



Kansas Preparedness Times

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H1N1 Hot Wash Hosted at KALHD Mid-Year Meeting

by Cait Purinton-Day, Exercise & Training Coordinator

A hot wash to evaluate the public health response to the H1N1 influenza pandemic was held on Wednesday, June 16, in Wichita on the third day of the Kansas Association of Local Health Departments (KALHD) Mid-Year Meeting. The event was facilitated by Barbara Heston of Shawnee County Health Agency, Dan Partridge of Lawrence-Douglas County Health Department, and Shirley Orr, Bureau of Local & Rural Health at KDHE.



Participants listen as Dr. Jason Eberhart-Phillips, State Health Officer and Director of the KDHE Division of Health, makes his opening presentation at the H1N1 Hot Wash during the Kansas Association of Local Health Departments (KALHD) Mid-Year Meeting on June 16 in Wichita.

The day began with a presentation by Dr. Jason Eberhart-Phillips, State Health Officer and Director of the KDHE Division of Health. He described the H1N1 pandemic as the event of a lifetime and stated that Kansas' response to it was a success.

"It's what we prepared for. It's what we had drilled. It's what we got money to do," he said. "And, we did it!"

Dr. Eberhart-Phillips also recognized and thanked his "Core Four" – Sue Bowden, Director of the Immunization Program; Mindee Reece, Director of the Bureau of Public Health Preparedness, Dick Morrissey, Deputy Director of Health; and Charlie Hunt, State Epidemiologist and Director of the Bureau of Surveillance and

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Through education, direct services and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

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A Minute with Mindee

by Mindee Reece, BPHP Director



KDHE's Bureau of Public Health Preparedness (BPHP) has been working to improve our processes and procedures for conducting technical assistance visits (TAVs) at community hospitals and local health departments. Our goal is to perform a TAV with

at least one third of the state's community hospitals and local health departments each year, visiting all facilities within a three-year period.

The expected result from each TAV is five-fold. BPHP staff members review the standardized checklist of contract-required activities and other key items with the facility's leadership to:

- 1) Identify best practices to share with others;
- 2) Identify challenges and discuss and determine what additional technical assistance may be beneficial to the facility;
- 3) Provide local partners answers to questions

about BPHP policies, grant requirements, etc.;

- 4) Collect details that will be incorporated into an After Action Review & Improvement Plan for the community hospital and local health department specific to the TAV (this is under development and has not yet been implemented); and
- 5) Allow BPHP staff a face-to-face opportunity to gain understanding and insight into the operations and policies of local health departments and hospitals.

Based on recent feedback from a few regional and local partners, more work is warranted to assure a consistent and relatively standardized on-site TAV program. To that end, I'd like to hear from you with your comments about what you believe currently works well with the TAV program and what changes, if any, would make it more beneficial to your facility. Please send your input to me at mreece@kdheks.gov by July 9. Thanks for your ongoing efforts and for sharing your thoughts about the TAV process with me.

Providence Medical Center and Saint John Hospital Emergency Preparedness Committee Responds to H1N1

by Catherine Rice, Senior Associate of Communications, Providence Medical Center and Saint John Hospital

Providence Medical Center, Kansas City, Kan., and Saint John Hospital, Leavenworth, Kan., faced the possibility of a pandemic influenza epidemic with the development and implementation of the H1N1 Emergency Preparedness Committee.

This multidisciplinary team consisted of representatives from patient care, ancillary, support, hospital-owned clinics and administration. The team identified potential organizational and community risks regarding a nationwide influenza pandemic. The team was charged with developing plans and policies necessary to deal with a potential influenza pandemic associated with the H1N1 virus. The following initiatives were developed and, based on need, were implemented.

Mitigation

- The H1N1 incident command structure was developed and implemented.
- Contingency plans were developed for critical areas and those areas likely to be impacted.
- Hand/respiratory hygiene stations were placed at entryways.
- Family Care Center/Women's Center influenza plan was put in place regarding age restrictions.
- An operational communication plan was developed for ongoing communication to staff, physicians, volunteers and the public via employee newsletter articles, postings, fliers, e-mails and news releases.

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Providence Medical Center and Saint John Hospital Emergency Preparedness Committee Responds to H1N1 (continued)

- Human Resources/Employee Health policies were developed and implemented regarding workforce management and symptomatic screening.
- All efforts were coordinated with the Sisters of Charity of Leavenworth Health System, which the hospitals are affiliated with.

Preparedness

- The employee recall-to-duty template was revised and implemented.
- A flu hotline was developed to assist with any questions concerning H1N1. Questions were answered either in person, or through the hospitals' employee newsletter, Vision.
- A pre-pandemic survey was administered to staff.
- Coordination occurred with local and state agencies on personal protective equipment (PPE) supplies.
- Department chain-of-command structures were built for back-up staffing issues.
- A tabletop drill was conducted October 13, 2009 to practice policies, procedures, and changes to the Pandemic Plan Annex as part of the organization's Emergency Operations Plan (EOP) developed for a pandemic response.
- Committee members participated in local and community-wide preparedness tabletop drills with other regional hospital and emergency preparedness agencies.

Response

- Ongoing communication was conducted with local and state health agencies.
- Vaccine for staff, volunteers and family members was administered.
- Assistance to the state and local health departments in tracking vaccine distribution was provided.
- Departmental staffing plans were developed in response to employee illnesses.
- Patient placement/surge procedures were developed by patient care.

- H1N1 Flu Prevention and Preparation, A Guide for Individuals and Families, was developed for the public and distributed.

Recovery

- Weekly incident command meetings were held then moved to bi-weekly and monthly schedules. Now that the H1N1 threat has passed, the committee has disbanded, but will re-group should the need arise.

“Overall I feel this committee successfully responded to the organizational and community needs surrounding H1N1,” says Mike Anaya, Providence and Saint John Support Services Director and Chair of the H1N1 Emergency Preparedness Committee. “Fortunately, we were well prepared to manage the H1N1 threat, and we learned a great deal that we can apply in preparing for issues such as this in the future.”

Wilson County Health Dept. Recognizes National Safety Month



The Wilson County Health Department decorated its bulletin board to educate WIC and other clients about preparedness and safety during National Safety Month, which takes place in June each year.

Incorporating Preparedness into Public Health Accreditation

by Cait Purinton-Day, Exercise & Training Coordinator

Traditionally when we talk about preparedness in this newsletter, we are thinking in terms of preparing for an emergency or an unplanned event. We don't often think of preparing for a planned event or something that we know is coming down the pike.

However, there is something that we all know is heading our way, and we can start preparing for it now – accreditation.

Accreditation for public health has been talked about for years, and it's finally happening. And, it's happening in Kansas.

The goal of accreditation is to improve and protect the health of the public by advancing the quality and performance of state and local health departments. The Public Health Accreditation Board (PHAB) is the accrediting body for national public health and was created to manage and promote the accreditation program, which is supported by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation.

PHAB launched a national Beta Test in November 2009 at 30 state, local and tribal health departments. Using data collected from the Beta Test, PHAB will release the final version of the accreditation standards and begin accepting applications in 2011.

Norton County is representing Kansas in the PHAB Beta Test. Norton County is the smallest health department in the Beta Test, bringing a unique and important perspective of the daily challenges and opportunities of a rural health department.

"Preparedness helped me meet numerous domains," said Gina Frack, RN, Administrator of the Norton County Health Department. "The templates, [Standard Operating Guides], and appendices that I wouldn't have had otherwise helped me meet numerous ones. It was amazing how much preparedness helped."

Frack said contract lists, surge capacity planning, proof of mutual aid agreements, media contact lists, and other documents developed through emergency preparedness were particularly beneficial in her self assessment.

Each Beta Test site completed a self assessment of the PHAB standards and submitted evidence for each

measure. There are 102 measures applicable to local health departments and 111 measures applicable to state health departments. The measures are organized under 30 standards and 11 domains. The standards were developed by a Standards Development Workgroup, which included Kansas representation from Dick Morrissey, Deputy Director of the KDHE Division of Health.

Trained PHAB site visitors will review the self assessments and conduct visits at the Beta sites this summer. Site visitors will not make determinations of accreditation. Instead, they will present their data to the PHAB Board of Directors, which will make determinations of scoring and accrediting. The Beta sites are not applying for accreditation; they are simply testing the system.

"What blew all of us away – in the conference calls with the other Betas – was the time. It was overwhelming," Frack said. "But, the other flip side is this isn't going to be like the real world."

In the Beta Test, the turnaround time for the self assessment was approximately three months and occurred in the midst of the H1N1 pandemic. In real time, PHAB has projected the time frame to complete the self assessment and prepare for a site visit to be closer to 18 months, Frack said.

Additional public health partners in Kansas are preparing for accreditation through the Kansas Public Health Accreditation Pilot. The pilot program is designed to support and mirror the PHAB Beta Test. The Kansas Accreditation Pilot includes reviewing standards and measures, collecting evidence, conducting mock site visits, highlighting best practices and lessons learned, and linking to related efforts through MLC-3 and regional pilots.

According to Linda Frazee, RN, Public Health Workforce Development Specialist in the KDHE Bureau of Local and Rural Health, "The Accreditation Pilot Program allows partners to learn from each other. It continues to be a great learning process." The Pilot group uses a Work Station through the [Community Toolbox](#) to document their efforts.

Kansas Accreditation Pilot health department

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Incorporating Preparedness into Public Health Accreditation (continued)

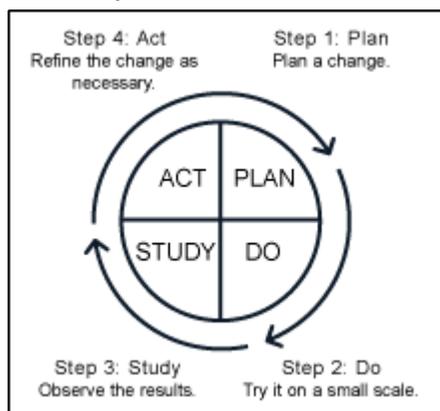
partners are Franklin County, Lawrence-Douglas County, Marshall County, NEK Multi-County, Sedgwick County, Shawnee County and KDHE.

Agencies represented in the Pilot program participated in a mock site visitor training on April 13-14 with Marni Mason, MCPP Healthcare Consulting, who is a consultant for PHAB on standards development and site visitor training. This training – coupled with the mock site visits that will take place this summer and fall – will allow the Pilot agencies to train, exercise and evaluate plans and documentation needed for accreditation.

Training, exercising and evaluating/improving are important components of the emergency preparedness cycle, along with planning and organizing/equipping. The After-Action Review/Improvement Plan (AAR/IP) process also closely relates to the Quality Improvement (QI) tool of Plan→Do→Study→Act (PDSA), in which you plan to make a change, test the change, observe the results and refine the change as necessary.



FEMA Preparedness Cycle



Plan, Do, Study, Act (PDSA) Cycle

QI is built into the PHAB standards. For example, measures in Domain 9 (Evaluate and continuously improve processes, programs and interventions) follow the PDSA

cycle. According to the PHAB Guide to Standards and Measures Interpretation, under Measure 9.2.1B, “opportunities for evaluation and improvement can be identified through analysis of health data/health indicators and program evaluations including

surveillance functions, AARs and planning processes.” AARs are an important component of an emergency preparedness program.

There are many examples throughout the PHAB standards for which your preparedness activities may apply. A few others include:

- Domain 5 (Develop public health policies and plans) specifically identifies preparedness planning in Measure 5.4.1B, which states “Participate in the development and maintenance of an all hazards/emergency response plan.”
- Domain 3 (Inform and educate about public health issues and functions) states under Measure 3.2.3B to “Maintain a written risk communications plan.” Local health departments that have participated in the CDC PHEP Grant, administered by the KDHE Bureau of Public Health Preparedness, are required to have a risk communications plan as a grant deliverable from 2006. However, one key to utilizing the Risk Communications SOG as evidence for PHAB will be to ensure that your plan has been reviewed and updated since it was first adopted at the health department.

Accreditation will no doubt be a popular topic in 2010 and 2011 as agencies share lessons learned, ideas and knowledge from the Beta Test and Kansas Accreditation Pilot. One lesson learned very quickly through both is to document everything. Document your process for developing a plan or a new project. Document your staff meetings or meetings with community partners through sign-in sheets and meeting minutes. In emergency preparedness, we use the AAR/IP to document the testing, evaluating and improving of plans.

“There are so many things that we don’t document,” Frack said. “It’s like the old nurses’ saying, if you don’t document it, it didn’t happen.”

Go to PHAB’s website for information and tools to help you prepare for accreditation. You also may sign up for PHAB’s electronic newsletter to get the latest news and developments. Go to www.phaboard.org and click on [Prepare for Accreditation](#).

H1N1 Hot Wash Hosted at KALHD Mid-Year Meeting (continued)



Members of the North Central Kansas Public Health Initiative (NCKPHI) engaged in discussion and group activity at the H1N1 hot wash held at the Kansas Association of Local Health Departments (KALHD) Mid-Year Meeting on June 16 in Wichita. Pictured are (back row, left to right) Sherry Angell, Regional Coordinator; Patricia Dowlin, Mitchell Co. Health Dept.; Paula Florian, Russel Co. Health Dept.; Rhonda Kasiska, Ellsworth Co. Health Dept.; Lenora Henderson, Ellsworth Co. Health Dept.; (front row, left to right) Linda Davies, Dickinson Co. Health Dept.; Dana Rickley, Clay Co. Health Dept.; LaDonna Reinert, Lincoln Co. Health Dept.; and Alice Greig, Osborne Co. Health Dept. Other NCKPHI members were in attendance at the meeting but are not pictured.

Epidemiology.

Hunt and KDHE epidemiologists Elizabeth Lawlor, Daniel Neises, and Jennifer Schwartz, also presented at the hot wash on data collected through a post-event survey of local health departments and other partners.

Each preparedness region used Quality Improvement activities to identify positive and negative aspects of their response and grouped those elements into larger categories. Health departments and regions across the state identified their regional and community partnerships, school-based clinics, years of exercising points of dispensing (PODs), and the weekly conference calls with KDHE as contributing factors to the success of the H1N1 response.

Challenges expressed by multiple regions included early lack of availability of vaccine, ordering in 100-dose increments for small health departments, and providers not following the Advisory Committee on Immunization Practices (ACIP) target groups for vaccinations. Although challenges were discussed throughout the hot wash, the conversations also turned to how health departments identified those challenges early in the response and acted quickly to tackle and overcome those challenges.

For example, the 100-dose minimum order of vaccine was an obstacle for numerous health departments, but regional partners quickly pulled together and initiated plans to place orders as a region.

Regions also utilized Quality Improvement techniques to determine the root causes of challenges so that agencies could begin efforts to address them.

The conversations and evaluations developed through the H1N1 hot wash will enable agencies to begin an After Action Review and Improvement Plan (AAR/IP) to improve local and regional planning and response efforts. KDHE also will complete an AAR/IP for its response and submit the AAR/IP to the CDC Division of State and Local Readiness (DSLRL) by July 31, 2010.

***Do you have news
about your agency's
preparedness efforts?***

If you would like to include it in the next issue of the KS Preparedness Times, please e-mail your news to Mike Heideman at mheideman@kdheks.gov or Cait Purinton-Day at cpurinton-day@kdheks.gov.

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