Community Planning Framework for Healthcare Preparedness

U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Chapter 1
Introduction

Hospitals all across the United States experience medical surge on a daily basis that requires provision of patient care beyond what occurs within normal operations. Please note that this tool addresses medical surge much larger than most hospitals have ever encountered.

Overview

A major concern for the healthcare community during a wide-scale, natural disaster or an infectious disease incident is patient care. However, emergency situations such as these require advance planning for medical surge—the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. Medical surge encompasses the ability of the healthcare system to survive the impact of a hazard and maintain or rapidly recover operations that were compromised.

In 2008, the Centers for Disease Control and Prevention (CDC) Healthcare Preparedness Activity (HPA) in partnership with the Oak Ridge Institute for Science and Education (ORISE) began work with communities around the United States to help them improve their healthcare preparedness and delivery during an influenza pandemic or other public health emergency. These collaborative community efforts involved representatives from healthcare agencies and organizations, public health departments, emergency management agencies, and community support organizations.

From this work, CDC has observed that many local communities, regions, and states have invested significant time, funds, and resources towards planning for medical surge. However, events like the 2009 influenza A/H1N1 pandemic have demonstrated that plans for medical surge can be strengthened to consider unanticipated stresses to community healthcare providers,[1] better coordinate hospital and outpatient providers with public health and emergency management, and engage other community partners in future planning. This *Community Planning Framework* (hereafter referred to as the *Framework*) is designed to provide community planners with a tool to enhance existing community plans for medical surge or to develop new plans from the beginning.

[1] In the context of this document, *healthcare provider* refers to any agency, department, or organization in the community that provides healthcare services. Examples of healthcare providers are hospitals, primary care providers, urgent care centers, skilled nursing facilities, emergency medical services (EMS), or public health departments.

Topics Covered

The *Framework* distills the information and lessons learned from these community collaborations into an easy-to-use guide on how to address five major topic areas:

Building Planning Teams and Coalitions

Community planning efforts cannot be undertaken by a single individual. Instead, development of a community plan needs to include expertise and input from many partners within the community, either on a planning team or a coalition or both. Bringing these people together is crucial to the success of your planning effort.

Models of Healthcare Delivery

A term used in the *Framework* to describe how community healthcare providers deliver care during specific situations to meet the needs of their patients is "model of care" or MOC (pronounced *MOCK*), which is a shortened version of "model of healthcare delivery." This model can represent day-to-day patient care or the provision of care during moderate or heavy surge situations. A MOC includes (1) a diagram of patient flow through various community healthcare providers and their supporting partners and (2) a narrative description of this patient flow.

Alternate Care Systems

An alternate care system is a framework or strategy to address the change from a business-as-usual MOC to one that expands the role of the current healthcare system. An alternate care system and an alternate care site are not mutually exclusive. An alternate care system could involve the redirection of noncritical patients to nonhospital healthcare facilities (e.g., existing clinics and urgent care settings) as well as the opening of an alternate care site apart from existing healthcare facilities. The point of the "system strategy" is to see how the capacities, capabilities, or services provided throughout the community's healthcare continuum can be enhanced.

Essential Healthcare Services

Essential healthcare services are services that must be maintained during a widespread, natural disaster or an infectious disease incident in order to meet the needs of people in the community.

Crisis Standards of Care

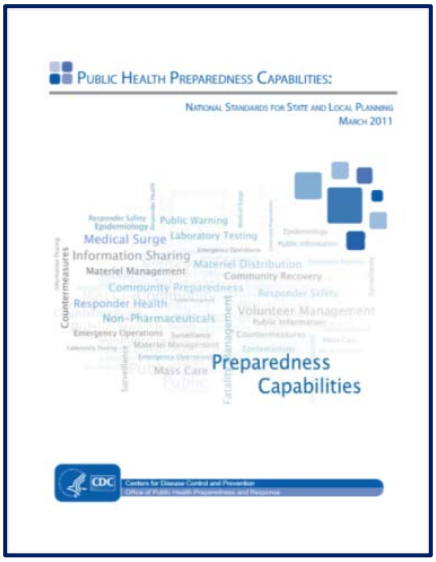
Crisis standards of care have been defined recently by the Institute of Medicine (IOM) as "substantial change in the usual health care operations and the level of care it is possible to deliver . . . justified by specific circumstances and . . . formally declared by a state government in recognition that crisis operations will be in effect for a sustained period."[2] Established crisis standards of care are necessary because, as noted by IOM, "public health disasters justify temporarily adjusting practice standards and/or shifting the balance of ethical concerns to emphasize the needs of the community rather than the needs of individuals."

Format

The *Framework* is separated into interactive chapters that address the following topic areas:

- Definitions – Explanation of the subject matter (e.g., model of care or alternate care system)

- The Hospital Preparedness Program (HPP) or Public Health Emergency Preparedness (PHEP) capabilities addressed by the concepts presented in each chapter – A list of the relevant HPP and PHEP capabilities supported by the concepts in the chapter (Brief descriptions of HPP and PHEP are provided in the text boxes on the following page.)



[2] From *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations, A Letter Report*, Institute of Medicine, 2009.

Hospital Preparedness Program

HPP provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. This funding is used to support programs to help strengthen public health emergency preparedness in several ways:

- **Enhanced Planning:** HPP funding is used to improve hospital and healthcare system planning and response at the State, local, and territorial levels.
- **Increasing Integration:** HPP facilitates the integration of public and private sector medical planning and assets to increase the preparedness, response, and surge capacity of hospitals and other healthcare facilities
- **Improving Infrastructure:** Awardees have used HPP Grants and Special Initiative Grant funding to improve the State, local, and territorial infrastructures that help hospitals and healthcare systems prepare for public health emergencies.

The program is managed by the Office of the Assistant Secretary for Preparedness and Response (ASPR) which provides programmatic oversight and works with its partners in state, territorial, and municipal government to ensure that the program's goals are met or exceeded.

Taken verbatim from http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx

Public Health Emergency Preparedness Cooperative Agreement

CDC plays a pivotal role in ensuring that state and local public health systems are prepared for public health emergencies because of its unique abilities to respond to infectious, occupational, or environmental incidents that affect the public's health. CDC's Office of Public Health Preparedness and Response, Division of State and Local Readiness, administers funds for preparedness activities to state and local public health systems through the PHEP cooperative agreement. Through the PHEP, CDC helps public health departments strengthen their abilities to respond to all types of public health incidents and build more resilient communities.

The PHEP cooperative agreement is a critical source of funding for state, local, tribal, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided nearly $9 billion to public health departments across the nation to upgrade their ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

Taken verbatim from http://www.cdc.gov/phpr/coopagreement.htm

- What to expect after completing each chapter – The knowledge that will be gained from the chapter and how it will be used in the context of the *Framework*
- Applicability and scope – The degree and the extent to which the subject area is relevant to a community
- Assumptions – Planning or preparedness activities that should be conducted in the community prior to use of the chapter
- Issues and barriers – Certain issues or barriers to consider that may apply to your community
- Text boxes, checklists, templates, and worksheets – Information and tools to assist in your planning efforts. You are not required to complete checklists, templates or worksheets, but doing so will help your community's planning efforts.
- Resources – A list of resources relevant to each chapter's topic area

Approach

The *Framework*

- Complements efforts by CDC and the U.S. Department of Health and Human Services' (HHS') ASPR to align HPP and PHEP grants and cooperative agreements that took effect in Fiscal Year 2012. The HPP and PHEP capabilities addressed by the *Framework* are listed in each chapter of the *Framework*.
- Is not intended to be a prescriptive methodology or a rigorous set of guidelines. No standard method for a community to "become fully prepared" exists. Instead, this *Framework* is intended to provide a menu of ideas, list lessons learned, and acquaint readers with a number of guides that can be used to help them think about how to plan for medical surge.
- Is community-specific; therefore, the timeline to complete each chapter will not be the same for every community.
- Follows a logical planning process:
    - First, developing your community's MOC allows you and your partners to describe and visualize how your community's healthcare system delivers care on a normal, day-to-day basis.

  - Next, developing your community's alternate care system reveals what you need to do when your MOC is no longer able to function as designed and an alternate method of healthcare delivery is needed in your community.

  - Identifying your community's essential healthcare services brings you into the next phase of a worsening emergency or disaster situation. It begins the shift in focus from the individual patient to the community as a whole, and assists you in determining healthcare services that must be eliminated and those that must be preserved.

  - Finally, planning for crisis standards of care completely shifts focus from the individual patient to the entire community. It prepares your community for the worst-case scenarios where tough decisions must be made on the level of healthcare provided to patients.

- Is scalable. Users of the *Tool* can adapt its contents to meet the community's healthcare demands, particularly in a public health emergency event.

- Takes an all-hazards approach. You can use this document to develop plans for any type of emergency or hazard.

Guiding Principles

- Perhaps the most important point to make before you begin your planning effort is that planning should be a community-wide effort. Planning cannot be undertaken by a single individual. Instead, development of this plan needs to include expertise and input from many partners within the community, either on a planning team or a coalition or both. Bringing these people together is crucial to the success of your planning effort.

- A successful planning effort requires the involvement of people who have the authority to act and are capable of fulfilling expected roles and responsibilities. Many of the tasks in the *Framework* call for you to identify individuals to complete the tasks. As a result, you need to make sure that you focus on levels of authority, roles, and responsibilities rather than just trying to find a person's name to write into a check box or worksheet. In other words, you do not want your tasks to be person driven because names may change, but levels of authority, roles, and responsibilities will not.

- Because planning is a community-wide effort, the effort will involve many people, which will entail a significant time commitment. In other words, working through all of the chapters of the *Framework* will take an extended time period to accomplish. However,

you should not let this fact dissuade you from undertaking the effort within your community.

Assumptions

The following key assumptions are being made:

- Planning for a public health emergency or other disaster situation is best approached at the community level first.
- A core planning committee has already been established, including but not limited to representatives of healthcare agencies and organizations, public health departments, emergency management agencies, and emergency response entities (e.g., emergency medical services [EMS]).
- Many major healthcare organizations will participate in planning regardless of whether they receive PHEP-HPP funds.
- Planning is a continuous improvement process. Community planners will strive to periodically update their plans.

Barriers/Issues to Consider

You should be prepared to address these barriers/issues before or during your planning effort:

- The term *community* may vary from location to location. Smaller cities and rural areas may consider incorporating several cities or counties within their community to ensure a wide breadth of services are provided, while larger cities may divide their healthcare delivery system into several different *communities* defined by areas or regions.
- Funding is an essential part of planning, but it may be difficult to obtain. Additionally, HPP/PHEP funding may not cover all planning and preparedness activities.
- Engaging coalitions or partnerships in developing a plan may be difficult. People have different schedules and different job priorities. Some members may not be available; some may not see a need to be part of the process; however, ensuring that the public health, healthcare, and emergency management sectors are engaged is important. Then time and resources can be focused on getting other subsectors engaged.
- The retention of partners in a coalition requires an active agenda with timeline and goals. Coalitions also require active maintenance, and the structure of the coalition may vary over time. (This topic is discussed further in Chapter 2.)

- The engagement of some partners may require approval of leadership at a higher organization level (e.g., chain pharmacies, state public health or healthcare associations).

Final Thought

The *Community Planning Framework* is the culmination of several years' of effort by CDC-HPA and ORISE and the communities with which they collaborated. The information in this toolkit represents knowledge shared by members of communities such as yours.

After you and your planning team have worked through the *Framework*, we would appreciate your feedback so that we can improve this document. You may provide this feedback by contacting Sherline Lee (slee@cdc.gov) or Jean Randolph (jrandolph1@cdc.gov).

References and Resources

Hospital Preparedness Program (HPP)
http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx

HPP provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Public Health Emergency Preparedness Cooperative Agreement
http://www.cdc.gov/phpr/coopagreement.htm

PHEP cooperative agreements are a critical source of funding for state, local, tribal, and territorial public health departments.

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