

Attachment A: ASPR TRACIE Health Center Survey

Consent

The US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) is conducting research on the role of Health Centers in supporting the health and medical response to disasters or emergencies.

ASPR TRACIE recognizes your Health Center complies with Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. The purpose of this survey is to better understand Health Centers' capacity, preparedness, and impediments in disaster response beyond those requirements.

Your participation in this survey is completely voluntary. You may choose not to participate or to end the survey at any time. We will keep your responses confidential, and unless you wish to participate in a follow-up phone interview, we will not ask for any personal information such as your name or email address.

If you have any questions about the survey, please contact: askasprtracie@hhs.gov.

Please indicate whether or not you consent to participate in this survey:

- Consent [proceed to question 1]
- Do not consent [ineligible]

1. What is your role/position at your Health Center? Select all that apply.

- Facilities Manager
- Clinical Manager
- Clinician
- Emergency Preparedness Lead
- Other (please describe)

Health Center’s Role in Emergency Response

Scenarios

For the next set of questions please consider the two different scenarios presented below:

***An infectious disease outbreak is affecting your entire geographic region.** Over an extended period of time, the number of infections will gradually increase, reach a peak, and begin to decrease. There will be high demands on the overall healthcare system, which will deal with patients infected with the disease and the worried well, on top of the normal range of healthcare services. There may be high demand and low availability of healthcare personnel, supplies, and other resources at varying points in time during the outbreak.*

***A sudden onset or no notice incident occurs in your community and possibly causes a patient surge or mass casualties.** An incident such as a natural disaster or plant explosion suddenly results in large numbers of injuries with little or no warning. The healthcare system will absorb an immediate influx of patients with injuries of varying severity on top of its existing load of patients with chronic and acute illnesses and injuries. There may be infrastructure damage, security requirements, or communications breakdowns that challenge your response to the incident for an unpredictable amount of time due to electrical outages, telecommunications and IT system failure, supply chain disruptions, and reduced staffing.*

Please select one answer for each scenario.

	Infectious Disease Outbreak		Sudden Onset Incident	
	Yes	No	Yes	No
2. Based on your existing emergency plan and/or community partnerships, would your Health Center have a role in addressing healthcare needs caused by either of these scenarios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next set of questions please consider the two scenarios presented above and your standard practice of care.

3. In which of the following ways are you contributing as standard practice OR could you contribute during an Infectious Disease Outbreak or a Sudden Onset/No Notice Incident (Select all that apply):

	Standard Practice at your Health Center	Infectious Disease Outbreak	Sudden Onset Incident
Expertise in treating certain patient populations (e.g., children, older adults, homeless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional surge capacity for patient treatment (i.e, ability to manage a sudden influx of patients including additional staff, space, equipment, medications, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health surveillance/monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/community education/risk communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prophylaxis/vaccination available – on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prophylaxis/vaccination available – off site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained and geographically accessible personnel to support a medical shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained and geographically accessible personnel to support an alternate care site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location to establish a temporary medical station or triage site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary safe haven from external threat (e.g., violence, weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Standard Practice at your Health Center	Infectious Disease Outbreak	Sudden Onset Incident
Behavioral health support/treatment for patients (i.e., availability of staff with behavioral expertise in behavioral health management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health support/treatment for staff (e.g., providers, first responders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for responder treatment/monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up care during the recovery phase of the emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)			

4. Which of the following might pose an obstacle or challenge to your involvement in the response?

	Infectious Disease Outbreak	Sudden Onset Incident
Anticipated demand from existing patients	<input type="checkbox"/>	<input type="checkbox"/>
Lack of internal expertise for emergency management	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and equipment likely needed for the scenario may not be available	<input type="checkbox"/>	<input type="checkbox"/>
Personnel may not be accessible	<input type="checkbox"/>	<input type="checkbox"/>
Location may be closed due to incident effects on personnel or infrastructure	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about reimbursement for services provided during incident	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about liability	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare setting is inappropriate for the emergency response	<input type="checkbox"/>	<input type="checkbox"/>

Unsure of role/not engaged in community emergency planning for the response	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

5. What would initiate your involvement in the response?

	Infectious Disease Outbreak	Sudden Onset Incident
Responding to meet the needs of your existing patients	<input type="checkbox"/>	<input type="checkbox"/>
New patients presenting to the health center for care	<input type="checkbox"/>	<input type="checkbox"/>
A request from a health system partner	<input type="checkbox"/>	<input type="checkbox"/>
A request from your health care coalition	<input type="checkbox"/>	<input type="checkbox"/>
A request from a local, state, or federal emergency management or public health agency	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

Health Center's Infrastructure and Scope of Emergency Response

Please select one answer for each of the following questions.

	Yes	No	I don't know
6. Do you receive notifications about emergencies in your area from your local or state emergency management or public safety agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you receive health alerts from your local or state health department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Would it be possible to modify your existing space to accommodate additional patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have the ability to supplement your normal staffing levels to accommodate a surge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you be able to extend your operating hours during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have designated disaster supplies on site or a standing inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	I don't know
list with your supply vendor for items needed for emergency back-up that gets pulled automatically in the event of an emergency?			
12. Do you provide information/resources to your patients to encourage their preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you participated in an emergency response in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have your operations been affected by an emergency in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If yes to 13 or 14 - Have you made any changes to your policies, procedures, or protocols based on the experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your Health Center have contingency plans to allow the rapid order/delivery of supplies (medical and hospitality-related supplies) if there is a need for support beyond current service provision capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your Health Center have contingency plans to provide emergency transport to designated hospital or clinics in your area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next set of questions please select the option that applies for normal operations and operations during an emergency at your Health Center.

18. Do you have any of the following in place to accept referrals of patients with minor illness or injury?

	Normal Operations	During an Emergency
Established protocols as part of an integrated health care delivery system (i.e., a network of organizations that provides or arranges to provide a coordinated continuum of services to a defined population) or with EMS directly	<input type="checkbox"/>	<input type="checkbox"/>
Informal protocols based on others' knowledge of your presence in the community	<input type="checkbox"/>	<input type="checkbox"/>
Established referral/transfer/patient distribution protocols or MOUs in the community	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Preparedness: Procedures and Collaborations

Please select one answer for each of the following questions.

19. Do you participate in coordinated emergency preparedness activities with any of the following?

	Yes	No
As part of a group of health care centers	<input type="checkbox"/>	<input type="checkbox"/>
Health care coalition	<input type="checkbox"/>	<input type="checkbox"/>
Health department	<input type="checkbox"/>	<input type="checkbox"/>
Emergency management agency	<input type="checkbox"/>	<input type="checkbox"/>
Non-profit organizations serving your community	<input type="checkbox"/>	<input type="checkbox"/>
Emergency relief organizations	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>

20. Have you tested your ability to implement the following either through an exercise or real-life incident?

	Yes – through an exercise	Yes – through a real-life emergency	No
Contact personnel during off hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive/send notifications to other preparedness/response partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and safely isolate a potentially infectious patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper usage of personal protective equipment (PPE) by personnel for a potential highly infectious patient (e.g., Novel Influenza or Ebola)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quickly establish a medical record for a patient who is not a pre-existing client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain patient records (i.e., paper based) if electronic medical record (EMR) is inaccessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures to shut down facility operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure to restart operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct patient triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial preparedness (e.g., maintaining cash reserves, planning for business interruptions and losses, insurance policies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish incident command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure site/personnel safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to or protect facility during known threats (e.g., earthquake, hurricane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform HRSA Bureau of Primary Care and/or state or local Health Department of changes in operations, such as operating a temporary site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach/maintain contact with patients while closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select all the options that apply for each of the following questions.

21. How do/can potential partners in your community engage you in ongoing preparedness activities?

	Select All that Apply
Direct contact	<input type="checkbox"/>
Through the local/state/regional primary care association	<input type="checkbox"/>
Through the integrated health care delivery system	<input type="checkbox"/>
Through health care coalitions	<input type="checkbox"/>
Through existing relationships	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Please select all that apply for each type of emergency-related of activity.

22. Which of the following types of support would assist your participation in preparedness and response activities?

	Preparedness Activities	Response Activities
Funding/reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Guidance/SME support/technical assistance	<input type="checkbox"/>	<input type="checkbox"/>

Access to supplies/equipment	<input type="checkbox"/>	<input type="checkbox"/>
Access to additional personnel	<input type="checkbox"/>	<input type="checkbox"/>
Access to additional training and exercises	<input type="checkbox"/>	<input type="checkbox"/>
Legal protections	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion in notification/information sharing	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>

Health Center Characteristics

23. In what state is your Health Center located?

DROP DOWN MENU

24. How would you describe the geographic setting of your Health Center?

- Urban
- Suburban
- Rural
- Geographically isolated/remote

25. What are your normal hours of operation?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

26. Which best describes the type of Health Center where you work?

- Federally Qualified Health Center
- Rural Health Clinic
- Free and Charitable Clinic
- Planned Parenthood Clinic

27. (IF Above = Federally Qualified Health Center) Which best describes the type of Federally Qualified Health Center where you work? (Select all that apply)

- Community Health Centers

- Migrant Health Centers
- Health Care for the Homeless Health Centers
- Public Housing Primary Care Centers
- Health Center Program Look-Alikes
- Outpatient Health Programs Facilities Operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization under the Indian Health Care Improvement Act

28. Is your Health Center part of an Integrated Delivery System?

- Yes
- No
- I do not know

29. Please indicate the type of practice that best describes your Health Center’s setting.

- Your Health Center is the only practice on site
- There are other specialty practices on site
- Your Health Center is integrated within a hospital

30. Please select all the services that are provided at your Health Center. Select all that apply.

Care Coordination and Triage	<input type="checkbox"/>
Infectious Disease Monitoring	<input type="checkbox"/>
Behavioral/Mental Health Care	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>
Vision Services	<input type="checkbox"/>
Urgent Care/Same Day Services	<input type="checkbox"/>
Clinical Laboratory	<input type="checkbox"/>
Social Services	<input type="checkbox"/>
Radiology Services	<input type="checkbox"/>
Home Health Services	<input type="checkbox"/>
Specialty Care	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>
Pharmacy Services/Medication Access	<input type="checkbox"/>
Minor Trauma care (e.g., lacerations, minor orthopedic injuries)	<input type="checkbox"/>
Pediatric Services	<input type="checkbox"/>
Non-emergency Transportation	<input type="checkbox"/>

31. Please enter the number of staff available for each of the following specialties during normal operations and during an emergency.

	Normal Operations
Primary Care Physicians	
Physician Assistants	
Specialty Care Physicians	
Nurse Practitioner	
Dental Personnel	
Paramedic	
Emergency Medical Technician (EMT)	
Clinical Psychologist	
Clinical Social Worker	
Other Health Specialties	
Administrative Staff	
Volunteers (e.g., Medical Reserve Corps (MRC))	
Other (please specify)	

32. Is there anything else that you would like to share about the role of Health Centers in an emergency?

	Yes	No
33. Would you be willing to participate in a follow-up discussion, scheduled at your convenience, to elaborate on some of your survey responses?	<input type="checkbox"/>	<input type="checkbox"/>

33.1 If yes, please provide your first name and email address: