

NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY

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Markers of Success

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About The Speakers- Dr. Levy is a Scientist Management Officer with the Centers for Disease Control (CDC).

A) Discussion Topics/Presentation Points

- My team at the CDC and what we do:
 1. The CDC has a division of healthcare promotion, and we coordinate with our Federal partners to create guidelines with ASPR, DHS and other key organizations.
 2. We emphasize innovative strategies to encourage and guide local communities about preparedness.
 3. Our focus areas include: healthcare systems planning and implementation at the local and community level; clinical protocols and algorithms; and medical countermeasures.
 4. We look at all levels of the healthcare system and we focus on bringing them all together.
- The Community Workshop's goal was to deliver healthcare to those in the home, the community and in ER rooms.
- Methodology of the Community Workshop:
 1. We identified preparedness needs related to healthcare delivery among community planners and other stakeholders and developed a community model of healthcare delivery for an influenza epidemic.
 2. We issued a request for partners in 2007 and narrowed it down from there.
 3. Activities for these workshops in 2008 included 2 mid-sized metropolitan areas that were selected as well as a multi-county rural region to develop an alternate care site system in a mid-sized metro area.
 4. We ask the community to establish a community planning team to prepare the agenda and activities for the community, based on that communities specific needs and location.
 5. We ask communities to complete a community needs assessment to gather feedback and data. (This is done at one location with all these key personnel meeting in person in a workshop format)
 6. We get three reps from each sector and have them do a "Pan flu scramble activity" that is a simulation of a real life pandemic.
 - i. This identifies choke points and possible problems/issues in specific communities.
 - ii. It promotes dialogue.
 - iii. It helps identify issues and how different people in all the different sectors deal with their patients.
 7. Once issues are identified, we continue the dialogue and work through the strategies to address those issues.
 8. Each community has to then make a diagram of their healthcare delivery model and after the workshop we work with each community to implement the things they came up with in their diagram/model.

B) Benefits of workshops:

1. All key stakeholders at one table at one time.
2. You can identify available resources and capture a list of resources from each sector.
3. We use the workshops to drill down and get communities started, we try to help them create some diagrams/models and guides that they can use in the future.

C) Lessons learned:

1. Different sectors did not know of each other's plans.

2. Sectors made incorrect assumptions about each other's plans.
3. Hospital leadership had not grasped the complexity of the issues and the need to integrate their planning with the community.
4. The role of public health personnel and key leaders in the healthcare delivery system was not clear to themselves and the other sectors.
5. The most effective successful communities included public health, healthcare, and emergency management in their planning efforts.
6. It did not matter who the lead was because the successful communities were most effective because they had all three key players at the table.

D) Conclusion:

1. This process is labor intensive. It takes 12-18 months with communities reworking their model as they develop their implementation teams.
2. Participants reported significant improvements in knowledge about their community's capabilities and capacity and their level of preparedness.
3. Framework for effective community planning and preparedness requires a core team that includes public health, healthcare and emergency management players.