

Healthcare System Surge Capacity at the Community Level: a National Study

Interview Protocol

Public Health and Preparedness/Coalition Leader

Introduction

Thank you for speaking with us today for our study of surge capacity and emergency preparedness in 10 US communities. This work is funded by the Centers for Disease Control and Preparedness (CDC). Your participation in this study is voluntary, and you may choose to end the interview at any time, or decline to answer specific questions.

We plan to cover a range of topics with you to capture both your experiences with emergency preparedness, particularly preparations for H1N1 influenza, and your sense of how your preparedness for surge relates to your everyday work providing health care. If any questions fall outside your area of expertise, please let us know and we can move on to another topic. Since we have a lot to cover in an hour, I may need to interject and move on to the next topic.

The group we are working with at CDC focuses on healthcare response and surge, but does not directly influence or work on issues related to medications or medical countermeasures (for example, the provision and distribution of vaccines, antivirals, antibiotics). Therefore, our conversations may focus more on surge and preparing for disasters rather than these medical countermeasures.

We will be speaking with a number of people to develop a balanced view of surge capacity in this community, and our findings will be summarized in a publicly available report. We have a strict policy to ensure the privacy of individual interview responses and do not reveal the names of our interview respondents outside of our research team (including to our funder, the CDC), unless required to do so by law upon the demand of a court or other governmental authority. We will be taking notes during this interview, but we will not record it. We do not share our notes outside of our research team, or attribute comments to individuals in our final reports. However, we may mention specific organizations by name. If there is anything you would like to share with us that you would not want to see in a public document, please let us know and we will mark those comments as private.

Do you have any questions before we begin?

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

Background information

- How would you describe the relationship between public health leaders and hospitals/physicians in this market?
- Are you aware of any ongoing collaborations between different hospitals, physician practices, public health organizations or other entities WITHIN this market (i.e., where both parties are in this community)? These could be related to preparedness or to other matters. [PROBE] Who is involved? What is the purpose of the collaboration? How long has it been going on?
- [PROBE] Are you aware of any collaborations in this market that were attempted but proved unsuccessful?
- Are you aware of any ongoing collaborations between different hospitals, physician practices, public health organizations or other entities in this market and entities from OUTSIDE the community? These could be related to preparedness or to other matters.
- [PROBE] Who is involved? What is the purpose of the collaboration? How long has it been going on?
- [PROBE] Are you aware of any collaborations in this market that were attempted but proved unsuccessful?
- Who are your main collaborators?
- Do you think competition between physicians or hospitals in this market affects the viability of coalitions aimed at building community preparedness and surge capacity?

Information on surge planning and H1N1

- Do you have a disaster/surge plan for influenza (or a general plan), or do you participate in the plan developed by another group in your community?
- Who was involved in developing it? [Probe on number of staff involved, how long it took to develop]
- Did you collaborate with other groups in developing your plan?
- Did you activate your disaster/surge plan or use any elements of it during Spring 09/Fall 10 in response to H1N1?
- Have you activated it for any other reasons over the past 3 years?

- [PROBE] If you activated it, did it work as expected? Were there any elements of the plan that didn't work or had unintended consequences?

How did H1N1 affect your organization?

- Did you encounter any shortages of staffing or material (e.g., supplies, equipment, medications)? [Reminder: vaccine issues generally outside of scope]
- Did you develop any strategies to deal with shortages? [Probe] If you participated in a coalition, did the coalition address shortages together or did each member prepare separately?
- Who participated in preparation for H1N1?
- How was information disseminated between participants in the coalition, and from the coalition to member organizations? [Probe] If previously settled aspects of the plan changed, how were these changes communicated?
- Did you have other tools that helped guide patient care during periods of surge, for example during the 2009-2010 flu season? [Examples: flow sheets, decision support tools, supply bundles] [Probe] Were these developed as part of a coalition, or did you purchase/develop them independently?
- When did the response end or scale back down?

Perceptions of response and the role of collaborations

- What elements in your community (existing plans, planning meetings, councils) were helpful in response to H1N1?
- Did you use guidance or resources from the CDC as part of your response to H1N1? [Probe:] Would you do so [again] in the future? What guidance would be most helpful? If you used guidance or resources, was it helpful? How?
- Were there policies or regulations, at the level of your individual organization, your community or your state, that hindered your response to H1N1? [Probe:]
- Were there other barriers that affected your response to H1N1? [Probe:] Lack of staffing, lack of material (e.g., supplies, equipment, medications)?

- What could federal entities (specifically the CDC) do to help address these barriers in the future?

Partnerships and Collaborations

- How did community collaborations change or evolve as a result of H1N1?
- Are your partners in disaster/surge planning the same as your partners in other collaborations?
- Were there any sectors or groups you found difficult to engage in the collaboration/planning process? [Probe] Were you able to engage them eventually? If so, how? Did you make any attempts to engage them that were unsuccessful? Do you have suggestions about ways to engage them more in future efforts?
- Are the collaborations you participated in during H1N1 preparation still active? [Probe:] Have any events since H1N1 required surge response? [Probe: If yes, can you describe what is involved in maintaining these collaborations. If not, can you describe the process of ending them?]

Conclusion:

- Did you learn anything during the process of responding to H1N1 that surprised you, or did everything go pretty much as you expected?
- Is there anything else about the response to H1N1 in your community that we haven't discussed that you think would be important for our research team to know about or better understand?