The Community Assessment Tool – Readiness from a Total Healthcare Perspective

Moderator: Loretta Jackson-Brown

Presenters: Sherline Lee, MPH, and Jean Randolph, RN, MPA

Date/Time: August 31, 2011 2:00 – 3: 00 pm ET

Operator (Tammy)

Good afternoon and thank you for holding. Your line will be on a listen only mode until the question and answer session. During the Q& A session, if you would like to ask a question, press star one on your touchtone phone. You will be prompted to state your name, so please check your mute button. Again, during the Q&A session, press star one to ask a question. Today's call is being recorded. And I would now like to turn the call over to Loretta Jackson-Brown. Ma'am, you may begin. (00:00:17)

Loretta Jackson-Brown

Thank you, Tammy. Good afternoon. I'm Loretta Jackson-Brown and I am representing the Clinician Outreach and Communication Activity with the Emergency Communications Systems at the Centers for Disease Control and Prevention. I am delighted to welcome to today's COCA webinar, "The Community Assessment Tool – Readiness from a Total Healthcare Perspective." We are pleased to have Sherline Lee and Jean Randolph with us today to illustrate how the Community Assessment Tool (CAT), can help improve a community's emergency preparedness plan. You may participate in today's presentation by audio only, via webinar, or you may download the slides if you are unable to access the webinar. The PowerPoint slide set and the webinar link can be found on our COCA Web page at emergency.cdc.gov/COCA. Click on COCA calls. The webinar link and slide set can be found under the call-in number and call pass code. Here to provide an introduction to navigating today's webinar is Ms. Callie Campbell. (00:01:27)

Callie Campbell

Thank you, I'm just going to walk everybody through the tools that are available. This webinar should last approximately an hour. If you have a question for one of the presenters, you may use the Q&A button located at the top portion of your screen. Just write your question and then hit enter to send the question to one of the presenters. If you want to ask a question to a specific presenter, please state that your question. All of the questions will be read out loud to the group at the end of the presentation, but you may submit them at any time during the presentation. At the top right-hand side of your screen, you will see a feedback tool that has a colored square next to it. If you select the dropdown arrow next to the feedback, you can alert me if you have trouble hearing or if you need help. This meeting is being recorded. If you have technical difficulties at any time during this presentation, you may call our technical support line at 1-877-283-7062.

Thank you all for coming. Loretta Jackson-Brown is your host and she'll be taking over the presentation from here. (00:02:22)

Loretta Jackson-Brown

Thank you, Callie. At the conclusion of this session, the participants will be able to accomplish the following: Discuss the rationale behind the Community Assessment Tool; Illustrate how the Community Assessment Tool can assist and deliver—excuse me, in developing a coordinated and integrated community healthcare surge plan; and describe the types of information that can be obtained from the Community Assessment Tool and how the information can be utilized. In compliance with continuing education requirements, all presenters must disclose any financial or other association with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters, as well as any use of an unlabeled product or products under investigational use. CDC, our planners, and the presenters for this presentation do not have financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters. This presentation does not involve the unlabeled use of a product or products under investigational use. There was no commercial support for this activity. (00:03:30)

Our first presenter today is Sherline Lee. Sherline is an epidemiologist in the Division of Healthcare Quality Promotion, CDC. She has been actively involved in pandemic influenza planning at the federal interagency level for several years. Sherline helps plan healthcare-related workshops for community, develops tools for community planners, provides review of local and state pandemic influenza plans, and responds to multiple emergencies in the CDC Emergency Operation Center.

The second presenter today is Jean Randolph. Jean is a nurse consultant in the Division of Healthcare Quality Promotion, CDC. In this role, she works with community subject matter experts and the Oakridge Institute for Science and Education to develop the Community Assessment Tool. During the CDC H1N1 response, Jean served in CDC's Emergency Operation Center supporting the healthcare delivery and clinical care desk. Prior to CDC, Jean worked as a manager of occupational health and emergency preparedness for 15 years at a large children's healthcare system. She was one of six emergency managers from an Atlanta hospital to be appointed liaison officer for the Atlanta-Fulton County Emergency Management Agency, and responded during activations in coordinating hospital activity.

Again, the PowerPoint slide set and webinar links are available from our COCA Web page at emergency.cdc.gov/COCA. At this time, please welcome Sherline Lee. (00:05:23)

Sherline Lee

Good afternoon, everyone. As Loretta said, I'm Sherline Lee. Sorry about that. This afternoon I will be providing you an introduction to the healthcare preparedness activity at the CDC, before I turn the call over to Jean Randolph. Jean will be giving you an overview of the Community Assessment Tool, explain how to use the tool, and how to use the information gathered on the tool. To begin, I'd like to explain how the healthcare preparedness activity, or HPA, supports our stakeholders. These stakeholders include federal partners and those involved with the care of patients including state, local, public health, healthcare and emergency management partners. How do we do this? First, we develop content and/or provide technical assistance. We give input on policy documents, draft tools, templates, checklists, and review and develop guidelines and

recommendations, protocols, and algorithms. We also participate in dialogue on issues related to tracking and monitoring healthcare related concerns during an event. HPA conducts and/or participates in workshops and stakeholder meetings and exercises and drills as well. The activity also provides coordination with and serves as a liaison to healthcare sector, public health sector, emergency management sector, other federal agencies, as well as CDC programs. (00:06:58)

On this next slide, we have a visual representation of the general approach or framework that HPA uses to guide our work. This diagram exemplifies that healthcare in a community is really provided to patients by multiple partners who provide a continuum of services. In this call, we will refer to these various healthcare partners as healthcare subsectors. In this framework, you will of course notice hospitals on the right side who have long partnered with the emergency response community in disasters; however, this diagram also includes prehospital settings and providers. This includes homes or residential environments where home health agencies, long-term care, and assisted living providers all administer care. In addition, you will see clinics and specialized outpatient services, for example, dialysis centers and elective surgical sites, who also deliver care to patients. Also included in this diagram are healthcare providers like 911, call centers and information referral centers or I and Rs, and EMS, who often serve as gateways between these various locations of care. One goal CDC-HPA has is to address the planning gaps that all of these healthcare response partners currently experience. To that end, we have held stakeholder meetings targeted to specific healthcare delivery subsectors. Thus far we have held four such stakeholder meetings with the following topics and subsectors: call centers, primary care providers, pediatric providers, and long-term care. Through these meetings and partnerships, CDC-HPA, practitioners, and organizations develop planning tools and products. The tools that resulted from these meetings have been or will be posted at emergency.CDC.gov/healthcare. (00:08:50)

In addition to the stakeholder meetings, HPA has sponsored the facilitation of seven community workshops to address healthcare delivery and an influenza pandemic. In these workshops the communities develop coordinated and integrated strategies for delivering healthcare to the community. To do so, the communities have included a diverse group of community healthcare providers from that framework that I showed you on the earlier slide as well as emergency management, public health, and other stakeholders like local government. These planners and responders come together to identify their preparedness needs related to the healthcare delivery in their communities during an event. The outcomes of these workshops include two types of products. The first type is the development of the community model of healthcare delivery for an influenza pandemic and the second is the development of a concept for an alternate care system to be used when the medical surge capacity in a community's healthcare system is challenged and/or exhausted. HPA plans to analyze community's experiences and products to develop a much larger planning tool that addresses community planning for medical surge for pandemic influenza as well as other hazards. And with that, what I'll do is I will be turning the call over to Jean Randolph, who will walk you through a detailed overview to the community assessment tool. (00:10:14)

Jean Randolph

How did you advance these? I have it on mute. Good afternoon, this is Jean Randolph. I'm going to go over some of the Community Assessment Tool for you. Thank you, Sherline Lee, for your presentation. We're going to begin by discussing the information about the purpose of the CAT.

As Sherline described for you, we have been working with communities and we've been working on the Community Assessment Tool affectionately labeled the CAT by us. We have been working on it for over three years and during that time frame we have worked with communities to test those drafts, the initial draft for us to see how they liked it and how they used it. Their response was that they really did like it and they recommended that we use it with other communities. We have used the CAT to help communities build a coordinated and, I'm sorry, to develop a framework and to build a coordinated and integrated response to a surge of ill or injured patients on the healthcare system. It is meant to help a community identify resources for that coordinated and integrated response and to also identify potential shortages in those resources. Subsectors and partners may also need assistance in responding to an influenza or other hazards and they will…that will be seen by the people reviewing the outcome of the CAT. Healthcare subsectors and partners will be included in this planning as well, and some of those sectors and partners are identified on the next slide. We have identified the healthcare subsectors in white and we have done that specifically because when we talked to people about healthcare, their initial thought is on hospitals and sometimes on primary care providers, but they don't always think about pharmacies, home health, long-term care, VA systems, emergency medical services, 911 call centers as being part of the healthcare system. The partners labeled in yellow are public health, emergency management, local government, mortuary services. They are partners, they don't necessarily provide any healthcare, but they are pillars with that framework Sherline showed you, who are very important. They will help us access resources during a disaster or a pandemic influenza when we are in need. And, therefore, we consider them partners to our healthcare subsectors. (00:13:15)

The CAT was developed, as I mentioned, over about three years. And we piloted the tool with some of our communities very early on to see what they thought. What initially brought us to developing the CAT was reading…reviewing proposals from some of the communities. In those proposals, they would often talk about hospitals, and they'd also talk about perhaps public health and partnering with public health. Lots of times they would also talk about partnering between hospitals and EMS. But we rarely saw several of the other subsectors included in those proposals. And so we realized that what we needed to do was to put something together, some sort of tool, that would help them think about communicating with those other sectors. And so we started to put together the CAT, and in the early draft of it, they used those before their workshops to look at how their communities were prepared. And as they used them they suggested…they made suggestions to us, but they also told us they thought it would be very useful to other communities. During that…since that time, we have had sections of the CAT reviewed by subject matter experts for content and also to determine the priority of questions. (00:14:37)

We had federal partners as well as local and regional practitioners give us input into the subject, the subject matter that is part of the CAT. Basically, part one in the CAT on all of the different sections. Some of the federal partners were the Department of Transportation, we also had input from Homeland Security, Health and Human Services, the Assistant Secretary for Preparedness and Response Office, all of those offices have been part of our workshops and also have looked at the CAT for us. Local practitioners and responders from past workshops and meetings have also looked at the CAT to help us determine the priority of questions. We realized early on that the CAT is a very long document and I'm sure if you looked at it you said the same thing. That was early feedback from some of our communities as well. We realized that there had to be a

way to use the CAT if you had an impending issue such as a pandemic. Say something…that you knew there were people becoming ill as happened in H1N1 in California and you knew that this was going to be transmitted and you knew that your community would most likely be affected. If you wanted to quickly assess your community, you could use those asterisk questions, the ones that the reviewers helped us determine as priority questions. Many of them are regulatory issues; some of them are very good…are the issues that were determined to be priority other than regulation, but also very important in a circumstance of assessing quickly. (00:16:25)

The audience for the CAT, as we had perceived it would be, community planners or preparedness coordinators, coalitions perhaps, steering committees, some communities may use their Metropolitan medical responses committee; they may ask their hospital association to help them pull a committee together, including other sectors within the community. The CAT will help those…that audience…it will inform the audience of the healthcare subsectors' capabilities and resources and also help to inform them about gaps in those capabilities, the planning efforts or possible potential shortages in resources. The CAT is organized to be customizable. It has two parts. The first part in each section of the CAT should be completed by the individual community planner. (00:17:29)

And we set it up that way because the planner should be familiar with every subsector of the healthcare system. And so when the planner looks at that, they may in a small community have the answers to all the questions about every healthcare subsector because they're very familiar with their entire community and it's also not too large not to be too familiar with. When you get into a large metropolitan area, you'll have a community planner who knows the major players but would have to go look for some of the other information and so it is going to be a little more difficult in a larger community to be able to answer all the questions rapidly. The timing on this is going to be…will depend totally on the community itself. The part two is going to be completed by the person most knowledgeable about the facility. And as you are looking at the facility, and you're answering the questions, the reason we say this is customizable is because as we point out, this could be edited, added to, or deleted as necessary in order to have the right information about your subsector; in order to have the right information about your facility. When you are working in a 25 bed critical access hospital, answering the hospital questions, there may be some questions that you would not need to answer because they would not be related to your hospital. However, if you're in a large metropolitan area with 1,000-bed community hospital, those questions will definitely be needed and you will need the answers to all of those. The document is designed in Word format to make it much easier to use. It can be downloaded and sections should be separated and they can be sent to each sector for completion. (00:19:22)

The information is collected for the community's use and is not shared with CDC or any other organization. Once you have downloaded the information, it is yours; once you have downloaded the document, it is yours. We have no access to it and no way to have access. As I have mentioned before, questions marked with an asterisk should be answered first if there is a limited amount of time available. Now, if you have six or seven months that you're going to be working on this, all the questions should be answered, not just the asterisked questions. The following three slides are examples of one section of the community assessment tool. We chose urgent care centers because we felt that, you know, our initial thought was to try to use the hospitals, but we believed everybody would be familiar with that. And urgent care centers, people don't

sometimes people do not consider them in terms of the healthcare subsectors. And we wanted them to consider that and so we decided to try that. We felt like everybody would be familiar with urgent care centers, but may not be as…they may not have as much information about them as they would about a hospital. So, we chose these three slides will reflect the urgent care center section of the CAT. Not the entire section, just portions of it. The first question is about how many urgent care centers are in the community? A community planner is going to be answering these questions because this is part one. And because of that, we want them to consider how many centers are there, and they may not know this answer off the top of their head. They may think they do, but if they look at urgent care centers, they should be considering things like the little walk-in clinics in the drug store that you are probably familiar with as well as urgent care centers. (00:21:21)

You may want to commit…include in this sector your outpatient surgery centers. There may be other pieces of the community where there is care rendered in a center…federally qualified healthcare centers come to mind also. So when you list the main healthcare…the urgent care centers in the community, you are looking specifically at the main groups of them to begin with, so you may say, the titles I just used, surgery centers, federally-qualified health centers, or urgent care centers, or minute clinics, or walk-in clinics. And then you need to break all of those down into, well, let's list each one of them and what is the role of the urgent care center and the community's pandemic influenza planning? If they've been involved in that planning then you will know that answer as a community planner. If that planning has not included them, this is the time to begin thinking about what is their role and how do we include them? And the last question is an asterisked questions saying has coordination been made with these clinics to address appropriate standards of care when resources are scarce. A consideration needs to be made for the this, the standards of care changing, if you do not have the right supplies for patients coming in, what do you have to do to be able to address that? Do you have to change your standard of care? Will you be able to access resources from another source? (00:22:55)

Part two is for the facility coordinator to answer about the facility itself. What role will it play during an influenza pandemic? If this has not been considered before, this is time to begin to write that into your plans. How many patients does the center see every day? And how long is the average shift? Those are important questions. Most of your urgent care centers are open for approximately 12 to 15 hours a day. Now during a pandemic, they may need to be open longer and they may also handle more patients. But unless you have some idea of what your average patient load is a day, and you know your average shift for your employees, expanding those might be a little difficult. The asterisk question here, is there a plan to increase staff if 30% are ill and cannot come to work is important based on the average shift and number of patients. During a pandemic, you may need to have more employees on board and more staff to handle the patient load. You also will have an increased patient load. And is there a plan to share employees with other centers or clinics to maximize the use of licensed employees? I will use registered nurses as an example here. (00:24:17)

If you have an urgent care center where you normally have three registered nurses and perhaps three other employees reporting to each one of them—nine total—and you come to work and you are at work and you are in the middle of a pandemic and 30% are out, how do you maximize the use of those licensed employees? And if there is another center within a short distance, is there a way that you can share employees and perhaps handle through one center a larger number

of patients? These are all considerations and they are thoughts for you to consider as you're answering questions, but also as you are developing your plans. And has coordination been made with the hospital emergency department to develop criteria for when to send patients to the emergency department? In many cases, transport is used between urgent care and hospitals on a routine daily basis. Patients are transported for, perhaps, IV therapy, perhaps for some radiology procedures, other kinds of things. During a pandemic, you may have to handle those things within your urgent care center. But you will have had to develop that criteria with a hospital emergency department and be able to coordinate when you do that and when you can stop doing that, all of which has to be in your plans and the CAT will help you assess that. Now, I have added on the third slide, Are plans and materials readily available to conduct just-in-time training for qualified volunteers? You may need volunteers to help you expand your services as well. If you are seeing a large number of patients with a limited number of staff, volunteers may be able to help you by helping to get information from people coming in the door, patients coming in the door. Help you with providing patients with fluids to drink. Perhaps making sure your waiting room is kept as clean as possible. Patients coming in the door, giving them tissues and perhaps a mask so that they are keeping their mouth covered when they cough or sneeze. (00:26:36)

This is some of the ways you can use volunteers and if you have a training program put together to train volunteers you might be able to expand your provision of care. You also need to consider with a large number of patients coming in, do you need to keep your center open 24/7 or extend your hours past your normal 12 hours to perhaps 18 hours to reduce the number of patients who go to the hospital emergency room. These are all ways that you will help to offload the healthcare system through the use of your subsector. When you use the CAT you need a coordinator as I have pointed out to either answer the questions in part one or if you are in a large metropolitan area this may be the person who pulls together the committee that will handle the CAT and also handle the part one sections of the CAT. These would be leaders in the hospital systems, leaders in the EMS, perhaps leaders from the long-term care sector. They would be people who would do part one and then they would send subsections on to the facilities in those subsectors.(00:27:50)

You would distribute the specific sections of the subsections of the CAT, as I just said part two, to the facilities and then track your progress. Keep track of whether it is completed. It may be that you haven't got sector within your community and it is not applicable. And you may be determining who to send it to within a sector and you keep track of that as well. (00:28:15)

The information you receive in, the completed information will help you to identify issues that you may have within each subsector as well as across subsectors. You may have healthcare facilities relying on the same vendor for supplies such as PPE or oxygen and if that is the case, and you are in a pandemic surge, all of those facilities planning on using the same vendor will tax that vender. You are going to be looking at the vendor and asking, what is the backup plan? Do you have backup vendors to help us in this circumstance? You also may identify subsectors and partners who need help improving their plan for responding to large events. They may not have all of the answers to all of the questions and this will help them answer those questions by developing their plan further. They may also find that they can work together with other sectors to develop their plan better. And also help you with knowing employee numbers and how those change during any influence pandemic. (00:29:21)

What do you do with the information once you have it? You might be identifying gaps or issues that you did not realize previously. That same supplier issue - for one. You may find sectors and partners who have no plans and need to have help getting a plan pulled together. And having that information up front you may be able to help get them together with other groups within their subsector who already have planning done, to assist them in developing their plan quickly. The questions with an asterisk that are answered 'No', absolutely need follow up. Therefore you're going to need to assign somebody within that sector to follow up with those questions for any facility that has answered no. (00:30:13)

The planner is encouraged to reuse this document to monitor all components of the healthcare subsector readiness. And what we mean by that, is that you may reuse this document on annual or biannual basis to make sure that your healthcare subsectors all remain at a ready state. And as we know, people change in jobs from day-to-day and when a person changes out of a job they may not be aware of what has been done before in this circumstance. So it is always a good idea to follow up with them and bring them up to speed on what information you have got and then ask them to reassess their subsector. (00:30:54)

As you may have noted at the beginning, Sherline and I are both available for you to contact at any point. Should you when using the CAT have suggestions for changes, feedback on any kind of information you think is missing out of there or anything you feel that we should add that you know should be there. We would both appreciate that. Thank you. I will turn you back over to the moderator. (00:31:25)

Loretta Jackson Brown

Thank you, Sherline and Jean. We will now open up the lines for the question and answer session.

Operator

At this time if you'd like to ask a question, please press star one on your touch tone phone. You will be prompted to state your name so please check your mute button. Again, to ask a question, press star one and please record your name. (00:31:50)

Loretta Jackson Brown

Also remember that you can submit questions via the webinar if you look at the Q&A section, at the top of the screen. You can click on that to submit a question. While we are waiting for our first question from the operator, I do have one question through our webinar system. And that is, I am a part of an MMRS. How would I, as a leader, use this document? (00:32:28)

Jean Randolph

Okay, thank you. This is Jean. I can go ahead and answer that question. If you're part of an MM RS which is a Metropolitan Medical Response System, they typically have a health care committee and that healthcare committee usually incorporates more than just hospitals. EMS, hospitals, you may find urgent cares incorporated in there. That MMRS could during their committee meeting look at the community assessment tool and determine if they would like to use it for their community and then began to involve the other people on the committee, other people from subsectors that may not already be involved with their committee, they may involve them at that point in time. As I pointed out during the presentation, when you have a large

metropolitan area, the coordinator would be perhaps the healthcare committee chair and they would assign subsectors to the people in those subsectors to be the coordinator for that subsector. So you may use it that way. I hope that answers your question. If not, please go ahead and send another question. (00:33:45)

Loretta Jackson Brown

Thank you Jean and as a reminder, this webinar and all of the call materials to include call transcript, audio, and PowerPoint will be archived to our COCA website and that can be found at emergency.CDC.gov/COCA. That link is also available on the second to the last slide of this slide set as well. Operator, do we have any questions on the phone? (00:34:15)

Operator

No I do not have any audio questions. Again if you would like to ask an audio question, please press star one on your touch tone phone.

Loretta Jackson Brown

Okay. While we are waiting for questions through the audio system I have another webinar question and this is, who or what groups are included among the community planners?

Jean Randolph

This is Jean. I will go ahead and take that question. Community planners, what groups are included among community planners. Community planners are generally people who work within local government and those are people who would be planning the appropriate routes to evacuate, they might be the emergency planner, and that might be the right person, the emergency management, the emergency manager for your community could be a community planner and that might be a person you would speak with. It could be somebody within your mayor's office or within the, if you're talking about a County, it could be the County Executive's office. I hope I have answered that question for you. (00:35:40)

Loretta Jackson Brown

Thank you, Jean. Okay, we have another question. We have been trying to get primary care physicians involved but cannot get much response from that group of providers. Do you have any suggestions? (00:35:58)

Sherline Lee

Hi, this is Sherline and I will go ahead and try to answer this and Jean will jump in if she has anything to add. We understand that primary care physicians are a very busy group of people and quite honestly they don't even have time sometimes to engage in these discussions. So CDC and in some of the communities we have worked with, one possible workaround is to seek to approach some of the larger practices, who have either an office manager or someone else in that facility who may be responsible for that emergency plan. What we have seen with some of the larger practices, especially out on the West Coast, we noticed that sometimes they will have a person who is responsible for a group of offices. That would be probably our suggestion. We realize it will be very difficult to reach those individual physicians and part of what I think CDC is interested in moving forward will be working with our various national and state-level partners to try and make sure that we help a lot of you planners interface better with the primary care

community. Jean doesn't have anything else to add so operator, if you would like to just let us know if there is another question? (00:37:14)

Operator

I do not have any audio questions at this time.

Loretta Jackson Brown

Okay. We have another question through our webinar system. What am I supposed to do when I finish collecting all this information? I see gaps in planning among health care providers. So Jean or Sherline do either one of you? Okay.

Sherline Lee

Sure. This will be Sherline again. One of the things that we could access although I think a lot of people have kind of blocked this out of their memory is that, if you go back to the flu.gov HHS website, before H1N1 happened there actually had been a lot of different checklists, planning checklists and tools that were developed and placed up on that website. They were actually oriented towards specific sectors. For example we saw and accessed yesterday the long-term care, there is a hospital one, there's home health and a number of other specific subsector checklists there for people to access. I think we also should point out that on our emergency.CDC.gov/healthcare website we have other tools that we have developed and are in the process of developing. If you guys come across anything else that you think will be fabulous to link up there, we would love to hear from you as well. And our contact information is going to be included with this presentation. So please pass those suggestions on to us. (00:38:41)

Loretta Jackson Brown

Thank you. We have another question and this has to do with points of dispensing. As a public health emergency coordinator, I currently work with hospitals on points of dispensing or POD issues, but how do I get these other sectors involved? (00:39:04)

Jean Randolph

This is Jean. I will take that question. When you are currently working with a hospital you are using your points of dispensing or your POD, and you're the public-health planner, that is how you are getting your hospital to work with you. You basically can begin to ask about the rest of their partners within the healthcare system. Ask if they are working with long-term care and have them help you find the introduction, introduce you into those other groups with EMS, long-term-care, perhaps the hospital has urgent care centers associated with them. That is one of the ways you can use your contacts to network with the other sectors. Once you get into a sector it's amazing how you can network with everybody else within that sector. What we have found through our workshops is that once we find a person within a sector we can almost always, not only on a national level, but on a local level, find our way into meeting the rest of the people within that sector. I'm going to, I'm sorry, and there are also state associations that you can, I'm sorry Sherline and I are are both trying to answer this question. There are state associations for different subsectors such as primary care, long-term care, all of these groups have state associations that you can link into and once you get involved with a sector, then you can find their state association. Turning it back over to the operator. (00:40:50)

Operator

Again, if you would like to ask an audio question, press star one.

Loretta Jackson Brown

Great, thank you Sherline and Jean. Our presenters would love to take your questions so please submit them through our audio line or again you can submit them through the webinar by hitting the Q&A tab. And while we are waiting for additional questions I have one. And this question says, although this is a pandemic influenza related tool, what are some of the pieces of information that if collected would help me for planning for an all hazard event. (00:41:30)

Sherline Lee

Hi, this is Sherline again. I think if you have a chance to flip through the tool you will notice there are a couple of red starred items that tend to appear in all of them. For example, there are some more general questions about communications and how they are coordinated, you'll see questions about staffing. And so even if you don't do some of the things that look like and appear to be just flu related, there is basic information about processes, capacity, staffing, planning needs that should come through that particular use of the tool. So that is why we want to say, we understand there is sometimes hints of fatigue but this tool actually does help you look at the entire system if you asked the same questions. And, we have another question, Loretta, from the webinar? (00:42:20)

Loretta Jackson Brown

We do. Yes. And this question has to do with marketing, advertising, promoting of the CAT and healthcare community. So, one of the participants is interested in how that was done. In addition the participant would also like to know, was the CAT developed in collaboration with community planners or healthcare providers. (00:42:42)

Sherline Lee

Sure. Actually, this tool was not put out until April of this year and while we have tried to engage our partners like, for example, the preparedness directors and preparedness folks through the NACCHO and ASTHO, which are the National Association of City and County Health Officials as well as the Association of State and Territorial Health Officials. We also have pushed through our partners at ASPR through the HPP program and some of our other communities. I think we are still at the point where we really would like to solicit various planner's help in sort of pushing this out and sharing it. So again, it's available on the CDC site but if you have suggestions, we would love to hear. We do want to engage with more EM and other sectors as well. So please send out this link if you have any colleagues you think would benefit from hearing about it. Also, that emergency.CDC.gov/healthcare website is another thing you can pass forward. I do want to make a point that the Word version of the document is available on that website in case you don't want to pass forward a PDF.

And the second part of the question was, was the CAT developed in collaboration with community planners and their healthcare providers? Part of the reason why it took so long is because we had so many different layers of input. Of course we had the communities. Many of the communities that we worked with through are the seven workshops I mentioned earlier. A lot of those people are experts in healthcare and public health and EM. And they gave us initial input. And then we had another group of experts from EMS, from DOT, look at the different sections. We have had people help from hospital associations and different states. And so we

have had different people here and there look at the document. I think one thing we should tell everyone, this is not the final version. If as you go through it you think there are things that need clarification, things that you think we missed or thing that confuse you, please contact us. We are well aware that this might be version 1 of many versions. So we look forward to hearing from all of you. (00:44:52)

Loretta Jackson Brown

Thank you, Sherline. We have another question regarding the call materials and yes, the call materials related to this COCA webinar will be archived to the COCA website. That is http://emergency.cdc.gov/coca/ and you can look under the August 31st call. You can expect the call materials to be uploaded to our website in the next couple of days. If you visit our website today, the slides are available for you to download today.

Operator, do we have any more questions for our presenters today? (00:45:30)

Operator

Yes, I do have an audio question. I believe the name is Alex. Your line is open. (00:45:35)

Alex

Yes, does the CAT also take into account any special populations or at risk populations when it asks what the capabilities are? (00:45:45)

Jean Randolph

This is Jean. We have to tell you that no, we do not have any special questions on there to address special populations or vulnerable populations. We do have a planning tool at CDC and you will have our contact information and if you will contact us directly, we will send you that link. [*Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency* http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf *web link is provided for informational purposes only and was not part of the original discussion during the live webinar]* (00:46:21)

Loretta Jackson Brown

Tammy, any more questions from the audio line?

Operator

No I do not have the other questions.

Loretta Jackson Brown

Okay. Sherline and Jean, I have a question through the webinar system for you, related to the CAT. Have you developed a crosswalk that connects how the CAT connects to CDC preparedness capabilities? It seems that using a CAT would help to document compliance with the preparedness capabilities. (00:46:54)

Sherline Lee

Hi, this is Sherline. And, actually we have been thinking about how that would help with the preparedness capabilities. It probably addresses number 10 which is med-surge as well as there is I think number 1 which talks a little bit about risk assessment. However, I don't think it covers

risk assessment the way a program may want. I would have to say, let's table this question. But I do think at least it will point out some of the gaps but I don't think it will satisfy, I think this sort of comprehensive risk profile that the PHEP guidance is looking for. But in med-surge it will be of help. And I would actually recommend that that is something that we actually defer to the DSLR office and sort of, for them to talk a little bit further through with them about how far this can go towards satisfying the risk assessment requirement. (00:47:52)

Loretta Jackson Brown

Thank you, Sherline. We're getting close to the top of the hour. Again our presenters would welcome your questions. So you may submit them by either hitting star one for your audio or you can submit them through the webinar system. And let's see, we have another comment coming through our webinar system. I think it's actually a comment to share in regards to whether or not you'd be interested in obtaining feedback on the CAT from the CEFO, from the Career Epidemiology Field Officer program at CDC. (00:48:37)

SherlineLee

Yes, this is Sherline. And we have worked with some of the CEFOs in the past. We would very much welcome your input. Thank you for the offer. I don't know if they will all be pleased that you volunteer them but we would gladly take your feedback. (00:48:51)

Loretta Jackson Brown

Excellent. Okay Tammy, let's check the line one more time for any audio questions.

Operator

I have no audio questions at this time.

Loretta Jackson Brown

Okay. Thank you. Thank you to our presenters today. And so on behalf of COCA I would like to thank everyone for joining us today with a special thank you to our presenters, Sherline Lee and Jean Randolph. If you have additional questions for today's presenters, please e-mail us at COCA@CDC.gov. Put Shirlene Lee or Jean Randolph in the subject line of your email and we will ensure that your question is forwarded to them for a response. Again, that email address is COCA@CDC.gov. The recording of this call and the transcript will be posted to the COCA website at emergency.CDC.gov/COCA within the next few days.

Free continuing education credits are available for this call. Those who participated in today's COCA call and would like to receive continuing education credits should complete the online evaluation by September 30th, using course code EC1648. For those who will complete the online evaluation between October 1st and August 31st, use course to WD1648. All continuing education credits and contact hours for COCA conference calls are issued online through TCEonline, the CDC training and continuing education online system at http://www2a.cdc.gov/TCEOnline/ .

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CDC launched a Facebook page for health partners. Like our page today to receive COCA updates at http://www.facebook.com/CDCHealthPartnersOutreach

Thank you again for being a part of today's webinar. Have a great day. (00:51:01)