Michigan Federally Qualified Health Centers

Emergency Preparedness
Statewide Survey Findings

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Contents

INTRODUCTION

The Michigan Department of Community Health (MDCH) Office of Public Health Preparedness and the Michigan Primary Care Association (MPCA) commissioned the 2010 Emergency Preparedness Survey to inventory the current levels of preparedness of Michigan's Federally Qualified Health Centers (FQHCs). The MDCH and MPCA will use this inventory to gather consistent baseline information on resources at Michigan's FQHCs and to identify and mitigate gaps when present. The responses to this survey are not intended to be used for regulatory or licensing purposes; rather, the results will be used as part of Michigan's public health preparedness activities.

In general terms, health centers are community-based and patient-directed organizations that serve populations with limited access to health care. More specifically, FQHCs are health centers that are funded under Section 330 of the Public Health Service Act and meet the following requirements:

- Be located in or serve a Medically Underserved Area/Population (MUA or MUP) as designated by the Health Resources and Service Administration (HRSA); these are areas where health care is needed but scarce
- Operate under a patient-majority board of directors
- Provide comprehensive primary health, oral, and mental/substance abuse services, as well as supportive services such as translation and transportation services that promote access to health care, to everyone in the community in all stages of the life cycle
- Charge uninsured patients for services on a sliding-fee scale that is based on patients' family size and income

In Michigan, these agencies serve a critical portion of the health delivery system, especially for children, the elderly, homeless, and migrant populations of Michigan. According to Federal Fiscal Year 2008 Uniform Data System audited data, Michigan's FQHCs served more than 300,000 people at nearly 1.1 million medical and 260,000 dental patient visits. These centers can range from small clinics with a dozen staff conducting about 2,000 appointments per year, to major facilities employing more than 300 staff with 151,000 appointments per year.

Michigan's FQHCs are operated by 33 agencies, and some agencies operate multiple FQHC sites/locations. For example, Advantage Health Care is an agency that operates FQHCs at three different locations (Advantage Health Center, Waller Health Care for the Homeless, and the Thea Bowman Center) within the city of Detroit.

METHODOLOGY

The survey instrument was developed by Public Sector Consultants with input from both the MDCH and the MPCA, and was administered through a secure website. Surveys were sent to each agency, with responses sought for each of the 106 sites in Michigan. A total of 83 sites completed and returned the survey, yielding a response rate of 78.3 percent.

To aid readers of this report, we use the term "agency" to mean the 33 organizations that operate Michigan's FQHCs. For data about the 83 locations responding to the survey, we use the word "site" or "center" interchangeably.

The survey questions and response frequencies are provided in the Appendix.

MAJOR FINDINGS

Emergency Plans, Policies, and Procedures

- All Michigan FQHCs have an emergency plan and most have reviewed and updated their plan within the last 12 months.
- The five vulnerable populations that were **least** addressed in the emergency plans were persons who live in institutionalized settings, migrant farm workers, homeless persons, persons with transportation disadvantages, and persons with pharmacological dependencies.
- The five vulnerable populations that were **most** addressed in the emergency plans were persons with limited English proficiency, non-English speaking people, persons of diverse cultures, persons with disabilities, and pregnant women.
- Approximately half of all sites have plans with provisions for extending regular treatment hours in an emergency situation.
- Almost all emergency plans specify an organizational structure and organized leadership during an emergency.
- More than two-thirds of all sites have identified critical services and operations required to continue operations during an emergency.
- Written policies and/or procedures are **most** in place to deal with extreme weather, bomb threats, and utility interruptions.
- Written policies and/or procedures are **least** in place to deal with acquisition and handling of laboratory specimens at a rate 20 percent above typical operating capacity, how to shelter in place, and isolating portions/sections of the facility.
- Only about one in five facilities have plans to house and feed key personnel for 72 hours and a similar proportion have formal, written mutual aid agreements (MAAs) or memoranda of understanding (MOUs) with other centers, hospitals, and health care facilities.

Disaster Exercises and Training

- More than half of all sites have conducted an onsite disaster drill since January 1, 2008.
- Just under half of all sites have conducted or participated in a community disaster drill since January 1, 2008.
- Center staff are **best** prepared to deal with infection control and **least** prepared to deal with nuclear/radiological attacks.
- Nearly two out of three sites have held training activities with the state or a local health department. A similar number have participated in cooperative training with

emergency medical services (EMS), but none has held trainings with the Federal Bureau of Investigation (FBI).

- One-third of all sites have sufficient N95 respirators for all employees for a 72-hour period and one-third of sites have fit tested appropriate staff for the N95 respirators.
- New employees are given emergency preparedness training during orientation at most sites.
- A plan to identify, screen, and train volunteers during an emergency has been done by less than half of all sites.
- Slightly more than half of all sites have staff trained in the National Incident Management Structure (NIMS) and/or Incident Command System (ICS). Most staff is trained in ICS-100 and ICS-200 and fewer are trained in ICS-700 and ICS-800.

Capacity and Inventory

- One in seven sites can decontaminate at least one patient from suspected chemical contamination.
- Three-fourths of sites have provisions for obtaining emergency backup supplies but only one in four have a generator/generators for backup power.

Communications

- Almost all sites have a pre-designated way to communicate with off-duty staff during an emergency.
- Most sites have procedures in place to communicate with the local health department, local emergency management, and hospitals during an emergency. Half of all sites have such procedures in place with their regional Medical Coordination Center. Few sites have such procedures for communication with MPCA, the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), and other health centers.
- Three out of four sites have an emergency plan that provides for communications with the public and the media during an emergency.

Pandemic Flu Planning

- Two-thirds of all sites have emergency plans that deal with pandemic influenza.
- Of all sites that do not have an emergency plan for pandemic influenza, two-thirds **also** do not have a separate influenza plan.
- Nearly three-fourths of sites have provided training to prepare center personnel responding to pandemic influenza and slightly more have plans to protect center personnel and their families during such an outbreak.

DETAILS

Emergency Plans, Policies, and Procedures (Questions 1–15)

All sites that responded to the survey have an emergency plan. Most sites (70 percent) have linked their emergency plans with programs and services at the local health department (Question 1), but only 40 percent have links to the emergency plan of a local

hospital or to services offered by other community partners. More than half of the sites (54 percent) have a plan that addresses links to the county emergency plan. Four out of five sites (81 percent) have updated their emergency plan within the last 12 months (Question 2) and about half the plans (54 percent) have provisions for patient surge and tracking (Question 3).

At a maximum, half of all emergency plans (51 percent) have provisions for addressing the needs of vulnerable populations (Question 4). The five vulnerable populations that are addressed **least** in the emergency plans are persons who live in institutionalized settings (8 percent), migrant farm workers (18 percent), homeless persons (35 percent), persons with transportation disadvantages (34 percent), and persons with pharmacological dependencies (37 percent). The five vulnerable populations that were **most** addressed in the emergency plans were persons with limited English proficiency (51 percent), non-English speaking people (51 percent), persons of diverse cultures (51 percent), persons with disabilities (47 percent), and pregnant women (43 percent). Three-fourths of all plans (76 percent) have provisions to address security issues (Question 5) and about half (55 percent) have provisions to provide patient care during extended hours in an emergency situation (Question 6).

Approximately two-thirds of all emergency plans (67 percent) identify how to continue treating existing patients while also caring for a surge of new patients, adjusting standards of clinical care to handle a surge of new patients and/or reduced staff (63 percent), and reducing the exposure of routine care patients to ill patients (70 percent). Less than half (45 percent) identify how to provide appropriate clinical care in a new/temporary facility (Question 7). Sixty percent of all emergency plans identify how to relocate clinical services in the event that the entire facility becomes inoperable (Question 8). Almost all emergency plans (96 percent) specify an organizational structure and organized leadership during an emergency (Question 9), and 67 percent assign personnel to specific emergency response positions or teams (Question 10).

When it comes to emergency management plans, nearly all sites (99 percent) have a committee that meets to develop policies and/or procedures, 84 percent of these committees provide regular updates to their respective board of directors, and 77 percent of those that have a committee also have had their board of directors approve their emergency management plan (Question 11).

Seventy-one percent of all sites have identified which critical services and operations will be needed to continue operations during an emergency (Question 12). The three threats for which nearly all sites have written policies and/or procedures in place (Question 13) are extreme weather (99 percent), bomb threats (95 percent), and utility interruption (94 percent). The three threats with the fewest written policies and/or procedures in place are acquisition and handling of laboratory specimens at a rate 20 percent above typical operating capacity (30 percent), how to shelter in place (52 percent), and isolating portions/sections of the facility (55 percent). In the event of an emergency only one in five sites (21 percent) have plans to provide housing and feed key personnel for 72 hours (Question 14). Most sites (78 percent) do not have a formal, written MAA or MOU with other sites, hospitals, and health care facilities (Question 15).

Disaster Exercises and Training (Questions 16–24)

Slightly more than half of all sites (59 percent) have conducted a disaster drill on site (Question 16) while slightly less than half (46 percent) have conducted or participated in a community disaster drill (Question 17) since January 1, 2008. Three areas where appropriate staffs have received the **most** training on their roles and responsibilities (Question 18) are infection control (both standard/contact precautions as well as droplet/airborne precautions, each at 95 percent) and proper use of personal protective equipment (PPE), including donning and doffing (93 percent). Three areas where appropriate staffs have received the **least** training on their roles and responsibilities are nuclear/radiological attacks (21 percent), managing their emotional and mental impacts from handling a significant disaster (36 percent), and explosive/incendiary accidents or attacks (40 percent).

About two-thirds of all sites have engaged in cooperative training activities (Question 19) with state or local public health departments (64 percent) and EMS (61 percent), while none have had any cooperative training with the FBI, and very few have had training with other FQHCs (12 percent) or hazardous materials (HAZMAT) teams (16 percent).

Approximately one in three sites (34 percent) have sufficient N95 respirators for all employees for a 72 hour period (Question 20A) and have fit tested all appropriate staff (34 percent) (Question 20B).

Four out of five sites (79 percent) conducted emergency preparedness training during new employee orientation (Question 21) but fewer have provided training and self-assessments regarding home and family emergency preparedness (Question 22) to staff (30 percent) and patients (7 percent). In the event of an emergency, less than half of all sites (46 percent) have a plan to identify, screen, and train volunteers (Question 23). Slightly more than half (55 percent) have staff trained in NIMS and/or ICS. Sites that have staff trained in NIMS or ICS have an average of four staff members trained in ICS-100, three staff members trained in ICS-200, one staff member trained in ICS-700, and one in ICS-800 (Question 24).

Capacity and Inventory (Questions 25–29)

Most sites (85 percent) do **not** have the capacity to decontaminate even one person from suspected chemical contamination (Question 25A) and 86 percent of the sites do **not** have a way to decontaminate patients using an external resource (Question 25B).

Three out of four sites (72 percent) have provisions for obtaining emergency backup supplies from vendors, hospitals, county, or an alternative source (Question 26). The three most common caches of supplies possessed by sites are medical: PPE (77 percent), multiple flashlights with extra batteries (77 percent), and medical: syringes and needles, swabs, gauze (73 percent), while the three least common caches of supplies (Question 27) are food (18 percent), supplies for staff with special needs (21 percent), and water (28 percent). One in four sites (27 percent) have one or more generators for backup power to provide for at least 24 hours (Question 28); this percentage decreases as time for providing backup power increases (48 hours = 22 percent, 72 hours = 13 percent). Two-thirds of the sites (69 percent) have emergency lighting that can operate without any electrical power.

Communications (Questions 30–36)

Almost all sites (98 percent) have a pre-designated way to communicate with staff after hours during an emergency. Sites maintain electronic databases or paper files onsite about staff (Question 31) that contain up-to-date and redundant contact information (95 percent), their vaccination status (77 percent), the languages they speak or write (51 percent), and their medical needs (29 percent). Offsite data backup capability for information systems, including center databases, is maintained by 89 percent of all sites (Question 32).

The three most common tools for communication within sites (Question 33) are cellular phones (99 percent), high-speed internet (99 percent), and fax machines (98 percent), while the three least common tools are amateur radio (1 percent), satellite telephones (5 percent), and wireless service priority (WSP) (8 percent).

Four out of five sites have procedures in place to establish emergency communications between themselves and the local health department (81 percent) or the local emergency management officials/office (79 percent), while half (51 percent) have procedures for communicating with the regional Medical Coordination Center and fewer than one in five sites know how to establish communications with BPHC/HRSA (15 percent) or other health sites (18 percent) (Question 34). Three out of four facility emergency (76 percent) plans provide for communications between the public and the media in an emergency (Question 35).

A large majority of sites (83 percent) have access to Language Line/AT&T or a similar service (Question 36).

Pandemic Flu Planning (Questions 37–41)

Two out of three sites (69 percent) have an emergency plan that contain a section on pandemic influenza preparedness (Question 37A); 62 percent of sites that do not have pandemic influenza preparedness as part of their emergency plan have a separate influenza plan (Question 37B). Three in four sites (72 percent) have provided pandemic influenza training to center personnel (Question 38) and 81 percent have plans to protect center personnel and their families during a pandemic influenza (Question 39). Almost all sites (96 percent) have developed a plan for healthcare employees to receive vaccinations in order to minimize absenteeism during a pandemic influenza outbreak (Question 40) and the same percentage have developed and implemented specific plans and strategies to update clinicians with current information and guidance (Question 41).

Miscellaneous (Questions 42–44)

More than four out of five sites (84 percent) have completed a Hazard Vulnerability Assessment (Question 42A) and of these sites, 91 percent have also developed an improvement plan (Question 42B). Most sites (81 percent) develop their own emergency response policies (Question 43) and 62 percent are included within their county's mass prophylaxis plan (Question 44).

Appendix:
FQHC Survey Results

EMERGENCY PLANS, POLICIES, AND PROCEDURES

1. A. Does the center have an emergency plan? (If NO, ***skip*** to Question 12).

Yes	No
100%	0%

(If YES)

		Yes	No
b.	Does the plan address links to an emergency plan of a local hospital(s)?	40%	60%
c.	Does the plan address links to the county's emergency plan?	54	46
d.	Does the plan address how the center is linked to programs and services at the local health department?	70	30
e.	Does the plan address how the center is linked to programs and services offered by other partners not listed above?	40	60

2. Has the plan been reviewed and/or updated within the last 12 months?

Yes	No
81%	19%

3. Does the plan make provisions for patient surge and tracking?

Yes	No
54%	46%

4. Does the plan make provisions for the following vulnerable populations' health needs?

		Yes	No
a.	Persons with disabilities	47%	53%
b.	Persons who live in institutionalized settings	8	92
c.	Persons of diverse cultures	51	49
d.	Persons of limited English proficiency	51	49
e.	Non-English speaking people	51	49
f.	Persons with transportation disadvantages	35	65
g.	Persons with chronic medical disorders	40	60
h.	Persons with pharmacological dependency	37	63
i.	Pregnant women	43	57
j.	Homeless persons	35	65
k.	Migrant farmworkers	18	82

5. Does the plan have a section for addressing security issues, including the provision of personnel to secure the site?

Yes	No
76%	24%

6. Does the plan have a provision for patient care to extend regular treatment hours in an emergency situation?

Yes	No
55%	45%

7. Does your center's emergency plan identify how to…

	Yes	No
a. continue to treat your existing patients while also caring for a surge of new patients?	67%	33%
b. adjust standards of clinical care to handle a surge of new patients and/or reduced staff availability?	63	37
c. provide appropriate clinical care in a new/temporary facility?	45	55
d. reduce the exposure of routine care visit patients to ill patients?	70	30

8. Does the plan identify how to relocate clinical services in the event the entire facility is inoperable?

Yes	No
60%	40%

9. Does the emergency plan specify an organizational structure and organized leadership (e.g., incident command system) during an emergency?

Yes	No
96%	4%

10. Are personnel assigned to specific emergency response positions or teams?

Yes	No
67%	33%

11. Thinking about your center's emergency management plan,

	Yes	No
a. Does your center have a committee that meets to develop policies and/or procedures for the center (e.g., infection control committee, quality assurance committee)?	99%	1%
b. If **YES** to 11A: Does your committee provide regular updates to your center's board of directors?	84	16
c. Has your center's board of directors approved the emergency management plan?	77	23

12. Has your center identified which critical services and operations will be needed to continue operations during an emergency?

Yes	No
71%	29%

13. Are written policies and/or procedures in place that address…

		Yes	No
a.	bomb threat?	95%	5%
b.	utility interruption?	94	6
c.	extreme weather?	99	1
d.	hazardous material including pesticides?	88	12
e.	how to shelter in place?	52	48
f.	personnel recall policy?	63	37
g.	evacuation of patients and staff?	86	14
h.	handling patients who are exposed to biological or chemical events?	65	35
i.	handling patients who present with fever/rash symptoms (e.g., measles, meningococcal infection)?	80	20
j.	handling patients who present with fever/respiratory symptoms (e.g., influenza)?	88	12
k.	triage of patients to appropriate hospitals and other treatment centers?	82	18
l.	acquisition and handling of laboratory specimens at a rate 20% above typical operating capacity?	30	70
m.	isolating portions/sections of the facility?	55	45

14. Does your center have plans to provide housing and feed key personnel for 72 hours in the event of an emergency?

Yes	No
21%	79%

15. Does your center have formal, written mutual aid agreements (MAAs) or memoranda of understanding (MOUs) with other centers, hospitals, and health care facilities (e.g., long-term care facilities, physician offices, freestanding outpatient facilities)?

Yes	No
22%	78%

DISASTER EXERCISES AND TRAINING

16. Has your center conducted a disaster drill **onsite** since January 1, 2008?

Yes	No
59%	41%

17. Has your center conducted or participated in a **community** disaster drill since January 1, 2008?

Yes	No
46%	54%

18. Since January 1, 2008, have appropriate staff members received training on their roles and responsibilities in:

		Yes	No
a.	chemical accidents or attacks?	46%	54%
b.	biological accidents or attacks?	41	59
c.	nuclear/radiological accidents or attacks?	21	79
d.	natural disasters?	89	11
e.	explosive/incendiary accidents or attacks?	40	60
f.	epidemics/pandemics?	79	21
g.	diseases of public health importance (e.g., HIV, TB, influenza, hepatitis, meningococcal infection)?	82	18
h.	identifying and properly/safely removing contaminants?	48	52
i.	infection control: standard/contact precautions?	95	5
j.	infection control: droplet/airborne precautions?	95	5
k.	proper use of personal protective equipment (PPE) including donning and doffing?	93	7
l.	managing their emotional and mental impacts from handling a significant disaster?	36	64

19. Since January 1, 2008, has your center engaged in cooperative training activities with the following entities?

		Yes	No
a.	Other federally qualified health centers	12%	88%
b.	Other hospitals	37	63
c.	Emergency medical services (EMS)	61	39
d.	Fire department	54	46
e.	Hazardous materials (HAZMAT) teams	16	84
f.	State or local law enforcement	48	52
g.	Federal Bureau of Investigation (FBI)	0	100
h.	State or local public health department	64	36
i.	State or local office of emergency management	55	45

Focusing on N95 respirators …

20. A. Does your facility have sufficient N95 respirators for all your employees for a 72-hour period (four respirators per shift, per employee, according to the U.S. Department of Labor's Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza)?

Yes	No
34%	66%

20 B. Have all appropriate staff members been fit tested for the N95 respirators?

Yes	No
34%	66%

21. Is emergency preparedness training conducted during new employee orientation?

Yes	No
79%	21%

22. Have you provided training and self-assessments regarding home and family emergency preparedness for…

	Yes	No
a. staff?	30%	70%
b. patients?	7	93

23. Is there a plan to identify, screen, and train volunteers who will assist in the event of an emergency?

Yes	No
46%	54%

24. A. Do you have staff trained in the National Incident Management Structure (NIMS) and/or Incident Command System (ICS)?

Yes	No
55%	45%

(If YES)

	Mean	Std. Dev	Total Trained Staff
24 B. How many are trained in ICS–100?	4	11	333
24 C. How many are trained in ICS–200?	3	9	238
24 D. How many are trained in ICS–700?	1	2	80
24 E. How many are trained in ICS–800?	1	1	57

CAPACITY AND INVENTORY

25. A. Can your center decontaminate at least one patient from suspected chemical contamination?

Yes	No
15%	85%

(If NO)

25. B. Does your center have a way to decontaminate patients using an external resource (e.g., a memorandum of understanding with a local fire department)?

Yes	No
14%	86%

26. Does your center have provisions for obtaining emergency backup supplies from vendors, hospitals, county, or any other alternative source?

Yes	No
72%	28%

27. In case of a significant disaster, does your center have an emergency cache of the following supplies?

	Yes	No
a. Medical: PPE (gowns, gloves, eye protection, masks)	77%	23%
b. Medical: syringes and needles, swabs, gauze	73	27
c. Water: one gallon for each staff member on duty along with provisions for clients for 24 hours	28	72
d. Food: two days' supply for each staff member along with provision for clients	18	82
e. Multiple flashlights with extra batteries	77	23
f. Supplies for staff with special needs	21	79

28. Does your center have generator/generators for backup power to run essential services at your facility

	Yes	No
a. for at least 24 hours?	27%	73%
b. for at least 48 hours?	22	78
c. for 72 or more hours?	13	87

29. Does your center have emergency lighting that can operate without any electrical power?

Yes	No
69%	31%

COMMUNICATIONS

30. Does your center have a pre-designated way to communicate with staff after hours in an emergency (e.g., a telephone tree or group paging system)?

Yes	No
98%	2%

31. Does your center maintain an electronic database or paper file onsite of all staff that contains…

	Yes	No
a. up-to-date and redundant contact information?	95%	5%
b. medical needs (e.g., insulin, asthma seizure)?	29	71
c. language spoken or written?	51	49
d. vaccination status?	77	23

32. Does your center have secure offsite data backup capability for its information systems including center databases?

Yes	No
89%	11%

33. Which of the following communication capabilities and services are available within your health center?

	Yes	No
a. 800 MHz radio	15%	85%
b. UHF/VHF radio	22	78
c. Walkie-talkie	52	48
d. Cellular phones	99	1
e. "Plain old" telephone (i.e., a traditional telephone that does not need electricity to work and is connected **directly** to an outside line [as opposed to going through a phone system in your center])	66	34
f. Wireless messaging through PDAs or cell phones	87	13
g. Two-way pagers/radios	19	81
h. Amateur radio (RACES)	1	99
i. Satellite telephone	5	95
j. AM/FM radio	93	7
k. NOAA weather radio	63	37
l. Michigan Health Alert Network (MIHAN)	79	21
m. Internet: dial-up (telephone)	22	78
n. Internet: high-speed (DSL, cable modem, or other high-speed "always on" connection)	99	1
o. Fax	98	2
p. Telecommunication Service Priority (TSP)	17	83
q. Government Emergency Telecommunications Services (GETS) cards	15	85
r. Wireless service priority (WSP)	8	92

34. Are procedures in place for establishing emergency communications between the center and…

		Yes	No
a.	the local health department?	81%	19%
b.	the regional Medical Coordination Center (MCC)?	51	49
c.	hospitals?	71	29
d.	the local emergency management officials/office?	79	21
e.	the Michigan Primary Care Association (MPCA)?	25	75
f.	Bureau of Primary Health Care (BPHC)/HRSA?	15	85
g.	other health centers?	18	82

35. Does the center's emergency plan provide for communications with the public and media in an emergency?

Yes	No
76%	24%

36. Does your center have access to Language Line/AT&T or a similar service?

Yes	No
83%	17%

PANDEMIC FLU PLANNING

37. A. Does your center's emergency plan contain a section on pandemic influenza preparedness?

Yes	No
69%	31%

(If NO)

37 B. Does your center have a separate influenza plan that addresses preparing for, mitigating, and responding to pandemic flu?

Yes	No
62%	39%

38. Have you provided pandemic flu training and exercises to prepare center personnel for their role when responding to pandemic flu?

Yes	No
72%	28%

39. Does your center have a plan to protect center personnel and their families during a pandemic flu?

Yes	No
81%	19%

40. Has your center developed a plan for healthcare employees to receive vaccinations in order to minimize absenteeism during a pandemic influenza outbreak?

Yes	No
96%	4%

41. Has your center developed and implemented specific plans and strategies to update clinicians with current information and guidance (e.g. treatment guidelines, etc.)?

Yes	No
96%	4%

MISCELLANEOUS

42. A. Has your center completed a Hazard Vulnerability Assessment?

Yes	No
84%	16%

(If YES)

42. B. Has your center developed an improvement plan?

Yes	No
91%	9%

43. Does this site develop its own emergency response policies?

Yes	No
81%	19%

44. Is your center included as a site within in your county's mass prophylaxis plan, providing resources such as personnel or facility space?

Yes	No
62%	38%