

Attachment C: ASPR TRACIE Urgent Care Center Interview Discussion Guide

Discussion of Purpose and Review of Informed Consent

Thank you for agreeing to speak with me today. My name is [insert name]. I work for ICF, a research and consulting firm, contracted by the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE).

ASPR TRACIE is conducting this project to improve understanding of the role, if any, of urgent care centers in supporting the health and medical response to disasters or emergencies. You are among several urgent care center leaders we will be interviewing to learn your perception about the role of urgent care centers during emergencies and your willingness to participate in the response, your capacity to engage in an emergency response, to what extent your personnel and facilities have planned for and are prepared for an emergency, what legal and financial impediments might prevent your ability to respond, and any models for care provision or other ideas you may have that may influence the participation of urgent care centers in emergency response. Our discussion should take about one hour. Is now still a good time to talk?

Your participation in this discussion is completely voluntary. You do not have to answer any question that you do not want to answer. You may choose not to participate or to leave the discussion at any time. We will record the discussion and I will take notes. Please speak clearly to ensure proper recording.

The digital recording and notes of the interview will be stored in a password-protected folder. The recording will be destroyed when the project is over. Only members of the project team will have access to the notes and recordings, and they will not be allowed to share them with anyone else. Your name will not be used in any documents written on the basis of this project. Data will be presented in aggregate so responses will not be attributed to individual participants or the centers they lead. A final report will be posted on the ASPR TRACIE website. The research may also be submitted for publication in a peer-reviewed journal. If you have any questions about this project, you can reach out to askasprtracie@hhs.gov.

Do you agree to participate in the interview?

Preliminary Discussion

Do you have any questions for me before we begin?

I'd like to start by better understanding the type of urgent care centers you manage.

- 1) Are the centers/Is the center you manage owned by a hospital, part of a large chain of clinics, part of a small group of clinics, or an independent facility?

As I ask the following questions, primarily think about how your center(s) would address the needs of an infectious disease outbreak that is affecting your entire geographic region. Under this scenario, there would be high demand on the healthcare system, which is dealing with patients infected with the disease as well as the worried well on top of the normal range of provided services.

Perception and Willingness

- 2) Based on the scenario I described, to what extent do you think that urgent care centers would be involved in addressing healthcare needs related to such an outbreak?
 - a) PROMPT: What do you think the role of urgent care centers would be?
- 3) What obstacles might prevent your center(s) from assisting in this situation?
- 4) What would trigger your involvement in responding to these types of events?
 - a) PROMPTS:
 - i) Do you think it would happen naturally based on patients arriving at your center(s)?
 - ii) Would another entity request your involvement? Who would you expect to make such a request?
- 5) Under your normal operations, do you have any existing protocols, arrangements, or agreements for those with minor illness or injury to be sent to your center from a partner hospital or other healthcare facility in your area?
 - a) If no: To what extent would it be possible to implement such arrangements during an emergency? What obstacles would you expect to encounter?
- 6) Would any of your previous answers change if an incident like a plant explosion or a natural disaster suddenly resulted in large numbers of injured in your community instead of an infectious disease outbreak?

Capacity

- 7) Under your normal operating conditions, does your center(s) provide the following types of services and care?
 - a) Radiology – plain x-rays?
 - b) Radiology – CT scan?
 - c) Laboratory – blood counts, electrolytes, urine testing?
 - d) Fracture care?
 - e) Are chest pain and respiratory distress evaluated at your center or transferred to emergency care?
- 8) Would any of the services I just listed change under any of the types of emergency scenarios I've mentioned today?

- 9) Are your staff limited by a set of protocols or a set of conditions that they are allowed to treat, or are they able to operate within the full scope of practice for their positions?
- 10) What are the essential supplies that you keep on hand should an emergency occur? To clarify, by essential supplies I'm referring to a cache of disaster supplies for multiple patients at once rather than a crash cart for a single patient.
- 11) How would you modify your physical space and manage your resources to handle a large influx of patients above normal operating conditions?

Planning and Preparation

- 12) To what extent do you participate in emergency preparedness activities with your local healthcare coalition, health department, emergency management agency, hospital, or other partners?
 - a) What support would you need from these partners to effectively participate in an emergency response like some of the scenarios we've discussed today?
 - b) Have you discussed with your partners potential roles for your staff? For example, could they provide shelter care, minor care at first aid sites, assist at mass prophylaxis/vaccination sites, or similar roles?
- 13) Do you have a written plan for handling surge events that would bring large numbers of patients to your door?
 - a) If no: What is the reason you don't have one?
- 14) Has your staff received emergency preparedness training?
 - a) If no: Why have they not been trained?
 - b) If yes: What has the training focused on?
- 15) Do you have written job aids that staff – both clinical and administrative – can refer to during an emergency?
- 16) Have you conducted any emergency preparedness exercises, such as testing your ability to contact staff during off hours, identify a patient with a specific condition (e.g., Ebola), or notify other partners?
 - a) If no: Why not?
 - b) If yes: What scenarios or functions have you tested? For example, have you tested your communications, patient triage process, incident command activation, or use of your supply cache?
- 17) In what ways do your planning, training, or exercising activities address surge staffing strategies? In other words, have you considered how to adequately staff your center during a surge response?
 - a) PROMPTS:
 - i) Would you be able to handle a patient volume 20% above normal? 50%? 100%? At what point would your center(s) be taxed beyond its ability?
 - ii) Would your center(s) have the ability to extend operating hours?
 - iii) What provider types would be available, for example, physicians, physician assistants, nurse practitioners, registered nurses?
 - iv) How long could you maintain that staffing mix during an extended emergency response by extending shifts, calling in additional staff, or other strategies?
- 18) Do you receive notifications about mass casualty incidents?
- 19) Do you receive health alerts from your public health department?

Models for Care Provision

20) Independent urgent care centers/small chains only:

- a) Has a disaster occurred in your area in the last five years? If yes: did you change any plans, policies, or procedures based on that experience?

21) Chains and hospital-owned urgent care centers only

- a) Does your chain/hospital system have a process in place to involve urgent care centers in a surge response? If yes: How has it worked during a real emergency?

Legal and Financial

22) Are you aware of any policies or procedures that make it easier for urgent care centers to provide care during emergencies?

a) PROMPTS:

- i) Does your center's liability insurance cover treatment of patients who are diverted from other facilities to your center(s)?
- ii) Is there legislation or do you have liability insurance that protects providers during disasters?

23) Would you expect the reimbursement process for services rendered during an emergency to be different than the reimbursement process for providing usual care?

a) PROMPTS:

- i) Do you have any concerns about your center or your providers being compensated for services delivered during an emergency?

Thank you. Those are all of the questions I have for you today. Is there anything else you'd like to share that you believe will be helpful to our project?

Your feedback today was extremely valuable and we appreciate your willingness to share your insights. As I mentioned at the beginning, this is one of several interviews that we will be conducting. Once we've completed the interviews, we will de-identify the responses and analyze the collected data for major themes and trends. We will then document our findings in a report. Thanks again for taking time out of your busy day to share your feedback.