Cluster teams leaders in place • Cluster team leaders can take on RRT roles	Clarity of roles and responsibilities • No clear roles and responsibilities for team members • Lack of leadership • Team members not complying with reporting lines • People doing their own thing – not obeying orders • People outside of structure also giving orders

Best Practices / Strengths	Challenges
Activation and deployment • RRT team members exist and available for response • Vehicles available through vehicle dire company	Activation and deployment • Getting team together and activated • Logistics and finance challenges likely to delay response timeliness • Availability of transport (drivers may come late) • Funds may be limited or not immediately accessible, preventing deployment • Communication process for activating and deploying RRT unclear • No hotline for province (to report suspected events – event-based surveillance) – reports currently coming in through family members • Negative community reaction to teams making deployment difficult – community feeling threatened by COVID • Lack of verification of incidents prior to deployment resulting in wasted resources • Difficulties communicating with Health Centres
Outbreak investigation • Trained epis available • Communication lines established • Availability of specimen collection supplies	Outbreak investigation • Investigations not timely • Logistics (fuel, transport, PPE) • Finance (not available or not available on time) – finance processes can take weeks • Roles and responsibilities not clearly defined • Finance not engaged in meetings • Lack of 'field' training for some team members • Poor communication/coordination between different sectors

Best Practices / Strengths	Challenges
Reporting and follow-up • Database for cases was established • Single point for reporting established • Field epis trained on data management and analysis	Reporting and follow-up • Database for cases not accessible and now not functional • No computer designated for RRT • No data entry staff (except for lab who enters CIF) • Manpower limitations • Lack of feedback – when reports are submitted, no feedback • No active follow-up when reports not submitted • Lack of leadership and communication • Lack of clear roles and responsibilities (not sure who is responsible for data analysis and reporting) • Lack of coordination / communication between national and provincial staff (teams come with no prior engagement with focal point – communication breakdown) • No understanding of national counterparts • Ineffective communication up, across and out
Coordination • Good support from New Britain Pall Oil Limited (supply with PPE; advocacy for their workshop for vaccination) • Good support from stakeholders and business houses	Coordination • PHA management issues (frequent changes in leadership) • Poor cooperation of subordinates • People don't come to meetings; schedules not followed

Session 4: What can we do to improve the RRT response?

Several key activities based on the root cause analysis were identified:

1. Establish clear communication channels between team members, stakeholders and partners
2. Strengthen ongoing communication and advocacy, including social mobilization and risk communication
3. EOC to appoint RRT members in the next scheduled meeting; appointment done on basis of identified roles and responsibilities
4. Define EOC/RRT structure and outline information and reporting flows
5. RRT to meet on a regular basis
6. Establish a functional RRT with formal schedule for regular meetings and for rostering on RRT members for response (with appropriate notification to line managers)

A compilation of activities with timelines, focal points, implementation steps, key decision makers and monitoring indicators can be found in Annex A.

Session 5: The way forward

Rapid response teams reviewed their actions and discussed an implementation plan. Teams discussed within their RRT a process to document progress in implementing the key activities identified, establish a mechanism for regular follow-up on activity target dates, identify a lead within their team to co-ordinate the follow-up and agree on the best way to ensure senior leadership engagement to obtain their support for the implementation of recommendations.

Photo: RRT Review Team in Oro Province identify priority activities to strengthen the team

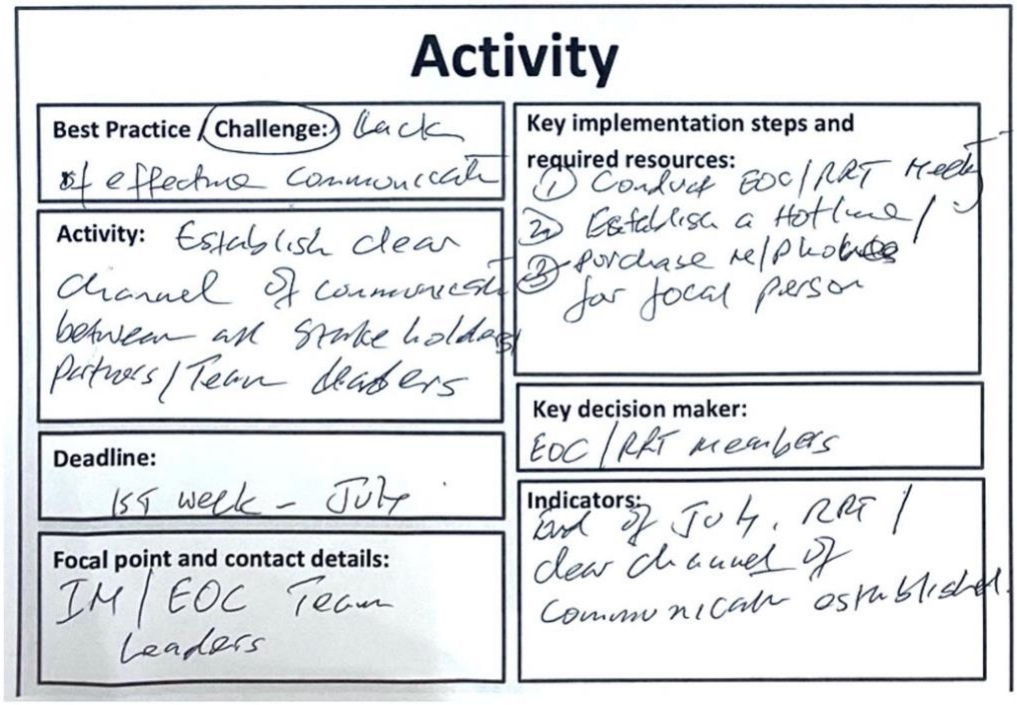
CONCLUSION

The beginnings of a Rapid Response Team have been established in Oro. The RRT review following online zoom training provided opportunity for the team to further highlight priority activities for initiating a functional RRT. There have been significant leadership challenges in Oro which have impacted on the ability of the RRT to be formally established and functional. Despite these challenges, there is commitment form the team to progress, using the current COVID-19 pandemic response as the basis for strengthening the RRT while also being aware of other public health issues which may arise and warrant a response.

Rapid response teams are an essential pillar in strengthening the health system in PNG to rapidly respond to infectious disease threats and natural disasters. A national RRT training strategy should include plans for a 5-day competency based training and ongoing refresher and skills training following the initial Rapid Response Training initiation. The post-training reviews are important activities to ensure RRTs follow through on actions plans developed during training. Likewise, After-Action Reviews (following events requiring an RRT response) should also be embedded into the RRT training plan to ensure ongoing opportunities for reflection, sharing of lessons learnt and developing strategies for improvement.

ANNEX A

Annex A contain the outputs of the session 4, which identified the key priorities to improve the functioning of the RRT in Oro, with a specific activity plan.



Activity

Best Practice / Challenge: Lack of effective communicat

Activity: Establish clear channel of communicat between all stake holders Partners / Team leaders

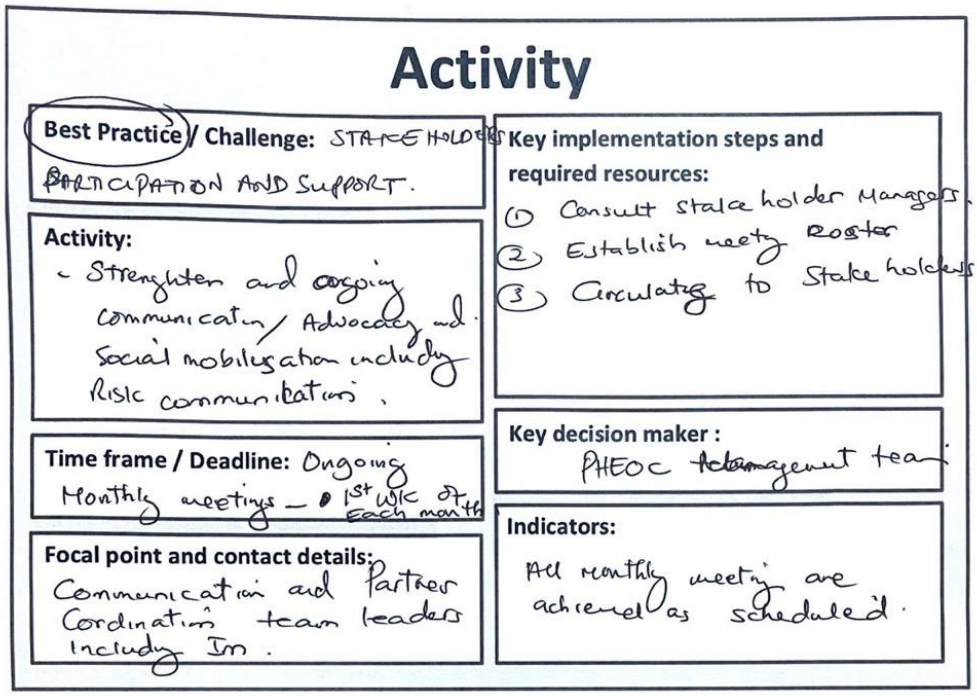
Deadline: 1st week - July

Focal point and contact details: IM / EOC Team Leaders

Key implementation steps and required resources:
1. Conduct EOC / RRT meeting
2. Establish a Hotline /
3. Purchase ve/Phones for focal person

Key decision maker: EOC / RRT members

Indicators: End of July, RRT / clear channel of communicat established.



Activity

Best Practice / Challenge: STAKEHOLDERS PARTICIPATION AND SUPPORT.

Activity:
- Strengthen and ongoing communicat / Advocacy and Social mobilisation including Risk communications.

Time frame / Deadline: Ongoing
Monthly meetings - 1st week of Each month

Focal point and contact details: Communicat and Partner Cordinat team leaders Includy IM.

Key implementation steps and required resources:
1. Consult Stake holder Managers.
2. Establish meety Roster
3. Circulating to Stake holders

Key decision maker : PHEOC ~~Actmanagement~~ team

Indicators: All monthly meeting are achieved as scheduled.

Activity

Best Practice / Challenge:
~~Establishment of the Roles &~~
Establishment of RRT

Activity:
EOC to appoint RRT members in the next schedule meeting — Appointment must be done looky at specific roles/Responsibility.

Deadline:
Friday - 18/06/2021

Focal point and contact details:
Im - Gibson Kungakerei

Key implementation steps and required resources:
- Notice/Circular on meety for PEOC member.
- Phone communication.
- As long as the EOC is aware of the meety RRT will be established.

Key decision maker: All PEOC members to attend the meety and Appoint RRT

Indicators:
~~After~~ By Friday 18/06/21 must A RRT should be established.

Coordination.

Activity

Best Practice / Challenge:
Lack of effective Communication/Information

Activity: Draw EOC structure and outline flow of information. Ensure flow is shown of regular EOC meetings.

Deadline: Flow chart - Structure drawn and distributed next EOC meety. (this Friday)

Focal point and contact details:
team Lead RECC and assistant.

Key implementation steps and required resources:
. Ensure all reportings are forwarded accordingly
. All EOC members informed with up to date info by other clusters.
. Air information on NBC

Key decision maker:
PEOC members.

Indicators:
Date information sharing established.

Activity

Best Practice / Challenge: REPORTING & FOLLOW UP NOT DONE.

Activity: ① Establish a separate PHEOC office
② Purchase a computer for any public health events database
③ Appoint a permanent data entry officer

Deadline: Roster must be finalised by the 23/05/2021

Focal point and contact details:

Key implementation steps and required resources:
① Consult with PHEOC, Incident management, NPHA management for the establishment of all related activities by 25/06/2021.
② Consult with data entry officer, NPHA & IM for the appointment & construct a
③ Construct a roster for data entry officers by 25/06/2021

Key decision maker: Each data entry officer to discuss their appointment & roster with their line manager for approval.

Indicators:
Between 16/06/2021 – 25/06/2021 An office space must be allocated to the ~~PHEOC~~ PHEOC & a permanent data entry officer must be appointed & by 25/06/2021 a desktop computer must be purchased

Activity

Best Practice / Challenge: PEOC in place (Composition of RRT)

Activity: 1. Establish a functional RRT
2. Construct a formal schedule for regular debriefs each month & circulate to RRT members.
3. RRT member must provide/inform their OIC/LINE managers with their schedule.

Time frame / Deadline: A functional RRT must be established by 30/06/2021 RRT members must inform their OIC/Line managers by 25/06/2021

Focal point and contact details:

Key implementation steps and required resources:
1. ~~An~~ List of the possible RRT members including their contact details/Addresses must be obtained before 25/06/2021
2. Consult with the possible RRT member a scheduled date that suits all.
3. Have an intial meeting to make appointments & later a meeting to do planning for the newly formed RRT

Key decision maker: All RRT members must meet with their line manager to discuss their appointment for approval & ~~confirm with PEOC~~.

Indicators: Between 16/06/2021 – 23/06/2021, RRT members must be confirmed.