Session 2:
Adopting All-Hazards Competencies for Health Center Preparedness
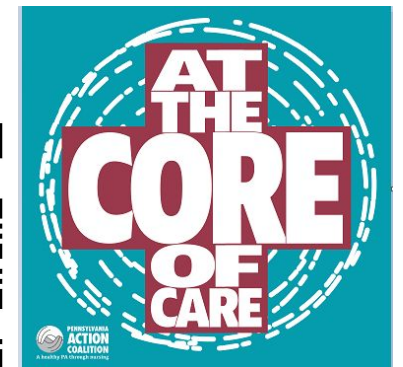
Zoom Orientation

1 **Captions**
To adjust or remove captions, click the "Live Transcript" button at the bottom of your Zoom window and select "Hide Subtitle" or "Show Subtitle."

CC
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2 **Questions**
Please raise your hand or add your questions for the speaker and comments for the group into the Chat box.

Chat

3 **Technical Issues**
Please raise your hand to let us know or message us in the chat.

Raise Hand

4 **Recording**
This session will be recorded and made available to participants in the Learning Collaborative. Your comments and questions will not be shared publicly.

Recording
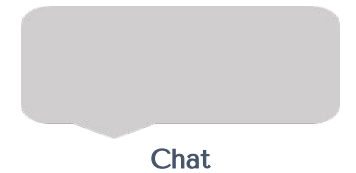
Accreditation Statement

Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Each session has been approved for 1.0 NCPD contact hours.

Success Completion Requirements: To obtain 1.0 contact hours of nursing continuing professional development, you must participate in the entire activity, complete the evaluation, and achieve an 80% pass rate on the knowledge gain assessment following the session.

The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC's mission is to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.
We do this through:

- training and technical assistance
- public health programing
- consultation
- direct care

NNCC's NTTAP is funded by HRSA's Bureau of Primary Health Care to provide subject matter expertise through the development, delivery, coordination, and evaluation of FREE training and technical assistance offerings to health center grantees and look-alikes.

NNCC's NTTAP Team

Jillian Bird
Director of Training and Technical Assistance

Matt Beierschmitt
Senior Program Manager

Fatima Smith
Project Manager


Junie Mertus
Program Intern

What is an NTTAP's role to support Health Center Excellence

- Provide population-specific T/TA on HRSA-defined objectives

- Support health center capacity to provide interdisciplinary, culturally competent care

- Consultation and support in developing CBO and public housing partnerships

- Connect your HC to our National Training Experts for specialty TTA on aging, unhoused populations, IPV and human trafficking, workforce retention, LQBTQ+

- Participation in national efforts to provide T/TA around SDOH, chronic disease mgt

- Support emergency preparedness and response efforts for health center populations

- Tracking trends and changes in health center training needs

- Support the incorporation of the Health Center Excellence Framework and the Health Center 2035 initiatives

Community Health Center Program

- HRSA funds over 1,500 health centers (HC) & and look-alike (LAL) organizations

- These HC and LALs operate more than 17,890 service delivery sites in communities across the country and serve more than 30.5 million people, or 1 in 11 people nationwide.

- 108 HCs are funded as PHPC and serve over 850,000 patients.

- Residents of public housing are living with higher rates of:
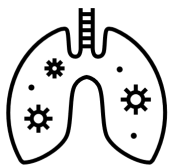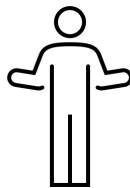
| Chronic Disease | Social Isolation | Disability or a Caregiver | Aging | Environmental risks | Complex medical and social needs |
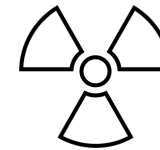
Subject Matter Expert

Anne Hasselmann, MPH
ARH Health Consulting

Agenda

10 min - Welcome/Icebreaker

Discussion Prompts and Case Study

30 min - Assessing health enter-specific resource vulnerabilities; case studies: inadequate preparedness vs. successful response outcomes supported by competency adoption to build skills among staff.

15 min - Building a culture of resilience and readiness.

5 min - Wrap-up
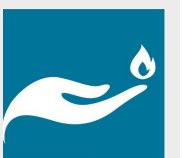
Learning Outcomes:

As a result of this training, participants will be able to:

1. Demonstrate an ability to assess health center-specific resource vulnerabilities, and identify potential gaps in preparedness and resilience.
2. Identify how staff achievement of the *All-Hazards Competencies* can meet their respective health centers' unique preparedness needs.
3. Name some ways to help foster a culture of resilience and readiness to respond effectively to diverse hazards and challenges.
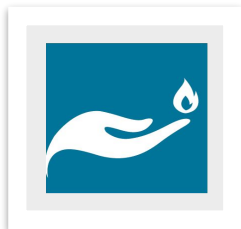
Please add in the chat
- Name
- Location
- Role
- and….

What is one thing that brought you joy today?
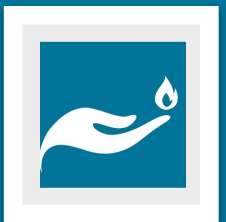
Discussion Prompts from Week 1

Please put answer in chat:

What topics are covered in your health center's current EM-focused training?

Please answer poll question:

Do your health center's EM training topics align with the competencies you learned about in session 1?

- ❖ Yes
- ❖ Somewhat
- ❖ No
- ❖ Unsure
- ❖ We don't have regular EM training

Assessing Health Center-Specific Resource Vulnerabilities to Identify Gaps

Risk Assessment and Health Center Preparedness

- Risk assessment should be the basis for hazard-specific planning.
  - Best practice and a CMS requirement.
- Hazard-specific planning complements All-Hazards planning.
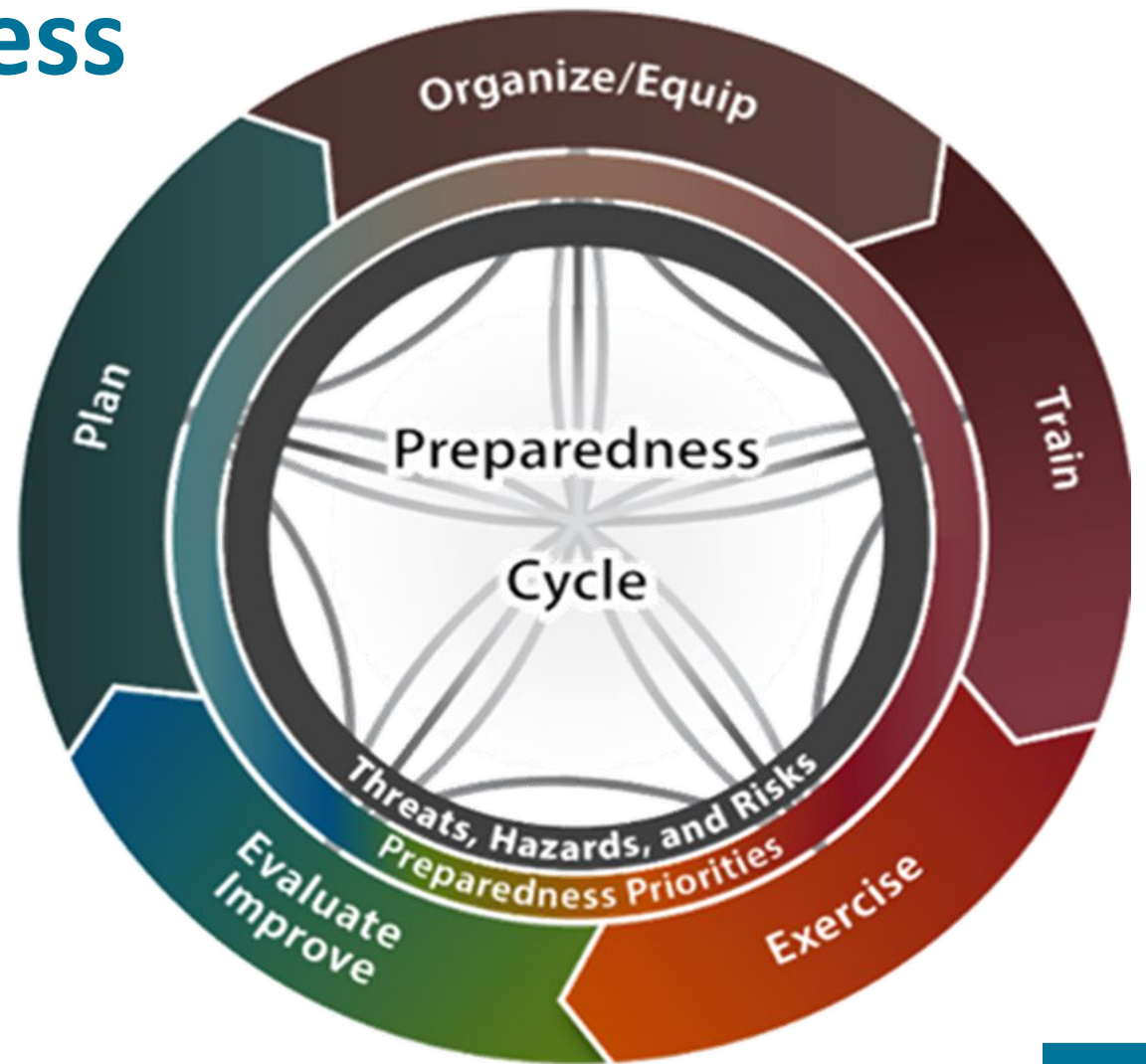
Planning Assumptions and Resources

- Assumptions should consider resource capacity–staff, equipment, supplies, partnerships, etc.
  - Ideal vs. reality

- All-hazards resource needs are generally consistent, e.g., position titles that will staff your ICS structure.

- Specific hazards may require additional roles/SMEs, additional supplies and/or equipment, and/or messaging to be created, e.g., extra PPE, extra cleaning, etc. for public health emergencies.

Identifying Vulnerabilities

At the most basic level:

Assumptions: What Goes In Matters

Assumptions

What you think you need to do those things.

- If you don't have enough staff:
  - Can you combine roles/cross-train staff, or even eliminate some roles?
  - For certain hazards, can you redirect staff from their "all-hazards" role?
  - Can you get per diem staff? How many and what type?
  - Can you modify operations to use staff differently?
- If you don't keep supplies on hand (types/quantities) regularly:
  - Can you use different supplies to carry out plans? Can you change plans to use supplies you have?
  - Can you get supplies JIT? How many and what type?
- If your primary means of communication doesn't work, what's your back-up plan?

Imperfect Assumptions = Imperfect Vulnerabilities Assessment

- Assumptions will never be 100% accurate.

- Training, exercises, evaluation, and improvement planning help refine them and improve vulnerability assessment.

- Knowing where vulnerabilities exist should guide ongoing preparedness activities to address gaps, modify plans, and prepare staff to support response.

Staff Achievement of All-Hazards Competencies

Prepared Staff = Prepared Health Centers

All Staff Have a Role in Preparedness

- Inadequate staff preparedness can result in **ineffective** and **inefficient responses** with **negative consequences** on the health center, staff, and patients.

- Achievement of the All-Hazards Competencies framework gives health center staff **foundational knowledge** to respond to different types of hazards.
    - Within their health center's **unique structure** and in consideration of its **capabilities and capacity**.

Case Study #1: Electrical Outage During the Clinic Day

A medium-sized health center located in a semi-urban area with a history of occasional electrical outages due to severe weather or infrastructure issues loses power during a strong thunderstorm in the early afternoon. The health center provides primary care services to a diverse patient population, including vulnerable groups such as elderly patients and individuals with chronic illnesses. The waiting room is full, as are all exam rooms. The last staff lunch rotation is in progress. There is no generator, the Internet is down, and the phone system only has 2-3 hours of back-up battery. The automated system the health center uses to notify patients and staff who are not on site cannot be used.

Case Study #1: Electrical Outage During the Clinic Day (cont'd)

The utility company is saying in its emergency texts to customers that it will be 24-48 hours before power is restored. Staff with young children and no childcare pack up and leave to get their children from schools and daycares that also lack power. The elevator is out, and there are 2 patients that use wheelchairs currently alone in exam rooms; one has limited English proficiency and the staff member acting as translator has left to pick up their kids. No other staff member on site can translate. The staff member assigned to communicate with patients and clear rooms during power outages has also left the health center, and no back-up was assigned to this role. Despite the known risk of electrical outages, the health center has not planned to address its resource vulnerabilities or implemented specific training related to modifying operations during such emergencies.

Case Study #1: Discussion

- What are the consequences of inadequate preparedness, as described in the case study?

- How should the health center have prepared staff to mitigate or prevent the challenges noted?

- What specific competencies/sub-competencies do you think could have helped staff to improve their preparedness for this scenario?

Case Study #2: Infectious Disease Outbreak

It's June. The weather is warm and the staff at a large suburban health center have not thought about the winter's respiratory illness surge for months now. The health center serves a diverse population, including low-income individuals and families who may have limited access to healthcare resources, elderly individuals, and individuals with chronic health conditions. Masking is not required and has declined significantly since spring started. Allergy-related visits have been steady throughout the spring, though in the last week or so, there's been a sharp increase in those types of visits, mostly from teachers and families that attend the same school.

Case Study #2: Infectious Disease Outbreak (cont'd)

The initial assumption was that something on school grounds was causing the increase, and the school was closed for a thorough inspection and cleaning. Cases continued to be seen at the health center for days afterward. In the last couple of days, even health center staff members who had not previously experienced allergies seem to be feeling unwell, with a 30% increase in staff callouts. One staff member becomes so ill they need to go to the Emergency Department. Testing conducted at the hospital results in a diagnosis of a highly infectious disease. Until that point, no one at the health center had called the public health department to report the strange uptick in what seemed to be allergies. Infection control measures were not modified, and masking was not reinstituted in the health center.

Case Study #2: Infectious Disease Outbreak (cont'd)

The staff have been stressed with the patient load, which is now compounded by their colleagues calling out. With the news of the staff member that had to be hospitalized, and new information on children and elderly individuals from the school community also being hospitalized, the health center's staff are anxious and upset. One medical assistant was late to work and loudly complaining to anyone who would listen. She has been snapping at colleagues and patients who have asked if she is alright, which is out of character for her. Everyone is so busy, they just ignore her for the most part and don't notice that when she comes back from lunch, she appears to be drunk or high and has gotten more belligerent with everyone. Another medical assistant tells her to go home and that she will cover for her.

Case Study #2: Discussion

- What are the consequences of inadequate preparedness, as described in the case study?

- How should the health center have prepared staff to mitigate or prevent the challenges noted?

- What specific competencies/sub-competencies do you think could have helped staff to improve their preparedness for this scenario?

Fostering a Culture of Resilience and Readiness

Preparedness Must Be Part of the Mission

- Leadership support is key.
- Share information with staff regularly, and work with them to integrate EM-focused training into the schedule.
- Engage the staff in preparedness activities, including exercise design, and personal preparedness planning.
- Ask for staff input and demonstrate how it is applied to improving the health center's preparedness.
- Find ways to practice EM plans/portions of plans during non-emergency times.

Competency #1 Supports a Culture of Readiness

- Competency #1 focuses on EM basics.
- Attaining this competency and its related sub-competencies builds a culture of preparedness.

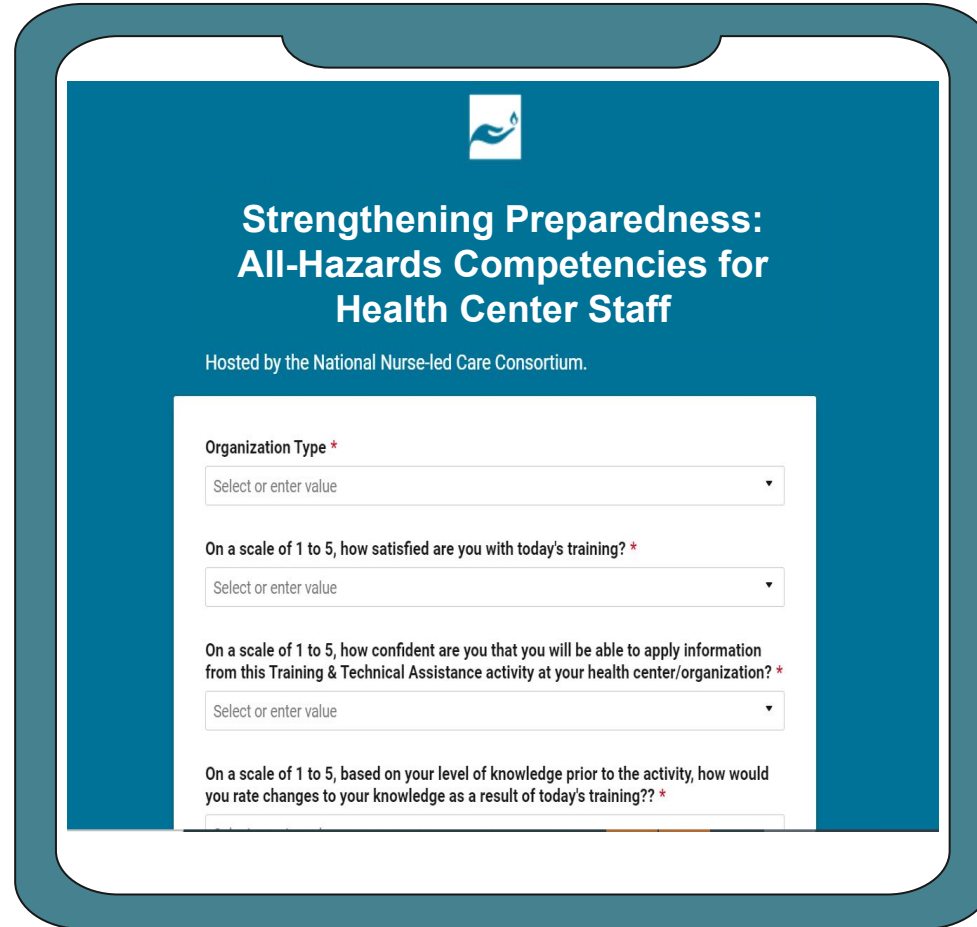|		
The basic principles of emergency management and how they form the foundation of a health center's emergency management program and related plans.	The primary benefits and basic features of an organized system for managing emergencies.	Why preparedness planning, training, exercises, and improvement planning are important.

Staff Retention Plays a Role

- It's challenging to foster a culture of resilience and readiness with high turnover.
  - Staff retention is an important consideration for maintaining preparedness.
- If your health center's CEMP reflects CMS EP Rule requirements and EM best practices, the effects of staff turnover on your EM program may be lessened.

Group Discussion

Evaluation Survey

Access T/TA Resources

Google Site

STRENGTHENING PREPAREDNESS: ALL-HAZARDS COMPETENCIES FOR HEALTH CENTER STAFF

LEARNING COLLABORATIVE

LEARNING COLLABORATIVE DESCRIPTION

This four-part peer-learning series, delivered by the National Nurse-Led Care Consortium (NNCC), is designed to enhance workforce readiness among health center staff to respond to various hazards effectively. The series will guide participants through the recently released All Hazards Emergency Preparedness and Response Competencies for Health Center Staff, a comprehensive framework developed with input from the Primary Care Association Emergency Management Advisory

HEALTH CENTER RESOURCE CLEARINGHOUSE

NNCC Resource Library

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a PHMC affiliate
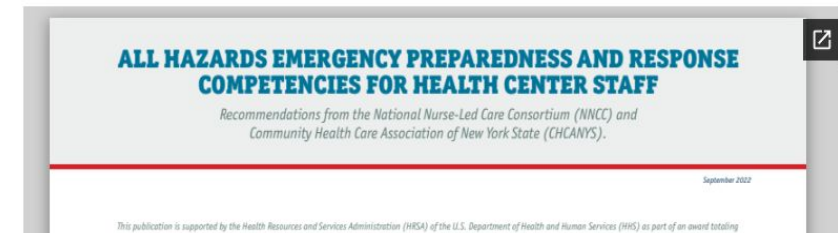
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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.

ALL HAZARDS EMERGENCY PREPAREDNESS AND RESPONSE COMPETENCIES FOR HEALTH CENTER STAFF

Recommendations from the National Nurse-Led Care Consortium (NNCC) and Community Health Care Association of New York State (CHCANYS).

September 2022

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Upcoming Sessions on Strengthening Preparedness

Session 3: Preview and Feedback Session: Module 1 of Online Curriculum and Training Facilitation Guide

- April 30, 2024, 3 PM EST

Session 4: Crafting an Effective Training Program Around the All-Hazards Competencies

- May 7, 2024, 3 PM EST

Registration: https://us02web.zoom.us/webinar/register/WN_pCZEyOKSSaaJ7wFlgbRgOQ

Upcoming Trainings

May 1 & 2, 2024, 3 PM EST
- **Nurturing Mothers: A Two-Part Webinar Series on Breastfeeding Support and Maternal Mental Health**
- *Registration: https://us02web.zoom.us/webinar/register/WN_8FWv5wDPQF-ukUT6iVItcg*

May 9, 2024, 3 PM EST
- **Optimizing Nursing to Advance Health Equity in Primary Care**
- *Registration: https://us02web.zoom.us/webinar/register/WN_F9IAqv3oRkO54HTTSdEisg*

Thank You!

If you have any further questions or concerns, please reach out to our Senior Program Manager **Matt Beierschmitt** at mbeierschmitt@phmc.org.