COMMUNITY ASSESSMENT TOOL – READINESS FROM A TOOL HEALTHCARE

Clinician Outreach and
Communication Activity (COCA)
Conference Call
August 31, 2011



Objectives

At the conclusion of this session, the participant will be able to accomplish the following:

- Discuss the rationale behind the Community Assessment Tool
- Illustrate how the Community Assessment Tool can assist in developing a coordinated and integrated community healthcare surge plan
- Describe the types of information that can be obtained from the Community Assessment Tool and how the information can be utilized

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TODAY'S PRESENTER



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Community Assessment Tool

Sherline Lee, MPH

Healthcare Preparedness Activity



Overview

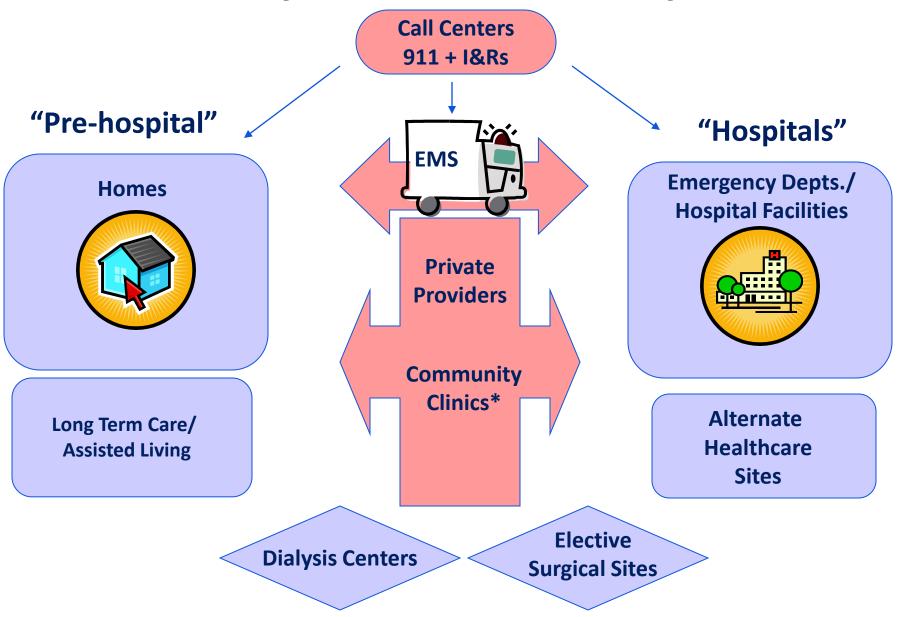
- Introduction to the Healthcare Preparedness Activity (HPA)
- Overview of the Community Assessment Tool
- How to Use the Tool
- Use of the information gathered from Tool

How HPA supports our stakeholders

- Develop content and/or provide technical assistance for:
 - Policy documents
 - Tools, templates, checklists
 - Guidelines, recommendations, protocols, and algorithms
 - Tracking and monitoring
- Conduct and/or participate in:
 - Workshops and stakeholder meetings
 - Exercises and drills
- Provide coordination and be a liaison:
 - Healthcare sector
 - Public health sector
 - Emergency management sector
 - Federal agencies
 - CDC programs



Community Model for Delivery of Care



^{*}Community clinics refers to a spectrum of outpatient/private provider, rural health centers, urgent care centers, federally qualified health centers (FQHC) and FQHC-like entities

Stakeholder Meetings

- Targeted to the specific needs of the healthcare delivery system's sub-sectors
 - Call Centers (2008)
 - Primary Care Providers (2009)
 - Pediatrics (2009)
 - Long Term Care (2010)
- Tools posted at http://emergency.cdc.gov/healthcare

Community Workshops for Healthcare Delivery in an Influenza Pandemic

- Develop coordinated and integrated strategies for delivering healthcare to the community
- Identify preparedness needs related to healthcare delivery among community planners and other stakeholders
- Outcome of the workshops
 - Develop a "Community Model of Healthcare Delivery" for an influenza pandemic (2 workshops in 2008, 1 in 2010, and 1 in 2011)
 - Develop an alternate care system to be used when medical surge capacity in a community's healthcare system is challenged and/or exhausted (1 workshop in 2008, 1 in 2010, and 1 in 2011)

COMMUNITY ASSESSMENT TOOL (CAT)

Jean Randolph, MPA, RN

Purpose of CAT

- Provide a framework for use by community and public health planners to build a coordinated and integrated response to a surge of ill or injured patients on the healthcare system
- Help a community identify
 - Resources for a coordinated and integrated healthcare response
 - Potential resource shortages
 - Sub-sectors and partners that may need assistance in responding to an influenza pandemic or other hazards
 - Healthcare sub-sectors and partners to include in planning

http://emergency.cdc.gov/coca/pdf/CAT.pdf

What healthcare sub-sectors and partners* are included

- 9-1-1 Call Centers
- Other Call Centers
- Emergency Medical Services
 Palliative Care/Hospice
- Primary Care Providers
- Outpatient/Walk-In Clinics
- Urgent Care Centers
- **Hospital Systems**
- Veterans Affairs Medical Center

- Pharmacy
- Home Health Care
- Long-Term Care
- Alternate Care Sites
- □ Public Health*
- □ Emergency Management*
- □ Local Government*
- Mortuary Services*

Development of the CAT

- Communities piloted the tool as part of their preworkshop preparation and suggested this would be useful to other community planners
- Sections of the CAT were reviewed by subject matter experts for content and to determine the priority of questions
 - Federal partners (e.g., DOT/NHTSA)
 - Local practitioners and responders from past workshops and meetings

Audience

- Intended Audience
 - Community planners, healthcare emergency preparedness planners, emergency coordinators, coalitions and steering committees engaged in planning
- CAT informs the audience of
 - Healthcare sub-sectors capabilities and resources
 - Gaps in the community's capabilities, planning efforts, or potential shortages in resources.

Organization and Design

- Each section is customizable and has two parts
 - Part 1: Completed by individual community planner or a disaster/emergency preparedness coordinator
 - Part 2: Completed by people most knowledgeable about individual facilities
 - Questions in each part may be edited, added, or deleted as necessary to obtain desired information about the healthcare sub-sector and partners' capabilities, capacities, and resources within the community

Organization and Design

- Design of document
 - Document is in Word format, should be downloaded, and sections separated and sent to each sector for completion
 - Information collected is for the community's use and is not shared with CDC
- Questions marked with an asterisk (*) should be answered first if there is a limited amount of time available to complete all questions

- How many urgent care centers are in the community?
- Please list the main urgent care centers in the community and then check the appropriate box for Part 2
- What is the role of urgent care centers in the community's pandemic influenza planning?
- Has coordination been made with these clinics to address appropriate standards of care when resources are scarce?

- What role will the center play during an influenza pandemic?
- On average, how many patients does the center see every day?
- How long is the average shift?
- Is there a plan to increase staff if 30% are ill and cannot come to work?

Is there a plan to share employees with other centers or clinics to maximize the use of licensed employees?

* Has coordination been made with the hospital emergency department (ED) to develop criteria for when to send patients to the ED?

Are plans and materials readily available to conduct just-in-time training for qualified volunteers?

Is there a plan to keep the center open 24/7 or extend hours to help reduce the number of patients who go to the hospital?

How to Use the CAT

- Appoint a CAT coordinator
 - Review each section of the CAT
 - Identify individuals to complete each section and solicit feedback on these parts
- Distribute specific sections of the CAT
- Keep track of progress
 - Complete
 - To Be Determined
 - Not Applicable

What to Do with the Information

- Review the completed information to identify issues
 - Situation in which several healthcare facilities are relying on the same vendor(s) for supplies, such as PPE and oxygen
 - Sub-sectors and partners who may need help improving their plan for responding to large events
 - Current employee numbers and how they may change in an influenza pandemic

What to Do with the Information

- Identify gaps or issues not previously known
 - Same supplier for several systems
 - Sub-sectors and partners who may need help improving their plan for responding to large events
- Questions with an asterisk that are answered 'No' will need follow up
- Planner is encouraged to re-use this document to monitor all components of healthcare sub-sector readiness

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention

For more information please contact Centers for Disease Control and Prevention

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Centers for Disease Control and Prevention Atlanta, Georgia

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Thank you for joining! Please email us questions at coca@cdc.gov

Emergency Preparedness and Response

Emergency Preparedness & Response

Specific Hazards

Preparedness for All Hazards

What CDC Is Doing

What You Can Do

Blog: Public Health Matters

What's New

A - Z Index

The Community Assessment Tool - Readiness From a Total Healthcare Perspective

= Continuing Education Credits

Date: Wednesday, August 31, 2011

Time: 2:00 - 3:00 pm (Eastern Time)

Participate by Phone: 800-369-2138

Passcode: 9946347

Register for this webinar:

Presenter(s):



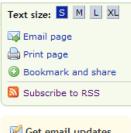
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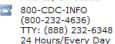




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http://emergency.cdc.gov/coca/calls/2011/callinfo_083111.asp

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