

# HEALTH CENTER STORIES: HANDLING DISEASE OUTBREAKS

Providing first-hand accounts of addressing disease outbreaks in the health center setting



**Dr. M. Buhari Mohammed**

*Senior Director of  
Quality Improvement &  
Clinical Support  
(at the time of interview)*

**Health Center:** PrimaryOne  
Health, Columbus, Ohio

**Number of Years with  
Primary One Health:** 16

**Number of sites:** 10

**Setting:** Urban

**Number of clients served:**  
45,600

**"Working with the county and the city...You feel you're part of a whole system rather than being alone working through this."**

This **Health Center Story** describes the efforts of two health centers that prepared staff and provided patient care in the midst of the 2009 H1N1 outbreak.

Dr. Mohammed, formerly of PrimaryOne Health in Columbus, Ohio, was one of the key leaders that spearheaded these efforts at 10 sites.

Mr. Sweitzer, CEO of Pasadena Health Center in Pasadena, Texas led his health center's response.

Although neither health center system had a patient who tested positive for H1N1, both centers activated their emergency preparedness plans.

In this **Health Center Story**, Dr. Mohammed and Mr. Sweitzer recount their experiences navigating their health systems through H1N1 scares.



**Mr. John Sweitzer**

*Chief Executive Officer  
at Pasadena Health  
Center*

**Health Center:** Pasadena  
Health Center, Pasadena, TX

**Number of Years with  
Pasadena Health:** 14

**Number of sites:** 1

**Setting:** Urban

**Number of clients served:**  
4,982

**"We were proactive, and we got our equipment in, so our risk of exposure was minimized. I think that's the best thing that we did."**

**Q: How did PrimaryOne Health prepare for the Flu epidemic?**

**Dr. Mohammed:** The H1N1 preparation here in central Ohio focused on collaboration with the health department and the emergency preparedness team in the fall of 2009. Because we had developed such strong relationships, one of our facilities became a hub where equipment, tools and other emergency items could be

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utilized in the event of an outbreak. So, we were involved with the city and the county in working diligently to get the right preparedness supplies, including items needed for communication and other supplies, like preventative uniforms that staff would use if we had a patient with H1N1 in our care.

**Q: How did you determine which facility would become a hub for equipment and supplies?**

**Dr. Mohammed:** We received all the equipment through the county's emergency preparedness team. So, systems were supposed to identify at least one of their practices as a hub, and we chose one of our city locations to be such. We received walkie-talkies, batteries, gowns, gloves, masks testing tubes, and we started at that location as the go-to place.

**Q: Did this location also have the capacity to quarantine patients?**

**Dr. Mohammed:** Yes. We identified a quarantine room in all our health center sites. When somebody shows up in one location, you really want to have a quarantine room. With that room, we're creating an area that will reduce exposure to the public, to the other patients-- to everything.

We also made masks available at the entrance for patients to cover their faces when they show up and register. That practice is still ongoing right now, especially in the flu

season.

**Q: What do you think your health center did well in response to the outbreak?**

**Dr. Mohammed:** It wasn't easy, but what we did well was to try to control anxiety in the health centers by educating our frontline staff, completing several drills, and timely internal communications dissemination. We also tried to control the impact of the messaging coming from local and national news. We wanted to maintain a professional environment where our staff would focus on the patients.

The messaging was to consistently focus on medicine and how our role in this is very critical. We shouldn't be feeding into the frenzy of the fear caused by the news.

We also moved quickly to develop protocols, working with the county and the city to really share with their staff and train them. So I would say that a continuous engagement in terms of training and teaching was also done well.

**Q: Do you have any lessons or recommendations for other health centers to help them prepare in a similar way for an outbreak?**

**Dr. Mohammed:** Working with the county and the city to coordinate preparedness efforts would be my recommendation. You feel you're part of a whole system rather than being alone working through this. We had a coordinated route with the county and the health commissioner's office, and we all worked according to CDC guidelines, so that there was no confusion. The coordination happened with all the hospitals that we have over here, for example, which hospital will be taking which patient and how is that managed among all of the other players. It's really a whole system coming together so we know who does what. There were a lot of false alarms because of the H1N1 scare, but our system was ready.

Also, the preparedness plan has to be up-to-date. In every site, our staff has a color-coded paging system for when there's an outbreak as part of our measured preparedness plan.

I think having an active, functioning system and testing it is another key thing that will help health centers.



**Q: How did Pasadena Health Center experience the H1N1 outbreak?**

**Mr. Sweitzer:** We received an e-mail on a Friday night from the Texas Association of Community Health Centers (TACHC), and it said that there had been an H1N1 outbreak. The first H1N1 case was in South Texas, and TACHC told us to be aware that H1N1 could show up anywhere in the state.

We decided to become very proactive. Monday morning, I went to a local janitorial supply company and made sure we had gloves, gowns, Lysol, masks -- all our basic supplies. One of the things that the TACHC email talked about was the concern about H1N1 being airborne. So, we purchased

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HEPA air filters for the rooms so that it would not get in the air.

Our first possible H1N1 case came in that Monday. We called the local health department and requested guidance, but they were unable to direct us. After many phone calls we were finally instructed to go downtown to the Texas Department of State Health Services to pick up the testing kits and bring them back to our clinic. We were limited to one testing kit per visit. Staff used the kit to test patients that were symptomatic and who showed possible signs of the virus. After each kit was completed, the Houston Health Department sent a nurse to pick it up.

We kept the goggles and everything else onsite just because we've been through that experience of not having them on-hand. So, I guess we never dropped our guard.

**Q: What organization provided your health center with guidance about H1N1 protocols and practices?**

**Mr. Sweitzer:** Most of our information came from TACHC, and it was coming in before other people had it. That's how we ended up sharing information with other local authorities, including the local school districts because they hardly had anything. We also were coordinating with the Texas Department of State Health Services and the Houston Health Department. A lot of information that we initially needed about testing and treating patients and protecting staff did not come out until weeks after the incident had started.

**Q: Do you feel that your staff was appropriately trained? Or did you train them at the time?**

**Mr. Sweitzer:** Our staff was trained in body substance isolation and was aware that we were dealing with a potential air borne virus. We reviewed our protocols. Emphasis was placed on not walking out of a room with a potential sick patient with protective equipment still on. I think that the hardest thing is having to think, "This is not a normal day anymore. I may have a highly contaminated patient and I've got to think

like that." That is a mindset change.

**Q: What do you think Pasadena Health Center did well in response to the outbreak?**

**Mr. Sweitzer:** Well, I think the best thing we did is that we were proactive, and we got our equipment ready, so our risk of exposure was minimized. I think that's the best thing that we did.

**Q: What recommendations do you have for other health centers to help them be prepared for some type of disease outbreak?**

**Mr. Sweitzer:** The best book I have is The Army Blue Book. I have that on site and I've given it to all my doctors, so they have it. It's got everything in it: how to diagnose the disease, what the disease looks like, and it includes what medications can be used to treat potential exposures. Don't expect your doctors to remember everything. Build a reference library for disaster management.

The other thing would be to have a supply area or a supply

closet where things are kept so that if there were a disaster, you know where to go to get the necessary supplies.

Consider putting a supply area off campus in case the need arises for you to work in a different area. Place critical things that you need there for back up.

The third and biggest thing I would stress is communication. If you can get a satellite phone, get one because in the event that the phone lines are down, there's no way to communicate without it. Cell towers can get jammed in a real emergency and mutual aide channels can easily become worthless if you had everyone trying to talk on them.

Also, it's important to have coordination not just between your health centers, but all the different entities that enter into a potential disaster. ■

*\*This interview has been edited and condensed.*

# Leveraging Health Centers in Public Health Preparedness

To better understand how health centers can assist during a disease outbreak, R&E Group at PHMC conducted a comprehensive needs assessment of health centers in 2017. The assessment included a nationwide poll of health centers and key informant interviews with health center leadership. It identified health centers' current capacity, barriers health centers face, strategies to improve preparedness capacity, and training needs. The nationwide poll was sent to 1,376 health centers, and a representative sample of nearly 400 responded.

Health Center Stories was developed by Public Health Management Corporation (PHMC), the National Nurse-Led Care Consortium (NNCC), a PHMC affiliate, and the National Network of Public Health Institutes, through Cooperative Agreement #CDC-RFA-OT13-1302 with the Centers for Disease Control and Prevention. Together, these organizations and other strategic partners are leveraging community health centers and clinics to improve national public health preparedness efforts. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

## Key findings from the nationwide poll



90% of health centers have a written emergency management plan; 75% cover outbreaks



25% said they were "almost or completely ready" to respond to an outbreak



About 50% have participated in or conducted exercises on preparedness



About 45% have a documented role in emergency preparedness plans

**Top training needs:** staff training in response to pandemics, compliance with CMS requirements, exercises and materials relevant to health centers, staffing during emergencies, acquiring necessary supplies, understanding state-level policies, and understanding the health center role during a pandemic

In response to the identified training needs, NNCC hosted a 4-part [Emergency Preparedness Webinar Series](#) on building a culture of preparedness in the health center setting. The webinars explained the requirements of the CMS Emergency Preparedness Final Rule; addressed bolstering health center staff capacity and readiness; and explored ways of advancing the health center role in local emergency response efforts. Visit [Emergency Preparedness](#) at NNCC's website, [nurseledcare.org](http://nurseledcare.org), for webinar recordings and presentation slides.



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Please reach out to Kristine Gonnella, [kgonnella@nncc.us](mailto:kgonnella@nncc.us), for more information.