



Australian Government



VICTORIAN AGED CARE
RESPONSE CENTRE

Initial Insights Report

Victorian Aged Care Response Centre
Lessons Process

for the period of 27 July to 30 August 2020

BE COVIDSAFE

Table of contents

1. Background.....	3
2. Aim of the lessons activity	3
3. Scope of the lessons activity	3
4. Lessons Process	3
5. Lessons Team.....	4
6. Insights	4
7. Additional health Insights – Professor Mike Toole.....	14
8. Document information	16
Appendix 1: Lesson (OILL) Process Summary	17
Appendix 2: VACRC Lessons Survey.....	19

1. Background

The Victorian Aged Care Response Centre (VACRC) was established and operational on 27 July 2020 to respond to COVID-19 outbreaks in residential aged care facilities in Victoria. The VACRC was established in 3 days and had over 130 staff, access to more than 100 case managers and 170 ADF staff.

2. Aim of the lessons activity

The aim is to capture observations from key operational personnel who have established and worked within the VACRC between 27 July and 30 August 2020. The process will focus on what worked well and what could have been improved in relation to establishing operational governance, structures and processes, within the operational arrangements set up by the Commonwealth Government in partnership with Victoria.

3. Scope of the lessons activity

The following matters are IN scope:

- Activities undertaken to establish the VACRC between 27 July and 30 August 2020.
- The decision processes, strategies and activities directed or undertaken by VACRC operational personnel that relate to establishing operational governance, processes, and systems, including the coordination of the delivery of interventions by health services.

The following matters are OUT of scope:

- Any strategies, decisions or activities outside of the scope defined above, including any strategies, decisions or activities prior to 27 July 2020.
- Performance of any individuals.
- Any internal agency issues that do not impact on the management of the COVID-19 event, including planning and activation of resources (e.g. human resources).
- Any tactical decisions, issues or outcomes, including actions taken within aged care facilities, patient management or clinical outcomes.
- Any operational activity in other states and territories other than Victoria.
- Any collection of community sentiment or community actions.
- Any legislative implications, contractual or financial arrangements, workplace safety investigations or legal issues.

4. Lessons Process

The methodology used in this report draws on the Observations–Insights–Lessons Identified–Lessons Learned (OILL) Model, as documented in *the Australian Emergency Management Handbook – Lessons Management (2nd Edition 2019)*. Observations were collected, using a variety of methods including interviews, observations and surveys. See attachment 1 for detail on the lessons (OILL) process.

The lessons process was conducted in real time and included lessons interviews with 26 key people identified by the Executive Officer along with a survey sent to a total of 126 people. The process was rapid, focussed by the Terms of Reference and presents a snap shot in time.

5. Lessons Team

Mark Cuthbert	Australian Maritime Safety Authority
Professor Michael Toole	Burnet Institute
Dr Emily Chapman	Australian Civil-Military Centre
LTCOL Sandeep Jadhav	Australian Defence Force
MAJ Oli Barwald	Australian Defence Force
James Drummond	Department of Home Affairs – Emergency Management Australia

6. Insights

This report presents a summary of the over 850 observations collected. These observations have been analysed and synthesised into 35 Insights. This report only presents Insights; separate pieces of work will progress the actions and lessons identified that may result from this report (see appendix 1 for the definition of Observation, Insight and Lessons Identified). The report is to be distributed through the VACRC Executive Officer in support of continuous improvement initiatives and learning across VACRC.

The following insights have been developed from observations collected from lessons interviews, observations and surveys.

6.1 There were pre-existing challenges in the Aged Care sector

Complex arrangements across private and public Residential Aged Care Facilities (RACF) including Commonwealth/State relationships and demarcation of responsibilities have been amplified by the COVID-19 pandemic.

RACFs are not clinical facilities and therefore when these facilities try and manage the spread of an aggressive infection, they are completely vulnerable. Differences therefore occur across RACF leadership, decision making, processes, expectations, education, skills, training and costs led to individual and fragmented approaches in managing critical issues following outbreaks.

One example is the management of clinical waste as the pandemic escalated, which created downstream and upstream challenges in waste disposal at significant cost. These differences were further amplified by the chaos created as the pandemic escalated with no clear coordination mechanism in place prior to Commonwealth/State intervention and the establishment of the Victorian Aged Care Response Centre.

6.2 The VACRC was established rapidly and effectively despite the significant challenges that existed

As this crisis unfolded, the initial framework and concept of operations for the VACRC, as agreed by The Australian Government Department of Health (DoH) were rapidly surpassed by the evolving situation. The situation had reached a point where it was beyond State based capabilities requiring a bolstered response from the Commonwealth and the State. This created uncertainty in organisational roles and responsibilities across the sector. The VACRC changed focus accordingly and dealt with this uncertainty as well as responding to the worsening situation.

What was different about this event was that this complexity and confusion was worked through with effective working arrangements established in a timely manner despite the extreme additional administrative challenges that had to be overcome to establish the VACRC. The value and effectiveness of the range of crisis and incident management expertise that was applied to manage the transforming VACRC structure cannot be overstated.

6.3 Defining roles, responsibilities and governance arrangements was challenging

The VACRC was created and inserted into a space that was already incredibly complex with significant challenges both operationally and jurisdictionally. Bringing together the range of agencies with the mix of highly skilled people who had the flexibility, drive and determination to manage the crisis was observed to have worked well. The range of agencies, jurisdictions and authorities already existing in the space meant that it was never going to be easy for the VACRC to clearly define and delineate its roles, responsibilities and powers.

The VACRC appears to have mostly navigated successfully through this complexity, mainly due to collaboration and cooperation, to manage the crisis effectively, in the immediate term. None of which has changed the underlying complexity or challenges of the aged care sector.

6.4 A unique response

This has been a unique operation. It is unusual for the Commonwealth to deploy into a jurisdiction with a Commonwealth led response which is supported by the jurisdiction. This is the opposite of a traditional response where the jurisdiction is supported by the Commonwealth. The emergency management structures, frameworks and systems (Commonwealth-State) for this event have not aligned as they normally would.

The VACRC ended up being established outside the Victorian State Control Centre (SCC) and structures. This meant that facilities, systems and some processes had to be established from scratch. Insufficient observations have been collected at this time to inform an Insight on the advantages and disadvantages of this model.

The mix of emergency/crisis management, medical, policy, program and Defence personnel is also unusual. This mix has not been without its challenges, but the majority of observations point to the mix being advantageous and being made to work.

6.5 Authorities, accountabilities and powers affected the response

Authorities, accountabilities and the application of regulatory powers was complex in the Victorian aged care sector before the establishment of the VACRC. VACRC operated through collaboration and cooperation and leveraged off numerous existing regulatory and policy frameworks.

VACRC did not have specific policy or regulatory frameworks to operate in, its task was to unify the effort of all stakeholders. Observations point to inconsistent understandings and opinions amongst VACRC personnel on the pre-existing arrangements, the requirement for VACRC to be given powers, or the need for existing powers to be made to work. The observations at this point are inconclusive on root cause(s) or clear preferences.

The scope of this lessons process is on the VACRC and not the pre-existing arrangements. What is apparent is that the work of the VACRC and the agencies/personnel it deployed was hampered because of challenges related to authorities and powers which in turn added to the challenges and confusion of RACFs.

6.6 Arrangements – Overall Health System

The COVID-19 pandemic has illuminated an identified weakness and foreseeable problem across the aged care sector. This extends to the care and protection of those residents living within and people working on the front line of the response to outbreaks across RACFs in Victoria.

Existing state emergency management arrangements and coordination mechanisms (SCC) were not utilised and a Commonwealth led response initiative was established into a highly volatile and complex environment with concurrent outbreaks across multiple facilities in the context of a broader public health crisis.

VACRC did establish a direct connection with the SCC and the Department of Health and Human Services (DHHS) pandemic response arrangements. Representatives from DHHS were seconded to operate within the VACRC.

6.7 Lack of appropriate emergency management infrastructure

Having to establish the VACRC as a bespoke crisis management centre, from a zero base, during a public health crisis was challenging. Initially there was an assumption that VACRC would be established and leverage off the existing Victorian emergency management facility, structures, systems and capabilities. This was afforded for a short period of time however was not sustainable due to the risk of Class 1 Emergencies¹ potentially occurring for Victorian authorities.

It therefore became apparent that operating within the SCC was not sustainable, VACRC established a control centre like facility, developed supporting systems, technology platforms, and processes, all while concurrently attempting to get on top of the evolving crisis.

This event has identified that it may not be valid to assume that a purpose-built facility for natural hazards will automatically meet the requirements or be available for other hazards or be able to host a large-scale operation. Access to emergency facilities, capability, or contingencies, may be limited or not suited to consecutive and concurrent emergencies to be able to manage a response of the scale and complexity such as this one.

6.8 Prioritising effort between acute response and future focus

During the first three weeks of operationalising, the VACRC were expanding their workforce as they discovered the breadth and depth of the issues associated with the rapid response to RACF. During the immediate acute phase the VACRC was consumed by the response to the crisis with limited capacity or mind space to consider the future.

As systems and structure matured in VACRC this allowed the Operations function to be split into current and future sections. This enabled the VACRC to reset from the acute response to also focus on medium to long term priorities around prevention, public health strategies, recovery and transition. At the outset prevention was identified as a priority to stabilise the continuing increase of outbreaks and a prevention section was established, the lack of dedicated capacity to shift from the acute response limited the resources available for the future and prevention operations.

6.9 Leadership was effective

The overall leadership displayed across the VACRC was observed to be outstanding. The collective ability for everyone to come together, unified by the common objectives of preserving dignity and care for aged care residents, while maintaining the health, safety and wellbeing of the support workforce was exceptional.

This was further strengthened through the diversity of personnel providing a range of specialist support and advice to inform executive decision making. The willingness to assume leadership roles was strengthened through the implementation of the control, coordination and collaboration model which empowered the personnel and provided them the autonomy to carry out their roles and functions effectively.

6.10 Executive leadership was effective

The proactive leadership of the Executive Officer of the VACRC has been commendable. There was unrelenting commitment to develop and implement a fit for purpose facility while concurrently leading the people and managing the response. The absence of a health background or formal authority did not deter his ability to respectfully challenge and confront complex issues or make difficult decisions. Vast experience in crisis and emergency management, combined with established working relationships across Victoria and the Commonwealth, were utilised successfully to enable the VACRC to achieve its objectives.

The ability to engage with risk by doing things differently, and a willingness to learn from others and share learnings, increased morale and encouraged personnel to perform at their best in a highly complex and challenging environment. The decision by the Commonwealth to deploy an emergency management expert to lead a multi-organisational team under an emergency management framework to make decisions that challenged existing policies, processes was very effective.

¹ Class 1 Emergency is a major fire or any other major emergency for which Fire Rescue Victoria, the Country Fire Authority or the Victoria State Emergency Service Authority is the control agency under the state emergency management plan under the Emergency Management Act 2013

6.11 Overall the operation was effective

The Centre was much needed, and it has been highly effective in acute response, particularly in reducing the impact of the pandemic and improving the on the ground operational response. There was no other agency set up to do this and it filled that gap.

The achievements of the VACRC all need to be seen in the context that it started with nothing. Everything had to be constructed from scratch, including the operating model, the physical space, the structures and the team. All this at the same time as responding to a crisis.

“The VACRC did an exceptional job despite all the obstacles in its way, it succeeded due to the innovation and resourcefulness of its people in very difficult and demanding circumstances.”

6.12 Effectiveness of the people operating in VACRC

Overwhelmingly the observations are positive on the group of people who came together to make the VACRC work. The VACRC was created using a unique mix of subject matter experts that were agile and able to adapt to the needs of the response. This included staff changes based on the development and progression of the response.

Overall, the maturity of people in the VACRC mitigated storming/forming traits usually seen during team formation and resulted in the VACRC being able to effectively respond to the situation. The calibre of people involved in the VACRC was high, with hard and robust conversations able to be had in a respectful way. At its peak, VACRC had 24 agencies involved and there were no enduring or considerable friction points identified, with all people being solution focused.

In addition, VACRC leadership was observed to have strong and effective relationships across all levels, including at the political level with daily conversations had. People have had the drive to get the outcomes that were required. None of this would have been possible without the people within the centre working long hours for a common goal and purpose.

“Honestly, it has been an absolute pleasure during my time at VACRC. I have met many amazing people and learned countless incredible skills/lessons that I never thought I'd need. Everyone should be bloody proud of themselves. Thanks for letting me be a part of this.”

“For a crisis of the magnitude that we were facing there was incredible work done by a highly dedicated team who managed to keep their humour through the bleakest of days. Whilst challenging, it has been an amazing experience to be part of and I have no doubt that the collective work of everyone involved saved many lives.”

6.13 Overall there was limited experience in emergency/crisis management

The people in VACRC were highly skilled subject matter experts. These diverse range of skills and capabilities were intentionally brought together to form the VACRC. This created initial challenges with many not having any prior experience or training working in emergency management operations centres or under emergency management structures.

Competing priorities for and rotation of personnel on the frontline and in the VACRC created additional challenges to manage and sustain workforce capability. Following the initial chaos of the early response, VACRC brought order to that chaos and then harnessed the diversity of capability was successfully to build innovative systems and share knowledge to develop the skills and experience of individuals, enhancing the VACRC's outputs.

6.14 Communications and engagement

The Communications and Engagement Unit was staffed by highly skilled crisis communications director and staff. This team were able to effectively manage media, engagement with Ministers offices, family communications, public relations, thankyou campaigns, press conferences and other related media tasks. The combination of these functions was an effective strategy that led to good interaction with all stakeholders including the families and Ministerial offices.

Establishing partnerships with all agencies during the response was challenging because of the complexity, priorities and differences between Federal, State and other stakeholders. This at times impacted information sharing. Some agencies timelines for approval of media engagement were too long, and releases was often approved at the last minute. These long lead times for approval were not timely enough from a crisis media perspective.

A good coordination mechanism was the daily hook-ups with Federal and State health departments. These hook-ups shared information on resources and sensitive issues. The establishment of a '1800' number was also identified as a "sustain" because it provided a single point of contact into the VACRC for all stakeholders, including aged care facilities.

6.15 ADF was effective

Overall, the observations on ADF are overwhelmingly positive, as usual, on the capacity and capability they bring to bear and the professional manner in which they do that. For some ADF personnel working in the VACRC, their skills may have been underutilised, and their tasking was at times inappropriate. That said, the direction provided to ADF personnel from their Commanders was to do what needed to be done and that direction seems to have been followed, often with surprisingly good grace, on every occasion.

In creating the ADF workforce to supplement the functional sections within VACRC, there was a deliberate decision by the Senior ADF Liaison Officer to request officers for all positions rather than a traditional HQ structure with a range of ranks from clerks to watch-keepers. The observations reflect that as the VACRC developed it was extremely beneficial to have officers, albeit junior in rank and experience, assisting their functional leads create the processes, roles and responsibilities of their areas. This at times meant they were performing administrative tasks below their rank but the importance was their ability to think and influence the outcomes.

6.16 Civil/Military integration is a critical element of these operations

Challenges with ADF integration into civilian emergency management control and coordination structures was initially a challenge. Command, control and coordination are distinctly separate functions in domestic emergency management legislation, plans and processes. This differs from ADF Command and Control thinking and some ADF systems and procedures required adaptation.

The collective focus within VACRC through the ADF Senior Liaison Officer and the Executive Officer who worked collaboratively, identified where the friction areas were and established arrangements that were potentially best practice in Civil/Military operations. This could be evidenced in the alignment of tasking ADF clinical teams to align to VACRC intent and operational tempo.

6.17 Alignment and use of integrated appreciation, planning and intelligence processes

ADF are highly competent and experienced at the military appreciation and planning processes including the understanding and effective use of intelligence. ADF are great at doing this for ADF. Civilian understanding and use of appreciation and planning processes, and intelligence, in emergency management is limited. This event highlighted again that there is limited understanding and effective capability to do joint (joint in this case being multi-agency, multi Department and multi-jurisdiction) appreciation, planning or intelligence.

A difference in planning functions was apparent within VACRC, either by design or by necessity, and there were varying levels of experience at planning within a crisis versus a deliberate planning process for a known event/outcome. The VACRC ADF team did planning for the use of ADF assets and therefore underwent an ADF planning process to achieve the desired outcome. However the plan was then presented back to the functional leads within the VACRC for approval.

There were 24 agencies represented within the VACRC all who were conducting their own planning within their own organisations which collectively the VACRC controlled. The ADF did not have the lead role in planning and therefore the traditional Joint Military Planning process was not used. The ADF were not asked to perform that role in the VACRC, however ADF personnel undertook planning within their sections, supporting their civilian leads and used elements of the Military Appreciation Process and applied the process to the situation. The ADF were requested to undertake a planning function for VACRC utilising the EMA –Crisis and Appreciation Strategic Planning process, this was effective but due to the operational tempo was not integrated as part of the VACRC planning tempo.

6.18 Challenges with intelligence

The VACRC was an amalgamation of 24 different organisations, cultures and styles which created challenges in the early stages across the collection, collation, analysis and dissemination of intelligence. This initially relied heavily on relationships with deployed personnel in facilities to collect, inform and support decision making. Barriers around sharing Medical-in-confidence information between VACRC and the Department of Health and Human Services added an additional challenge.

Different perceptions of intelligence complicated civilian and military interpretations on how best to frame the approach. For example, the initial approach by ADF was based on an understanding of the pandemic as the enemy versus the health specialists who favoured an epidemiology approach. Intelligence processes were further amplified by the volume of information and disparate data in the early stages however, this significantly improved following the establishment of VACRC systems and agreement on a single source of truth for data.

6.19 Induction could be improved

Given the rapid establishment of the VACRC induction for staff was not prioritised as the VACRC needed to manage other urgent priorities, particularly during the acute response. This compounded other issues including the lack of experience some personnel had in incident management, a limited understanding of regulatory frameworks and the general operating environment.

There was also an initial lack of understanding of other agencies roles, responsibilities, capability, limitations and languages, however through the agreed approach within VACRC to resolving problems and encouraging respectful contestability these matters were overcome.

6.20 Incident management rhythm evolved

The overarching incident management rhythm for the VACRC continually improved as the VACRC transitioned from early establishment and urgent response. The incident management tempo was intense for the first 4 weeks of operations.

The conduct and standard of verbal briefings twice daily communicated key objectives and priorities with visible schedules around the centre reinforcing key meetings and timeframes. Other stakeholder's schedules did not always align particularly over weekends with issues compounding and left to be sorted by the VACRC at the commencement of the week.

6.21 Duplication and inconsistency of effort

There was significant duplication and overlap of processes and procedures for visits to RACF. Several facilities stated that they were visited by different response agencies with some providing conflicting information and advice. For example, there were several different checklists for doing initial assessments creating confusion, frustration and inefficiencies across the board. This was acknowledged and a collective effort of coordinating these responses was established. This issue was challenging to rectify entirely due to the limiting authorising environment that VACRC operated within.

6.22 Incident management system

In the early stages of VACRC's establishment, traditional methods of using paper, pens and whiteboards, to map processes and procedures became the foundation for developing the incident management system. Once established the incident management system enabled the automation of information to improve situational awareness, list objectives, define priorities and centralise data.

Solutions through technology present opportunities to free up human resources that can be used for other critical tasks. Having sound intelligence and incident management systems are instrumental in establishing a Common Operating Picture (COP) to inform decision making.

6.23 Relationships

Positive working relationships, particularly at the senior executive levels were conducive to ensuring that VACRC priorities were identified, communicated and actioned in the context of the operational environment. This flowed to operational personnel, subject matter experts and specialists all of whom made a genuine effort to foster and build positive working relationships across the VACRC.

Relationships across jurisdictions including access to Senior Officials, Ministers and CEO's were conducive to obtaining up to date information and strategic direction. Governance, structures, processes and procedures form the foundation of crisis response, relationships are what makes the system effective.

6.24 Briefings and Handovers

Briefings were observed to be good, with the daily morning and afternoon briefings working well to provide regular updates on the rapidly changing situation. The traffic light dashboard of facility vulnerability provided clarity. A small number of observations suggest that handovers at section level between people/roles could have been more systematic and formalised.

6.25 VACRC structure

The VACRC structure, and individual roles and responsibilities, took approximately a week to establish, and prior to this it was observed to be clunky. It was noted that VACRC leadership did have a vision for the structure; however, it wasn't smooth because there were no precedents or SOPs for such a response centre, and everything had to be established from a zero base.

Once the structure of the organisation started to establish and people were able to start working as teams and functional cells, things started to settle down and people's roles became clearer. The Centre was observed to be staffed by senior executives and senior clinical experts but lacking suitable mid-level support staff to help draft, revise, edit documents and perform the process work.

Multiple observations also provide a wide range of opinions/suggestions on what should/could have been done in relation to the structure of the VACRC.

6.26 Interoperability

The Centre brought together a range of agencies (up to 24) to enable/enhance interoperability. That was observed to be a success and much needed to manage the response to this incident. Bringing all agencies together in a collaborative space enabled barriers to be broken down between agencies. Generally, the right expertise and stakeholders were observed to be in the VACRC and being able to walk across the floor and talk to them directly established and enabled good communication.

The diverse workforce was aligned with commonly understood/desired outcomes and the interoperability/integration of the agencies created the effects to resolve problems. A small number of stakeholders were not physically present in the VACRC. This was observed to be a disadvantage and adversely impact on communication.

6.27 Challenges with language/terminology

Personnel from agencies including health, emergency management, ADF, public and private sectors came together to form a new VACRC culture and observations identify that this worked well. Culture at times was tested in the initial weeks while people navigated their way through the various language, terminology and jargon obstacles that individuals and agencies routinely default to.

This was exacerbated by the situation with the fusion of civil/military arrangements and further complicated by the unique health operation. The collective effort and good will of people to understand one another to support open communication and interoperability improved over time.

6.28 Cross function communication and coordination

A small number of observations identify that communication across/between functions/cells in the VACRC could be improved. Whilst it was always going to be challenging there is some evidence of duplication of effort and lack of alignment between functions. The appointment of a Deputy Executive Officer could have assisted with coordination and communication across functions may have contributed to this.

6.29 Issues with access to the VACRC facility

Issues with security access to the VACRC were a source of frustration and annoyance for many people. This no doubt also had some effect on productivity but more importantly had a level of effect on morale. Delays in issue of passes were also identified. Often it is the little things that really annoy people. This issue is ongoing. This was due to the nature of the building that VACRC was operating in and the extant security requirements that could not be adapted.

6.30 Lack of a facility

In the first five days the VACRC had to move locations seven times. All while trying to form/establish and deal with an urgent crisis. Having to move so many times while trying to become functional was particularly frustrating. It did also detract from effectiveness, but it is a credit to all involved that progress continued despite this challenge.

The underlying issue though is the lack of a facility or plans for a contingency, suitable systems (including IT platforms) and the capability (appropriately skilled people, structure and processes) to respond to and manage a non-traditional, but predictable, crisis.

6.31 Fatigue management

People were working hard, under significant pressure, often dealing with stressful situations, for long hours over protracted periods. Most, if not all, people arrived in the VACRC with some fatigue debt having already been working hard for extended periods (e.g. worked 50 days straight with 2 days off prior to starting in the VACRC).

Some agencies' fatigue management policies are unworkable in an emergency but that does not remove the need for an approach to fatigue management. Observations on fatigue management are constructive, for example the need to protect your workforce and seek additional staff resources. A plan or approach to managing fatigue would have been useful acknowledging that in the first two weeks some staff worked long hours without a break. This was due to the intense operational tempo, from multiple facilities concurrently experiencing outbreaks.

A position on fatigue management was adopted that staff were to have at a minimum a day off per fortnight and limit working hours, this was established and monitored by the VACRC Executive Officer.

6.32 Staff Welfare/Critical incident stress

Four observations raised concerns around staff welfare (i.e. pastoral care/critical incident stress management/mental health area) saying this was good for the first couple of days in the SCC but their observation was that it has been lacking since then.

As this issue was ongoing and a potential risk it was escalated to the Executive Officer as soon as it was identified. The Executive Officer responded outlining the measures that were/are in place and efforts to encourage people to use them. Since this issue was raised additional measures have been activated, as already planned, and encouragement has continued. Mental wellbeing was featured at daily briefings at least twice a week.

It is often difficult for those who are becoming increasingly stressed (and/or fatigued) to self-diagnose and take appropriate action. The other question raised was, for other Commonwealth health capability deployments, mental health follow up is standard post deployment, what follow up is planned for staff after this event/deployment?

6.33 Challenges managing data

The VACRC inherited and highlighted the pre-existing situation with disconnected, and at times inconsistent, data. The challenges to agree on and implement consistent collection, collation, analysis of and reporting on data were significant. The requirement for data and accurate reporting was essential for executive government and operational decision making and this requirement cannot be underestimated. Therefore, the time and effort required to get consistent data, and the risk of reporting inconsistent data became a critical role and effort for VACRC.

Establishing the intelligence data and reporting cell with the appropriate personnel was instrumental in managing this crucial function. The challenges of coordinating the sourcing and reporting of data started by engaging with all the relevant agencies that already had the data and getting them to share that data. The second step was to establish a direct partnership with the DHHS intelligence team to then work together to determine the data parameters and reporting products.

The observations highlighted the central importance of having the resources, expertise, approaches and systems to manage data along with the agreements with and the collaboration of other relevant agencies. This lessons process can't do justice to extensive the root cause analysis or the detailed work undertaken in the VACRC to rectify the data issues. This was eventually achieved.

6.34 Lack of an IT platform

People from a range of agencies and jurisdictions initially came together in the VACRC with no common IT platform on which to operate or collaborate. They all come from agencies with different IT security and operating arrangements and platforms, including agencies from the same level of government.

Existing emergency/incident management IT platforms were unavailable for use. This issue was severely impacting on VACRC effectiveness and operations. At the request of VACRC the Department of Home Affairs was able to rapidly develop a Microsoft Office 365 platform with appropriate security permissions for use by the VACRC, this was achieved in 48 hours and deployed on 5 August.

Other incident management and data management platforms were developed. The lack of access to existing fit for purpose emergency/crisis management technology platforms and systems and/or the lack of an alternate system, or contingency, for non-traditional but predictable crises delayed the response and added an unnecessary level of stress (personal and organizational) to produce a reliable fit for purpose system rapidly.

6.35 Situational Awareness

Obtaining good situational awareness in the early stages of VACRC's establishment was challenging due to the volume of information received, the mixture of experience across individuals/agencies and the absence of an online system to collate and summarise key information. The conduct of daily briefings, the rapid development of the online incident management system and the agreement on a single source of truth for data, streamlined processes and improved situational awareness across the VACRC.

6.36 Logistics

There were significant challenges with logistics following consecutive and concurrent outbreaks across RACF's. These had an impact on the management, movement and disposal of supplies, equipment and clinical waste in and out of facilities. One observation indicated a 1900% increase in clinical waste over a seven day period. This placed additional pressure on facilities capacity to provide the appropriate storage for clinical waste compounding downstream issues for its collection and disposal. Using trained personnel (including an ADF Logistics Officer) to establish and communicate a plan worked well to unify effort and improve logistic arrangements.

6.37 Lessons Management

Identifying lessons, both internally and from others, during a high tempo event remains challenging. The main challenges remain the lack of experienced lessons management personnel sufficiently experienced to be able to operate in that environment, the ability of personnel (particularly leaders) to learn/adjust during an event and the commander's/controller's/leader's appetite for lessons along with their understanding of how to use them. Some sharing of learnings did occur in the VACRC, at least in pockets but importing learnings from others and sharing lessons identified (before the commencement of this lessons process) could be improved. What has been identified from this and numerous other events, is that lessons management needs to be resourced with appropriate skills as it is unreasonable to expect busy operational personnel to have the head space to manage lessons in their spare time.

7. Additional health Insights – Professor Mike Toole

In addition to the themes outlined in the terms of reference, three health themes/questions were added to the lessons interviews with nine respondents who had health-focused responsibilities including the executive officer. The three themes reflected the core operational purpose of VACRC.

The respondents were asked to identify what worked well and what didn't work well or was challenging in implementing each process. Some respondents also offered general comments on the overall health response. The three themes were:

1. Processes employed to reconcile the two different systems of collecting morbidity and mortality data in residential aged care facilities.
2. Processes used to determine whether infected residents were transferred to hospitals or managed in situ.
3. Processes implemented to improve standards of infection prevention and control.

The insights are listed below under each theme

7.1 Data Reporting

- The reconciliation of the two different RACF reporting systems and integration into the Incident Management System was challenging but an important achievement.
- The Intelligence Unit would have benefited from access to IT systems, hardware and software to support the data system reconciliation process.
- Commonwealth and state RACF reporting systems were not harmonised.

7.2 Hospital Transfers

- The pre-existing hospital-based Hubs provided valuable in-reach services to RACFs, which helped to guide decisions on whether to transfer infected residents or to manage them in situ.
- There was a general consensus that the clinical needs of infected residents were paramount.
- There were no written criteria to base decisions about transfer or isolation in situ of infected residents. VACRC did not have authority over the Public Health Unit; therefore, it was unable to directly influence decision-making.
- Some hospitals that received infected residents with dementia were unable to manage them effectively because of lack of staff skills and legal barriers to physical or pharmaceutical restraining of patients. A pilot "wanderers ward" was not sufficiently scaled up.
- There was no clear system or process to balance the public health risks of infected residents staying in situ and the clinical risks of transferring ill patients to unfamiliar settings which in itself might lead to premature death.
- Obstruction or lack of cooperation by RACF owners and managers was very confronting. The process to revoke approved provider status and/or remove an owner entails a very lengthy legal procedure.
- There was no systematic assessment of the capacity of RACFs to safely manage infected residents in situ before they had an index case. The system was reactive not proactive.

7.3 Infection Prevention and Control

- The focus on IPC as part of the acute response by various teams (Public Health, DoH, AusMAT, Aspen and hospital in-reach) worked well once there was a standardised checklist and consistent advice. These onsite visits were complemented by daily Zoom calls with RACF staff.
- VACRC was able to secure and distribute adequate PPE to all RACFs within a relatively short period of time.

- VACRC was set up too late to prevent and control some of the early RACF outbreaks because the baseline standard of IPC in those facilities was much worse than expected.
- The different standards, approaches and advice used by different outreach teams were confusing to RACFs. VACRC lacked the authority to standardise procedures. There needed to be an IPC focal point in VACRC which still doesn't exist.
- The rapid turnover of staff in some affected RACFs was very challenging and it was often difficult to identify surge staff with appropriate IPC/PPE skills.
- There was rapid turnover of staff within the operations unit in VACRC, including six leads in a short period of time.
- There was pushback from some RACFs that did not want advice on IPC. VACRC did not have the authority or delegated powers to enforce changes in IPC/PPE.

7.4 General Health

- Using the Detect, Respond and Prevent paradigm, VACRC did well in the acute response component. However, there is a comprehensive gap in the prevention component.
- Operations and planning (prevention) at times were working in silos. In retrospect, there should have been a centre deputy director for health.
- VACRC was trying to work within an aged care system that is not fit-for-purpose and does not have the capacity to respond to extreme stress.
- There was no easily accessible preparedness plan starting with rigorous baseline assessments that could be used to test whether each facility had the capacity to respond to a crisis

7.5 Other

- Not all RACFs had a dedicated family liaison officer to communicate case data to the families of residents.
- Initial supplies of PPE in some facilities were sub-standard, including masks and gowns.
- VACRC developed excellent pictograms that were easy to understand and highly valued
- Even after training there were common breaches of IPC and PPE protocols in some facilities.
- There were significant differences in the capabilities and advice of the various response assets (eg, AUSMAT, ASPEN, DOH case managers, CFR and the DHHS PHU)
- The lack of a unique identifier number for all aged care staff meant that it was difficult to conduct case investigations and contact tracing.
- There were enormous challenges in the management and disposal of medical waste in many facilities.
- The assessment and support teams that visited RACFs provided valuable advice under stressful conditions; however, a COVID Safe space was assured.
- While replacing aged care staff was often challenging, the problem was addressed in an innovative manner by mobilising and retraining personnel from a number of sectors. Assessments identified two additional workforce positions: aged care safety officer and aged care attendants. *"The inclusion of these two jobs enabled the VACRC to have confidence an aged care facilities ability to operate more effectively in COVID 19 by adhering to the necessary PPE protocols and other workplace restrictions."*
- The traffic light based system of classifying the vulnerability of RACFs worked very well.

8. Document information

Document details

Criteria	Details
Document title:	Initial Insights Report – Victorian Aged Care Response Centre
Document owner:	VACRC Executive Officer

Version control

Version	Date	Description	Author
0.1	28/09/2020	Initial	Mark Cuthbert
0.2	30/11/2020	Various reviews and formatting	

Audience

The audience for this document is stakeholders within the Aged Care sector.

Reference Documents
Terms of Reference- VACRC – Observations Capture and Insights Report
Australian Emergency Management Handbook – Lessons Management (2nd Edition 2019)

Approval

Date	Name	Position
	Ann Smith	VACRC Executive Officer

Acronyms	Description
ADF	Australian Defence Force
AusMAT	Australian Medical Assistance Teams
CFR	Clinical First Responder
COP	Common Operating Picture
DHHS	Department of Health of Human Services
DoH	Department of Health
IPC	Infection Prevention Control
NCO	Non-Commissioned Officers
OILL	Observations, Insights, Lessons Identified, Lessons Learnt
PPE	Personal Protective Equipment
RACF	Residential Aged Care Facility
SCC	State Control Centre
VACRC	Victorian Aged Care Response Centre

Appendix 1: Lesson (OILL) Process Summary

To support analysing observations to identify insights, the national lessons management OILL (Observation, Insight, Lessons Identified, and Lessons Learned) process, as defined in the Australian Disaster Resilience Handbook – Lessons Management 2019, was utilised to analyse the data collected.

The elements of the OILL approach are defined below:

- **Observation:** a record of a noteworthy fact or occurrence that someone has heard, seen, noticed or experienced as an opportunity for improvement or an example of good practice.
- **Insight:** A deduction drawn from the evidence collected (observations), which needs to be further considered. Insights occur when there are multiple observations (pieces of evidence), which are similarly themed. As a general rule, a minimum of three observations (from multiple sources) should be used for an insight although an insight may be developed when a single observation poses a high risk to the organisation. Insights may also identify an opportunity for further analysis. Insights can be positive or negative, and can contribute to reinforcing positive behaviour or changing practices. An insight defines the issue, not the solution.
- **Lesson identified:** a conclusion with a determined root cause based on the analysis of one or more insights and a viable course of action that can either sustain a positive action or address an area for improvement.
- **Lesson learned:** A lesson is only learned once the approved change is implemented and embedded in the organisation. Depending on the changes required, it may take several years for the change to be institutionalised across the organisation. A full iteration of a lessons learned cycle would involve the identification of a lesson, an action proposed and agreed, the solution implemented and then tested/validated to ensure the change is an improvement and the desired behaviour is sustained across the organisation.

What is Lessons Management?

Lessons management is an overarching term that refers to collecting, analysing, implementing and validating learning experiences from events, exercises, and reviews. These learning experiences include those that should be sustained and those that need to improve. The goal of this activity is ongoing improvement by organisations and the people who work for them.

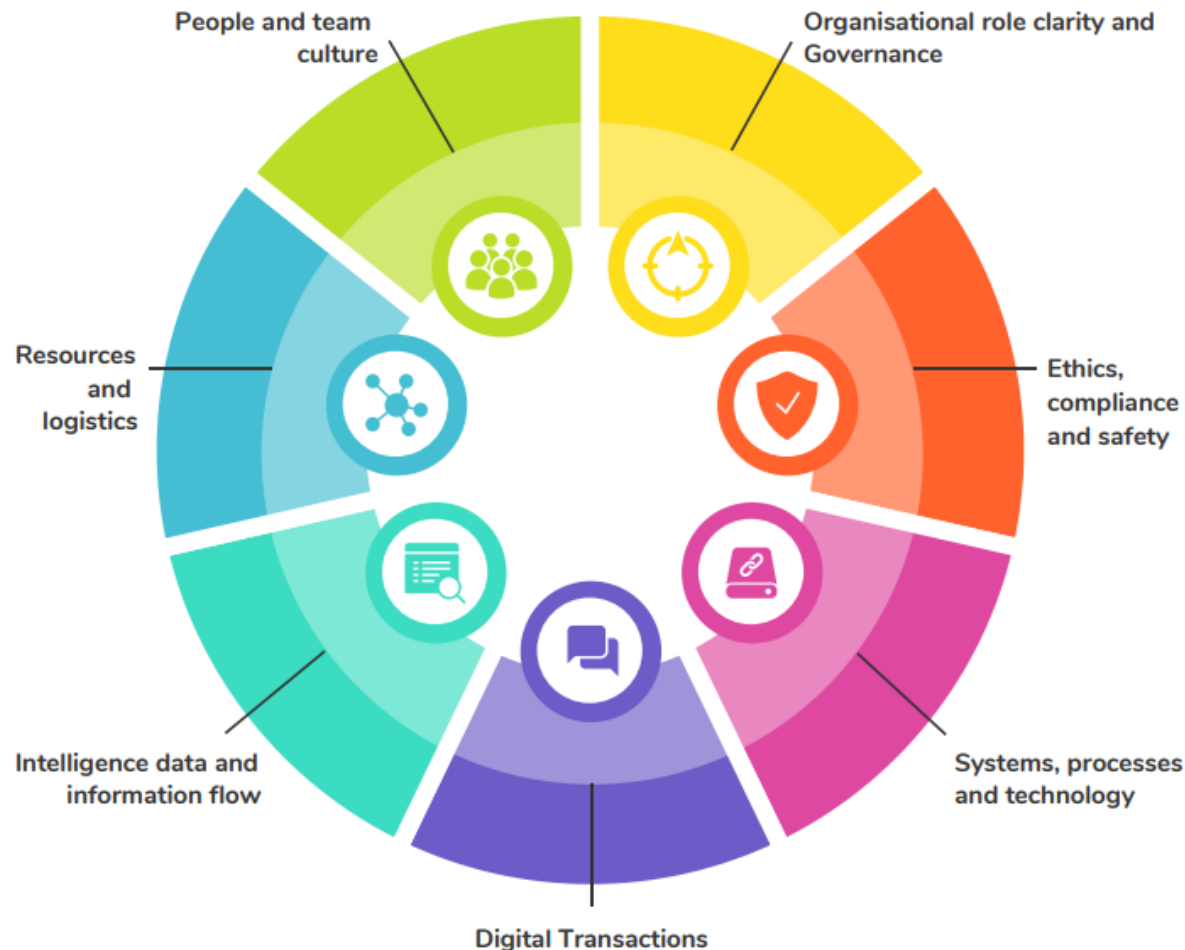
Why is Lessons Management Important?

A consistent approach to the management of lessons is an essential component of an organisation that has a culture of learning. Lessons management can facilitate learning and improvement resulting in more efficient and effective practices, improved safety, and improved capture and mobilisation of knowledge. Organisations are seen to be learning when their structures, processes and culture are able to evolve based on learning acquired from experience.

Interoperability of lessons management processes across agencies, sectors and jurisdictions will facilitate information sharing and analysis. Interoperability does not mean organisations have to be the same, but it does mean that they can share information and understand each other. A common language and methods (such as agreed coding of data) can help aggregate information so that it is accessible and can be analysed and interpreted. This will support the horizontal and vertical exchange of information between agencies, sectors, and jurisdictions – all of which will improve and promote cross agency analysis.



VACRC Lessons Management



● Organisational role clarity and Governance

There is universal understanding of the Mission and Vision of the VACRC. All participants in the survey agree that the VACRC achieved its stated goals.

9 in 10 participants highlight their outputs align with the organisational mission.

● Ethics, compliance and safety

Ninety seven percent of participants highlight that VACRC operates ethically, in a safe and appropriate manner and in a COVID safe way. The reminder highlighted an N/A Not sure response. Nine in ten feel the VACRC complies with laws and regulations, 2% feel this is not the case and the remainder are unsure. (or N/A).

● Systems, processes and technology

Three in four or more view issues around systems, processes and tech positively. Key success areas are focused on innovation, flexibility and continuous improvement. Whilst results are generally strong, key opportunities exist in relation to IT systems, process development, outcomes monitoring and team role clarity.

● Communications and relationships

Experience of communications is positive with more than 9 in 10 highlighting clear relationships, ability to engage effectively and utilisation of relationships to achieve outcomes. Opportunities to harmonise cultures and language exist for a minority.

● Intelligence data and information flow

There is clear understanding of the contribution of teams to broader outcomes. While results are strong, ensuring staff know how to measure their outcomes and facilitating information flows to individuals offer chances for ongoing improvement.

● Resources and logistics

Feedback on support from parent org's, office facilities and support to perform role is positive. Ratings relating to systems/processes and resourcing and logistics are mixed, with potential for more established business systems to be put in place.

● People and team culture

People and team culture represent a strength, with very high outcomes across self efficacy, skills utilisation, cooperation and agreement that the VACRC is a good place to work. Ensuring the organisation accesses the range of skills needed represents the only potential focus area here.

Appendix 2: VACRC Lessons Survey

Key Findings – Tables and Charts

Participation

- Sixty eight responses to the survey were received.
- This represents a response rate of 51%.

Experience in the VACRC

Experience in the VACRC								
Please select the answer that best reflects your experience in the VACRC:								
Statement	Nett disagree	Strongly disagree	Disagree	Agree	Strongly agree	Nett agree	N/A Not sure	N
I know the VACRC's mission and vision	0.0	0.0	0.0	36.8	63.2	100.0	0.0	68
The VACRC achieved its mission/vision	0.0	0.0	0.0	36.8	63.2	100.0	0.0	68

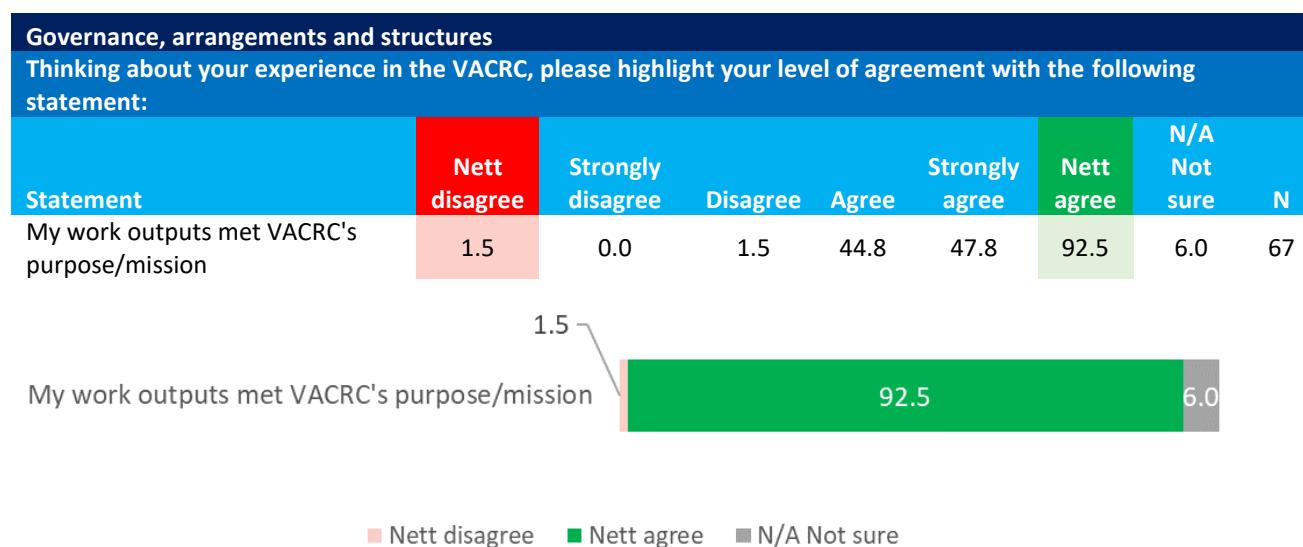
I know the VACRC's mission and vision

100.0

The VACRC achieved its mission/vision

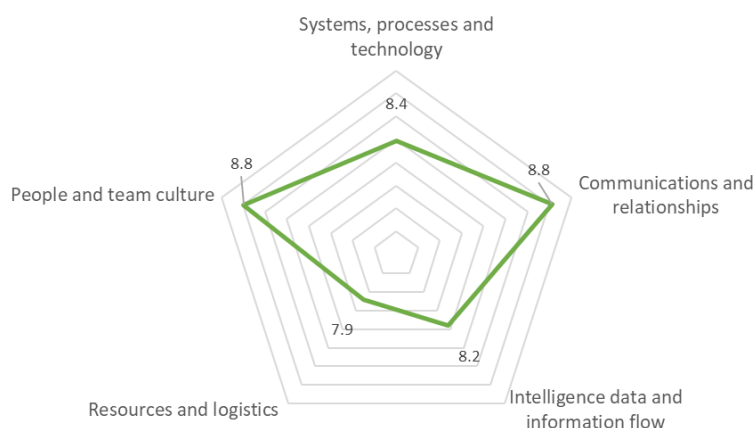
100.0

■ Nett disagree ■ Nett agree ■ N/A Not sure

Governance arrangements and performance standards

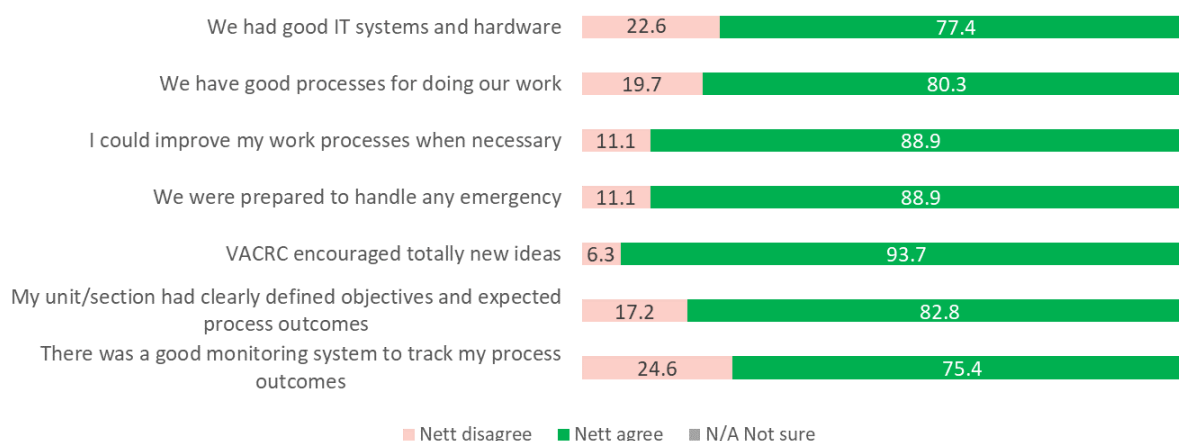
Please highlight whether the VACRC did the following:				
Statement	Yes	No	N/A Not Sure	N
VACRC operated in a safe & COVID-19 responsible manner	97.1	0.0	2.9	68
VACRC complied with the requisite laws and regulations	89.6	1.5	9.0	67
VACRC practiced high standards and ethics	97.0	0.0	3.0	67
VACRC operated in a safe and appropriate manner	97.0	0.0	3.0	67

Targeted outcome areas



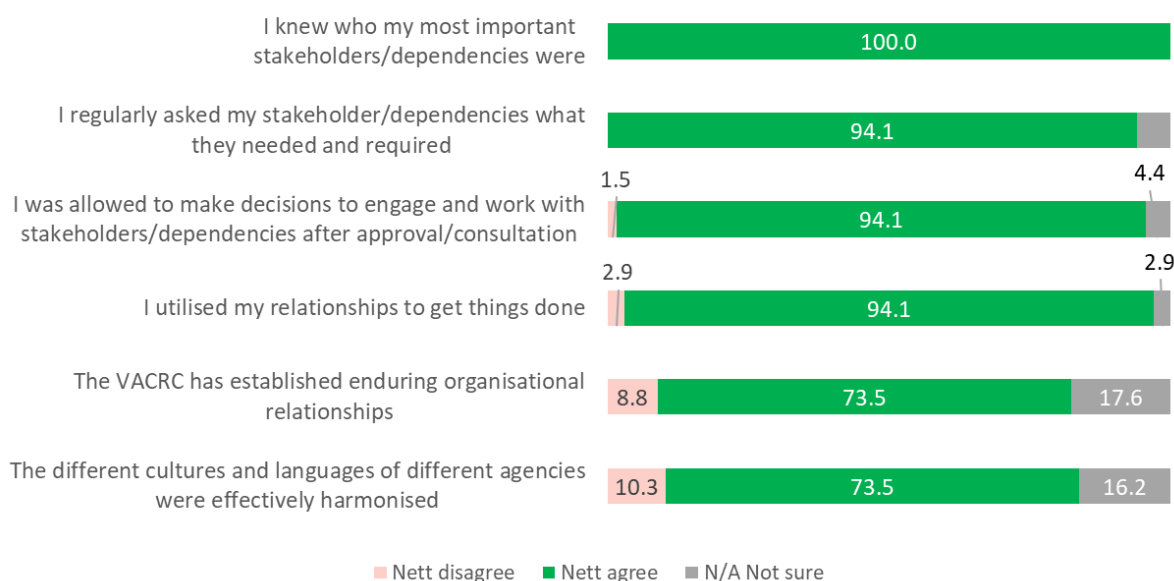
Systems, processes and technology

Systems, processes and technology								
Please highlight your level of agreement with the following statements:								
Statement	Nett disagree	Strongly disagree	Disagree	Agree	Strongly agree	Nett agree	N/A Not sure	N
We had good IT systems and hardware	22.6	3.2	19.4	58.1	19.4	77.4	0.0	62
We have good processes for doing our work	19.7	0.0	19.7	62.1	18.2	80.3	0.0	66
I could improve my work processes when necessary	11.1	0.0	11.1	60.3	28.6	88.9	0.0	63
We were prepared to handle any emergency	11.1	0.0	11.1	57.1	31.7	88.9	0.0	63
VACRC encouraged totally new ideas	6.3	0.0	6.3	46.0	47.6	93.7	0.0	63
My unit/section had clearly defined objectives and expected process outcomes	17.2	0.0	17.2	50.0	32.8	82.8	0.0	64
There was a good monitoring system to track my process outcomes	24.6	1.6	23.0	60.7	14.8	75.4	0.0	61



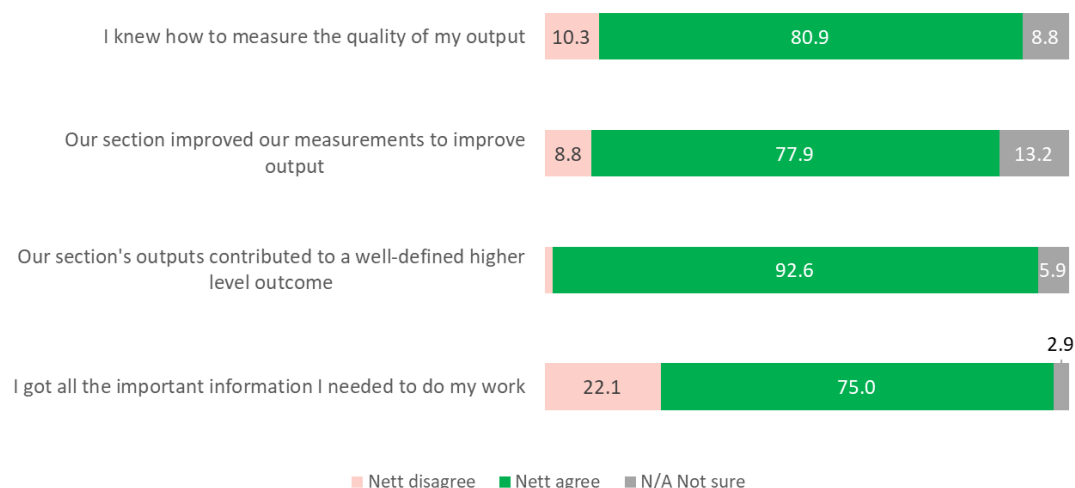
Communications and relationships

Communications and relationships								
Please highlight your level of agreement with the following statements:								
Statement	Nett disagree	Strongly disagree	Disagree	Agree	Strongly agree	Nett agree	N/A Not sure	N
I knew who my most important stakeholders/dependencies were	0.0	0.0	0.0	48.5	51.5	100.0	0.0	68
I regularly asked my stakeholder/dependencies what they needed and required	0.0	0.0	0.0	54.4	39.7	94.1	5.9	68
I was allowed to make decisions to engage and work with stakeholders/dependencies after approval/consultation	1.5	0.0	1.5	48.5	45.6	94.1	4.4	68
I utilised my relationships to get things done	2.9	0.0	2.9	36.8	57.4	94.1	2.9	68
The VACRC has established enduring organisational relationships	8.8	0.0	8.8	36.8	36.8	73.5	17.6	68
The different cultures and languages of different agencies were effectively harmonised	10.3	5.9	4.4	42.6	30.9	73.5	16.2	68



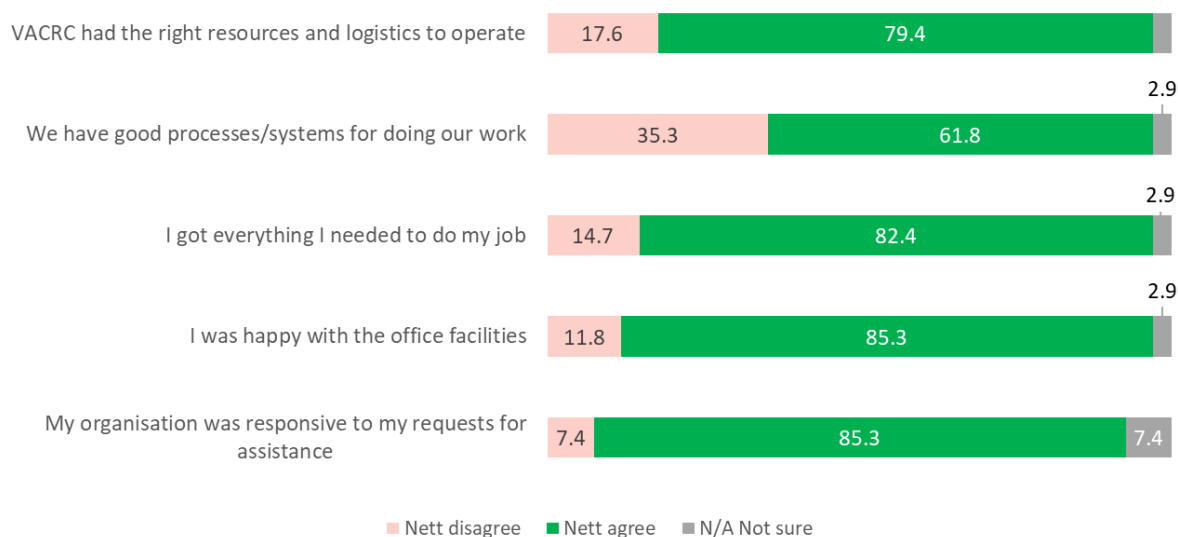
Intelligence data and information flow

Intelligence data and information flow								
Please highlight your level of agreement with the following statements:								
Statement	Nett disagree	Strongly disagree	Disagree	Agree	Strongly agree	Nett agree	N/A Not sure	N
I knew how to measure the quality of my output	10.3	1.5	8.8	55.9	25.0	80.9	8.8	68
Our section improved our measurements to improve output	8.8	0.0	8.8	42.6	35.3	77.9	13.2	68
Our section's outputs contributed to a well-defined higher level outcome	1.5	1.5	0.0	48.5	44.1	92.6	5.9	68
I got all the important information I needed to do my work	22.1	2.9	19.1	42.6	32.4	75.0	2.9	68



Resources and logistics

Resources and logistics								
Please highlight your level of agreement with the following statements:								
Statement	Nett disagree	Strongly disagree	Disagree	Agree	Strongly agree	Nett agree	N/A Not sure	N
VACRC had the right resources and logistics to operate	17.6	2.9	14.7	60.3	19.1	79.4	2.9	68
We have good processes/systems for doing our work	35.3	10.3	25.0	39.7	22.1	61.8	2.9	68
I got everything I needed to do my job	14.7	1.5	13.2	63.2	19.1	82.4	2.9	68
I was happy with the office facilities	11.8	1.5	10.3	55.9	29.4	85.3	2.9	68
My organisation was responsive to my requests for assistance	7.4	0.0	7.4	42.6	42.6	85.3	7.4	68



People and Team culture

People and team culture								
Please highlight your level of agreement with the following statements:								
Statement	Nett disagree	Strongly disagree	Disagree	Agree	Strongly agree	Nett agree	N/A Not sure	N
VACRC had the right people and skills to operate	10.3	1.5	8.8	47.1	35.3	82.4	7.4	68
The people I worked with cooperated and worked well as a team	1.5	0.0	1.5	44.1	54.4	98.5	0.0	68
I think I made a difference	1.5	0.0	1.5	47.1	45.6	92.6	5.9	68
I utilized my profession / skills in the VACRC	5.9	0.0	5.9	35.3	55.9	91.2	2.9	68
The VACRC enabled my organization to be fully and appropriately engaged	8.8	0.0	8.8	36.8	33.8	70.6	20.6	68
VACRC is/was a good place to work	3.0	0.0	3.0	41.8	50.7	92.5	4.5	67

