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EXERCISE UNITED HORIZON REPORT

HEDIS EXERCISE
FOR THE
EUROPEAN UNION

23 & 24 April 2008



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EXECUTIVE SUMMARY

Introduction

Exercise United Horizon was commissioned by the European Commission (EC) and conducted by the UK's Health Protection Agency (HPA) as a table top exercise over a two day period from 23 to 24 April 2008. The exercise was the first in a three year programme of exercises and training on behalf of the European Commission relating to public health matters.

The main purpose of the exercise was to evaluate the use of the HEDIS tool (a Commission developed situational awareness tool) in providing a common overview of a rapidly evolving health threat. The exercise aimed specifically to explore whether the HEDIS tool could be established as the reference hub for verified, appropriate and comprehensive information. The target audience for the use of HEDIS includes the Member States, the Health Security Committee and the Commission.

Participants

Participants in the exercise included the Commission's Health Emergency Operations Facility (HEOF) and Joint Research Centre (JRC), the European Centre for Disease Prevention and Control (ECDC), nineteen Member States, Switzerland, several departments within the Commission Directorate General for Health and Consumers (DG SANCO), and the World Health Organisation (WHO) in an active observer role.

Main issues

Overall Member States could see the potential of HEDIS and the relevance and usefulness it could play in providing a situational overview in a health crisis event.

The main issues identified during Exercise United Horizon were:

- The functionality of the system needs to be improved
- Simplification of the system is required to enable easier and faster navigation
- Access/input of information into HEDIS by ECDC & WHO requires further discussion and standard operating procedures need to be developed and agreed
- Clarification of the role of HEDIS in relation to other existing communication and information-sharing tools is required, as is the transition between the relevant systems.



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- Integration with other tools needs to be discussed and considered with all interested parties
- Consideration of additional staff resources with relevant training is required to ensure efficient functioning of HEDIS during a crisis
- Member States do not need to use HEDIS routinely and are therefore unfamiliar with the system; further training and exercising on HEDIS is needed
- Member States would ideally like HEDIS to supply summarised, centrally-assessed, verified, aggregated data for their use



RESUME EXECUTIF

Introduction

L'exercice "United Horizon" a été commissionné par la Commission Européenne (CE) et dirigé par l'Agence pour la Protection de la Santé (HPA) en tant qu'exercice théorique sur une durée de 2 jours du 23 au 24 Avril 2008. Cet exercice fut le premier d'un programme sur trois ans d'exercices et de formations concernant les problèmes de santé publique au nom de la Commission Européenne.

Le but principal de l'exercice était d'évaluer l'utilité de l'outil HEDIS (un outil de prise de conscience situationnel développé par la Commission) à fournir une vue d'ensemble commune d'une menace sanitaire à évolution rapide. L'exercice était spécifiquement destiné à explorer si l'outil HEDIS pourrait être utilisé comme centre de référence clé pour une information vérifiée, appropriée et compréhensive. Le public cible pour l'utilisation de HEDIS comprend les Etats Membres, le Comité de Sécurité Sanitaire et la Commission.

Participants

Les participants à l'exercice ont compris l'Instrument de Gestion des Urgences Sanitaires de la Commission (HEOF) et le Centre Commun de Recherche (JRC), le Centre Européen de Prévention et de Contrôle des Maladies (ECDC), dix-neuf Etats Membres, la Suisse, plusieurs départements au sein de la Direction Générale de la Commission chargée de la Santé et de la Protection du Consommateur (DG SANCO), et l'Organisation Mondiale de la Santé (WHO) dans un rôle d'observateur actif.

Points principaux

Globalement les Etats Membres ont pu voir le potentiel de HEDIS ainsi que sa pertinence et son utilité pour ce qui est de fournir une vue d'ensemble de la situation dans l'éventualité d'une crise dans le domaine de la santé.

Points principaux identifiés au cours de l'exercice "United Horizon":

- La fonctionnalité du système a besoin d'être améliorée
- Une simplification du système est requise afin que la navigation du système soit plus facile et plus rapide
- L'accès/entrée de données dans HEDIS par ECDC et l'OMS exige plus de discussions et des procédures d'opération standardisées doivent être développées et convenues



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- La clarification du rôle de HEDIS en relation avec les autres outils de communication et de partage de l'information existants est nécessaire, ainsi que la transition entre les systèmes pertinents
- L'intégration avec les autres outils doit être discutée et considérée par toutes les parties intéressées
- Il sera nécessaire de considérer le besoin de personnel supplémentaire ayant la formation requise afin d'assurer le bon fonctionnement de HEDIS lors d'une crise
- Les Etats Membres n'ont pas besoin d'utiliser HEDIS couramment et pour cette raison ne sont pas au fait du système; une formation supplémentaire et des exercices d'entraînement avec HEDIS sont nécessaires
- L'idéal pour les Etats Membres serait que HEDIS fournisse pour leurs besoins des données résumées, vérifiées, évaluées de façon centrale et agrégées.



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PART 1 – INTRODUCTION

A. BACKGROUND

In 2005, the European Commission held two European wide exercises (Common Ground and New Watchman) to evaluate and improve preparedness for public health emergencies in the EU. One of the lessons identified arising from both these exercises was the need to improve the situational awareness tools available to stakeholders. In a rapidly evolving European public health crisis it is important for Member States and other stakeholders to obtain a “common” situational overview. This “common” overview is to aid in preparing for and assisting in the decision-making process. The development and introduction of HEDIS as a password-protected situation awareness tool was initiated as a result of this conclusion.

Exercise United Horizon was commissioned by the European Commission (EC) to evaluate the use of the HEDIS tool in providing Member States and other associated organisations and countries with a situational overview (common picture) of a fast evolving health threat. The exercise was the first in a three year programme of exercises and training on behalf of the European Commission relating to public health matters and was conducted over a two day period from 23 to 24 April 2008.

B. AIM & OBJECTIVES

Aim

To explore whether the HEDIS tool can be established as the reference hub for verified, appropriate and comprehensive information on a fast evolving major health threat.

Overarching objectives:

1. To test the use and usability of HEDIS as a mechanism for providing Member States with a single reference hub where they can gain a common situational overview of an evolving European-wide health threat.
2. To examine whether Member States are aware of the potential of HEDIS



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C. SCENARIO DESCRIPTION

The exercise was designed to represent a two day period in a rapidly evolving public health crisis. Days one and two were consecutive in order to allow Member States to see how an information picture would begin to build up on the HEDIS system. Throughout the exercise players were asked to simulate their role as if there was a public health emergency.

The starting scenario on Day 1 of the exercise began with read-in background information regarding reports received of an outbreak of a severe measles-like illness affecting rural communities in areas close to a beach resort in an Asian island country. The features of the illness included the abrupt onset of fever, myalgia, severe sore throat, dry, hacking cough, retrosternal soreness and headache.

The disease was reported as particularly affecting adults with an estimate of 16 or more deaths among around 60 cases and the authorities had sought the assistance of WHO. It was noted that the resort also catered for many visitors from the UK, Germany and the Netherlands, as well as from Australia and New Zealand.

In addition to the background information given, European Member States had also been alerted via the EWRS system of three suspected cases in the Netherlands including one fatality; the cases concerned were a family who had returned from the island one week ago, following a two-week stay in a self-catering beach-side bungalow. WHO had been duly informed through the appropriate channels.

To begin the exercise, Member States were advised of the following:

- They had used their internal alerting systems to warn medical services to be alert for cases
- ECDC was aware and has a news item on its website
- DG-SANCO had activated HEDIS and informed MS of this via EWRS

After the initial EWRS message at the start of the exercise on Day 1, a number of other Member States were informed of suspected and confirmed cases. As the scenario developed overnight between Day 1 and Day 2 more cases in several other countries came to light. During the exercise on Day 2 Member States were informed of these other secondary cases.



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D. PARTICIPANTS IN THE EXERCISE

All twenty-seven Member States were invited to participate, plus representation was invited from the European Free Trade Association (EFTA) States - Iceland, Liechtenstein, Norway and Switzerland.

Other participants in the exercise included the Commission's Health Emergency Operations Facility (HEOF) and Joint Research Centre (JRC), the European Centre for Disease Prevention and Control (ECDC), and several units within the Commission Directorate General for Health and Consumers (DG SANCO). The World Health Organisation (WHO) participated in an active observer role.

Player participation in the exercise involved individuals from the following countries and organisations:

Member States

- Belgium
- Bulgaria
- Czech Republic
- Estonia
- Greece
- Germany
- Hungary
- Ireland
- Latvia
- Lithuania
- Luxembourg
- Malta
- Poland
- Portugal
- Slovakia
- Spain
- Sweden
- United Kingdom

Others

- Norway
- Switzerland
- European Centre for Disease Prevention and Control (ECDC)
- Joint Research Council (JRC)

DG SANCO units

- SANCO A4
- SANCO C3
- SANCO C4
- SANCO C6
- SANCO E2

Observers to the exercise

- SANCO C3
- SANCO C6



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- World Health Organisation (WHO)
- Crisisplan, Netherlands
- CRISMART, Sweden



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PART 2 – CONDUCT OF THE EXERCISE

A. EXERCISE DESIGNERS & FACILITATORS

The Health Protection Agency is a UK public sector body that combines public health and scientific expertise, research, emergency planning and training within one organisation.

The exercises team of the agency's Emergency Response Department has considerable experience in the design, development and conduct in the UK and Europe of a wide range of exercises designed to test preparedness of the health community, government departments and other supporting partners.

Exercise United Horizon is the first exercise in a three year framework contract commissioned by DG SANCO of the European Commission to provide training and exercises to Member States.

B. EXERCISE LOCATION

The exercise was held within the conference facilities of the Mondorf Parc Hotel, Luxembourg.

C. EXERCISE DATE AND TIME SCHEDULE

The exercise was conducted over two days, broken down into two sessions:

Wednesday 23 April 2008, 13.30 – 17.30

Thursday 24 April 2008, 08.30 – 14.30

An introductory briefing took place at the start of the afternoon session on the first day, after which the exercise began. A facilitated hot debrief with all players and observers was conducted at the end of the day two session.

D. FORMAT

Exercise United Horizon was conducted as a tabletop exercise over a two day period from 23 – 24 April 2008. Member States were represented by a single delegate in the exercise, with some countries self-funding an additional delegate in order to increase learning.

To fulfill the exercise aim and objectives, the exercise used primarily the HEDIS tool, aided by email and paper communication templates. HEDIS was pre-loaded with news and documents relevant to the starting point of the scenario. Further information, documentation and articles were entered into HEDIS by a variety of means as the exercise progressed which included:



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- information supplied by Member States
- information elicited by way of questionnaires prepared or developed by the EC during play
- further news and updated reports and articles supplied by Exercise Control

EWRS was not being tested in the exercise and players used a mix of paper and email templates to relay any EWRS messages required as appropriate in the exercise.

Day 1

At the start of the day 1 session, players received an EWRS message from the Netherlands regarding a death and suspected cases of a severe measles-like illness, followed by a further message from SANCO C3 notifying Member States of the decision to create a sub-portal on the HEDIS system to track this event. Several Member States then received details from Exercise Control of identified suspected cases following increased surveillance activities in their country.

Day 2

At the start of day 2 several Member States received new or updated information from Exercise Control on cases in their country, and all delegates received reports on further activity across both Europe and other parts of the world including simulated press reports.



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PART 3 – EVALUATION OF THE EXERCISE

A. POSITIVE EXPERIENCES

The exercise provided an excellent opportunity for Member States to become more familiar with the features and purpose of HEDIS and gain an insight into its future capabilities. Likewise, the exercise gave the Commission's Health Emergency Operations Facility valuable practical experience of managing and moderating the system during an unfolding public health crisis in a simulated environment.

The questionnaire was considered by the majority of Member States to be a useful tool to extract information and aid decision-making. Collated information on planned measures and decisions taken elsewhere in the region was felt to be of particular interest and relevance.

Despite the initial technical difficulties experienced with HEDIS, Member States were very engaged in taking part in the exercise and made significant and constructive contributions to the debrief session.

Overall, many Member States considered the concept of HEDIS to be a valuable one in the light of increasing globalisation of health threats, with potentially much to offer. The majority could see the relevance and usefulness of such a situational awareness tool in managing a health crisis event.

B. PROBLEMS ENCOUNTERED, LESSONS IDENTIFIED AND RECOMMENDATIONS FOR IMPROVEMENT

The lessons identified from this exercise are based on the analysis of the following:

- the observations of the exercise evaluators
- feedback received in the exercise debrief session
- written feedback material received from delegates
- subsequent evaluations received on the exercise

i) Current functionality of HEDIS

HEDIS currently provides a variety of functions and tools to enable Member States to communicate, share and view information within the HEDIS site. During the exercise



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Member States were asked to use a range of functions and tools. Whilst delegates felt that many of these tools were potentially very useful, they did not find them easy to use.

Recommendation 1

A survey should be conducted as a priority to identify the needs and requirements of HEDIS users.

- **Layout of pages and tools**

The majority of Member States felt that the system was difficult to navigate, not sufficiently user-friendly and as a result unnecessarily time consuming. Users were frustrated that they had to check in many different places to locate information and were also unable to establish what information was newly posted. A number of users found the top and left-hand menus confusing. Several of the Member States commented that the system was too complicated, with too many unnecessary functions and tools.

The overwhelming message from Member States was that the system should be redesigned to make it simpler to use. Information contained within HEDIS needs to be easily identifiable and readily located. The most useful tools and functions need to be identified and these need to be made more intuitive to use. To avoid confusion, any tools and functions not identified as useful should be removed from the site.

Recommendation 2

HEDIS should be simplified to allow for easier and faster navigation and a 'help' function should be incorporated into the system.

- **Maps**

Member States felt that the mapping function could give an excellent visual overview of a situation. However, the maps were not updated quickly enough, there were several 'bugs' in the system, and key epidemiological information was not sufficiently and clearly presented.

There was a clear need for the maps providing epidemiological information to be improved as Member States considered this to be a very desirable feature of the system. To be fully effective the maps require regular updating and potentially more extensive information displayed once needs are established by a Member State user group. Geo-mapping was not fully explored in the exercise and therefore its usefulness as a tool for Member States



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was not determined. Consultation with Member States should take place to establish mapping information needs.

Recommendation 3

Presentation of events, the epidemiological information and public health measures displayed (e.g. maps) require review and improvement (see Recommendation 1).

- **Technical issues**

There were a number of technical issues with HEDIS both during and before the exercise, including some out-dated user passwords to access the system and some functions not fully working in HEDIS. While browsing throughout the pages of HEDIS the website frequently ran extremely slowly and resulted in “time out” or sometimes SQL Server errors. The ‘Maps on Demand’ section of the ‘Tools’ facility would not load and often displayed incorrect or no information or displayed a page resulting in a Java error. A number of users reported that the SMS facility was not always reliable.

A request from a number of the delegates was that it would be beneficial if there was a ‘Prerequisite Section’ on the home page displaying all of the necessary programs and add-ins that are required for HEDIS to work properly (Internet Explorer, Java, Flash Player, Google Earth, etc), with links to where software can be reliably downloaded.

The bandwidth and SQL logs from the exercise on the server hosting HEDIS could be usefully checked, to determine what SQL server errors there were and to see exactly why HEDIS was running slowly – this could indicate a lack of both upstream and downstream bandwidth dedicated to the system.

Based upon experience during the exercise many delegates did not have Administrative Rights on their laptops and could not update their software when required. Java and Flash Player have new versions released quite regularly so HEDIS users would need to ensure that the software packages are kept up to date on their machines to ensure that they are ready in the event of a requirement to use HEDIS in an emergency.

Member States using HEDIS infrequently may require a password reminder or to have the password reset and distributed in a health emergency event. Any email password reminders could also include information on the latest versions of software required for HEDIS.



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Investigate having a 'Prerequisite Section' on HEDIS displaying all necessary programs and add-ins required for HEDIS with appropriate links for downloading.

Recommendation 5

Investigate and address the SQL server and bandwidth issues.

Recommendation 6

Investigate the need for an improved interface to facilitate the reset of HEDIS passwords and an improved password reminder system in a health emergency event.

- **Communication tools**

Within the HEDIS platform are tools for the communication and sharing of information; a forum for message posting, questionnaires used for gathering information, email/SMS/fax alert systems, a calendar/event scheduling application and a notice board for latest events.

The majority of Member States thought that the forum was a useful facility to exchange information, but the threads were not used correctly and as more messages were added it became increasingly time consuming to search and locate information. During the exercise some Member States were confused as to whether to communicate information via EWRS or the HEDIS forum. Rules for using the discussion forum on HEDIS are essential to avoid unstructured threads and to ensure ease of use.

There was a mixed reaction to the availability of the email, SMS and fax tools, with a number of Member States considering them to be useful, whilst others were not convinced of their value.

For simplicity and to avoid confusion consideration should be given to how and when the forum should be used within HEDIS for information exchange between Member States. A simple directory of useful contact details could be provided in addition.

Recommendation 7

Consideration should be given to how and when the forum should be used within HEDIS for information exchange between Member States.



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Clarity is required as to the role of the forum in relation to EWRS.

Recommendation 9

Rules need to be established for the use of the discussion threads in HEDIS and further work should be carried out regarding the moderation of messages.

- **Information sources**

In an evolving health event it is essential that Member States can rely on HEDIS to provide validated and verified information, particularly where this may be used in the decision-making process. Member States were keen to know the sources of information on HEDIS and to ascertain if this information was from a validated and verified source.

During the exercise some Member States were unsure about the validity of the sources of information being presented on HEDIS and whether they could rely on the information it contained. Also, due to the large volume of information received SANCO C3 staff were sometimes unable to moderate and/or post some of the information they received.

As HEDIS uses both official and unofficial sources of information, it is critical that the provenance or origin of information supplied is clear and indicates whether it is from a validated official source. To enable Member States to be fully aware of which sources are verified and validated, a standard procedure for marking information displayed on HEDIS should be introduced. This marking system should clearly identify the source of any information displayed so that HEDIS users can quickly and simply establish the information's origin and relevance.

Recommendation 10

A standard procedure for marking information displayed on HEDIS should be introduced, whereby the source of any information is clearly identified.

ii) Functionality gaps in HEDIS

HEDIS needs to be able to give a rapid and concise overview of an evolving event to its users, however at present there is no quick overview of an evolving event, a gap that was quickly identified by both Member States and the Health Emergency Operations Facility (HEOF) during the exercise. The feedback from HEDIS users is that they wanted a clearer summary of the situation, with the most salient facts and up-to-date information on what is happening across the EU and globally. An unambiguous summary of the situation



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needs to be provided in this overview. Any requirements for more in-depth information can be fulfilled by access to further material via appropriate links.

Despite the fact there was a 'new' icon on the site; it was not immediately evident to Member States what new information or documents had been posted onto HEDIS. One suggestion was for an information ticker to run along the top of the front page which would give users the very latest developments. New information introduced in HEDIS (e.g. events, documents, official notifications, news) should be more visibly identified as new and appear as such in the activity report and the daily situation report. This would avoid Member States unnecessarily searching across the site for the latest reports or documents.

During an incident it might prove helpful to set up regular scheduled emails to all HEDIS users alerting them briefly of information updates to the site.

Recommendation 11

A daily situation report giving a brief overview of the European and global situation to be provided on the first page of the event portal.

Recommendation 12

Improve the mechanism for showing what is new on HEDIS.

Recommendation 13

In relation to Recommendation 1, consider whether emails indicating latest information updates on HEDIS should be sent to HEDIS users at scheduled intervals during an event.

iii) Access/input into HEDIS by ECDC and WHO

It was unclear to Member States how WHO and ECDC were integrated into HEDIS, particularly as there was a desire for timely updates of the information coming from these organisations. Also ECDC links into HEDIS and into DG SANCO HEOF were not apparent and many Member States felt this was a significant problem.

Integration of WHO and ECDC into the system was felt to be desirable in order to allow timely update of the information coming from their services. ECDC links into HEDIS and into the DG SANCO HEOF system requires further discussion and standard operating procedures (SOPs) need to be developed where there is a need for joint working.



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Recommendation 14

The role of WHO with regard to information sharing through HEDIS should be defined, together with the level of input and/or access to HEDIS.

Recommendation 15

The mechanisms for access to and the presentation of epidemiological information on HEDIS by ECDC should be discussed by both parties with a view to developing standard operating procedures (SOPs).

iv) HEDIS interaction with other information-sharing and communication tools

Member States were not clear on the relationship of HEDIS with EU rapid alert systems (e.g. EWRS, RAS BICHAT); specifically they were not clear on how the tools interact, the role of each tool in an incident, and when there was a transition or trigger point to using HEDIS. Although tools are intended to be complementary and some overlap of information is expected, Member States felt there was duplication and confusion.

To avoid any potential for confusion between existing systems, streamlining needs to be explored and undertaken as necessary. Once streamlining is completed any changes need to be clearly communicated to Member States and reinforced by training and exercising.

Recommendation 16

Clarification is urgently required on the role of HEDIS in conjunction with, and to complement, other available communication and information-sharing tools, particularly EWRS. Standard Operating Procedures (SOPs) should be developed on the use of the various tools, and in particular on when HEDIS will be needed to complement EWRS.

v) Member State unfamiliarity with HEDIS

There is little or no experience to date of information sharing on HEDIS, and familiarity with the tool appears to be still in its infancy for many Member States. The vast majority of Member States stated that they wanted further training and practice, including additional exercises.

In order to improve knowledge and use of HEDIS within Member States, it may also be relevant for it to become a tool that is used on a frequent basis. For example, to be a



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central source to gain information on medical intelligence, view HSC calendars, or to access a directory of contact points.

Recommendation 17

Further training and exercising on HEDIS is carried out for all Member States and other stakeholders.

Recommendation 18

Consideration to be given to making HEDIS a useful reference tool used outside of public health crisis events in order to build familiarity.

vi) Health Emergency Operations Facility

At times the HEOF unit seemed to be very over-loaded during the exercise. Too few people were providing the input into HEDIS and this did not appear to be enough to allow for the proper moderation and frequent updating of the information. This was exacerbated by the artificiality of the exercise, technical problems encountered with the HEDIS site, the need to retype paper based EWRS information, and the current lack of access and input to the site by ECDC.

Reliance on too few people to manage the flow of information creates potential critical points of failure and threatens the viability of the system. In a crisis situation, additional resources of trained staff may be needed for the SANCO C3 HEDIS team so that the large volume of information received can be verified, summarised and posted on HEDIS in a timely manner and the facility operated on a 24 hour basis if required.

At times the HEOF was unaware of information received by other SANCO staff during the exercise, and there did not appear to be any formal mechanism in place for sharing important information. Formal mechanisms for sharing information and actions between the HEOF and other SANCO staff need to be put in place.

Recommendation 19

Consideration of additional HEOF staff resources during an emergency, with training provided for the relevant roles needed for resilient functioning of the facility.

Recommendation 20

The Health Threats Unit to develop a mechanism for ensuring important information and actions are shared between other SANCO staff and the HEOF.



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Several difficulties were experienced during the first session of the exercise. These included: the artificiality in the way EWRS was requested to be replicated in the exercise, some HEDIS technical issues causing system breakdown and slowness, and the scenario timeline which did not allow in depth testing of all HEDIS functions. In some instances, problems encountered with the exercise e-mail system delayed the forwarding of messages to the HEOF team; this resulted in staff having to input text from paper versions on several occasions, losing valuable time.

The technical issues around the robustness of HEDIS need to be addressed in order that breakdowns do not occur when stress is put on the system in times of crisis or during exercise play.

In future exercises of this nature HEDIS will be used at different stages of an evolving event. It is essential that a small number of Member States and other relevant stakeholders are engaged early on as part of the core planning team and are actively involved at all planning stages to ensure that reality is reflected in any actions implemented as part of the scenario.

Recommendation 21

Technical issues around system stress and robustness need to be addressed as a priority.



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PART 4 – CONCLUSIONS AND RECOMMENDATIONS

Overall many Member States considered the idea behind HEDIS to be a valuable one, with the system having potentially much to offer. The majority could see the relevance and usefulness of such a situational awareness tool providing readily accessible confirmed, aggregated data in order to assist in managing a health crisis event.

However at present HEDIS is not the only tool to be used in an evolving health threat and Member States felt that there is no absolute clarity as to its use and purpose. To be fully effective the role of HEDIS requires clarification, in respect of where it sits in relation to other tools, the technical problems need to be resolved and additional functionality to be built in to best service the needs of Member States.

Once these issues are resolved, any new developments need to be clearly communicated to Member States and reinforced by training and exercising.

The recommendations that follow are drawn from the lessons identified above:

Recommendation 1

A survey should be conducted as a priority to identify the needs and requirements of HEDIS users.

Recommendation 2

HEDIS should be simplified to allow for easier and faster navigation and a 'help' function should be incorporated into the system.

Recommendation 3

Presentation of events, the epidemiological information and public health measures displayed (e.g. maps) require review and improvement (see Recommendation 1).

Recommendation 4

Investigate having a 'Prerequisite Section' on HEDIS displaying all necessary programs and add-ins required for HEDIS with appropriate links for downloading.



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Investigate and address the SQL server and bandwidth issues.

Recommendation 6

Investigate the need for an improved interface to facilitate the reset of HEDIS passwords and an improved password reminder system in a health emergency event.

Recommendation 7

Consideration should be given to how and when the forum should be used within HEDIS for information exchange between Member States.

Recommendation 8

Clarity is required as to the role of the forum in relation to EWRS.

Recommendation 9

Rules need to be established for the use of the discussion threads in HEDIS and further work should be carried out regarding the moderation of messages.

Recommendation 10

A standard procedure for marking information displayed on HEDIS should be introduced, whereby the source of any information is clearly identified.

Recommendation 11

A daily situation report giving a brief overview of the European and global situation to be provided on the first page of the event portal.

Recommendation 12

Improve the mechanism for showing what is new on HEDIS.

Recommendation 13

In relation to Recommendation 1, consider whether emails indicating latest information updates on HEDIS should be sent to HEDIS users at scheduled intervals during an event.



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**Recommendation 14**

The role of WHO with regard to information sharing through HEDIS should be defined, together with the level of input and/or access to HEDIS.

Recommendation 15

The mechanisms for access to and the presentation of epidemiological information on HEDIS by ECDC should be discussed by both parties with a view to developing standard operating procedures (SOPs).

Recommendation 16

Clarification is urgently required on the role of HEDIS in conjunction with, and to complement, other available communication and information-sharing tools, particularly EWRS. Standard Operating Procedures (SOPs) should be developed on the use of the various tools, and in particular on when HEDIS will be needed to complement EWRS.

Recommendation 17

Further training and exercising on HEDIS is carried out for all Member States and other stakeholders.

Recommendation 18

Consideration to be given to making HEDIS a useful reference tool used outside of public health crisis events in order to build familiarity.

Recommendation 19

Consideration of additional HEOF staff resources during an emergency, with training provided for the relevant roles needed for resilient functioning of the facility.

Recommendation 20

The Health Threats Unit to develop a mechanism for ensuring important information and actions are shared between other SANCO staff and the HEOF.

Recommendation 21

Technical issues around system stress and robustness need to be addressed as a priority.