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**How to Develop Medical Surge Planning Workshops**

**June 2017**

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The following personnel from CDC contributed to this tool:

Dahna Batts

Kelly Dickinson

Sabrina Harper

Sherline Lee

Deborah Levy, Chief, Healthcare Preparedness Activity

Jean Randolph

Amy Valderrama

Adeyelu Asekun**\***

John Donohue\*

Melissa Morrison**\***

Alcia Williams**\***

The following personnel from the Oak Ridge Associated Universities (ORAU) Oak Ridge Institute for Science and Education (ORISE) contributed to this tool:

Will Artley

Linda Hodges

Casey Thomas

**\***Former HPA staff

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# Chapter 1 – Introduction

## Background

The Centers for Disease Control and Prevention (CDC) Healthcare Preparedness Activity (HPA) and the Oak Ridge Associated Universities (ORAU) Oak Ridge Institute for Science and Education (ORISE) have partnered with diverse communities throughout the United States since 2008 to help them improve their healthcare preparedness and delivery during an influenza pandemic or other public health emergency. These collaborative community efforts—referred to as workshops—involved representatives from public health departments, healthcare agencies and organizations, emergency medical services (EMS), emergency management agencies, and the organizations that support these lead response entities.

CDC and ORAU-ORISE observed through their work with these communities that many local communities, regions, and states have invested significant time, funds, and resources to plan for medical surge.[[1]](#footnote-1) However, events like the 2009 influenza A/H1N1 pandemic have demonstrated that plans for medical surge can be strengthened to consider unanticipated stresses to community healthcare providers,[[2]](#footnote-2) better coordinate hospital and outpatient providers with public health and emergency management, and engage other community partners in future planning. Subsequently, CDC and ORAU-ORISE collaborated to develop the *Community Planning Framework for Healthcare Preparedness* (hereafter referred to as the *Community Planning* *Framework*) in 2015 to provide community planners with a tool to enhance existing community plans for medical surge or to develop new plans from the beginning.

## Rationale for This Document

Although the *Community Planning* *Framework* provides a step-by-step process for medical surge planning, it does not describe the detailed process necessary for bringing community partners together to determine the level of medical surge preparedness in the community, which is important because this determination will provide community planners with a starting point for their planning efforts. *How to Develop Medical Surge Planning Workshops* (hereafter referred to as the *Tool*) describes this process for community planners.

## Focus of This Document

The workshops that CDC and ORAU-ORISE conducted with many U.S. communities focused on two areas of surge preparedness:[[3]](#footnote-3)

1. Models of healthcare delivery – The *Community Planning Framework* is based on an assumption that you cannot plan for medical surge management if you do not understand how your community's healthcare system delivers care on a day-to-day basis. A term used in the *Community Planning Framework* to describe a community's delivery of healthcare is "model of care" or MOC (pronounced *MOCK*), which is a shortened version of "model of healthcare delivery." Although the term uses the singular form of *model*, you should not assume that one model can represent how your community's healthcare providers deliver care. Certain situations, such as moderate surge, call for the model to be adjusted to meet the demands of that situation. Moreover, large increases of medical surge may require your community's healthcare providers to activate a community-based alternate care system.
2. Alternate care system[[4]](#footnote-4) – An alternate care system is developed to respond to a heavy-surge situation. Heavy surge is defined as an increase in patients and healthcare demand that cannot be managed on a daily basis, interrupts day-to-day healthcare services, and therefore, requires an expansion of the provision of care[[5]](#footnote-5) beyond day-to-day capabilities and capacities. This expansion requires the assistance of other healthcare providers or supporting partners in the community, which explains the main difference between moderate surge and heavy surge. Moderate surge is facility focused and can be managed within existing facility capabilities and capacities. On the other hand, heavy surge is community focused and requires expansion to incorporate the assistance of others.

Because these were the two areas on which CDC's and ORAU-ORISE's workshops focused, this document provides recommendations on how to develop workshops on models of healthcare delivery and an alternate care system.

## Purpose

The *Tool* is designed to help communities advance their medical surge planning through well-structured workshops. The *Tool* will

* Introduce community planners to the workshop development process and provide a structure for developing a community workshop focused on medical surge as it relates to models of healthcare delivery and an alternate care system.
* Provide community planners the tools (e.g., templates, checklists) for developing and conducting a workshop tailored to their community.
* Assist planners with integrating public health, healthcare, EMS, and emergency management into their planning.

## Target Audience

The *Tool* is intended to be used by the planning team formed to oversee completion of the medical surge planning tasks prescribed in the *Community Planning Framework*. A secondary audience is the community members who will participate in the workshops developed using the *Tool*.

## Assumptions

The following assumptions are made regarding the *Tool*:

* A planning team has been formed, understands its roles and responsibilities, and is ready to use the *Tool*.
* This planning team has read the *Community Planning Framework* and is familiar with the medical surge planning tasks prescribed within it.
* The *Tool* is applicable to all community planning efforts, regardless of the size and location of the community.
* The *Tool* is laid out in a linear process such that each chapter follows a logical progression from the chapter that precedes it. Community planners should read through each chapter and then focus their attention on the chapters that are most applicable to their community (i.e., working on models of healthcare delivery, alternate care system, or both).

## Important Considerations

CDC and ORAU-ORISE have compiled many lessons learned from their experience in planning for a workshop, conducting it, and performing requisite follow-up activities. Here is a list of important things for you to consider as you move forward in the *Tool* to put together a medical surge preparedness workshop in your community:

* Planning for a workshop, conducting it, and performing follow-up activities can require significant human resource, monetary, and time commitments.
* A well-structured, medical surge preparedness workshop helps community planners address Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) capabilities, which include, but are not limited to,
  + HPP Capability 1 – Healthcare System Preparedness.
  + HPP Capability 10 – Medical Surge.
  + PHEP Capability 1 – Community Preparedness.
  + PHEP Capability 10 – Medical Surge.
* The many workshops that CDC and ORAU-ORISE hosted focused on a pandemic influenza scenario, but your workshop(s) could focus on other scenarios. One important point to make is that you should base your workshop scenario on a hazard you or your community emergency preparedness planners have identified through a hazard vulnerability analysis (HVA) as likely to impact your community.

## Final Thought

CDC would appreciate your feedback on the usefulness of the *Tool* in order to improve it. This feedback can be provided by sending it to [healthcareprepared@cdc.gov](mailto:healthcareprepared@cdc.gov).

# Chapter 2 – Where a Workshop Can Help You

## Overview

The first step in the workshop development process is for you to determine where a workshop can benefit you and your community partners. Making this determination depends on your community's level of medical surge planning; therefore, you should first determine your level of planning. How to make this determination is the focus of this chapter.

## The Workshop Thought Process

Over the years of conducting community workshops, CDC and ORAU-ORISE developed a process for determining which type of workshop a community should conduct. A description of this process is provided below.

### Community Assessment/Hazard Vulnerability Analysis

The first tasks given to the planning team in the *Community Planning Framework* are to conduct a community assessment and an HVA. The outcomes of these two tasks will be threefold:

1. You will gain an understanding of the capacities and capabilities of your community's healthcare providers and the agencies and organizations that support them.
2. You will gain an understanding of the hazard scenarios most likely to impact your community.
3. You will be able to determine where gaps in planning exist and where community partners are not accounted for in existing plans.

This last outcome is important to your workshop development effort because it shows you the gaps in planning you need to address and particular partners that should be invited to a workshop.

**NOTE:** If you and your planning team have not conducted a community assessment or an HVA, you will need to complete this task before you can move forward in the *Tool*.

### Models of Healthcare Delivery

As stated earlier in the *Tool*,if you do not understand how your community's healthcare system delivers care on a day-to-day basis (i.e., your community's model of healthcare delivery), you will be unable to plan properly for medical surge management. Once you understand your community's "baseline" of healthcare delivery, you can determine how to adjust it to manage medical surge in your community. This adjustment might require an expansion of the provision of care[[6]](#footnote-6) beyond what is normally provided on a day-to-day basis. Therefore, you must have a firm understanding of how healthcare is delivered in your community on a day-to-day basis.

One of the main outcomes of a workshop on models of healthcare delivery is the development of a MOC diagram and an accompanying narrative.[[7]](#footnote-7) By showing healthcare delivery in a diagram and describing patient flow in a narrative, you and your community partners will be able to see and understand how patients flow through the community healthcare system.

Another point to make here is that, while gaining this understanding, you will also learn the limits of providing day-to-day healthcare for your community's healthcare providers. In other words, you will discover their "breaking points," which are the points at which medical surge can overwhelm them and require your community to alter its models of healthcare delivery. The first alteration would be the development of an alternate care system.

**NOTE:** If you have not met with your community's healthcare providers and the agencies and organizations that support them to thoroughly understand how healthcare is delivered in your community on a day-to-day basis (i.e., developed a MOC diagram and narrative and identified gaps in planning and missing partners), you should start with a workshop on this topic.

### Alternate Care System

During a severe influenza pandemic or other public health emergency the number of patients seeking medical care will exceed the capabilities and capacities of your community healthcare system for an extended period of time. As a result, your community will need to develop a framework or strategy to address the change from a business-as-usual MOC to one that expands the role of your community's healthcare system and those partners that support it. This framework or strategy is referred to as an alternate care system.

Your community needs to develop an alternate care system because medical and healthcare systems in the United States face an increasing probability of major emergencies or disasters involving human casualties. These types of events will severely challenge your community's ability to adequately care for large numbers of patients (medical surge capacity) as well as care for those patients with unusual or highly specialized medical needs (medical surge capability). As a result, your community's strategies for addressing the challenges of medical surge capacity and capability will require a systematic approach—an alternate care system—to meet patient needs that challenge or exceed normal operational abilities, while preserving quality of care and the integrity of the healthcare system.

Fortunately, CDC and ORAU-ORISE have provided a list of alternate care system options[[8]](#footnote-8) in appendix F that you can present to your community partners during your workshop. Some options are viable for some communities; some are not. You will need to explore each option with your partners to determine which ones will work best within your community's healthcare setting.

**NOTE:** If you have not met with your community's healthcare providers and the agencies and organizations that support them to develop an alternate care system plan for your community, you should develop a workshop to help you complete this task.

### Continuous Improvement

Much work takes place after the workshop. You will need to update existing plans or create new ones. Once you have done so, you will need to educate or train people on the plans and then exercise them, probably through a discussion-based exercise. The plans are improved subsequently, and the process repeats itself.

**NOTE:** Continuously improving your plans will be an ongoing activity in your community.

## Determining Your Level of Planning

Now that you understand the workshop thought process, you need to complete Worksheet 2.1 on page 9. This worksheet can be used to help you determine where to start in the workshop development process. Once you have completed the worksheet, you will be able to see whether your level of planning for day-to-day healthcare delivery, moderate surge, or an alternate care system (or all three) needs improvement. As a result, these are the areas where a workshop can help you.

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**Worksheet 2.1 – Determining Your Level of Planning**

| **Question** | **Answer** | **Next Step** | **If No, Go To** |
| --- | --- | --- | --- |
| 1. Have you conducted a community assessment and an HVA? | □ Yes  □ No | If Yes, proceed to Question #2.  If No, stop here and complete this task. | *Community Planning Framework for Healthcare Preparedness*, Chapter 2 – Building Planning Teams and Coalitions. |
| 1. Using the information collected from your community assessment and HVA, have you identified gaps in planning that need to be addressed? | □ Yes  □ No | If Yes, proceed to Question #3.  If No, stop here and complete this task. | *Community Planning Framework for Healthcare Preparedness*, Chapter 2 – Building Planning Teams and Coalitions. |
| 1. Have you documented models of healthcare delivery in your community? | □ Yes  □ No | If Yes, proceed to Question #4.  If No, stop here and complete this task (i.e., conduct a workshop). | Chapter 6 – How to Develop a Workshop on Models of Healthcare Delivery. |
| 1. Have planning gaps been resolved? Are surge "breaking points" that lead to an alternate care system understood? Have you developed a MOC diagram and MOC narrative? | □ Yes  □ No | Is Yes to all questions, proceed to Question #5.  If No to any question, go back to Question #3 and conduct a workshop. | Chapter 6 – How to Develop a Workshop on Models of Healthcare Delivery. |
| 1. Are all previous tasks complete? Are capabilities and resources understood? Are surge "breaking points" understood? | □ Yes  □ No | If Yes to all questions, proceed to Question #6.  If No, go back to either Question #1, #2, #3, or #4, as needed. | Questions #1, #2, #3, or #4, as needed. |
| 1. Have you developed an alternate care system? | □ Yes  □ No | If Yes, proceed to Question #7.  If No, stop here and complete this task (i.e., conduct a workshop). | Chapter 7 – How to Develop a Workshop on an Alternate Care System. |
| 1. Have viable alternate care system options been identified? Are next steps to take after the workshop understood? | □ Yes  □ No | If Yes, proceed to Question #8.  If No, go back to Question #6 or stop here and complete this task. | Chapter 7 – How to Develop a Workshop on an Alternate Care System. |
| 1. Have plans been developed or updated based on workshop outcomes? Has a process been developed to continually evaluate or exercise these plans? | □ Yes  □ No | If Yes, proceed to Question #9.  If No, stop here and complete this task. | *Community Planning Framework for Healthcare Preparedness*, Chapter 8 – Conclusion. |
| 1. Are plans improved based on evaluation or exercise outcomes? | □ Yes  □ No | Is Yes, you can stop here.  If No, stop here and complete this task. | *Community Planning Framework for Healthcare Preparedness*, Chapter 8 – Conclusion. |

## Moving Forward in This Tool

Now that you understand where a workshop can help your community, the next step is to start planning for your workshop. This topic is covered in the next chapter.

# Chapter 3 – Getting Community Buy-In

## Overview

A workshop on models of healthcare delivery or an alternate care system cannot be put together overnight. Normally, the process of developing a workshop can take approximately 6 to 9 months and involve many people acting in a variety of roles. More importantly, planning for a workshop, conducting it, and performing follow-up activities will require approval as well as a financial commitment from your community's lead response agencies and organizations or even members of the community. This chapter covers what you need to do to get that approval and financial commitment.

## Getting Started

Workshop planning is a very detailed process, but the first thing you need to do is compile enough information for decision makers so that they and other interested parties can gain an understanding of the scope of your efforts and what you plan to accomplish. This understanding will serve as a basis for securing their approval and financing. The steps to compiling this information are detailed below.

### Identify a Workshop Planning Team

The workshop planning team is responsible for planning and executing the workshop. This team undertakes many roles and responsibilities, including

* Determining a timeline for planning.
* Developing the workshop goal(s) and objective(s).
* Determining activities to ensure the goal(s) and objective(s) will be met.
* Securing a facility.
* Inviting participants.
* Evaluating the workshop.

In some cases, a vendor may be retained to perform the planning team functions, as they have experience and contacts for facilities. If a vendor is used, a smaller planning team will be needed to function in an advisory role to the vendor.

More than likely, the workshop planning team will be made up of the same planning team members that are working on the tasks prescribed by the *Community Planning Framework*. At a minimum, the workshop planning team should include representation from public health, healthcare, EMS, and emergency management agencies. Additional partners can be added as needed. Keep the planning team to a manageable size, and agree on a leader or coordinator. The team must have a dedicated logistics person to coordinate meeting space, food and beverage needs, and other aspects related to the workshop location.[[9]](#footnote-9) The team should meet regularly to keep everyone informed and to ensure that they (or the vendor) are meeting the goal(s) set in the workshop timeline.

### Determine Your Workshop Goal(s) and Objective(s)

| **About Goals and Objectives** |
| --- |
| The goals of your exercise are the outcomes you want to achieve. The objectives of your exercise are the strategies you will implement to achieve your goals. Goals are not specific; objectives are specific. |

As stated in the Introduction, the *Tool* focuses on how to develop workshops on models of healthcare delivery and an alternate care system. As a result, your workshop goal(s) and objective(s) should be focused on one of these two topics. For example, your goals for each of these topics could be as shown below.

**Models of Care Workshop Goal**

Determine how community sectors/subsectors[[10]](#footnote-10) coordinate with each other to provide healthcare delivery during a medical surge event, such as an influenza epidemic or major food-borne illness incident.

**Alternate Care System Workshop Goal**

Develop an alternate care system plan for the community to ensure provision of healthcare during a medical surge event.

Once you have determined the workshop goal(s), develop objectives that will lead to the accomplishment of the goal(s). Please note that some of your objectives can be completed at the workshop and some can be completed after the workshop. Examples of objectives for each of the goals above are shown below.

***Models of Care Workshop Goal***

*Determine how community sectors/subsectors coordinate with each other to provide healthcare delivery during a medical surge event, such as an influenza epidemic or major food-borne illness incident.*

**Objective 1:** Identify sector/subsector roles, responsibilities, and available resources during a medical surge event.

**Objective 2:** Identify issues, gaps in coordination, and obstacles encountered by community sectors/subsectors in the provision of healthcare delivery in the community during a medical surge event.

**Objective 3:** Develop cross-sector strategies[[11]](#footnote-11) to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event.

**Objective 4:** Identify the points at which medical surge can overwhelm community sectors/subsectors and require the community to alter its model of healthcare delivery (i.e., identify "breaking points").[[12]](#footnote-12)

**Objective 5:** Develop a diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge.

**Objective 6:** Write a narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan.

***Alternate Care System Workshop Goal***

*Develop an alternate care system for the community to ensure provision of healthcare during a public health emergency.*

**Objective 1:** Identify alternate care system options that could work for the community.

**Objective 2:** Determine the criteria (who, what, where, when, why, assumptions) for each identified alternate care system option.

**Objective 3:** Identify the advantages/disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option.

**Objective 4:** Select the alternate care system options that will work best for the community.

**Objective 5:** Define roles and responsibilities of the individual partners involved in the planning for and implementation of each selected alternate care system option.

**Objective 6:** Identify the components of a "decision tree" for a community alternate care system.

**Objective 7:** Develop an alternate care system plan that incorporates the selected alternate care system options.

Consider time and location constraints when developing your objectives. The example list of objectives above may be too many for some communities and, as a result, planners may decide to narrow the focus of the workshop and work on only a few objectives, saving the remaining objectives for a subsequent workshop.

### Define Your Expected Workshop Deliverables

The expected deliverables for workshops on models of healthcare delivery and an alternate care system are pretty straightforward as shown on the next page.

**Expected Deliverables**

| **Workshop** | **Expected Deliverable(s)** |
| --- | --- |
| Models of healthcare delivery | MOC diagram and MOC narrative |
| Alternate care system | Alternate care system plan that includes options that will work in the community[[13]](#footnote-13) |

You and your planning team may choose to add deliverables to this list. For example, you could use either workshop to complete the Moderate Surge Planning Survey, which is provided in Chapter 4 – Planning for Moderate Surge in the *Community Planning Framework*. This survey could be completed before or during the workshop. The information gathered from this survey will help you to determine your community healthcare providers' "breaking points" that would lead to implementation of an alternate care system.

One of your deliverables common to both workshops should be a workshop summary report describing the workshop in detail. This report should be written so that those who did not attend the workshop can understand its purpose, actions that took place, deliverable(s) developed, and next steps. Determine a deadline and assign responsible persons for completing this report and other deliverables, as appropriate.

### Determine Activities That Align with Goals and Objectives

Next, you should determine what kind of activities you will conduct at your workshop and the expected outcome(s) from these activities. Base your activity content on your workshop goal(s) and objective(s) and ultimately, the workshop deliverable(s) you previously identified. Some suggested activities are shown on the next page. The time you should expect to allocate to each activity is related directly to the amount of people participating in the workshop, the makeup of the group, and the expertise of the facilitator. As a rule, you should allow a minimum of 1 hour for each activity.

If you look at Appendix D – Sample Activity Guide: Models of Healthcare Delivery and Appendix G – Sample Activity Guide: An Alternate Care System, you will see that many of the activities shown on the next page are used to conduct these two workshops.

**Suggested Workshop Activities**

| **Activity** | **Description** |
| --- | --- |
| **Identifying sector roles and responsibilities** | This activity addresses coordination among community partners and may clarify who does what during a medical surge event. |
| **Sharing plans** | This activity addresses both communication and coordination, and also is a good starting point when creating a community plan. |
| **Building relationships and networking[[14]](#footnote-14)** | An often reported value of conducting a community workshop is the relationship-building aspect. Many times partners do not know who to contact in their community. Scheduling time for networking during the workshop can help with planning and response. |
| **Identifying issues and strategies** | Raising and discussing issues during the workshop is a way to identify gaps in planning. Often issues are raised among sectors/subsectors with different expectations. A community workshop allows these issues to be addressed and may assist sectors/subsectors in finding solutions. |
| **Brainstorming/group discussion** | Brainstorming can help you quickly compile ideas from a large group in a small amount of time. When brainstorming, ideas should not be qualified. Both good and bad ideas should be recorded. Ideas can be examined for merit at a later time. Brainstorming activities are designed to create a place from which to start. |
| **Developing plans/tools** | This type of activity is most useful when plans or tools need to be created and require input from multiple sectors or subsectors. |
| **Planning next steps and actions** | These activities are designed to create a path forward for participants after the workshop. Activities to plan next steps can help to ensure that momentum gained during the workshop will continue once participants return to their daily responsibilities. Getting these next steps set forth and tasks assigned prior to leaving the workshop gives participants a sense of responsibility and commitment to the process. |
| **Pan Flu Scramble Exercise[[15]](#footnote-15)** | The Pan Flu Scramble Exercise is a discussion-based, tabletop exercise designed for communities and their healthcare stakeholders to test their patient surge plans. This exercise has been used at several CDC- and ORAU-ORISE-sponsored community workshops focused on medical surge. Exercise players are asked to coordinate their response to an influenza pandemic scenario in which the number of patients seeking care exceeds the limits of their community's ability to provide adequate and timely medical evaluation and care. This tool is available at <http://www.cdc.gov/phpr/healthcare/panfluscramble.htm>. |

The *Community Tool Box*, which was developed by the University of Kansas Work Group for Community Health and Development, has a comprehensive document on conducting a workshop that may be helpful when developing your activities: <http://ctb.ku.edu/en/tablecontents/sub_section_main_1113.aspx>.

### Determine Workshop Activity Formats that Meet Goals and Objectives

Once you have determined your activities, you need to decide what format your activities will take. Activities should facilitate achieving the objective(s); however, not all activity formats are conducive to all objectives. For example, if your objective is to develop a list of issues and strategies, large group sessions may not be productive. Smaller working groups will allow participants to brainstorm and come up with more detailed information. However, if your objective is to share plans and work through communication issues, a large group presentation may be most effective. Think through the benefits and potential downfalls of each format before deciding which format best suits your objectives.

Workshop activities can come in many forms. Some formats to consider are provided on the next page. As with the activities above, if you look at Appendix D – Sample Activity Guide: Models of Healthcare Delivery and Appendix G – Sample Activity Guide: An Alternate Care System, you will see that many of the activity formats shown on the next page are used to conduct these two workshops.

**Suggested Activity Formats**

| **Format** | **Description** |
| --- | --- |
| **Plenary sessions** | A plenary session is a gathering of all workshop participants to work together as one group. This type of session is often used for presentations, panel discussions, report outs, and other activities (see below) that do not require in-depth discussion among participants. |
| **Presentations** | Often used to inform participants, presentations can serve as the foundation of a workshop. Keep presentations relevant to the workshop goal(s) and objective(s). Presentations can be any length and are often followed by a short question and answer session. If using presentations, consider   * Including presenter/speaker biographies in participant materials. * Printing a copy of the presentation slides for participants. * Asking presenters for materials/slides several days prior to the workshop. |
| **Panel discussions** | Panel discussions are similar to presentations, but allow multiple people to present information and viewpoints about a topic. Panelists discuss with each other, offering insights and resolving conflicts related to the topic. Panel discussions are often followed by a brief question and answer session that allows the audience to interact with the panel. |
| **Roundtable discussions** | Roundtable discussions also can be considered small-group discussions. In this type of activity, groups of less than 10 participants discuss issues and work together to identify solutions, usually seated around a table. |
| **Breakout groups[[16]](#footnote-16)** | Breakout group activities gather large amounts of information in small amounts of time. Participants are divided into groups—or breakouts—of between 10 to 30 participants each. Each group is led by a facilitator. Groups may discuss identical content or may be assigned specific topics to discuss. |
| **Report outs** | Report outs are used to inform the larger group of key items discussed during roundtable discussions and breakout groups. Report outs are short and are often composed of three to five insights that each small group wants to share. |
| **Discussion-based exercises** | Discussion-based exercises provide a forum for discussing or developing plans, agreements, training, and procedures. Seminars, workshops, tabletop exercises, and games are examples of discussion-based exercises. A facilitator or presenter usually leads the discussion in these exercises, helping to keep participants on track and ensuring the exercise objectives are met.[[17]](#footnote-17) |

Keep in mind that the success of a given activity depends partly on the facilitator (see Chapter 5 – Workshop Facilitation: The Key to Success) and partly on group dynamics. With some groups, certain activities may yield more positive outcomes.

### Identify Tools to Enhance Workshop Activities

CDC and ORAU-ORISE have found that providing workshop participants with tools designed to stimulate thought and collect information provides for a better workshop experience for participants and promotes achievement of workshop goals and objectives. CDC and ORAU-ORISE also found that collecting completed activity tools at the end of an activity or after the workshop can help provide needed information for the post-workshop summary report.

Examples of tools that can be used in workshop activities are provided below.

**Suggested Activity Tools**

| **Activity Tool** | **Description** |
| --- | --- |
| **Flip Charts** | Having flip charts readily available in plenary sessions, roundtable discussions, and breakout group discussions helps participants to write down ideas or issues that might need to be addressed later in the workshop or after the workshop. |
| **Templates** | If you want to replicate a document or process that has already been developed and make it more specific to your community, you can give participants a template of the document or process and ask them to fill in the template with new information. |
| **Worksheets** | Worksheets are designed to do just what the name suggests: work on an issue or a task. Worksheets provide instructions, necessary information, and space to write down participants' ideas and thoughts. |
| **Posters** | Posters are used for group activities and allow more than one participant to provide information or sketch out a process. |
| **Self-Adhesive Note Pads** | Participants can use self-adhesive note pads, such as Post-It® Notes, during brainstorming activities to quickly write down ideas or strategies. These notes can then be put on posters or flip charts marked with a heading or category to collect like ideas or strategies. |
| **Fact Sheets** | Fact sheets provide participants with background information on an issue they are addressing or a task they are completing. |
| **Diagrams** | Diagrams give participants a pictorial description of a process. |

Again, if you look at Appendix D – Sample Activity Guide: Models of Healthcare Delivery and Appendix G – Sample Activity Guide: An Alternate Care System, you will see that many of the activities described in these guides use some of these tools to help enhance the activity. Also, you will find examples of these activity tools in other appendices in this document.

### Map Out Your Workshop Structure

Your next step is to map out your workshop structure so that you can see how your goals, objectives, activities, formats, and expected outcomes align with each other. Creating this "road map" will let you see how your workshop will play out and will help you to see where you should make adjustments. This map also will serve as a basis for the development of your workshop agenda. Example road maps for each of the two workshops covered in the *Tool* are shown on the pages that follow.

**NOTE:** This workshop structure road map is designed to allow you to see how you might design your workshop. Chapter 6 – How to Develop a Workshop on Models of Healthcare Delivery and Chapter 7 – How to Develop a Workshop on an Alternate Care System will provide you with more detail about possible workshop structures.

**Road Map Example 1: Determine how community sectors/subsectors coordinate with each other to provide healthcare delivery during a medical surge event, such as an influenza pandemic or major food-borne illness incident.**

| **Objective** | **Activity(s)** | **Format(s)** | **Activity Tool(s)** | **Expected Outcome(s)** |
| --- | --- | --- | --- | --- |
| Identify sector/subsector roles, responsibilities, and available resources during a medical surge event. | * Summarizing and verifying information collected before the workshop using the *Community Assessment Tool* (CAT).[[18]](#footnote-18) * Brainstorming/group discussion. * Identifying sector roles and responsibilities. * Pan Flu Scramble Exercise. | * Roundtable discussion. * Breakout groups. * Tabletop exercise (TTX). | * Flip charts. * Worksheets. * Fact sheets. | An understanding of how day-to-day coordination and communication among healthcare providers works in the community. |
| Identify issues, gaps in coordination, and obstacles encountered by community sectors/subsectors in the provision of healthcare delivery in the community during a medical surge event. | Done concurrently with above. | Done concurrently with above. | * Flip charts. * Templates. * Worksheets. | Same as above. |
| Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event. | Identifying issues and strategies. | * Roundtable discussions. * Breakout groups. | * Flip charts. * Templates. * Worksheets. * Posters. | A listing of strategies to address identified issues, gaps, and obstacles. |
| Identify the points at which medical surge can overwhelm community sectors/subsectors and require the community to alter its model of healthcare delivery (i.e., identify "breaking points"). | * CAT (done before the workshop). * Pan Flu Scramble Exercise. | TTX. | * Flip charts. * Worksheets. * Posters. | A listing of the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery. |
| Develop a diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge. | * Identifying sector roles and responsibilities. * Identifying issues and strategies. | * Roundtable discussions. * Breakout groups. | * Flip charts. * Posters. | MOC diagram. |
| Write a narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan. | * Done after the workshop using the information collected in all activities. * Planning next steps and actions. | Done after the workshop by a small working group. | N/A | MOC narrative. |

**Road Map Example 2: Develop an alternate care system for the community to ensure provision of healthcare during a public health emergency.**

| **Objective** | **Activity(s)** | **Format(s)** | **Activity Tool(s)** | **Expected Outcome(s)** |
| --- | --- | --- | --- | --- |
| Identify alternate care system options that could work for the community. | * Identifying issues and strategies. * Brainstorming/group discussion. | * Roundtable discussion. * Breakout groups. | * Flip charts. * Templates. * Worksheets. | A list of alternate care system options that could work for the community. |
| Determine the criteria (who, what, where, when, why, assumptions) for each identified alternate care system option. | * Identifying issues and strategies. * Brainstorming/group discussion. | * Roundtable discussion. * Breakout groups. | * Flip charts. * Templates. * Worksheets. | A listing of the criteria for each identified alternate care system option. |
| Identify the advantages and disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option. | * Identifying issues and strategies. * Brainstorming/group discussion. | * Roundtable discussion. * Breakout groups. | * Flip charts. * Templates. * Worksheets. | A listing of the advantages and disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option. |
| Select the alternate care system options that will work best for the community. | Brainstorming/group discussion. | Plenary session. | Flip charts. | A list of alternate care system options that will work best for the community. |
| Define roles and responsibilities of the individual partners involved in the planning and implementation of an alternate care system. | * Identifying sector roles and responsibilities. * Brainstorming/group discussion. * Building relationships and networking. * Developing plans/products. * Planning next steps. | * Roundtable discussion. * Breakout groups. | * Flip charts. * Templates. * Worksheets. | A listing of defined roles and responsibilities of the individual partners involved in the planning and implementation of an alternate care system. |

| **Objective** | **Activity(s)** | **Format(s)** | **Activity Tool(s)** | **Expected Outcome(s)** |
| --- | --- | --- | --- | --- |
| Identify the components of a "decision tree" for a community alternate care system. | * Identifying issues and strategies. * Brainstorming/group discussion. | * Roundtable discussion. * Breakout groups. | * Flip charts. * Templates. * Worksheets. * Diagrams. | Information needed to develop an alternate care system plan. |
| Develop an alternate care system plan that incorporates the selected alternate care system options. | * Developing plans/products. * Planning next steps. | Plenary session. | * Flip charts. * Posters. | An alternate care system plan for the community. |

### Determine the Workshop Length and Dates

Your workshop road map can help you to determine the amount of time needed to conduct the workshop,[[19]](#footnote-19) which could span 2-3 days, depending on the activities. Optimally, you should devote no less than 2 days and no more than 3 days to conducting your workshop. Allocating too little time might not allow you to achieve your goals. Allocating too much time could lead to a lower participation rate (because people cannot take that much time away from work).

When determining potential dates for your workshop, consider any events or meetings currently scheduled in your community, holidays, school schedules, and vacation times (e.g., June, July, August). You do not want to consider dates that conflict with major events for your stakeholders. You also may be able to combine the workshop with an already scheduled meeting or during an already reserved time block (e.g., in place of a monthly coalition meeting) to improve the chances that stakeholders can participate in the workshop. Finally, you may want to wait until you have identified your key workshop participants to determine the dates of your workshop (i.e., you want to make sure they are available to attend the workshop).

### Develop a Draft Workshop Agenda

Use the suggested timeframes above to develop your draft agenda. At this point, you are only developing a draft agenda. It should include timeframes and a general outline of what you plan to do during the workshop. The agenda will evolve as details are solidified. Here are some important considerations to help guide the development of your initial agenda:

* Include time for opening and concluding remarks as well as any housekeeping   
  (e.g., bathroom locations) or safety information (e.g., emergency exit locations)  
  that needs to be communicated.
* Allow time for gathering participant feedback and conducting an evaluation.
* If your workshop will include presentations, allow time for questions and answers.
* Depending on your activities, consider whether your participants will need time to discuss or "report out" what they did during an activity.
* Build in extra time for starting late, breaks, technology problems, or other delays.

See pages 60 and 68 for examples of workshop agendas. Please note that at this point, your draft agenda does not need to be as detailed as these agendas.

### Identify Your Participants

Based on your goals and objectives, identify the community partners or sectors/subsectors that need to be represented at your workshop. At a minimum, you want to have adequate representation from the public health, healthcare, emergency medical services, and emergency management sectors. You also want these representatives to have experience with emergency preparedness and response. A list of sectors and subsectors you may want to consider including in your workshop is provided in Worksheet 3.1 below.

**Worksheet 3.1 – List of Sectors and Subsectors**

**Instructions:** Place a check mark in the box next to each subsector represented in your community. Once completed, this checklist can help you determine what sector representatives to invite to your workshop.

**Public Health Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Local public health department\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Public health clinics 🞏 |
| State public health department\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
|  |  |

**Healthcare Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Hospitals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--------🞏 | Primary care providers\_\_\_-\_\_\_\_\_\_\_\_\_------------------🞏 |
| Hospital EDs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_----🞏 | Home health providers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-🞏 |
| Hospital outpatient centers\_\_\_\_\_\_\_\_\_\_\_\_\_-----🞏 | Palliative care providers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_🞏 |
| EMS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_----🞏 | Long-term care/skilled nursing/assisted living providers\_\_\_\_\_\_\_\_\_\_\_\_\_-----------------------------------🞏 |
| Veterans Affairs (VA) medical centers or clinics -🞏 | Hospice care providers\_\_\_\_\_\_\_\_\_\_\_\_\_-----------------🞏 |
| Federally Qualified Health Centers/free clinics --🞏 | Behavioral health providers\_\_\_\_\_\_\_\_\_\_\_\_\_-----------🞏 |
| Outpatient/retail clinics\_\_\_\_\_\_\_\_\_\_\_\_\_-----------🞏 | Pharmacies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-----------🞏 |
| School clinics\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_----🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_----🞏 |
| Urgent care centers\_\_\_\_\_\_\_\_\_\_\_\_\_-----------------🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ --🞏 |

**Emergency Management Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Emergency management agency\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Law enforcement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-----🞏 |
| Emergency operations center (EOC) \_\_\_\_\_\_\_\_\_🞏 | Public affairs/public information officers\_\_\_\_\_\_\_\_\_\_🞏 |
| Fire departments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 |

**Call Centers Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| 2-1-1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--------------🞏 | Nurse triage lines\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_---🞏 |
| 3-1-1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--------------🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| 9-1-1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--------------🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Government Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Local government\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| State government\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Support Services Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| American Red Cross\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 | Community-based organizations\_\_\_\_\_\_\_\_\_\_\_\_\_-----🞏 |
| Fatality management services\_\_\_\_\_\_\_\_\_\_\_\_\_--🞏 | Volunteer organizations\_\_\_\_\_\_\_\_\_\_\_\_\_----------------🞏 |
| Medical examiner/coroner\_\_\_\_\_\_\_\_\_\_\_\_\_------🞏 | Homeless advocates\_\_\_\_\_\_\_\_\_\_\_\_\_---------------------🞏 |
| Schools\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-----------🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-🞏 |
| Faith-based organizations\_\_\_\_\_\_\_\_\_\_\_\_\_--------🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-🞏 |

Once you have identified sectors or subsectors to be represented at your workshop, identify specific agencies or organizations to represent these sectors or subsectors. You will identify people to represent these agencies or organizations later in the workshop development process. Right now, you just want to compile a list of participating agencies or organizations for your decision makers to approve.

### Identify Potential Workshop Venues

Looking at workshop venues at this point in the planning process will give you an idea of the costs of renting workshop space, if necessary, which will help you to define your budget (discussed below). Some communities may have space that is available for free, such as community or church centers, so you should investigate whether this type of free space is available in your community.

The types of activities you decide to do at the workshop will help you identify your space needs. If you choose to do only plenary/large-group activities, you likely will only need one large room. Breakout groups and roundtable discussions will mean more rooms or, perhaps, a larger space that can be divided to give each group ample room to work. Remember to allow space for observers, notetakers, evaluators, and audiovisual equipment when determining your needs.

In addition to determining the number of rooms you will need, consider how the rooms should be laid out. Round tables lend themselves well to discussions, but may not be the best choice during presentations. Classroom style may allow more seating in a smaller space, but may not be conducive for your activities. Discuss with the venue representative the best way to arrange your participants. Have your proposed agenda and activity descriptions on hand when deciding on a room setup(s).

If the workshop might be held in an off-site location, such as a hotel or conference center, develop a list of criteria to use in screening potential sites. Compare each venue against this list to ensure your needs will be met. If you will need catering and audiovisual equipment, discuss those needs with a venue representative.

Two worksheets are provided in Appendix A to help you select your venue: Venue Selection Worksheet and Venue Inspection Worksheet.

### Define Your Budget and Staffing Requirements

When developing your budget, consider the cost factors shown below.

**Cost Factor Considerations**

| **Cost Factor** | **Consideration** |
| --- | --- |
| Workshop site or venue location | Will you need to rent space to conduct your workshop? If so, how much will it cost? |
| Food and beverage requirements | How much money do you want to spend per person for food and beverages? |
| Audiovisual requirements | Will you need any specialized equipment? How many microphones will you need? Will they be cordless microphones? How much does renting audiovisual equipment cost? |
| Material printing and shipping | How many handouts will you be preparing for participants? Will they be printed in color? |
| Number of participants | What is the maximum number of participants, including presenters and observers, that you can afford to accommodate? |
| Participant travel | Will travel expenses be provided for any participants who live outside of your community? If so, how much will that cost? |
| Staffing requirements | What personnel will be needed in the workshop planning phase? What personnel will be needed to conduct the workshop? What personnel will be needed to conduct post-workshop activities? |

Remember to consider the number of people involved in the planning process. On average, developing and conducting a workshop takes 6 to 9 months. Plan to devote at least one or two people to this effort.

### Develop a Workshop Proposal

As you worked through this chapter, you compiled the information necessary to give decision makers and other interested parties an understanding of the scope of your efforts and what you plan to accomplish. Now you need to put this information into a written workshop proposal.

As the name suggests, your workshop proposal should cover what you propose to do. It should provide enough information for decision makers to approve your undertaking and provide the necessary funding. At a minimum, your workshop proposal should cover these items, all of which were discussed in this chapter:

* Workshop goal(s) and objective(s).
* Expected outputs or deliverables.
* Activities and activity formats.
* Workshop length and dates.
* Draft agenda.
* Participants' agencies or organizations.
* Budget and staffing needs.

### Meet With Decision Makers

The last step in this chapter is for you to meet with your community decision makers to present your proposal and get their buy-in to your workshop concept. Ultimately, you would want them to approve your concept and provide the funding necessary to move forward or, at least, point you to a possible funding source. Below are questions you should be prepared to answer or discuss when meeting with your community decision makers.

* How will you pay for the workshop?
* Who will be responsible for securing funding and managing the budget?
* Do you have adequate time to devote to planning the workshop?
* How will workshop personnel be compensated for their time?
* How can you convince your community partners about the benefits of participating in a workshop?
* Will your community partners be able to commit to time away from their regular jobs to participate in the workshop?
* How will you get support from community decision makers for the idea of conducting a workshop?

If you have difficulty answering some of these questions, consider approaching your community coalition(s) for guidance. In addition, look to grant funding, such as HPP and PHEP, to offset costs associated with developing and conducting a workshop.

## Conclusion

This chapter led you through the process of gathering the information you needed to present to key decision makers. The next chapter will lead you through the process of planning for and conducting your workshop.

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# Chapter 4 – Workshop Basics

## Overview

Assuming that you have received approval from your decision makers and have secured funding for your workshop, you need to gain a further understanding of the process for planning and conducting a workshop This process can be broken into three phases: before the workshop, during the workshop, and after the workshop. Each of these phases is described in this chapter.

Please note that these tasks are universal to both workshops described later in this document. You would benefit from assigning a person to keep track of the completion of these tasks using Worksheet 4.1 at the end of this chapter.

## Before the Workshop

### Secure a Workshop Venue

One of the tasks in the previous chapter was to identify potential workshop venues. At this point early in the planning process, you should secure the appropriate venue to make sure it will be available for the dates you selected for your workshop.

### Identify Workshop Participants

In the previous chapter, you identified sectors/subsectors to be represented at your workshop and then identified agencies/organizations within those sectors/subsectors to be represented. Now you need to identify specific individuals to represent those agencies/organizations. Your participants should be familiar with their sectors' or subsectors' capabilities and able to contribute to meeting the workshop objectives. Consider including decision makers when possible. Having people with authority at the workshop will help ensure planning efforts are realistic and appropriate for your community. Keep in mind how many participants you are able to accommodate, and try to ensure all sectors are adequately represented.

After your participants are identified, send out "save-the-date" notices to everyone you will invite to the workshop. The "save-the-date" notice should include the goal(s) and objective(s) of the workshop and should convey who is best suited to attend the workshop. The "save-the-date" notice is sent out early in the planning process, before many details have been decided, to inform your invitees when the workshop will be held.

### Prepare and Deliver Invitation Letters

Officially invite your participants by preparing and sending out invitation letters. The letter should include all pertinent information about the workshop, such as location, date and time, objective(s), and a draft agenda. If your participants need to make travel arrangements, also include that information.

Decide when to send out the invitation letters and who will be responsible for doing so. Sending invitations too early may result in last-minute cancellations or no-shows; however, waiting too long to send invitations may mean your participants are unable to attend because of prior commitments. Consider how long you will keep registration open, when to follow up with those who have not responded, and when final responses will be due. Make sure to take into account any dates or deadlines specified in the contract with the facility.

An invitation letter template is provided in Appendix B.

### Preregister Workshop Participants

Preregistering participants will help save time on the day of the workshop and also will help to ensure you have the necessary agencies or organizations represented. When preregistering participants, consider gathering the information shown in the table below.

| **Information Needed** | **Information Needed** |
| --- | --- |
| Full name | Business telephone |
| Preferred name/name for badge | Business e-mail address |
| Degrees and certifications | Business fax number |
| Job title | Disabilities |
| Agency/organization name | Dietary restrictions |
| Business address | If traveling, travel restrictions or requests |

If participants will be traveling to the workshop, make any necessary travel arrangements during preregistration.

Create a list of all registered participants with their contact information. From this list, name badges, table tents, and so forth can be created using graphic design software or a word processing program. A participant registration form template and participant list template are provided in Appendix B.

### Formalize the Workshop Agenda

As you finalize your workshop activities and formats, your draft agenda will take shape. More than likely, your agenda will not be finalized until 1 to 2 weeks before the workshop because agendas can change as workshop activities are fully developed. Make sure to keep your planning team members and other interested parties informed of changes to the agenda.

See pages 60 and 68 for examples of a formalized workshop agenda.

### Develop a Scenario/Workshop Narrative

A scenario or workshop narrative can set the tone of the activities and discussions. The scenario/narrative can be complex, with multiple events and complications, or can be a general situational overview, but it should be as brief as possible. The scenario/narrative provides a base understanding for participants as to what the conditions are for the start of planning efforts. In other words, it provides a starting point for workshop discussions.

See page 59 for an example of a workshop scenario.

### Identify Your Workshop Facilitators

One of the keys to successfully achieving workshop goals and objectives is to use experienced facilitators to guide your workshop activities. More importantly, you should use facilitators who are knowledgeable in the topic areas that you are going to cover, mainly public health and healthcare topics. Ideally, you should have one facilitator for every 20 to 25 people in attendance. Criteria for a good facilitator are shown below.

| **What Makes a Good Facilitator?[[20]](#footnote-20)** |
| --- |
| **They are "people" people.** At its core, facilitation is a people business. Good Community of Practice facilitators know that all members have something to contribute and have a desire to help them bring those contributions to the community's purpose. They also recognize how important it is to bring a human element to events occurring across space and time. |
| **They are quick thinkers.** Good facilitators are required to keep track of various items simultaneously: timing, questions, outstanding issues to be addressed, and the speaking or questions "queue." And they must do all of this with a clear sense of in what direction to lead the group next. In addition to these mechanical issues, facilitators also must be aware of the mental and emotional status of the group in order to keep everyone moving at an appropriate pace and ensure that no one gets "lost" in the process. |
| **They are excellent communicators.** Good communication starts with good listening. Communities rely on facilitators to hear what is being said, discern context and subtext, and translate it in a way that has meaning for the rest of the community. The facilitator knows what questions to ask and when to ask them. And, he/she listens and asks questions with patience and a respect for the culture of the community. Good facilitators also must have a good verbal and oral presence and be able to succinctly relay information to other members. |
| **They are both product and process oriented.** Facilitators must be concerned with what gets produced (the product) as well as how it gets produced (the process). The community's learning agenda must be facilitated in a way that supports the community's charter and culture, but decisions must get made. Productive facilitators keep the end product in mind, but never lose site of the process by which that product is developed. |

See Chapter 5 – Workshop Facilitation: The Key to Success for more information about workshop facilitation.

### Determine Staffing Needs and Assign Roles

Assigning your workshop personnel roles prior to the workshop will help you identify how many people you will need and who you will use to fill these roles. This information can and should be reflected in your overall proposal. Consider the following roles as shown below.

**Staff Roles**

| **Role** | **Description** |
| --- | --- |
| **Logistician/workshop coordinator/event  planner/registrar** | This person is responsible for ensuring the workshop runs smoothly and participants' needs are met. The workshop coordinator interfaces with the facility representative, caterer, and audiovisual team prior to, during, and after the workshop. This person handles contracts and amenities and also is in charge of registering participants. |
| **Timekeeper(s)** | The timekeeper watches the time and ensures the agenda is followed according to the planned timeline. |
| **Presenter(s)** | A presenter is a subject matter expert who presents information that will help participants meet the workshop objective(s). Presenters can be workshop participants, observers, workshop planning committee members, or outside speakers. |
| **Notetaker(s)/ recorder(s)** | A notetaker captures a written record of the workshop, which is useful when compiling the workshop summary report. Make sure you have several notetakers/recorders, especially if your activities will be conducted in roundtable discussions or breakout groups. |
| **Evaluator(s)** | An evaluator captures key evaluation points, distributes and collects evaluations, and writes the post-workshop evaluation report. Evaluators are responsible for determining if the workshop objectives have been met. |
| **Workshop manager(s)** | The workshop manager oversees the workshop and addresses issues as they arise. Issues that a workshop manager may encounter include assisting participants with workshop-related concerns, addressing personality conflicts, ensuring facilitators maintain the appropriate focus with their groups, and determining if the workshop agenda needs to be altered to better meet goals and objectives. If you are having breakout groups at your workshop, the workshop manager should check each group periodically to ensure any issues are addressed. |

### Develop an Activity Guide

Once your activities are designed and your facilitators assigned, your next step is to create an activity guide. This guide should describe what is expected of the facilitator(s), note takers, and other assigned personnel for each activity, including any expected deliverables or outcomes from the activity. Your activity guide can be as detailed or as general as you would like. Some activity guides include scripts for facilitators to follow, while some include only bulleted lists of important points. The extent of your activity guide will depend on the complexity of your activities, your facilitators' experience levels, and the specificity of the desired activity outcome. At a minimum, for each activity, the activity guide should address the objective(s), agenda, timeline, length of an activity, the expected activity deliverable or outcome, talking points or issues to be discussed, and any materials needed to complete the activity. When creating your guide, soliciting input from your facilitators may be helpful.

See Appendix D and Appendix G for sample activity guides.

### Do a Walkthrough of the Activity Guide

Your next step is to make sure that you have designed your workshop activities and formats correctly to achieve your workshop goals and objectives. The best way to accomplish this task is to sit down with your facilitators, note takers, evaluators, and other personnel assigned responsibilities in the workshop to go over each activity in the activity guide. While reviewing the activity guide, ask the following questions:

* Have we allocated enough time for this activity?
* Are we using the best format to achieve our objective(s) for the activity?
* Are we using the right tools to enhance the activity?
* Will the activity result in the desired outcome(s)?
* Do we have enough people assigned to help with the activity?
* Do we have enough physical space to conduct the activity?

Answering these questions will help you to see where you may need to modify your agenda or activity structure. More importantly, answering these questions will help you to finalize your agenda and activities before you develop your participant materials.

### Develop Participant Materials

Develop participant materials and then determine which of these materials you will hand out during the workshop. Some types of materials to consider include

* Acronym list.
* Workshop agenda.
* Participant list with contact information.
* Copies of presentation slides.
* Materials used during activities, such as worksheets, scenarios, and references.
* Resource list for more information related to your topics.
* Definition list or glossary.

### Create Graphics and Signs

Creating a graphic is a way of branding your workshop and adding visual appeal. Consider a design that relates to your community or the needs you hope to address during the workshop. Use this design for any signs, postcards, invitations, badges, or other printed material. This design will help participants readily identify materials related to the workshop.

### Print Materials and Pack Supplies

Print all materials several days prior to the workshop. Organize and separate materials by activities, and have them ready at the start of the workshop. If you are creating participant folders, decide what materials you will place in the folders prior to the start of the workshop and what materials you will hand out during the workshop. In addition to materials for participants, be sure to print materials for workshop personnel and observers, as well as a few extras (a good "rule of thumb" is 5% more) for last-minute additions. Keep a copy for your records and another copy for any community leaders not participating in the workshop.

Pack the materials and any necessary supplies for transport to the venue where your workshop will be held. Provide ample time to assemble the materials, especially if you are shipping or mailing the materials and supplies to another location.

A printing checklist and packing checklist is provided in Appendix C.

### Conduct Dry Runs

| **Tip** |
| --- |
| The more dry runs you conduct with your workshop personnel, the more comfortable they will become with their roles and responsibilities. One recommendation is that you and your planning team conduct a final dry run the afternoon or evening before the workshop to resolve any issues that may have arisen or answer any last-minute questions your personnel may have. |

Before the workshop, conduct one or more dry runs (practice sessions) with your workshop personnel to ensure everyone is aware of their responsibilities and fully understands the program. Go over activities, practice presentations, and discuss contingency plans in case unexpected issues arise during the workshop. Conducting dry runs can help alleviate anxiety and make personnel more comfortable and confident on the day of the workshop. Conducting dry runs is also a way to increase consistency and remind everyone of what you expect to get from the workshop.

## During the Workshop

### Set Up the Registration Desk

Your registrar is responsible for setting up and staffing the registration desk before, during, and at the end of the workshop. Knowing the number of participants will help you determine how early to set up, but aim for at least 30 to 60 minutes prior to the start of the workshop. Keep the registration desk staffed throughout the workshop to provide participants with an information source.

The registration desk should be the first thing your participants see when they arrive for the workshop. Here they will sign in and collect their participant materials, including their name badge. If applicable, hand out travel information at the registration desk. Have participants sign a photo release form (Appendix B) if you are going to take photos for use in articles or marketing materials. In addition, confirm participants' contact information for the participant list. Create and print a sign-in card (Appendix B) for each participant prefilled with their name, degree, job title, organization, address, telephone, e-mail address, and any additional information you wish to include on the participant list. Hand each participant his or her card and ask them to correct any mistakes.

### Address Safety and Administrative Information

One of the first things you should do during the workshop is address safety and administrative information (i.e., make sure your participants know where the restrooms are located and how to exit the building in an emergency). Assigning someone to be the "gatekeeper" (or accountability officer) in case of an emergency is also a good idea. This person is responsible for checking to see that everyone has exited the venue safely. Make sure this person has a list of everyone in attendance (your registrar is a good choice), including workshop personnel and observers. Instruct participants to check in with the "gatekeeper" after exiting the building.

### Review the Agenda

Go over the agenda with participants at the start of the workshop. Draw attention to activities and breaks and answer any questions they may have, as doing so will help set their expectations for the workshop and give them a framework to follow.

Follow your workshop agenda as closely as possible. Give clear and concise instructions to ensure participants understand the activities.

Adjust the agenda as necessary to account for delays or when running ahead of schedule. If your workshop spans more than 1 day, at the end of each day determine whether the agenda for the following day needs to be revised. If so, you may want to consider printing a new agenda for participants, especially if major changes to activities or timelines are made.

### Observe the Workshop Activities

As explained earlier, the workshop manager is responsible for assisting participants with workshop-related concerns, addressing personality conflicts, ensuring facilitators maintain the appropriate focus with their groups, determining if the workshop agenda needs to be altered to better meet goals and objectives, and other workshop-related issues that may arise. The manager should move around the workshop to observe activities (e.g., roundtable discussions, breakout groups) to determine if any of these issues are present.

**NOTE:** Reviewing completed daily participant evaluation forms is a good method for determining the participants' perspective of how the workshop is being conducted. By reviewing these forms, you will be able to determine where participants are not pleased with the workshop.

### Determine Next Steps and Assign Tasks

Prior to the end of the workshop, work with participants to determine the next steps that need to be accomplished to move forward with meeting the goal(s) of the workshop and community planners. Once you have identified these next steps, assign responsibility for completing these tasks and set a date to reconvene to discuss what has been accomplished.[[21]](#footnote-21) Doing so will help keep the momentum that was gained during the workshop going and also will encourage participation in community planning.

### Conduct the Workshop Evaluation

Prior to adjourning, conduct an evaluation to gauge participants' opinions of the workshop. Listed below are several ways to do the evaluation. Please note that these topics are covered in more detail in Chapter 8 – "How to Evaluate Your Workshop.

* Conduct a hot wash, which is a group discussion led by the workshop planning team or evaluator.
* Designate a block of time for participants to complete a written evaluation.
* Include the evaluation(s) in participant folders and instruct them to complete the evaluation(s) at their leisure.

## After the Workshop

### Set a Schedule or Timeline

You should set a schedule or timeline for completing post-workshop tasks. This schedule or timeline is integral to making sure work continues after the workshop. Examples of these post-workshop tasks include, but are not limited to

* Paying any remaining costs associated with the workshop.
* Compiling and analyzing evaluation forms.
* Sending thank you letters or workshop documents to participants.
* Conducting a lessons-learned debrief.
* Creating an improvement plan and charting progress on its completion.
* Writing the workshop summary report.
* Completing the workshop next steps.
* Revising plans as needed.

This schedule/timeline can be as simple or detailed as you like. You may choose to share it with your community partners or keep it as an internal planning team tool. The schedule/timeline should be something that is specific to your planning team's needs and time constraints.

An example of a post-workshop timeline is provided in Appendix J.

### Discuss Lessons Learned

You may find it helpful to record lessons learned periodically throughout the workshop planning process. Once you have identified lessons learned, incorporate them into your future planning processes. Share the lessons learned with the planning team and others who may benefit from your experience.

Within 10 days after the workshop, gather those involved with planning and conducting the workshop to have a post-workshop lessons learned discussion. Record the lessons learned discussion in terms of knowledge gained from the workshop experience. A successful discussion will help the planning team discuss their experiences in developing and conducting the workshop, identify what worked well, and suggest improvements for future workshops.

A template is provided in Appendix J to help you capture lessons learned.

### Chart Progress on an Improvement Plan

Develop an improvement plan to make progress on the next steps tasks identified during the workshop or to improve or enhance future workshops. In this plan, set improvement goals, plan how the goals will be implemented, and chart the progress of the goals implemented. Establish a written process to track progress. For example, provide strategies to reach each goal by detailing the following:

* **Action** – What will be done?
* **Assigned To** – Who will do it?
* **Status** – Has it been completed? Is it in progress? Has it not been started?
* **Projected Completion Date** – When will it be completed?

An improvement plan template is provided in Appendix J.

### Write a Workshop Summary Report

The summary report should contain an overview of the workshop. Suggested items to cover in the report are

* Presentations.
* Activities.
* Discussions.
* Participant demographics.
* Evaluation findings.
* Recommendations for next steps (based on the evaluation data).
* Lessons learned.

Once the workshop summary report is complete, disseminate it to those who attended the workshop as well as additional community partners. This report will inform them about what happened at the workshop or help to gain buy-in for future funding or resources.

## Keeping Track of Workshop Tasks

As stated at the beginning of this chapter, all of the tasks described above are universal to both workshops described later in this document. You should assign a person to use Worksheet 4.1 on the pages that follow to keep track of the completion of these tasks.

## Conclusion

Now that you understand what planning for and conducting a workshop entails, you need to next focus your attention on the key to the success of your workshop: your workshop facilitator(s), which is the topic of the next chapter.

**Worksheet 4.1 – Workshop Planning Checklist**

**Before the Workshop**

| **Task** | **Completed?** | **Notes** |
| --- | --- | --- |
| Secure a workshop venue. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Identify workshop participants. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prepare and deliver invitation letters. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preregister workshop participants. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Formalize the workshop agenda. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Develop a scenario. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Identify workshop facilitators. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Determine staffing needs and assign roles. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Develop an activity guide. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do a walkthrough of the activity guide. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Develop participant materials. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Create graphics and signs. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print materials and pack supplies. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Conduct dry runs. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**After the Workshop**

| **Task** | **Completed?** | **Notes** |
| --- | --- | --- |
| Set a schedule or timeline. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Discuss lessons learned. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Chart progress on an improvement plan. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Write a workshop summary report. | **□** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Chapter 5 – Workshop Facilitation: The Key to Success

## Overview

The success of your workshop depends directly on the ability of your facilitator(s) to guide participants through meaningful discussions to achieve defined workshop objectives. Good facilitation is both a skill and an art. It requires a person who can interact successfully with many people of differing backgrounds as well as a person who is knowledgeable about the subject matter being discussed. The purpose of this chapter is to provide you and your facilitator(s) with information about each of these requirements.

## General Facilitation Tips

The material provided below is adapted from *The Community Tool Box*, which is a service of the Work Group for Community Health and Development at the University of Kansas.[[22]](#footnote-22)

### Set Ground Rules

Most meetings have some kind of operating rules. When you want the participation to flow and for participants to really feel invested in following the rules, the best way to go is to have the group develop them as one of the first steps in the process. This group decision builds a sense of power in the participants and a much greater sense of investment in following the rules. Common ground rules are

* One person speaks at a time.
* Raise your hand if you have something to say.
* Listen to what other people are saying.
* Do not mock or attack other people's ideas.
* Be on time coming back from breaks (if the activity is long).
* Respect each other.

### Start the Activity on Time

Few of us start our meetings on time. The result? Those who come on time feel cheated that they rushed to get there! Start no more than 5 minutes late, 10 minutes at the maximum, and thank everyone who came on time. When latecomers straggle in, do not stop your process to acknowledge them. Wait until after a break or another appropriate time to have them introduce themselves.

### Welcome Everyone

Make a point to welcome everyone who comes. Do not complain about the size of a group if the turnout is small! Nothing will turn off the folks who did come out faster. Thank all of those who are there for coming and analyze the turnout attendance later. Go with who you have.

### Make Introductions

The kinds of introductions you do should depend on what kind of activity you are facilitating, the number of people, the overall goals of the workshop, and what kind of information is useful to know. Important things to remember when doing introductions are

* Ensure every participant takes part in the activity.
* Be sensitive to the culture, age, gender, literacy levels of participants, and any other factors when deciding how to do introductions.
* Make everyone feel welcome and listened to at the beginning of the workshop.
* Do not forget to introduce yourself.

When making introductions, you might find that having people tell the group their favorite vacation spot or where they would live if money is not a factor will serve as a good icebreaker activity.

### Review the Agenda, Objectives, and Ground Rules for the Activity

Go over what is going to happen in the activity. Identify the objectives of the activity and the expected outcomes. Review the ground rules for participation.

### Encourage Participation

Encouraging participation is one of your main jobs as a facilitator. You are responsible for getting those who need to listen to listen and those who ought to speak to speak. Encourage people to share their experiences and ideas, and urge those with relevant background information to share it at appropriate times.

### Stick to the Agenda

Groups have a tendency to wander far from the original agenda, sometimes without knowing it. When you hear the discussion wandering off, bring it to the group's attention. You can say, "That's an interesting issue, but perhaps we should get back to the original discussion." You can also use a flip chart to document relevant discussion topics that should be addressed later. These topics are referred to as "parking lot" topics.

### Bring Closure to Each Item

Many groups will discuss things 10 times longer than they need to unless a facilitator helps them to recognize that they are basically in agreement. Summarize a consensus position or ask someone in the group to summarize the points of agreement, and then move forward. If one or two people disagree, state the situation as clearly as you can. You may even suggest taking a break so that the disagreeing people can meet with each other to come up with options to resolve their differences.

### Respect Everyone's Rights

The facilitator protects the shy and quiet folks in a meeting and keeps domineering people from monopolizing the activity or ridiculing the ideas of others. Doing so creates an atmosphere that encourages all to speak out freely.

Sometimes, people dominate a discussion because they are really passionate about an issue and have lots of things to say. One way to channel their interest is to suggest that they consider serving on a committee or task force focused on that issue.

### Be Flexible

Sometimes issues will arise in the activity that are so important they will take much more time than you thought. Sometimes, nobody will have thought of them at all. You may run over time or have to alter your agenda to discuss them. Be sure to check with the group about whether doing so is okay with them before going ahead with the revised agenda. If necessary, ask for a 5-minute break to confer with the workshop manager on how to handle the issue and how to restructure the agenda. Be prepared to recommend an alternate agenda, dropping some items if necessary.

### Summarize the Activity Results and Needed Follow-ups

Before ending the activity, summarize the key decisions that were made and what else happened. Be sure also to summarize the follow-up actions that were agreed to and need to take place. Remind folks how much good work was done and how effective the activity hopefully was. Refer to the objectives or outcomes to show how much they accomplished.

### Thank the Participants

Take a minute to thank people who prepared things for the activity, set up the room, brought refreshments, or did any work towards making the activity happen. Thank all of the participants for their input and energy and for making the meeting a success.

### Close the Activity

People appreciate nothing more than an activity that ends on time! A nice way to close an activity is to go around the room and have people say one word that describes how they are feeling now that all of this work has been done. You'll usually get answers from "exhausted" to "energized!" If the activity has been a good one, even the "exhausted" ones will stick around before leaving.

## Understanding the Nuances

Facilitating a workshop on medical surge requires a facilitator who understands the audience he or she will be guiding and the subject matter that is being covered. Additionally, the facilitator needs to understand the subtle nuances of emergency response in a community. Below are some examples of things a facilitator should understand. These were gleaned from CDC's and ORAU-ORISE's experience with conducting community workshops across the United States.

Your workshop facilitator should understand

* The terminology used by the community's emergency response partners, including acronyms for agencies/organizations, groups, products, systems, and tools.
* What functions each community partner (e.g., public health, healthcare, EMS, emergency management) performs in the response to a public health emergency.
* Which community partners have worked together in previous meetings, workshops, or exercises.
* How the incident command system (ICS) functions in the community during the response to a public health emergency or disaster, including a knowledge of the community's emergency operations center (EOC) and joint information center (JIC).
* Who "owns" EMS in the community. In some communities, EMS is associated with the fire department; in others, they are associated with a hospital or other entity.
* Which agency or organization is associated with the community's outpatient facilities. Some are associated with hospitals; others are privately owned and operated.

Additionally, your workshop facilitator may want to familiarize himself/herself with these resources:

* *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies*, which is available at <http://www.phe.gov/preparedness/planning/mscc/handbook/documents/mscc080626.pdf>.
* *Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery*, which is available at <http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/Pages/default.aspx>.

## Conclusion

The most important idea for you to take away from this chapter is that, as stated earlier, the success of your workshop depends directly on the ability of your facilitator(s) to guide participants through meaningful discussions to achieve defined workshop objectives. A good facilitator will help you gather the information you need to compile your workshop summary report, identify next steps, and determine a path forward in surge planning for your community. Now that you have identified the criteria for selecting a facilitator, you can move forward to the task of developing workshops on models of healthcare delivery and an alternate care system. These tasks are covered in the next two chapters.

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# Chapter 6 – How to Develop a Workshop on Models of Healthcare Delivery

## Overview

| **Workshop Goal** |
| --- |
| Determine how community sectors/subsectors coordinate with each other to provide healthcare delivery during a medical surge event, such as an influenza epidemic or major food-borne illness incident. |

The previous chapters have you with the basics on how to plan a workshop for your community. Now comes the time to actually develop a workshop focused specifically on developing models[[23]](#footnote-23) of healthcare delivery. The developmental approach taken in this chapter comes from workshops CDC and ORAU-ORISE conducted with Champaign-Urbana, Illinois (2008); Winston-Salem, North Carolina (2008); and Howard County, Nebraska (2013). This approach is to

1. Finalize the workshop objectives.
2. Determine which objectives could best be accomplished by having participants do "homework" before the workshop.
3. Determine which objectives will need to be accomplished after the workshop.
4. Review workshop activities and formats. Pick the ones that will help to meet the workshop objectives.
5. Develop a workshop agenda that incorporates these activities.
6. Review the agenda to make sure you can accomplish everything within your time constraints and to see if any activities are missing.
7. Develop an activity guide.
8. Develop a timeline for accomplishing post-workshop tasks.

Each of these tasks is explained below.

## Finalize the Workshop Objectives

During the workshop planning process, you may determine that your workshop objectives are too vague or too difficult to accomplish within your time constraints or budget. As you develop your workshop, you need to agree on a set of objectives that meet your needs.

Looking back at the example goal and objectives for the workshop on models of healthcare delivery shown on page 13, assume that these are the six objectives you and your planning team choose for your workshop:

1. Identify sector/subsector roles, responsibilities, and available resources during a medical surge event.
2. Identify issues, gaps in coordination, and obstacles encountered by community sectors/subsectors in the provision of healthcare delivery in the community during a medical surge event.
3. Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event.
4. Identify the points at which medical surge can overwhelm community sectors/subsectors and require the community to alter its model of healthcare delivery (i.e., identify "breaking points").
5. Develop a diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge.
6. Write a narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan.

This finalized list will be used to complete the remaining tasks in this chapter.

## Determine Which Objectives Need Prework

One way to keep from trying to accomplish too much within the timeframe you have allocated for your workshop is to get participants to complete a "homework" assignment before they get to the workshop. This assignment could be used during one or more of your workshop activities. Examples of assignments you could give participants for some of the objectives listed above are provided in the table on the next page.

| **Objective** | **Potential Assignment** |
| --- | --- |
| Identify sector/subsector roles, responsibilities, and available resources during a medical surge event. | Have participants complete their portion of the CAT, which is a tool designed to gather information about a community's healthcare capabilities and capacities. The CAT also is designed to identify planning gaps. |
| Identify issues, gaps in coordination, and obstacles encountered by community sectors/subsectors in the provision of healthcare delivery in the community during a medical surge event. | Have participants list examples of instances where a lack of coordination occurred in the provision of healthcare delivery during a past medical surge event[[24]](#footnote-24) and which healthcare providers were involved. Also, ask them to list issues or obstacles they have encountered to providing healthcare during a medical surge event. |
| Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event. | Have participants list strategies to improve coordination with healthcare providers or to address identified issues or obstacles. |
| Identify the points at which medical surge can overwhelm community sectors/subsectors and require the community to alter its model of healthcare delivery (i.e., identify "breaking points"). | Have participants list past events where they reached the point where they were strained to provide healthcare services to all people seeking the services. Also, ask them to suggest a strategy for addressing this issue. |

## Determine Which Objectives will be Achieved Post-workshop

As has been pointed out earlier in this document, your work does not end when the workshop ends. Instead, you have several tasks to complete, such as writing a workshop summary report and recording lessons learned. More importantly, you probably will need to continue working on tasks to complete one or more objectives. For example, Objectives 5 and 6 above will be refined after the workshop, but you will use the information collected during the workshop to complete the MOC diagram and narrative. As a result, you should make sure the activities and formats you select to accomplish Objectives 1, 2, 3, and 4 will provide you with the information you need to accomplish Objectives 5 and 6.

## Choose Workshop Activities and Formats

When choosing workshop activities and formats, you should consider the following questions:

* How many people will be participating in the workshop? How many will be participating in each activity?
* What information do you want to get out of the activity? How will you get that information (i.e., what activity tools will you use)?
* How does each activity relate to the other activities? How are they connected?

You also should refer to the workshop road map on page 21, which is designed to help you choose the most appropriate workshop activities, formats, and activity tools for achieving your objectives. Two activities that are critical to the success of your workshop are the CAT and the Pan Flu Scramble Exercise. Additionally, one tool that will help drive participation in activities is a workshop scenario. These workshop components are covered below.

### Community Assessment Tool

| **About the CAT** |
| --- |
| Feedback during workshops CDC conducted with several communities from 2008 to 2011 indicated the need for a tool that community planners could use to assess the community's readiness for a disaster—readiness from a total healthcare perspective, not just hospitals, but the whole healthcare system.[[25]](#footnote-25) The CAT helps strengthen existing preparedness plans by allowing the healthcare system and other agencies to work together during an influenza pandemic. The CAT helps reveal each core agency partners' (sectors) capabilities and resources, and highlights cases of the same vendors being used for resource supplies (e.g., personal protective equipment [PPE] and oxygen) by the partners (e.g., public health departments, clinics, or hospitals). The CAT also addresses gaps in the community's capabilities or potential shortages in resources. |

One of the first tasks prescribed in the *Community Planning Framework* is to conduct a community assessment. If you have not already done so, the authors of this document strongly suggest that you use the CAT to conduct this assessment.

As you can see from the description of the CAT to the right, this tool can help you collect the information needed to achieve workshop Objectives 1, 2, and 3. More importantly, this work can be done prior to the workshop. Experience from past workshops shows that you should distribute the CAT to applicable community partners at least 2 months before the workshop and allow yourself 2 weeks to compile the results.

### Pan Flu Scramble Exercise

The Pan Flu Scramble Exercise is a discussion-based, tabletop exercise. The object of the exercise is to address medical surge. The exercise is designed to challenge community partners to move a surge of simulated patients through their healthcare system and support sectors and subsectors in a safe and timely manner during a simulated influenza pandemic scenario[[26]](#footnote-26) so that the health of the community is maintained. The overall goal of the Pan Flu Scramble Exercise is to help communities identify their strengths and weaknesses in managing medical surge during an influenza pandemic as well as their gaps in resources and services associated with surge management.

Like the CAT, the Pan Flu Scramble Exercise is a good tool to help you achieve workshop Objectives 1, 2, and 3. Moreover, the exercise can be designed to simulate medical surge to the point where your community's partners cannot manage the surge (i.e., the breaking point is reached). As a result, the exercise can help you to achieve Objective 4 as well. Moreover, by accomplishing these four objectives, you will have collected the information you need to achieve Objectives 5 and 6.

**NOTE:** When conducting the Pan Flu Scramble Exercise with a full component of recommended sectors and subsectors, the exercise will involve 30 to 50 participants. As a result, you should allocate at a minimum 3 to 4 hours to complete the exercise. If you involve more people, you should increase the amount of time you devote to the exercise.

### Workshop Scenario

The workshop scenario sets the stage for the workshop activities. The scenario does not need to be several pages long. It just needs to be long enough to give participants a starting point and a frame of reference for workshop discussions. For example, with regard to the workshop you are developing on models of healthcare delivery, you want to create a scenario that focuses on medical surge. An example of such a scenario is provided on the next page.

| **Example of a Workshop Scenario** |
| --- |
| Flu season has arrived in our community rather suddenly. Two weeks ago, very few cases had been reported in the community. Today, cases are reaching epidemic proportions. One reason for the jump in cases is that the seasonal flu vaccine does not combat the strain of influenza being reported in our community.  As with the 2009 influenza A/H1N1 virus, the influenza virus in our community is severely affecting those under the age of 25 and those older than 60. At the peak of the epidemic, public health authorities expect to see the following impact on community healthcare providers from these age groups:   * \_\_% visiting a primary care provider.**\*** * \_\_% visiting an urgent care facility.**\*** * \_\_% visiting a pharmacy.**\*** * \_\_% requiring hospitalization.**\*** * \_\_% dead.**\***   We are now at the peak of the epidemic. How are you going to provide healthcare or support healthcare providers under this scenario?  **\*** Fill in the percentages such that the amount of people seeking care is enough to properly surge the community healthcare system. |

As you can see, this scenario is short, but it provides enough information to workshop participants such that they will have an idea of how they will be impacted by the influenza epidemic.

## Develop a Workshop Agenda

Once you have chosen your workshop activities and formats, you need to incorporate them into a workshop agenda. A sample agenda for a 2-day workshop with activities incorporated in it is shown on the next page. Please note that this sample agenda was adapted from an actual agenda for a workshop conducted in Nebraska in 2013.

### Sample Agenda – Day One

| Time | Activity |
| --- | --- |
| 7:30 – 8:00 | **REGISTRATION AND NETWORKING** |
| 8:00 – 8:05 | **Welcome from Workshop Planning Team** |
| 8:05 – 8:30 | **Workshop Overview** |
| 8:30 – 8:45 | **Participant Introductions** |
| 8:45 – 9:00 | **Baseline Assessment** |
| 9:00 – 10:00 | **Presentation: Preworkshop Activities and Preparation** |
| 10:00 – 10:15 | **BREAK** |
| 10:15 – 11:45 | **Roundtable Activity: Sector Snapshots**  Objective 1: Identify sector/subsector roles, responsibilities, and available resources during a medical surge event. |
| 11:45 – 1:00 | **LUNCH** |
| 1:00 – 2:00 | **Roundtable Report Out** |
| 2:00 – 2:45 | **Plenary Activity: Potential Issues with the Current Model of Care**  Objective 2: Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event. |
| 2:45 – 3:00 | **BREAK** |
| 3:00 – 4:30 | **Plenary Activity: Pan Flu Scramble Exercise – Round 1**  Objective 2: Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event. |
| 4:30 – 4:40 | **Day One Evaluation** |
| 4:40 – 4:45 | **Day One Wrap-Up/Day Two Overview** |
| 4:45 | **ADJOURN** |

### Sample Agenda – Day Two

| Time | Activity |
| --- | --- |
| 7:30 – 8:00 | **REGISTRATION AND NETWORKING** |
| 8:00 – 8:15 | **Day One Recap/Day Two Overview** |
| 8:15 – 10:00 | **Plenary Activity: Pan Flu Scramble Exercise – Round 2**  Objective 2: Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event.  Objective 4: Identify the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery (i.e., identify "breaking points"). |
| 10:00 – 10:15 | **BREAK** |
| 10:15 – 10:30 | **Plenary Activity: Facilitated Discussion – Pan Flu Scramble Exercise Hot Wash** |
| 10:30 – 11:00 | **Plenary Activity: Facilitated Discussion – Pan Flu Scramble Exercise Wrap-Up** |
| 11:00 – 12:00 | **Roundtable Activity: Strategies for Delivering Care during a Medical Surge Event**  Objective 3: Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event. |
| 12:00 – 1:15 | **LUNCH** |
| 1:15 – 2:00 | **Roundtable Activity: Revised Model of Care – Sector Level**  Objective 3: Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event. |
| 2:00 – 3:00 | **Roundtable Report Out** |
| 3:00 – 3:15 | **BREAK** |
| 3:15 – 4:15 | **Plenary Activity: Next Steps**  Objective 5: Develop a diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge.  Objective 6: Write a narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan. |
| 4:15 – 4:25 | **Day Two Evaluation** |
| 4:25 – 4:30 | **Closing Remarks** |
| 4:30 | **ADJOURN** |

## Review Your Agenda

Once you have finalized your agenda to the best of your ability, you and your planning team members should "walk" through the agenda carefully to make sure it is feasible and will result in the outcomes you are expecting. As you look through your agenda, for each activity, ask the following questions:

* Can this activity be accomplished within the given timeframe?
* Could this activity be better accomplished using a different format or different activity tools?
* Knowing the mix of people we have invited to participate in this activity, do we need to change anything about the activity or the format?
* Is the physical space we've allocated for this activity sufficient?

With regard to the agenda as a whole, ask yourself these questions:

* Have we allotted enough time for breaks?
* Do we have repeated activities where people are sitting for too long? What can we do to change the activities to keep people from becoming fatigued?
* If we need to restructure the agenda because an activity took longer than expected, how are we going to restructure it? Which activities can be shortened?

## Develop an Activity Guide

The activity guide should describe what is expected of the facilitator(s), notetakers, and other people assigned duties in the workshop for each activity in the workshop. The guide should list the workshop goal(s) and objectives. It should expand on the agenda by providing a line-by-line listing in a tabular format of the following items:

* The timeframe for an activity.
* A description of the activity.
* Workshop personnel assigned to the activity.
* Materials and handouts associated with the activity.
* Expected deliverables or outcomes from the activity.

By expanding the agenda in this format, the facilitator(s), notetakers, and other people assigned duties in the workshop can keep track of their assignments. They also will be able to look ahead to future assignments. Additionally, this format will help the workshop manager keep track of activities that he or she needs to observe.

A sample activity guide for a workshop on models of healthcare delivery is provided in Appendix D.

## Develop a Timeline for Accomplishing Post-workshop Tasks

As pointed out earlier in this chapter, you and your planning team will have several tasks to accomplish after the workshop. The four main post-workshop tasks are to

1. Write a workshop summary report.
2. Capture lessons learned from the workshop development process and the conduct of the workshop.
3. Refine your MOC diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge.
4. Refine your MOC narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan.

You should develop a timeline for accomplishing these tasks and any other postworkshop tasks that need to be completed. Additionally, you should assign a person to be responsible for making sure a task is completed on time. Doing so will help to ensure that tasks are completed.

Appendix J has templates to help you complete these tasks.

## Conclusion

This chapter has shown you how to develop a workshop on models of healthcare delivery. One of the objectives of the workshop is to identify the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery (i.e., identify "breaking points"). As outlined in the *Community Planning Framework*, the first alteration of the model is an alternate care system. Developing a workshop on this topic is covered in the next chapter.

# Chapter 7 – How to Develop a Workshop on an Alternate Care System

## Overview

| **Workshop Goal** |
| --- |
| Develop an alternate care system for the community to ensure provision of healthcare during a medical surge event. |

The focus of this chapter is on developing a workshop on an alternate care system. CDC and ORAU-ORISE have conducted four workshops with U.S. communities on this topic: Summit County, Ohio (2008); Maricopa County, Arizona (2009); Oregon HPP Region 2 (2010); and Chouteau County, Montana (2015). These past workshops will serve as a basis for the proposed workshop structure in this chapter.

As with the previous chapter, the approach to take to develop your workshop is to

1. Finalize the workshop objectives.
2. Determine which objectives could best be accomplished by having participants do "homework" before the workshop.
3. Determine which objectives will need to be accomplished after the workshop.
4. Review workshop activities and formats. Pick the ones that will help to meet the workshop objectives.
5. Develop a workshop agenda that incorporates these activities.
6. Review the agenda to make sure you can accomplish everything within your time constraints and to see if any activities are missing.
7. Develop an activity guide.
8. Develop a timeline for accomplishing postworkshop tasks.

Each of these tasks is explained on the following pages.

## Finalize the Workshop Objectives

As you develop your workshop, you need to agree on a set of objectives that meet your needs. Looking back at the example goal and objectives for the workshop on an alternate care system shown on page 14, assume that these are the six objectives you and your planning team choose for your workshop:

**Objective 1:** Identify alternate care system options that could work for the community.

**Objective 2:** Determine the criteria (who, what, where, when, why, assumptions) for each identified alternate care system option.

**Objective 3:** Identify the advantages/disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option.

**Objective 4:** Select the alternate care system options that will work best for the community.

**Objective 5:** Define roles and responsibilities of the individual partners involved in the planning for and implementation of each selected alternate care system option.

**Objective 6:** Identify the components of a "decision tree" for a community alternate care system.

**Objective 7:** Develop an alternate care system plan that incorporates the selected alternate care system options.

This finalized list will be used to complete the remaining tasks in this chapter.

## Determine Which Objectives Need Prework

As with the previous chapter, in order to keep from trying to accomplish too much within the timeframe you have allocated for your workshop, you can get participants to complete a "homework" assignment before they get to the workshop. They could bring the completed assignment to be used during one or more of your workshop activities. An example of a "homework" assignment you could give participants for one of the objectives listed above is provided in the table on the next page.

| **Objective** | **Potential Assignment** |
| --- | --- |
| Identify alternate care system options that could work for the community. | Provide participants with a listing and description of potential alternate care system options (see Appendix F). Also, provide them with a description of the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery (i.e., the "breaking points"), which were identified in the previous workshop. Ask them to identify the alternate care system options that could work[[27]](#footnote-27) for your community. |

## Determine Which Objectives will be Achieved Postworkshop

The first six workshop objectives are designed to provide the information needed to achieve the last objective, which is to develop an alternate care system plan. This plan will be developed after the workshop.

## Choose Workshop Activities and Formats

Remember, when choosing workshop activities and formats, you should consider the following questions:

* How many people will be participating in the workshop? How many will be participating in each activity?
* What information do you want to get out of the activity? How will you get that information (i.e., what activity tools will you use)?
* How does each activity relate to the other activities? How are they connected?

You also should refer to the workshop road map on page 23, which is designed to help you choose the most appropriate workshop activities and formats for achieving your objectives. When choosing your workshop activities and formats, here are three things to note:

1. Because you are focusing on alternate care system options in your workshop and because planning for and implementing each option will involve many sectors and subsectors in your community, your workshop most likely will include many breakout group sessions that incorporate representatives of these sectors/subsectors.[[28]](#footnote-28) An example of such a breakout session is shown in the sample workshop agenda shown on the next page.
2. Although you do not need a scenario to drive group discussions, reminding participants of the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery (i.e., identify "breaking points") will be useful to them. These points were identified in the workshop on models of healthcare delivery, which was covered in the previous chapter.
3. If you do want to use a scenario(s) to drive group discussion, you can refer participants to the two or three hazards identified through your HVA as likely to impact your community. Keeping these hazards in mind during breakout group discussions of alternate care system options will help participants determine which options will work best for the community for these hazards.

Finally, one important point to consider is the number of alternate care system options presented and discussed at the workshop. The more options you consider for the community, the more time you will have to devote to your workshop. The sample, 2-day agenda on the next page focuses on four alternate care system options.

## Develop a Workshop Agenda

Once you have chosen your workshop activities and formats, you need to incorporate them into a workshop agenda. A sample agenda for a 2-day workshop with activities incorporated in it is shown on the next page. Please note that this sample agenda was adapted from actual workshop agendas for workshops conducted in Ohio in 2008 and Montana in 2015.

### Sample Agenda – Day One

| Time | Activity |
| --- | --- |
| 7:30 – 8:00 | **REGISTRATION AND NETWORKING** |
| 8:00 – 8:05 | **Welcome from Workshop Planning Team** |
| 8:05 – 8:30 | **Workshop Overview** |
| 8:30 – 8:45 | **Participant Introductions** |
| 8:45 – 9:00 | **Baseline Assessment** |
| 9:00 – 10:00 | **Presentation: Pre-workshop Activities and Preparation** |
| 10:00 – 10:15 | **BREAK** |
| 10:15 – 10:45 | **Presentation: An Alternate Care System** |
| 10:45 – 11:45 | **Plenary Activity: Identify Alternate Care System Options**  Objective 1: Identify alternate care system options that could work for the community. |
| 11:45 – 1:00 | **LUNCH** |
| 1:00 – 1:15 | **Overview of Breakout Group Activity** |
| 1:15 – 2:45 | **Breakout Group Activity: Defining Alternate Care System Options**  Objective 2: Determine the criteria (who, what, where, when, why, assumptions) for each identified alternate care system option. |
| 2:45 – 3:00 | **BREAK** |
| 3:00 – 4:30 | **Breakout Group Activity: Defining Alternate Care System Options (continued)**  Objective 3: Identify the advantages/disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option. |
| 4:30 – 4:45 | **BREAK** |
| 4:45 – 4:55 | **Day One Evaluation** |
| 4:55 – 5:00 | **Day One Wrap-Up/Day Two Overview** |
| 5:00 | **ADJOURN** |

### Sample Agenda – Day Two

| Time | Activity |
| --- | --- |
| 7:30 – 8:00 | **REGISTRATION AND NETWORKING** |
| 8:00 – 8:15 | **Day One Recap/Day Two Overview** |
| 8:15 – 9:15 | **Plenary Activity: Breakout Groups Report Out** |
| 9:15 – 9:45 | **Plenary Activity: Facilitated Discussion – Alternate Care System Options Selection**  Objective 4: Select the alternate care system options that will work best for the community. |
| 9:45 – 10:00 | **BREAK** |
| 10:00 – 11:45 | **Breakout Group Activity: Roles and Responsibilities**  Objective 5: Define roles and responsibilities of the individual partners involved in the planning for and implementation of each selected alternate care system option. |
| 11:45 – 1:00 | **LUNCH** |
| 1:00 – 2:30 | **Breakout Group Activity: Decision Tree**  Objective 6: Identify the components of a "decision tree" for a community alternate care system. |
| 2:30 – 2:45 | **BREAK** |
| 2:45 – 3:45 | **Plenary Activity: Breakout Groups Report Out** |
| 3:45 – 4:45 | **Plenary Activity: Next Steps**  Objective 7: Develop an alternate care system plan that incorporates the selected alternate care system options. |
| 4:45 – 4:55 | **Day Two Evaluation** |
| 4:55 – 5:00 | **Closing Remarks** |
| 5:00 | **ADJOURN** |

## Review Your Agenda

Once you have finalized your agenda to the best of your ability, you and your planning team members should "walk" through it carefully to make sure it is feasible and will result in the outcomes you are expecting. As you look through your agenda, for each activity, ask the following questions:

* Can this activity be accomplished within the given timeframe?
* Could this activity be better accomplished using a different format or different activity tools?
* Knowing the mix of people we have invited to participate in this activity, do we need to change anything about the activity or the format?
* Is the physical space we've allocated for this activity sufficient?

With regard to the agenda as a whole, ask yourself these questions:

* Have we allotted enough time for breaks?
* Do we have repeated activities where people are sitting for too long? What can we do to change the activities to keep people from becoming fatigued?
* If we need to restructure the agenda because an activity took longer than expected, how are we going to restructure it? Which activities can be shortened?

## Develop an Activity Guide

The activity guide should describe what is expected of the facilitator(s), notetakers, and other people assigned duties for each activity in the workshop. The guide should list the workshop goal(s) and objectives. It should expand on the agenda by providing a line-by-line listing in a tabular format of the following items:

* The timeframe for an activity.
* A description of the activity.
* Personnel assigned to the activity.
* Materials and handouts associated with the activity.
* Expected deliverables or outcomes from the activity.

By expanding the agenda in this format, the facilitator(s), notetakers, and other people assigned duties in the workshop can keep track of their assignments. They also will be able to look ahead to future assignments. Additionally, this format will help the workshop manager keep track of activities that he or she needs to observe.

A sample activity guide for a workshop on an alternate care system is provided in Appendix G.

## Develop a Timeline for Accomplishing Post-workshop Tasks

As pointed out earlier in this chapter, you and your planning team will have several tasks to accomplish after the workshop. The three main post-workshop tasks are to

1. Write a workshop summary report.
2. Capture lessons learned from the workshop development process and the conduct of the workshop.
3. Develop an alternate care system plan for your community.

You should develop a timeline for accomplishing these tasks and any other postworkshop tasks that need to be completed. Additionally, you should assign a person to be responsible for making sure a task is completed on time. Doing so will help to ensure that tasks are completed.

Appendix J has templates to help you complete these tasks.

## Conclusion

The previous two chapters have shown you how to develop workshops on models of healthcare delivery and an alternate care system. One important aspect of each workshop that has not been covered in detail is workshop evaluation. That topic is covered in the next chapter.

# Chapter 8 – How to Evaluate Your Workshop

## Overview

Chapter 5 was devoted to workshop facilitation because the success of your workshop depends directly on the ability of your facilitators to guide discussion in order to meet workshop goals and objectives. This chapter is devoted to workshop evaluation because you need to develop a method to determine if, in fact, these workshop goals and objectives have been met. This task is accomplished through a carefully designed workshop evaluation process.

## Key Point

Workshop evaluation should be a part of the workshop development process, not an afterthought. When you put together your workshop planning team, you should also put together a workshop evaluation team. Both teams should work together to design the workshop and the process for evaluating it. The process should include the development of an evaluation plan detailing the evaluation mode, timeframe, and data analysis process.[[29]](#footnote-29)

## How to Evaluate Your Workshop

The process for evaluating your workshop is to

* Determine what you want to gain from an evaluation.
* Determine evaluation measures.
* Develop evaluation materials.
* Conduct the evaluation.
* Prepare a summary of evaluation results.

Each of these topics is covered below.

### Determine What You Want to Gain from an Evaluation

An evaluation is a verifiable way to determine if your workshop goals and objectives have been met. The evaluation can serve both formative and summative purposes. Formative evaluations provide participant recommendations for areas of improvement although summative evaluations provide information regarding the workshop in general. A summative evaluation measures the success of the workshop by measuring knowledge gained and whether the goals and objectives are met.

### Determine Evaluation Measures

One thing to consider is whether paper-based, online, focus groups, or another evaluation method will help you gather the data you need. Pre and post assessments can measure a change in knowledge or opinions as a result of the workshop, while workshop feedback forms[[30]](#footnote-30) can provide insight into the workshop process.

In terms of workshop evaluation measures, you might want to determine

* To what degree did the workshop meet the goals and objectives? What did the participants like most and least about the workshop?
* What knowledge did the participants gain from the workshop? This information can be gathered from the change in pre and post assessments.
* What new information from the workshop will participants use on the job or with regard to healthcare preparedness?
* What skills did the participants gain from the workshop? How will the participants use or apply these new skills in their organization's healthcare preparedness?

### Develop Evaluation Material

The method you decide to use to collect your evaluation results (e.g., paper-based, online, focus groups) will determine the evaluation materials you should develop. In addition to developing formal evaluation materials, you should provide comment cards (see Appendix I for an example) to participants to use to ask questions or make observations.

One important point to note is that you should avoid making the evaluation process overly burdensome to the participants. You should prioritize the information you need and then develop easy-to-use evaluation materials to collect it.

### Conduct the Evaluation

The evaluation process is a key part of a workshop; however, the process should not take up too much time in the agenda. Key points to consider when conducting your workshop evaluation include:

* Introducing your evaluation team members at the beginning of the workshop.
* Explaining the workshop evaluation process and identifying when you will collect the evaluation data.
* Informing participants that they have comment cards they can use to ask questions or make observations.
* Making sure participants complete all pages of the evaluation forms.
* Reviewing the evaluation forms and comment cards at the end of the day to determine if changes to the agenda are necessary.

### Prepare a Summary of Evaluation Results

The planning and evaluation teams can determine if the results from the evaluation are best summarized in the overall workshop summary report or as a separate report. If the workshop summary report is being distributed to all participants, it is not necessary to include evaluation information pertaining to the workshop venue.

## Conclusion

Just like facilitation, workshop evaluation is an important aspect of the overall workshop process. The design of the workshop is targeted toward achieving goals and objectives. The evaluation of the workshop validates that they have been achieved. This validation is important because you will need to report the outcomes of your workshops to the community leaders from whom you sought buy-in in Chapter 3. One of the things they will want to know is if you achieved what you set out to achieve. By designing a good workshop evaluation process, you will be able to tell them if you did or did not and why.

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# Chapter 9 – Conclusion

## Overview

As you have learned from working through the *Tool*, planning for and conducting a workshop is a lengthy and detail-oriented process. Regardless, the benefits of the workshop process far outweigh any drawbacks. For example, you and your planning team have integrated public health, healthcare, EMS, emergency management, and the agencies and organizations that support them into your planning efforts. Through this integration, you have determined how to coordinate response efforts to best manage medical surge in your community. As a result, your community as a whole is better prepared to respond to the hazards that have been identified as most likely to impact it.

One final thought you need to note is that planning is a continuous improvement process. Gaps in planning and issues with the response to an event are identified. Strategies to address them are developed. Plans are improved based on these strategies. Those involved in the response are educated on the revised plans and then exercised to determine if they truly understand the plans. Gaps and issues are identified during the exercise, and the process repeats itself.

Although a workshop technically is not a form of an exercise, you can use the format to identify gaps in planning and issues with the response, develop strategies to address them, and educate response partners on these strategies (i.e., changes to plans). This example is just another way that well-planned workshops can enhance your community's level of emergency preparedness.

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# Appendix A – Venue Selection/Inspection Worksheets

This appendix contains the following worksheets:

* Venue Selection Worksheet – Use this worksheet to collect the information about a potential workshop venue.
* Venue Inspection Worksheet – Use this worksheet as a guide for a visual inspection of a potential venue.

Once completed, these two worksheets will allow you to make an informed decision about the best venue to host your workshop.

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## Venue Selection Worksheet

**Venue Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**General Workshop Information**

(To be completed ahead of time by the workshop planning coordinator)

| **Criteria** | **Information** |
| --- | --- |
| Number of people attending the workshop: | To be filled in by user |
| Preferred dates for the workshop: | To be filled in by user |
| Alternate dates for the workshop: | To be filled in by user |
| Date people will be arriving at the venue: | To be filled in by user |
| Date people will be leaving the venue: | To be filled in by user |
| Number of sleeping rooms needed on the first day: | To be filled in by user |
| Number of sleeping rooms needed on the second day: | To be filled in by user |
| Number of sleeping rooms needed on the third day: | To be filled in by user |
| How to set up the plenary room for the first day: |  |
| Number of breakout rooms needed on the first day: |  |
| Number of people in each breakout room: |  |
| How to set up the breakout room(s) for the first day: |  |
| How to set up the plenary room for the second day: |  |
| Number of breakout rooms needed on the second day: |  |
| Number of people in each breakout room: |  |
| How to set up the breakout room(s) for the second day: |  |
| Plenary room set up on the third day: |  |
| Number of breakout rooms needed on the third day: |  |
| Number of people in each breakout room: |  |
| Breakout room set up on the third day: |  |

**Special Requests**

(To be completed ahead of time by the workshop planning coordinator)

**Instructions:** Place a checkmark in the appropriate box to indicate special requests you are making of the venue.

| **Request** | **Yes/No?** |
| --- | --- |
| A working office and one boardroom on 24-hour hold for the duration of the workshop for ad hoc meetings. | Yes 🞏 No 🞏 |
| Complete workshop package pricing. | Yes 🞏 No 🞏 |
| 1-hour complimentary cocktail welcome reception with beer, wine, soda, and cold hors d'oeuvres. | Yes 🞏 No 🞏 |
| Complimentary bottled water during breaks. | Yes 🞏 No 🞏 |
| Complimentary or reduced-rate ground transportation to and from the airport. | Yes 🞏 No 🞏 |
| Other: | Yes 🞏 No 🞏 |
| Other: | Yes 🞏 No 🞏 |

**To Be Completed By a Venue Representative**

**Instructions:** Please provide the information requested below. When complete, please fax or e‑mail your information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Property Information**

| **Criteria** | **Information** |
| --- | --- |
| Mailing address: | To be filled in by user |
| Number of guest rooms: | To be filled in by user |
| Number of suites: | To be filled in by user |
| Number of ADA guest rooms: | To be filled in by user |
| Date of last major renovation: | To be filled in by user |
| Description of renovation: | To be filled in by user |
| Areas renovated: | To be filled in by user |
| Total square footage of meeting rooms: | To be filled in by user |
| Number of meeting rooms: | To be filled in by user |
| Cost of meeting rooms per day: | To be filled in by user |
| Cost of meeting room set up: | To be filled in by user |
| Property description and overview:[[31]](#footnote-31) | To be filled in by user |
| Comments:[[32]](#footnote-32) | To be filled in by user |

**Rates, Taxes, Gratuities, and Fees**

| **Criteria** | **Cost** |
| --- | --- |
| Single guest room rate: | To be filled in by user |
| Double guest room rate: | To be filled in by user |
| Suite rate: | To be filled in by user |
| Number of upgrades allowed: | To be filled in by user |
| Comp policy: | To be filled in by user |
| Room tax: | To be filled in by user |
| Sales tax: | To be filled in by user |
| Food and beverage tax: | To be filled in by user |
| Other tax: | To be filled in by user |
| Fixed gratuity: | To be filled in by user |
| Bellhop gratuity: | To be filled in by user |
| Hotel/resort fee: | To be filled in by user |
| Self-parking fee: | To be filled in by user |
| Valet parking fee: | To be filled in by user |
| Other fee: | To be filled in by user |

**Food and Beverage**

| **Criteria** | **Cost** |
| --- | --- |
| Cost of breakfast buffet:[[33]](#footnote-33) | To be filled in by user |
| Cost of plated breakfast: | To be filled in by user |
| Cost of lunch buffet: | To be filled in by user |
| Cost of plated lunch: | To be filled in by user |
| Cost of dinner buffet: | To be filled in by user |
| Cost of plated dinner: | To be filled in by user |
| Cost of morning break: | To be filled in by user |
| Cost of afternoon break: | To be filled in by user |
| Cost of hors d'oeuvres: | To be filled in by user |
| Description and cost of service charges: | To be filled in by user |
| Description and cost of surcharges: | To be filled in by user |

**Travel**

| **Criteria** | **Cost** |
| --- | --- |
| Nearest airport: | To be filled in by user |
| Airport code: | To be filled in by user |
| Distance from airport: | To be filled in by user |
| Travel time to and from airport: | To be filled in by user |
| Types of ground transportation available: | To be filled in by user |
| Cost per person one way: | To be filled in by user |
| Cost per person round trip: | To be filled in by user |

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## Venue Inspection Worksheet

**Venue Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inspection Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location and Transportation**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Is the venue located a suitable distance from public transportation? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the venue located a suitable distance from the nearest airport? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the venue located in a safe neighborhood? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Does the venue have adequate taxi service? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue provide shuttle service to local attractions, restaurants, or shopping centers? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have adequate parking space? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the parking lot patrolled by security? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have a car rental company on-site or in close proximity? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are offsite restaurants within walking distance of the venue? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are these restaurants located in a safe neighborhood? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are hotels nearby? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Are these hotels located in a safe neighborhood? | 🞏 Yes  🞏 No  🞏 N/A |  |

**First Impressions**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Is the appearance of the venue appealing/attractive/welcoming? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the lobby attractive and spacious? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the front desk well-staffed? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are the front desk personnel friendly? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the length of time taken for check-in and check-out adequate? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are the concierge and porters always available? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are the elevators easy to locate, fast, clean, and reliable? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Do employees appear to take pleasure in accommodating guests? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |

**Venue Common Areas**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Are restrooms and water fountains easily accessible? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have an adequate number of restaurants? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are the restaurants well-staffed? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are recreational activities available on the premises? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are recreational activities available nearby? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are local attractions available for sightseeing? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have a health club? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue charge a fee for the use of the health club? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have outdoor spaces for special events? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have a business center? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the business center offer adequate services? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is the business center available 24 hours a day? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have wireless Internet connectivity for the common areas? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |

**Guest Rooms**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Are guest room furnishings adequate and well maintained? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are amenities (e.g., coffee, minibar) available in each room? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Do guest rooms have wired or wireless Internet connectivity? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Do guest rooms have desks with adequate lighting? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are check-in and check-out times adequate? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are fire exits clearly marked? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue provide room service? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |

**Meeting Space**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Do the meeting rooms have any obstructions? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are the air walls soundproof? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does each room have temperature controls? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is lighting adequate? (Can you find the lighting controls without help?) | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the plenary room have a stage? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are meeting rooms wired for sound? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue provide on-site audiovisual support? | 🞏 Yes  🞏 No  🞏 N/A |  |
| If not, is offsite audiovisual support available? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Will the property provide security for meeting rooms? Keys? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Are the elevators close to the meeting space? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Does the meeting space include a built-in registration desk? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Do the meeting rooms and registration area have Internet connectivity? | 🞏 Yes  🞏 No  🞏 N/A |  |
| What other meetings/workshops will be held at the venue during our workshop? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Are meeting rooms free from low-hanging chandeliers and other low-hanging objects? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Are chairs, carpeting, and tablecloths in the banquet rooms in good condition? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Does the venue provide suitably sized tables? | 🞏 Yes  🞏 No  🞏 N/A |  |

**Health and Safety**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Has the venue recently undergone a health inspection? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are venue personnel safety conscious? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is guest room security adequate? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are safe deposit boxes provided in individual rooms or at the front desk? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue maintain 24-hour security? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Is a medical facility/hospital close to the venue? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Are venue personnel trained in first aid, cardio-pulmonary resuscitation (CPR), or the use of an automated external defibrillator (AED)? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Are venue corridors patrolled by security? | 🞏 Yes  🞏 No  🞏 N/A |  |

**Financials**

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Does the venue assess a fee for early departure of guests? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue assess a fee for extended stays in guestrooms? | 🞏 Yes  🞏 No  🞏 N/A |  |
| Does the venue charge a daily resort fee or fees for other ancillary services? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue have a cancellation policy? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Does the venue charge extra costs for utilities for exhibitors? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |
| Are guestroom name substitutions allowed? | 🞏 Yes  🞏 No  🞏 N/A | To be filled in by the user |

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# Appendix B – Participant Forms/Templates

This appendix includes these participant-related forms:

* Invitation Letter Template – This template can be used to create your workshop invitation letter. The letter can be sent by regular mail or e-mail.
* Participant Registration Form Template – This template can be used to create your participant registration form. Information from this form will be transferred to the sign-in cards (see below).
* Participant List Template – This template can be used to create your participant list. You may decide to hand this list out to all workshop participants, e-mail it to the participants after the workshop, or both. This template ensures that all participants have each other's contact information.
* Sign-In Cards – This template can be used to create sign-in cards for each registered participant. Fill in each registered participant's information prior to the workshop. Have participants check their information when arriving at the workshop and make corrections as needed. Also, print several blank cards for unregistered participants. Collecting this information will ensure that you have an up-to-date participant list.
* Adult Photo Release Form – This form is designed for participants to give you permission to use photographs of them in printed and electronic media.
* Minor Photo Release Form – This form is designed for parents or guardians of minors to give you permission to use photographs of them in printed and electronic media.

Each template may be modified as needed to fit your needs.

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## Invitation Letter Template

Subject: <*Workshop Title*> to be held on <*workshop date*>

On <*workshop date*>, the <public health department; emergency management agency; community healthcare coalition> will be hosting the <*Workshop Title*> at the <*workshop location*>. This workshop will bring together community decision makers to identify and address issues associated with providing healthcare during a public health emergency or disaster. The goal of this meeting will be to <describe the workshop goal>.

The success of the workshop depends on the participation of pertinent decision makers from selected organizations. Since you have been identified as a decision maker for your organization, we would like to invite you to attend the <*Workshop Title>*. We understand that conflicts in scheduling can and do occur; therefore, if you cannot attend, we ask you to identify an alternate representative who has the relevant knowledge necessary to provide input into the decision-making process. Because of strict limitations in the number of invitees we are able to accommodate, we kindly ask that you not invite other partners without submitting a request and receiving our approval.

We hope you are available to attend this important workshop. Please respond by <*date*> to let us know whether your organization will be participating in this workshop. We look forward to seeing and working with you at the <*Workshop Title>*!

## **Participant Registration Form Template**

**(*Workshop Title*)**

**(*Workshop Date*)**

**(*Workshop Location*)**

Please complete one form for each person who will attend the workshop.

Salutation:

First Name: Last Name:

Degrees:

Preferred Name:

Title:

Organization: Department:

Mailing Address:

City, State, Zip:

E-mail Address:

Phone Number (including area code):

Please indicate any special needs that should be addressed (e.g., visual or hearing impairment, medical conditions, specific sleeping room accommodations, travel restrictions):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any dietary preferences you have (e.g., vegetarian, lactose intolerant, religious):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return one completed form per participant electronically or by fax as soon as possible, but no later than <*date*> to

Name:

E-mail Address:

Phone Number:

Fax Number:

## Participant List Template

**(*Workshop Title*)**

**(*Community Name*)**

**(*Workshop Location*)**

**(*Workshop Date*)**

**Participants**

**Name**, Degree

Job Title

Organization/Agency

Address

City, State, Zip Code

E-mail

Phone (xxx) xxx-xxxx

**Name**, Degree

Job Title

Organization/Agency

Address

City, State, Zip Code

E-mail

Phone (xxx) xxx-xxxx

**Workshop Personnel**

**Name**, Degree

Job Title

Organization/Agency

Address

City, State, Zip Code

E-mail

Phone (xxx) xxx-xxxx

**Name**, Degree

Job Title

Organization/Agency

Address

City, State, Zip Code

E-mail

Phone (xxx) xxx-xxxx

## Sign-In Card Template

After filling in the cards, cut them into individual cards to give to participants to check.

| Card Information | Card Information |
| --- | --- |
| **Name**  **Degree:**  **Job Title:**  **Organization:**  **Address:**  **E-mail:**  **Telephone:** | **Name**  **Degree:**  **Job Title:**  **Organization:**  **Address:**  **E-mail:**  **Telephone:** |
| **Name**  **Degree:**  **Job Title:**  **Organization:**  **Address:**  **E-mail:**  **Telephone:** | **Name**  **Degree:**  **Job Title:**  **Organization:**  **Address:**  **E-mail:**  **Telephone:** |
| **Name**  **Degree:**  **Job Title:**  **Organization:**  **Address:**  **E-mail:**  **Telephone:** | **Name**  **Degree:**  **Job Title:**  **Organization:**  **Address:**  **E-mail:**  **Telephone:** |

## Photo Release Form – Adult

We desire your permission to photograph, videotape, or obtain audio files representing your image, likeness, thoughts, or opinions, as part of the following effort(s) to promote <*name of agency*> programs and activities on <*dates*>.

<*Name of agency*> will maintain possession of all associated negatives, digital, video, and/or audio files, film, CDs, photographic prints, etc.; will maintain all rights to these images and other files; and may use, at our sole discretion and for a period of time determined by us, in future materials, such as press releases, websites, brochures, booklets, reports, and exhibits promoting <*name of agency*> and its programs. If you agree to these terms, please execute this release form.

To promote, evaluate, or otherwise describe the efforts of <*name of agency*> programs and activities, I give permission to <*name of agency*> and its agents to use in connection with any publication (including, but not limited to, brochures, websites, booklets, reports, press releases, and exhibits) the photograph(s), video, or audio productions, or any other files portraying my image or likeness in association with <*name of agency*> in which I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, appear.

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## Photo Release Form – Minor

We desire your permission to photograph, videotape, or obtain audio files representing your image, likeness, thoughts, or opinions, as part of the following effort(s) to promote <*name of agency*> programs and activities on <*dates*>.

<*Name of agency*> will maintain possession of all associated negatives, digital, video, and/or audio files, film, CDs, photographic prints, etc.; will maintain all rights to these images and other files; and may use, at our sole discretion and for a period of time determined by us, in future materials, such as press releases, websites, brochures, booklets, reports, and exhibits promoting <*name of agency*> and its programs. If you agree to these terms, please execute this release form.

To promote, evaluate, or otherwise describe the efforts of <*name of agency*> programs and activities, I give permission to <*name of agency*> and its agents to use in connection with any publication (including, but not limited to, brochures, websites, booklets, reports, press releases, and exhibits) the photograph(s), video, or audio productions, or any other files portraying my image or likeness in association with <*name of agency*> in which I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, appear.

Minor's school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor's home town newspaper (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Appendix C – Printing and Packing Checklist Templates

Use these templates as a starting point for developing your printing and packing checklists. Adjust the template as needed and use them when printing and packing for the workshop to ensure everything is included.

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## Printing Checklist Template

**Participant Folders, Notebooks, or Handouts**

| **Item** | **Item** |
| --- | --- |
| Participant agenda 🞏 | Acronyms list 🞏 |
| Participant list 🞏 | Activity handouts 🞏 |
| Breakout room lists 🞏 | Scenario 🞏 |
| PowerPoint presentation(s) 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Fact sheets 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Restaurant and attraction list 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Staff Materials**

| **Item** | **Item** |
| --- | --- |
| Detailed agenda 🞏 | Evaluation forms 🞏 |
| Travel and contact information 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Activity guide 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Activity handouts 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Additional Materials**

| **Item** | **Item** |
| --- | --- |
| Meeting signs 🞏 | Certificates of completion 🞏 |
| Comment cards 🞏 | Binder covers/spines 🞏 |
| Name badges 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Name tents 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Sign-in cards 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

## Packing Checklist Template

**Registration Materials**

| **Item** | **Item** |
| --- | --- |
| Sign-in cards (including blank cards) 🞏 | Name tents – blank 🞏 |
| Badges – preprinted 🞏 | Participant binders 🞏 |
| Badges – blank 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Name tents – preprinted 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Plenary/Breakout Session Materials**

| **Item** | **Item** |
| --- | --- |
| Activity handouts 🞏 | Note pads**\*** 🞏 |
| Flip chart paper**\*** 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Pens – blue or black ink**\*** 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Flip chart markers**\*** 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**\***If not supplied by the venue.

**Equipment**

| **Item** | **Item** |
| --- | --- |
| Extension cords 🞏 | USB drives (with workshop files loaded) 🞏 |
| Laptop computers**\*** 🞏 | Batteries 🞏 |
| Printer 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Extra toner cartridges 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

\*With computer mouse, power cords, and administrative rights.

**Other Materials**

| **Item** | **Item** |
| --- | --- |
| Meeting signs 🞏 | Staff roles list 🞏 |
| Comment cards 🞏 | Venue contract(s) 🞏 |
| "Time remaining" signs 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Attendee list by guest room 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Miscellaneous Supplies**

| **Item** | **Item** |
| --- | --- |
| Masking tape 🞏 | Printer paper 🞏 |
| Duct tape 🞏 | 3-ring hole punch 🞏 |
| Double-sided tape 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

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# Appendix D – Sample Activity Guide: Models of Healthcare Delivery

**NOTE:** This activity guide corresponds to the sample workshop agenda provided in Chapter 6 – How to Develop a Workshop on Models of Healthcare Delivery. Please note that listed names are fictitious.

**Goal**

Determine how community sectors/subsectors coordinate with each other to provide healthcare delivery during a medical surge event, such as an influenza epidemic or major food-borne illness incident.

**Objectives**

1. Identify sector/subsector roles, responsibilities, and available resources during a medical surge event.
2. Identify issues, gaps in coordination, and obstacles encountered by community sectors/subsectors in the provision of healthcare delivery in the community during a medical surge event.
3. Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event.
4. Identify the points at which medical surge can overwhelm community sectors/subsectors and require the community to alter its model of healthcare delivery (i.e., identify "breaking points").
5. Develop a diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge.
6. Write a narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan.

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## Day One

| **Time** | **Action** | **Staff Assigned** | **Materials and Handouts** | **Deliverables** |
| --- | --- | --- | --- | --- |
| **7:00** | **All personnel at workshop venue** | **All** | **None** | **None** |
| **7:30 – 8:00** | **Registration and Networking**   * **Check participant information against participant list.** * **Collect photo release from walk-ups.** * **Walk-up participants will receive a "Hello, my name is" sticker; Denise will print the badge and name tent and provide them to participants during the break at 10:00.** * **Plenary tables will be numbered and participants will be preassigned to tables. The back of their badge will have a table number marked on it.**   **All other workshop personnel should mingle and assist participants with finding their assigned table.** | **Denise, Tom** | * **Name Badges/Tents** * **Participant Folders** * **Sign-in Sheet** * **Participant List** * **Photo Release Form** | **N/A** |
| **8:00 – 8:05** | **Plenary Activity: Welcome from Workshop Planning Team**  A member of the workshop planning team will welcome participants to the workshop.  **No notes needed. Microphone runners will be on standby.** | **Jane**  **Microphones: George, Susan** | **Plenary Slides** | **N/A** |
| **8:05 – 8:30** | **Plenary Activity: Workshop Overview**  The lead workshop facilitator will provide safety and administrative announcements and will orient participants to items in their participant folder. He will make sure that participants are seated at the correct tables (by having them check the table numbers on their table and the back of their badge). He then will give a brief overview of the workshop goal, objectives, and agenda.  **No notes needed. Microphone runners will be on standby.** | **John**  **Microphones: George, Susan** | **Plenary Slides** | **N/A** |
| **8:30 – 8:45** | **Plenary Activity: Participant Introductions**  Each participant will introduce himself/herself by providing name, title, and organization represented. Each participant also will tell the audience their favorite vacation spot (as an ice breaker activity).  **Workshop personnel may participate in introductions.** | **John**  **Microphones: Linda, Sam, Scott** | **Plenary Slides** | **N/A** |
| **8:45 – 9:00** | **Plenary Activity: Baseline Assessment**  The lead workshop evaluator will perform the baseline assessment of workshop participants. | **Kelly** | **Baseline Assessment Form** | **Baseline assessment** |
| **9:00 – 10:00** | **Plenary Activity: Presentation – Preworkshop Activities and Preparation**  One or more members of the planning team will give a presentation of the work done before the workshop, including   * Results of the *Community Assessment Tool* completed by participants. * Results of preworkshop homework assignments.   **Notetakers: Capture questions and answers and comments from the audience.** | **Jane**  **Microphones: Linda, Sam**  **Notetakers: Bill, Susan** | **Presentation Slides** |  |
| **10:00 – 10:15** | **Break**  **If the break occurs before or after 10:00, instruct participants on what time to return.** | **John** | **N/A** | **N/A** |
| **10:15 – 11:45** | **Roundtable Activity: Sector Snapshots**  *Objective 1: Identify sector/subsector roles, responsibilities, and available resources during a medical surge event.*  Participants will be seated at round tables by sectors in the plenary room. Some tables may have multiple sectors. Each table will have a facilitator. The lead facilitator will give a brief overview of the activity. Participants will be asked to complete the following three tasks during this session:   1. Resource Activity – Identify the resources each sector has, does not have, and can share with other sectors during a medical surge event. 2. Roles and Responsibilities Activity – Identify and describe each sector's roles and responsibilities during a medical surge event. 3. Current Model of Care (MOC) Activity – Diagram current patient flow through each sector.   **Facilitators:**   * Conduct brief introductions to learn everyone's name. * Explain the three tasks to be completed during this activity. Ask in what order participants would like to complete the three tasks (or decide for them). * Ask a participant to volunteer to do a report out on the activity after lunch. Give the volunteer a copy of the Day One Report Out Template (Appendix E). * Hand out copies of the Resource Activity Worksheet and the Roles and Responsibilities Worksheet (Appendix E) to each participant at your table.   **Activities**  **10:15 – 10:45:** Resource Activity – Working together as a group, roundtable participants will use the Resource Activity Worksheet to identify resources that are available to their sector and, if possible, the number of those resources. Participants will then identify resources that their sector can share with other sectors.  **10:45 – 11:05:** Roles and Responsibilities Activity – Working together as a group, roundtable participants will use the Roles and Responsibilities Worksheet to list their sector's current roles and responsibilities and their sector's roles and responsibilities during a public health emergency.  **11:05 – 11:45:** Current MOC Activity – Working together as a group, roundtable participants will diagram how patients currently flow through their sector (or how they support patient-care sectors) using a flip chart.  See Appendix E for two example sector diagrams.  **NOTE: These activities are sector-specific. Roundtable participants are identifying resources, roles and responsibilities, and current MOC for their sector as a whole, not for each individual agency or organization in the sector.** | **John**  **Facilitators: Bill, Ellen, George, Linda, Nancy, Sam**  **Notetakers: Either assign workshop personnel to take notes or have each roundtable group appoint a person to take notes.** | * **Resource Activity Worksheet** * **Roles and Responsibilities Worksheet** * **Day One Roundtable Activity Report Out Template** * **Flip Charts** | * **List of resources** * **List of roles and responsibilities** * **Sector MOC diagrams** |
| **11:45 – 1:00** | **Lunch**  **If lunch occurs before or after 11:45, instruct participants on what time to return.** | **John** | **N/A** | **N/A** |
| **1:00 – 2:00** | **Plenary Activity: Roundtable Report Out**  Each sector's spokesperson will give a report on their three activities (i.e., describe and discuss resources, roles and responsibilities, and current MOC) to the plenary group. The person doing the report out will use the Day One Breakout Group Report Out Template (Appendix E) as a guide. Notetakers will capture the discussion. | **John**  **Microphones: Linda, Scott**  **Notetakers: Sam, Susan** | * **Plenary Slides** * **Day One Breakout Group Report Out Template** | **Outcomes of breakout group discussions** |
| **2:00 – 2:45** | **Plenary Activity: Potential Issues with Current Model of Care**  *Objective 2: Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event.*  **2:00 – 2:05:** The lead facilitator will guide participants in a brainstorming discussion to identify categories (e.g., communication, resources) under which to identify issues. Notetakers will write these at the top of a flip chart (one heading to a page) at the front of the room.  **2:05 – 2:20:** Participants will walk around the flip charts and write down (under each category heading) what they see as potential issues with their sector's current MOC. Next to the issue, participants should write down their sector name and other sectors involved in the issue. Participants may work individually or together in their sector. At this point, issues are not identified as internal or external.  **2:20 – 2:35:** After identifying the issues, participants will walk around, review the issues on each flip chart, and prioritize them by placing dot stickers next to what they think are the four biggest issues. Again, participants may work individually or together in their sector.  **2:35 – 2:45:** The number of dots next to each issue will be counted. The lead facilitator will identify the issues with the most dots and verbalize them to the plenary group. No discussion will take place at this time.  **The purpose of this activity is to identify what the community perceives as their priority issues with delivering healthcare during a medical surge event. After the Pan Flu Scramble Exercise (PFS) activity on Day Two, participants will have a chance to discuss their priority issues and determine if they anticipated those issues correctly. At the end of Day One, planning team personnel will compile the issues list to hand out on Day Two (before lunch, during the Strategies Activity).** | **John**  **Notetakers: Ellen, George, Linda** | * **Flipchart Paper** * **Dot Stickers** | **List of prioritized issues** |
| **2:45 – 3:00** | **Break**  **If the break occurs before or after 2:45, instruct participants on what time to return.** | **John** | **N/A** | **N/A** |
| **3:00 – 4:30** | **Plenary Activity: Pan Flu Scramble Exercise – Round 1**  *Objective 2: Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event.*  Participants will be seated at round tables by sectors in the plenary room. Some tables may have multiple sectors. The round tables will be in a horseshoe configuration. Multiple sectors seated together at a table may work together as one sector (e.g., primary care and outpatient/walk-in clinic may combine) or may choose to work independently based on what makes sense for the community.  The lead facilitator will give a brief outline of the activity. Planning team members will be seated at each table to assist participants as needed. Sectors should identify a person to take notes and a person to speak during the plenary report out.  Each sector will be presented with a packet that contains a scenario, a sector situation card that provides information about their capacity for the purposes of this activity, and a predetermined number of patient cards.  **Round 1**  **3:00 – 3:05:** Sectors will review the scenario and their sector situation card.  **3:05 – 3:20:** Sectors will examine their patient cards and determine the appropriate action for each "patient" based on their sector situation card, which will be to keep and treat the patient in their sector or transfer him/her to another sector.  **3:20 – 3:50:** Sectors will report out to the group, sharing their situation and the disposition of their patient cards. At this time, facilitators will move any "transfer" patients to their new sectors.  **3:50 – 4:00:** Sectors will review patient cards they have received from other sectors and determine whether to accept those patients for treatment or reject the transfer.  **4:00 – 4:30:** Sectors will report out to the group their decisions to accept or reject the patients they received. At this time, facilitators will return any "rejected" patients to the originating sector(s).  **More detailed information on the Pan Flu Scramble Exercise can be found in the Pan Flu Scramble Exercise Guide, which is available at** [**http://www.cdc.gov/phpr/healthcare/panfluscramble.htm**](http://www.cdc.gov/phpr/healthcare/panfluscramble.htm)**. The scenario, situation cards, and patient cards will be customized to the community based on the information collected in the CAT. Depending on capacity, some sectors may have their capacities scaled up or down to facilitate the game effectively.** | **John**  **Facilitators: Bill, Ellen, George, Linda, Nancy, Sam**  **Notetakers: Either assign workshop personnel to take notes or have each roundtable group appoint a person to take notes.** | **Pan Flu Scramble Exercise Materials** | **Completed exercise pieces** |
| **4:30 – 4:40** | **Plenary Activity: Day One Evaluation**  The lead evaluator will guide participants through the Day One evaluation form. Planning team members will help collect completed forms.  **Make sure to have any participants who leave the workshop early fill out an evaluation form before they leave.** | **Kelly**  **Collectors: Bill, Linda** | **Day One Evaluation Forms** | **Completed evaluation forms** |
| **4:40 – 4:45** | **Plenary Activity: Day One Wrap-Up/Day Two Overview**  The lead facilitator will wrap up Day One of the workshop and provide an overview of what participants should expect during Day Two. | **John** | **N/A** | **N/A** |
| **4:45** | **ADJOURN** | **N/A** | **N/A** | **N/A** |
| **5:00** | **Day One Debrief**  The lead facilitator will guide planning team members and other relevant people through a discussion of things that went well with the workshop and things that need improvement. Any issues identified by participants during Day One or on the Day One evaluation forms should be addressed.  The Day Two agenda may need to be modified based on the outcome of this debriefing session. | **John**  **All Workshop Personnel** | **Relevant participant materials (e.g., worksheets, flip charts, evaluation forms)** | **N/A** |
| **To Be Determined** | Workshop personnel will compile a priority issues list (from the Plenary Activity: Potential Issues with Current Model of Care) to hand out on Day Two during the Pan Flu Scramble Exercise Wrap-Up Activity from 10:30 to 11:00. | **Ellen, George** | **Completed Issues Posters with Dot Stickers Attached** | **List of priority issues identified by participants** |

## Day Two

| **Time** | **Action** | **Staff Assigned** | **Materials and Handouts** | **Deliverables** |
| --- | --- | --- | --- | --- |
| **7:30 – 8:00** | **Registration and Networking**  **Some people may only be able to attend the second day of the workshop.** | **Denise**  **Tom** | * **Name Badges/Tents** * **Participant Folders** * **Sign-in Sheet** * **Participant List** * **Photo Release Form** | **N/A** |
| **8:00 – 8:15** | **Plenary Activity: Day One Recap/Day Two Overview**  The lead facilitator will open the workshop by providing a recap of Day One and an overview of Day Two, particularly noting any changes made to the agenda as a result of the Day One debriefing session.  **No notes needed. Microphone runners will be on standby.** | **John**  **Microphones: Ellen, George** | **Plenary Slides** | **N/A** |
| **8:15 – 10:00** | **Plenary Activity: Pan Flu Scramble Exercise – Round 2**  *Objective 2: Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event.*  *Objective 4: Identify the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery (i.e., identify "breaking points").*  Participants will be seated in the same configuration as in Round 1 on Day One. Each sector will be presented with a packet that contains a predetermined number of new patient cards.  **Round 2**  **8:15 – 8:30:** The lead facilitator will recap the first round conducted on Day One and ask if anyone has any questions before starting Round 2. The lead facilitator will briefly describe Round 2, including the objectives of the round and the expected outcomes.  **8:30 – 8:45:** Sectors will examine their patient cards (including those from Round 1) and determine the appropriate action for each, based on their sector situation card: release to home (Round 1 patients only), keep and treat in their sector, or transfer to another sector.  **8:45 – 9:15:** Sectors will report out to the plenary group, sharing their situation and the disposition of their patient cards. At this time, facilitators will move any "transfer" patients to their new sector(s).  **9:15 – 9:30:** Sectors will review the patients they have received from other sectors and determine whether to accept those patients for treatment, or reject the transfer.  **9:30 – 10:00:** Sectors will report out to the group their decisions to accept or reject the patient cards they received. At this time, facilitators will return any "rejected" patients to the originating sectors and the activity will end.  **The objective of Round 2 is to surge the sectors with patients so that they reach the point where they can no longer manage their patient load or take on new patients (i.e., the system "breaks"). Reaching this point will help determine triggers for switching from day-to-day healthcare delivery to an alternate care system.** | **John** | **Pan Flu Scramble Exercise Materials** | **Completed exercise pieces** |
| **10:00 – 10:15** | **Break**  **If the break occurs before or after 10:00, instruct participants on what time to return.** | **John** | **N/A** | **N/A** |
| **10:15 – 10:30** | **Plenary Activity: Facilitated Discussion – Pan Flu Scramble Exercise Hot Wash**  The evaluation team will lead a brief discussion to determine the participants' thoughts and reactions to playing the Pan Flu Scramble Exercise by asking   * What worked well with the exercise? * What needs improvement? * What major issues were identified with regard to providing healthcare to the patients given to you?   Notetakers will capture the discussion. | **Kelly, Scott**  **Microphones: Linda, Scott**  **Notetakers: Nancy, Sam** | **N/A** | **N/A** |
| **10:30 – 11:00** | **Plenary Activity: Facilitated Discussion – Pan Flu Scramble Exercise Wrap-Up**  Participants will receive a list of the prioritized issues identified on Day One. The lead facilitator will guide participants in a discussion of the Pan Flu Scramble Exercise activities conducted on Day One and Day Two and the issues identified during the activities. Participants will be asked to consider their priority issues from Day One and to determine if these issues are the same or have changed. Notetakers will capture the discussion. | **John**  **Microphones: Linda, Scott**  **Notetakers: Nancy, Sam** | **List of Prioritized Issues from Day One** | **Revised list of prioritized issues** |
| **11:00 – 12:00** | **Roundtable Activity: Strategies for Delivering Care during a Medical Surge Event**  *Objective 3: Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event.*  Participants will be seated at roundtables by sectors in the plenary room. Some tables may have multiple sectors. Each table will have a facilitator.  The lead facilitator will give a brief overview of the activity. Participants will be asked to complete the following four tasks during this session:   1. Identify their sector's internal issues with delivering healthcare during a medical surge event, based on the Pan Flu Scramble Exercise. 2. Identify external issues (involving other sectors) with delivering healthcare a medical surge event, based on the Pan Flu Scramble Exercise. 3. Prioritize their top three to five internal and top three to five external issues. 4. Brainstorm strategies to address each of their prioritized internal and external issues.   **Facilitators:**   * If needed, ask for a volunteer to take notes. * Ask for a volunteer to speak during the plenary report out. Give that person a copy of the Day Two Roundtable Activity Report Out Template. * Make sure participants have a list of the issues identified on Day One (handed out during the Pan Flu Scramble wrap-up). * Hand out copies of the Internal Issues Worksheet and External Issues Postcard (Appendix E). * Have dot stickers ready for participants to use. * Remind participants that this activity is sector specific (i.e., they are identifying issues and strategies for their sector as a whole).   **11:00 – 11:10**: Internal Issues – Participants will identify their sector's internal issues, based on the list from Day One, the Pan Flu Scramble Exercise, and any additional issues not already identified. These issues should be recorded on the Internal Issues Worksheet.  **11:10 – 11:25:** External Issues – Sectors will identify issues involving other sectors based on the list from Day One, the Pan Flu Scramble Exercise, and any additional issues not already identified. External issues should be recorded on the External Issues Postcard, one for each sector for which an issue has been identified. Assigned workshop personnel will collect the External Issue Postcards and distribute them to the identified sectors during the activity. (The worksheets will be placed face down on the table).  **11:25 – 11:30:** Prioritize – Sectors will prioritize their top three to five internal and top three to five external issues (using the External Issue Postcards placed at their table during the above activity). Each priority issue will be marked with a dot sticker.  **11:30 – 12:00:** Strategies – Sectors will brainstorm strategies for each of their prioritized internal and external issues.Strategies should be written in the given space on either the Internal Issue Worksheet or the External Issue Postcard that corresponds to the issue. Sectors will be free to discuss strategies with other sectors in order to identify a workable strategy for external issues. | **John**  **Facilitators: Bill, Ellen, George, Linda, Nancy, Sam**  **Notetakers: Either assign workshop personnel to take notes or have each roundtable group appoint a person to take notes.** | * **Internal Issues Worksheets** * **External Issues Postcards** * **Dot Stickers** | **Strategies to address internal and external issues** |
| **12:00 – 1:15** | **Lunch**  **If lunch occurs before or after 12:00, instruct participants on what time to return.** | **John** | **N/A** | **N/A** |
| **1:15 – 2:00** | **Roundtable Activity: Revised Model of Care – Sector Level**  *Objective 3: Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event.*  Participants will be seated at roundtables by sectors in the plenary room. Some tables may have multiple sectors. Each table will have a facilitator.  The lead facilitator will give a brief overview of the activity.  Using a flip chart, each sector will revise their MOC diagram (developed on Day One) to reflect their MOC during a medical surge event, based on the Pan Flu Scramble Exercise and the strategies activity.  **Facilitators:**   * If needed, ask for a volunteer to take notes. * Ask for a volunteer to speak during the plenary report out. Give that person a copy of the Day Two Roundtable Activity Report Out Template. * Make sure participants have a copy of the MOC diagram they developed on Day one. | **John**  **Facilitators: Bill, Ellen, George, Linda, Nancy, Sam** | * **Sector MOC Diagrams** * **Flip Charts** | **Revised sector MOC diagrams** |
| **2:00 – 3:00** | **Plenary Activity: Roundtable Report Out**  Using the Day Two Roundtable Activity Report Out Template, sector representatives will report out to the group on their prioritized internal and external issues and their strategies for addressing them. They also will report out on their revised MOC diagram. Notetakers will capture the discussion.  Participants will be tasked with merging these revised MOC diagrams into a community MOC diagram after the workshop.  **The thought is that, if the community sees the sector MOCs all together, they will get a good idea of their community MOC.** | **John**  **Microphones: Bill, Ellen**  **Notetakers: George, Susan** | **Revised Sector MOC Diagrams** | **Materials needed to develop a community MOC diagram and narrative** |
| **3:00 – 3:15** | **Break**  **If the break occurs before or after 3:00, instruct participants on what time to return.** | **John** | **N/A** | **N/A** |
| **3:15 – 4:15** | **Plenary Activity: Next Steps**  *Objective 5: Develop a diagram that depicts the community's model of healthcare delivery on a day-to-day basis and during medical surge.*  *Objective 6: Write a narrative of the community's delivery of healthcare that will serve as the basis for the development of a community public health emergency response plan.*  This activity will combine a brief update from the planning team with a short facilitated plenary discussion and a walk-around group activity. The activity is designed to encourage ownership and interaction among participants.  **3:15 – 3:25:** The planning team will update the group on their plan for future work and will share their expectations for the community's next steps.  **3:25 – 3:45:** The lead facilitator will guide the group in a discussion to identify additional next steps. These next steps will be captured by notetakers (one per poster) on Next Step Posters (Appendix E) as they are identified. Each poster will be placed on a roundtable. A planning team member will be stationed at the table to encourage participation.  **3:45 – 4:15:** Participants will walk around the room and sign up to work on completing each next step after the workshop. Each poster will have two columns: one for volunteering personal involvement and one for recommending other individuals, agencies, committees, or organizations for involvement.  **The lead facilitator should make it clear that participants are not signing up for a particular task or responsibility, but are simply indicating their interest in providing input and working with other partners.** | **John**  **Notetakers: Bill, Ellen, Nancy, Scott** | **Next Step Posters** | **A list of next steps and the people interested in helping with each next step** |
| **4:15 – 4:25** | **Plenary Activity: Day Two Evaluation**  The lead evaluator will guide participants through the Day Two evaluation form. Planning team members will help collect completed forms.  **Make sure to have any participants who leave the workshop early fill out an evaluation form before they leave.** | **Kelly**  **Collectors: Bill, Linda** | **Day Two Evaluation Forms** | **Completed evaluation forms** |
| **4:25 – 4:30** | **Plenary Activity: Closing Remarks**  The lead facilitator or a member of the workshop planning team will wrap up the workshop. | **John or Jane** | **N/A** | **N/A** |
| **4:30** | **ADJOURN** | **N/A** | **N/A** | **N/A** |
| **4:45** | **Day Two Debrief**  The lead facilitator or a member of the workshop planning team will guide planning team members and other relevant people through a discussion of things that went well with the workshop and things that need improvement. Any issues identified by participants during Day Two or on the Day Two evaluation forms should be discussed. Next steps for the planning team also should be discussed. | **John or Jane**  **All Workshop Personnel** | **Relevant participant materials (e.g., worksheets, flip charts, evaluation forms)** | **N/A** |

# Appendix E – Sample Worksheets: Models of Healthcare Delivery

This appendix provides sample worksheets that correspond to the activities described in the activity guide for a workshop on developing models of healthcare delivery (Appendix D). The worksheets provided in this appendix are

* Resource Activity Worksheets – These worksheets can be used to identify the resources each sector has available and can be shared with other sectors during a medical surge event.
* Roles and Responsibilities Worksheet – This worksheet can be used to identify sector roles and responsibilities on a day-to-day basis and during a medical surge event.
* Sample Sector Model of Care Diagram – These diagrams are provided to help sector representatives develop their model of care diagrams.
* Day One Roundtable Activity Report Out Template – This template is provided as a guide to follow when reporting out on Day One roundtable discussions on resources, roles and responsibilities, and model of care diagrams.
* Internal Issues Worksheet – This worksheet can be used to capture sector-specific issues with regard to delivering healthcare during a medical surge event.
* External Issues Postcard – This postcard can be used to identify issues a sector has with other sectors with regard to delivering healthcare during a medical surge event.
* Day Two Roundtable Activity Report Out Template – This template is provided as a guide to follow when reporting out on Day Two roundtable discussions on internal and external issues, strategies to address them, and revised model of care diagrams.
* Next Steps Poster – This poster is provided as a tool for identifying next steps to complete after the workshop and people to work on these steps.

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## Resource Activity Worksheets

**Instructions:** Check the "Available" box next to each resource that is available to your sector. Next, write in the quantity of each resource in the space provided. Next, check the "Can Be Shared" box if this resource can be shared with other sectors during a medical surge event. Use the table with blank spaces [last worksheet] to write in resources that are not listed.

**Sector:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Equipment and Medications Worksheet**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staffed Beds | 🞏 | To be filled in | 🞏 | Body Bags | 🞏 | To be filled in | 🞏 |
| Unstaffed beds | 🞏 | To be filled in | 🞏 | Biohazard Bags | 🞏 | To be filled in | 🞏 |
| Antibiotics | 🞏 | To be filled in | 🞏 | Decontamination Chemicals/Supplies | 🞏 | To be filled in | 🞏 |
| Antivirals | 🞏 | To be filled in | 🞏 | AEDs | 🞏 | To be filled in | 🞏 |
| Vaccines | 🞏 | To be filled in | 🞏 | Mechanical Ventilators | 🞏 | To be filled in | 🞏 |
| Oxygen | 🞏 | To be filled in | 🞏 | Manual Ventilators | 🞏 | To be filled in | 🞏 |
| Blood | 🞏 | To be filled in | 🞏 | IV fluids, Pumps, and Poles | 🞏 | To be filled in | 🞏 |
| Antihistamines | 🞏 | To be filled in | 🞏 | X-Ray Machine and Film | 🞏 | To be filled in | 🞏 |
| Fever Reducers | 🞏 | To be filled in | 🞏 | Wound Care Supplies | 🞏 | To be filled in | 🞏 |
| Palliative Care Medicine | 🞏 | To be filled in | 🞏 | Waterless Hand Cleaner | 🞏 | To be filled in | 🞏 |
| Pain Medicine | 🞏 | To be filled in | 🞏 | Transport Devices | 🞏 | To be filled in | 🞏 |
| Antidotes | 🞏 | To be filled in | 🞏 | Respiratory Supplies | 🞏 | To be filled in | 🞏 |
| Masks/Respirators | 🞏 | To be filled in | 🞏 | ED/Surgical Supplies | 🞏 | To be filled in | 🞏 |
| Gloves | 🞏 | To be filled in | 🞏 | IV/Access Supplies | 🞏 | To be filled in | 🞏 |
| Gowns | 🞏 | To be filled in | 🞏 | Patient Personal Care Supplies | 🞏 | To be filled in | 🞏 |
| Other PPE | 🞏 | To be filled in | 🞏 | Crash Carts | 🞏 | To be filled in | 🞏 |
| Radiation Monitoring Equipment | 🞏 | To be filled in | 🞏 |  |  |  |  |

**People Worksheet**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Physicians | 🞏 | To be filled in | 🞏 | Mental Health Professionals | 🞏 | To be filled in | 🞏 |
| Nurses | 🞏 | To be filled in | 🞏 | Teachers | 🞏 | To be filled in | 🞏 |
| Medical Volunteers/Medical Reserve Corps | 🞏 | To be filled in | 🞏 | Phone Operators/Dispatchers | 🞏 | To be filled in | 🞏 |
| Nonmedical Volunteers | 🞏 | To be filled in | 🞏 | Computer Technicians | 🞏 | To be filled in | 🞏 |
| EMTs | 🞏 | To be filled in | 🞏 | Specialty License Drivers | 🞏 | To be filled in | 🞏 |
| Paramedics | 🞏 | To be filled in | 🞏 | Security/Law Enforcement | 🞏 | To be filled in | 🞏 |
| Medical Technician/Assistants | 🞏 | To be filled in | 🞏 | Mortician/Coroners | 🞏 | To be filled in | 🞏 |
| Pharmacists | 🞏 | To be filled in | 🞏 | Administrative Support | 🞏 | To be filled in | 🞏 |
| Other Clinical Providers | 🞏 | To be filled in | 🞏 | Public Information Officer/Spokespersons | 🞏 | To be filled in | 🞏 |
| Clergy/Faith Leaders | 🞏 | To be filled in | 🞏 | Healthcare Students | 🞏 | To be filled in | 🞏 |

**Transportation Worksheet**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Passenger Vans | 🞏 | To be filled in | 🞏 | Moving Trucks | 🞏 | To be filled in | 🞏 |
| Ambulances | 🞏 | To be filled in | 🞏 | Flatbed Trucks | 🞏 | To be filled in | 🞏 |
| School Buses | 🞏 | To be filled in | 🞏 | Refrigerated Trucks | 🞏 | To be filled in | 🞏 |

**Spaces and Places**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medical Facilities | 🞏 | To be filled in | 🞏 | Decontamination Areas | 🞏 | To be filled in | 🞏 |
| Unused/Closed Wards | 🞏 | To be filled in | 🞏 | Shelters | 🞏 | To be filled in | 🞏 |
| Converted Buildings | 🞏 | To be filled in | 🞏 | Laboratories | 🞏 | To be filled in | 🞏 |
| School/Gymnasiums | 🞏 | To be filled in | 🞏 | Tents | 🞏 | To be filled in | 🞏 |
| Community Centers | 🞏 | To be filled in | 🞏 | Fair Grounds | 🞏 | To be filled in | 🞏 |
| Cold Storage/Refrigeration | 🞏 | To be filled in | 🞏 | Church Halls | 🞏 | To be filled in | 🞏 |

**Communication and Technology**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone/Cell Phones | 🞏 | To be filled in | 🞏 | Designated Websites | 🞏 | To be filled in | 🞏 |
| Computer/Laptops | 🞏 | To be filled in | 🞏 | Televisions | 🞏 | To be filled in | 🞏 |
| Printers | 🞏 | To be filled in | 🞏 | Radio Stations | 🞏 | To be filled in | 🞏 |
| Pagers | 🞏 | To be filled in | 🞏 | Surveillance Data Reporting | 🞏 | To be filled in | 🞏 |
| Internet Connections | 🞏 | To be filled in | 🞏 | Social Media Networks | 🞏 | To be filled in | 🞏 |
| Handheld Radios | 🞏 | To be filled in | 🞏 | Newsletters | 🞏 | To be filled in | 🞏 |
| Flashlights and Batteries | 🞏 | To be filled in | 🞏 | Newspapers | 🞏 | To be filled in | 🞏 |
| Designated Emergency Frequencies | 🞏 | To be filled in | 🞏 | iPad/Tablets | 🞏 | To be filled in | 🞏 |
| Satellite Communications | 🞏 | To be filled in | 🞏 | Intentionally blank cell | 🞏 | To be filled in | 🞏 |

**Other**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cots | 🞏 | To be filled in | 🞏 | Child Care | 🞏 | To be filled in | 🞏 |
| Food | 🞏 | To be filled in | 🞏 | Pet Care | 🞏 | To be filled in | 🞏 |
| Water | 🞏 | To be filled in | 🞏 | Elder Care | 🞏 | To be filled in | 🞏 |
| Clothing | 🞏 | To be filled in | 🞏 | Refrigerators | 🞏 | To be filled in | 🞏 |
| Personal Care/Hygiene Items | 🞏 | To be filled in | 🞏 | Freezers | 🞏 | To be filled in | 🞏 |
| Emergency Blankets | 🞏 | To be filled in | 🞏 | Generators and Fuel | 🞏 | To be filled in | 🞏 |

**Unlisted Items**

**(Write in the resource)**

| **Resource** | **Available** | **Quantity** | **Can Be Shared** | **Resource** | **Available** | **Quantity** | **Can Be Shared** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |
| To be filled in by user | 🞏 | To be filled in | 🞏 | To be filled in by user | 🞏 | To be filled in | 🞏 |

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## Roles and Responsibilities Worksheet

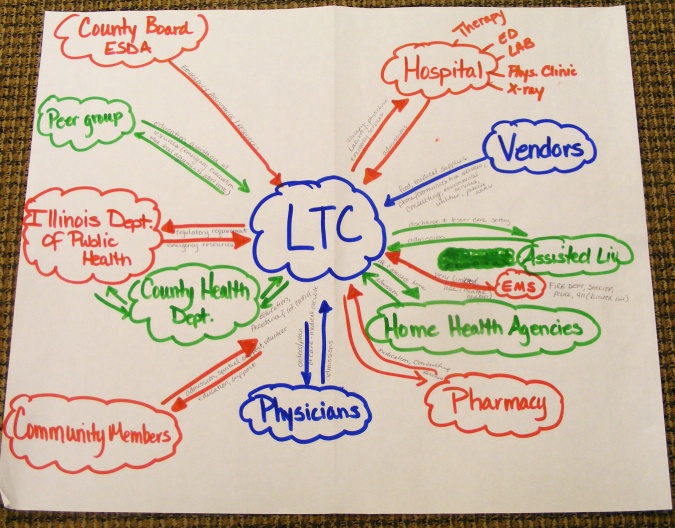
**Sector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Please write legibly and in complete sentences because these worksheets will be used to create the workshop summary report. Write a role/responsibility in the space provided and then check the appropriate box on the right to indicate if the role or responsibility pertains to current (meaning day-to-day) operations or operations during a medical surge event. You may check both boxes if the role or responsibility is the same in both situations.

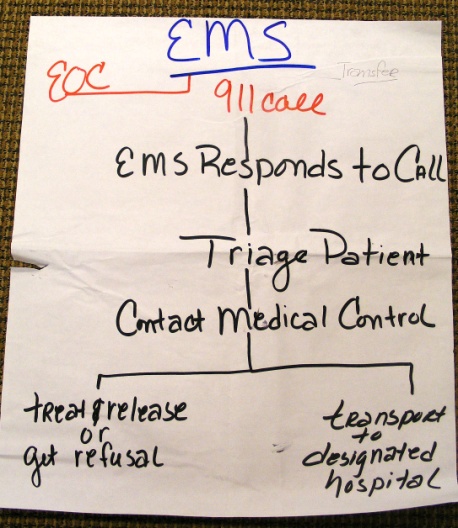
| **Role/Responsibility** | **Applicability** |
| --- | --- |
| To be filled in by user | ⬜ Current  ⬜ Medical Surge Event |
| To be filled in by user | ⬜ Current  ⬜ Medical Surge Event |
| To be filled in by user | ⬜ Current  ⬜ Medical Surge Event |
| To be filled in by user | ⬜ Current  ⬜ Medical Surge Event |
| To be filled in by user | ⬜ Current  ⬜ Medical Surge Event |
| To be filled in by user | ⬜ Current  ⬜ Medical Surge Event |

## Sample Sector Model of Care Diagrams

**Long-Term Care**



**Emergency Medical Services**



## Day One Roundtable Activity Report Out Template

**Instructions:** Use this template as a guide for reporting out on roundtable activity discussions on sector roles and responsibilities, available resources, and current model of care. Remember to be as brief as possible, but still cover the topic. You will be allotted 10 minutes to give your report out and answer any questions that may be asked.

**Sector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agencies/Organizations Represented:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe the major resources your sector has available and which of these resources can be shared with other sectors.**
2. **Describe any major resources that your roundtable group realized your sector does not have.**
3. **Describe your sector's main day-to-day roles and responsibilities.**
4. **Describe your sector's main roles and responsibilities during a medical surge event.**
5. Describe **your sector's current model of care diagram while showing it to the plenary group.**

## Internal Issues Worksheet

**Sector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Please write legibly and in complete sentences because these worksheets will be used to create the workshop summary report. Use the issues identified on Day One and during the Pan Flu Scramble Exercise as a starting point. When prompted by your facilitator, place a sticker next to your sector's top three to five priority issues.

| **Internal Issues Worksheet** |
| --- |
| **Issue:**  **Strategy:** |
| **Issue:**  **Strategy:** |
| **Issue:**  **Strategy:** |

## External Issues Postcard

| **External Issue Postcard** |
| --- |
| **To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Sector Name)**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Sector Name)** |
| **Issue:**  **Strategy:** |

| **External Issue Postcard** |
| --- |
| **To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Sector Name)**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Sector Name)** |
| **Issue:**  **Strategy:** |

## Day Two Roundtable Activity Report Out Template

**Instructions:** Use this template as a guide for reporting out on roundtable activity discussions on internal and external issues, strategies, and your revised model of care. Remember to be as brief as possible, but still cover the topic. You will be allotted 10 minutes to give your report out and answer any questions that may be asked.

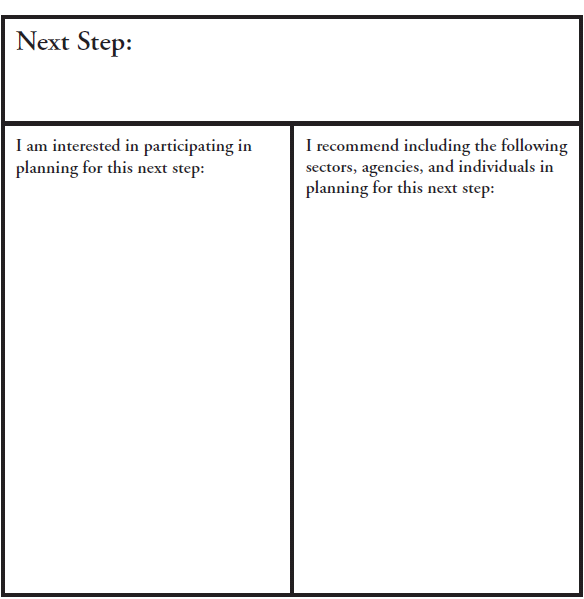
**Sector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agencies/Organizations Represented:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe the prioritized internal issues your table identified for your sector.**
2. **Describe the prioritized issues your sector identified that involve other sectors (i.e., your external issues).**
3. **Describe a few of the strategies you developed to address internal and external issues.**
4. **While showing your revised model of care diagram to the plenary group, describe how these strategies helped you to revise your sector's model of care diagram for a medical surge event.**

## Next Steps Poster



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# Appendix F – Alternate Care System Options

The eight alternate care system options provided in this appendix were originally presented in "The Prospect of Using Alternative Medical Care Facilities in an Influenza Pandemic."[[34]](#footnote-34) Some options have been modified to better align with the work CDC and ORAU-ORISE did with U.S. communities to develop alternate care system plans.

Please note that these options were developed for managing medical surge during an influenza pandemic, but they may work for other hazard scenarios identified as likely to impact your community or be modified for implementation under those hazard scenarios. Additionally, you and your planning team also may want to research other options that can be implemented in your community. If you do identify other options, use the template at the end of this appendix to capture the necessary information.

The following information is provided for each option:

* A brief description of the option, including to whom the option is targeted.
* The course of action that will need to be taken to implement the option.
* Space to write in the trigger(s) for the option.

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## Option 1: At-Home Independent Care

### Description

This option is self-sufficient independent care at home. From a public health as well as a medical perspective, local public health and healthcare will encourage self-isolation at home as well as enhance the ability of self-sufficient persons to do so. The general public may have questions or concerns, and may need information on providing care at home. Persons also may need information on whether to go to a hospital or another healthcare facility or to remain at home. Risk communication to residents will be of paramount importance in empowering personal responsibility for these residents or their caregivers.

### Course of Action

The identified agencies will enhance the ability of self-sufficient persons or caregivers to provide independent care at home in order to decrease the surge on the healthcare system. They will help people determine when and how to stay home and when to seek outside care.

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 2: An Alternate Site for Isolation of Influenza Patients

### Description

This option is the "motel environment" for patients requiring minimal medical care. Alternate care facilities will be used to isolate infectious influenza patients based on the premise that separating them from noninfectious patients will be useful and possible. These sites will be intended to support patients who otherwise would remain at home, but are unable to do so (e.g., they are unable to care for themselves; they are ill and share a residence with an immunocompromised individual). Food, laundry service, and other necessities will need to be provided to persons housed in these alternate care facilities.

### Course of Action

The identified agencies will separate infectious influenza patients requiring minimal medical care who cannot be cared for at home.

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 3: Expanded Role for Outpatient Care Facilities

### Description

This concept ties in with the Neighborhood Emergency Help Center (NEHC), which is part of the Modular Emergency Medical System (MEMS). By utilizing existing outpatient facilities, this model may facilitate the rapid distribution of medical care services, routine vaccines and medications, and treatment of minor injuries and illnesses (e.g., hydration) for both infectious and noninfectious patients.

These sites will be used as triage sites to and from a hospital. This option might entail the use of outpatient surgery centers or hospital satellite facilities. Canceling or postponing elective outpatient surgeries and testing procedures may be possible, if warranted, to free up providers for those in need of other treatment, vaccinations, or medication.

### Course of Action

Existing outpatient facilities will provide care to patients with minor injuries and illnesses in order to preserve critical hospital resources for the most severe patients.

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 4: Recovering Noninfectious Patient Center

### Description

This option is the "step-down" method for patients not yet able to be discharged from the hospital to home. Recovering noninfectious patients may be discharged from a hospital to "step-down" facilities (e.g., long-term care [LTC], rehabilitation [rehab] facilities) until they are well enough to return home.

### Course of Action

Noninfectious patients, not ready to be sent home, will be discharged from the hospital and transferred to "step-down" facilities.

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 5: Rapid Patient Screening and Triage Inside the Hospital Emergency Department

### Description

Persons seeking care will be screened and triaged at the hospital emergency department (ED). **[[35]](#footnote-35)** Patients in critical condition will be treated in hospitals, and those with noncritical illnesses and injuries will be transferred from the ED to an outpatient facility where treatment would be restricted to four areas: hydration, bronchodilators, antibiotics, and pain management.

This option will need to be used in conjunction with Option 3―Expanded Role for Outpatient Care Facilities.

### Course of Action

Hospitals will use their ED to screen and triage patients seeking care in order to determine their course of treatment (i.e., hospitalization versus outpatient care).

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 6: Rapid Patient Screening and Triage Outside the Hospital Emergency Department

### Description

This option is a take on the MEMS model. All persons will be directed to primary triage sites for initial assessment. These sites will be set up physically separate from the hospital to minimize the impact on the hospital ED or exposure of hospitalized patients to influenza. Critically ill or injured patients will be transferred to hospitals. Noncritical patients will be discharged from the triage facility to home, provided with supportive care, or transferred to other healthcare facilities based on the overall alternate care system plan.

### Course of Action

Hospitals will set up primary triage sites to minimize medical surge.

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 7: Mobile Hospital

### Description

This option is similar to the Carolinas MED-1.[[36]](#footnote-36) The Carolinas MED-1 unit cost approximately $1.5 million (using grant funds) and was used during the Hurricane Katrina response. This option also is very similar to the standardized modular hospitals used by the U.S. Armed Forces.

### Course of Action

The identified agencies will set up a mobile field hospital designed to treat critically ill patients. The facility will be dedicated to addressing conventional emergency and ambulatory patients, while some space can be dedicated to treat the critically ill or injured.

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 8: Overflow Hospital for Influenza Patients

### Description

This option describes an overflow hospital capable of a similar level of care as a Tier 1 facility without surgery or intensive care unit capabilities for acutely ill or injured patients who would otherwise be admitted to a hospital. The overflow hospital will be used as a temporary location for patients awaiting transportation to another facility or into the National Disaster Medical System (NDMS) or other location for definitive care. This site will replicate to the extent feasible a full range of hospital services; however, those services provided may change as resource availability changes.

### Course of Action

The identified agencies will set up and provide care for critically ill or injured patients who would otherwise be admitted to a hospital. These alternate care facilities would replicate a full range of hospital services (these services would need to be determined and based on resources that may or may not be available).

This action will be initiated (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Option 9: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Description

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### Course of Action

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## Option 10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Description

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### Course of Action

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# Appendix G – Sample Activity Guide: An Alternate Care System

**NOTE:** This activity corresponds to the sample workshop agenda provided on page 68 in Chapter 7 – How to Develop a Workshop on an Alternate Care System. Please note that listed names are fictitious.

**Goal**

Develop an alternate care system for the community to ensure provision of healthcare during a medical surge event.

**Objectives**

1. Identify alternate care system options that could work for the community.
2. Determine the criteria (who, what, where, when, why, assumptions) for each identified alternate care system option.
3. Identify the advantages/disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option.
4. Select the alternate care system options that will work best for the community.
5. Define roles and responsibilities of the individual partners involved in the planning for and implementation of each selected alternate care system option.
6. Identify the components of a "decision tree" for a community alternate care system.
7. Develop an alternate care system plan that incorporates the selected alternate care system options.

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## Day One

| **Time** | **Action** | **Staff Assigned** | **Materials and Handouts** | **Deliverables** |
| --- | --- | --- | --- | --- |
| **7:00** | **All personnel at workshop venue** | **All** | **None** | **None** |
| **7:30 – 8:00** | **Registration and Networking**   * **Check participant information against participant list.** * **Collect photo release from walk-ups.** * **Walk-up participants will receive a "Hello, my name is" sticker; Denise will print the badge and name tent and provide them to participants during the break at 10:00.** * **Plenary tables will be numbered and participants will be preassigned to tables. The back of their badge will have a table number.**   **All other workshop personnel should mingle and assist participants with finding their assigned table.** | **Denise, Tom** | * **Name Badges/Tents** * **Participant Folders** * **Sign-in Sheet** * **Participant List** * **Photo Release Form** | **N/A** |
| **8:00 – 8:05** | **Plenary Activity: Welcome from Workshop Planning Team**  A member of the workshop planning team will welcome participants to the workshop.  **No notes needed. Microphone runners will be on standby.** | **John**  **Microphones: George, Susan** | **Plenary Slides** | **N/A** |
| **8:05 – 8:30** | **Plenary Activity: Workshop Overview**  The lead workshop facilitator will provide safety and administrative announcements and will orient participants to items in their participant folder. She then will give a brief overview of the workshop goal, objectives, and agenda.  **No notes needed. Microphone runners will be on standby.** | **Jane**  **Microphones: George, Susan** | **Plenary Slides** | **N/A** |
| **8:30 – 8:45** | **Plenary Activity: Participant Introductions**  Each participant will introduce himself/herself by providing name, title, and organization represented. Each participant also will tell the audience their favorite vacation spot (as an ice breaker activity).  **Workshop personnel may participate in introductions.** | **Jane**  **Microphones: Linda, Sam, Scott** | **Plenary Slides** | **N/A** |
| **8:45 – 9:00** | **Plenary Activity: Baseline Assessment**  The lead workshop evaluator will perform the baseline assessment of workshop participants. | **Kelly** | **Baseline Assessment Form** | **Baseline assessment** |
| **9:00 – 10:00** | **Plenary Activity: Presentation – Preworkshop Activities and Preparation**  One or more members of the planning team will give a presentation of the work done before the workshop, including   * Results of the models of care workshop (if conducted), particularly the community healthcare system "breaking points" identified during the workshop. * The two or three hazards identified in the community hazard vulnerability assessment (HVA) as likely to impact the community. * Results of preworkshop homework assignments in which participants choose alternate care system options that they thought could work in the community (or options they thought would not work in the community). * Other alternate care system options researched by the planning team.   **Notetakers: Capture questions and answers and comments from the audience.** | **John**  **Microphones: Linda, Sam**  **Notetakers: Bill, Susan** | **Presentation Slides** |  |
| **10:00 – 10:15** | **BREAK**  **If the break occurs before or after 10:00, instruct participants on what time to return.** | **Jane** | **N/A** | **N/A** |
| **10:15 – 10:45** | **Plenary Activity: Presentation – An Alternate Care System**  One or more members of the planning team will explain the concept of an alternate care system as opposed to an alternate care site. The presentation also will cover all of the alternate care system options available for consideration.  **No notes needed. Microphone runners will be on standby.** | **Scott**  **Microphones: George, Susan** | * **Presentation Slides** * **List of Options** | **N/A** |
| **10:45 – 11:45** | **Plenary Activity: Identify Alternate Care System Options**  *Objective 1: Identify alternate care system options that could work for the community.*  The purpose of this activity is to validate the options identified by participants in their homework assignments and to determine if other options should be added to the list of options that could work for the community.  **NOTE: At this point, the focus is on options that *could work* for the community. These options will be explored further during the workshop to determine the options that *will work* best for the community.** | **Jane**  **Microphones: Bill, Ellen**  **Notetakers: Linda, Nancy** | **List of Options** | **Validated list of options** |
| **11:45 – 1:00** | **LUNCH**  **If lunch occurs before or after 11:45, instruct participants on what time to return.** | **Jane** | **N/A** | **N/A** |
| **1:00 – 1:15** | **Plenary Activity: Overview of Breakout Group Activity**  The lead facilitator will provide an overview of the breakout activity in which participants will explore the alternate care system options that they think can work for the community.  Participants will be instructed to look at the back of their name badges to determine their breakout group assignment. An adhesive dot with a number will be affixed to the back of the name badge. The lead facilitator will instruct participants as to which breakout room they are assigned based on the number on the back of their name badge.  The lead facilitator will remind participants to use the two or three hazards identified in the HVA as likely to impact the community to guide their discussions of alternate care system options. | **Jane**  **Microphones: Linda, Scott**  **Notetakers: Sam, Susan** | **N/A** | **N/A** |
| **1:15 – 2:45** | **Breakout Group Activity: Defining Alternate Care System Options**  *Objective 2: Determine the criteria (who, what, where, when, why, assumptions) for each identified alternate care system option.*  This activity will consist of three breakout groups.  **1:15 – 2:00:** Each breakout group will discuss Option 1: At-Home Independent Care.  **2:00 – 2:45:** Breakout groups will be assigned the following options:  Breakout Group #1 – Option 2: An Alternate Site for Isolation of Influenza Patients  Breakout Group #2 – Option 4: Recovering Noninfectious Patient Center  Breakout Group #3 – Option 6: Rapid Screening and Triage Outside of the Hospital Emergency Department  **Facilitators:**   * Conduct brief introductionsto learn everyone's name. * Ask a participant to volunteer to do a report out on the activity at the beginning of Day Two of the workshop. Provide the volunteer with a copy of the Day One Report Out Template (Appendix H).   **NOTE:** The volunteer(s) from Breakout Group #1 will report out on two options: Option 1 and Option 2.   * Hand out Alternate Care System Options Worksheets (see Appendix H) to each participant.   **OPTIONAL:** Ask one person in the group to volunteer to write down (to the best of his/her ability) the answers to the questions asked in the worksheet as the group discusses them. This "master copy" worksheet will be collected at the end of the activity that follows this one.   * Instruct participants to only focus on answering the questions in Part 1 of the worksheet. Part 2 will be covered in an activity after the break. * Notetakers will capture the discussion electronically. Completed electronic worksheets will be printed overnight and handed out to participants in the morning. * Remind participants of the two or three hazards identified in the HVA as likely to impact the community. Ask them to use these hazards as a basis for their discussions of alternate care system options. * Begin by reviewing the option. Ensure all participants understand the option and what it means. Go over the definition and the three prefilled items on the first page (what, why, and assumptions). Give participants time to comment on this page, add any information, or make any changes. * Continue discussion of Option 1 by asking the questions provided in Part 1 of the worksheet. * After 45 minutes, move on to discussion of your assigned alternate care system option by following the same format as above and using an Alternate Care System Option Worksheet.   **Key Points:**   * Participants should focus on their community. You may have outside representatives in your group. Include these participants as much as possible in the discussion, but keep the focus on the community. * You are not trying to build consensus. This activity is a brainstorming session. Encourage dialogue and unconventional thinking. * If you end early, feel free to go to break or begin discussion of your next option. If you go to break, keep in mind that a breakout group may be still working in the plenary room.   **Remind participants to keep their Alternate Care System Options Worksheet because the worksheet will be used again in the next breakout group activity.** | **Jane**  **Facilitators: Ellen, George, Linda**  **Notetakers: Bill, Nancy, Sam** | * **Alternate Care System Options Worksheets** * **Flipchart Paper** | **Well-defined alternate care system options** |
| **2:45 – 3:00** | **BREAK**  **If the break occurs before or after 2:45, instruct participants on what time to return.** | **Jane** | **N/A** | **N/A** |
| **3:00 – 4:30** | **Breakout Group Activity: Defining Alternate Care System Options**  *Objective 3: Identify the advantages/disadvantages, implementation criteria, and needed resources/tools for each identified alternate care system option.*  This activity is a continuation of the previous activity. Breakout groups will be the same and will discuss the advantages and disadvantages of an option, how to implement the option, and the resources and tools needed for doing so.  The focus of facilitated discussion will be on the questions in Part 2 of the Alternate Care System Options Worksheet.  **3:00 – 3:40:** Each breakout group will discuss Option 1: At-Home Independent Care.  **3:40 – 4:20:** Breakout groups will be assigned the following options:  Breakout Group #1 – Option 2: An Alternate Site for Isolation of Influenza Patients  Breakout Group #2 – Option 4: Recovering Noninfectious Patient Center  Breakout Group #3 – Option 6: Rapid Screening and Triage Outside of the Hospital Emergency Department  **4:20 – 4:30:** Breakout group participants will discuss whether one, both, or none of the options discussed by the group will work in the community during a medical surge event.  **Facilitators:**   * The same participants who volunteered to do a report out on the previous breakout group activity also will report out on this breakout group activity using the Day One Report Out Template (Appendix H). This report out will take place at the beginning of Day Two of the workshop   **NOTE:** The volunteer(s) from Breakout Group #1 will report out on two options: Option 1 and Option 2.   * Remind participants that this activity will focus on answering the questions in Part 2 of the Alternate Care System Options Worksheet. Guide them through discussion of these questions. * The same participants who volunteered to write down the answers to questions asked in the worksheet (if used) will write down the answers to Part 2 of the worksheet. * Remind participants of the two or three hazards identified in the HVA as likely to impact the community. Ask them to use these hazards as a basis for their discussions of alternate care system options. * After 40 minutes, have participants focus on their assigned alternate care system option and follow the same format as above and using the Alternate Care System Option Worksheet. * Make sure breakout groups pay attention to how the option will be implemented in the community. Doing so will help them to determine if the option can, in fact, be implemented in the community. * Collect the "master copy" of the worksheets (if used) at the conclusion of the activity. | **Jane**  **Facilitators: Ellen, George, Linda**  **Notetakers: Bill, Nancy, Sam** | * **Alternate Care System Options Worksheets** * **Day One Report Out Template** * **Flipchart Paper** | **Well-defined alternate care system options** |
| **4:30 – 4:45** | **BREAK**  Move to plenary room. | **N/A** | **N/A** | **N/A** |
| **4:45 – 4:55** | **Plenary Activity: Day One Evaluation**  The lead evaluator will guide participants through the Day One evaluation form. Planning team members will help collect completed forms.  **Make sure to have any participants who leave the workshop early fill out an evaluation form before they leave.** | **Kelly**  **Collectors: Bill, Linda** | **Day One Evaluation Forms** | **Completed Evaluation Forms** |
| **4:55 – 5:00** | **Plenary Activity: Day One Wrap-Up/Day Two Overview**  The lead facilitator will wrap up Day One of the workshop and provide an overview of what participants should expect during Day Two. | **Jane** | **N/A** | **N/A** |
| **5:00** | **ADJOURN** | **N/A** | **N/A** | **N/A** |
| **5:30** | **Day One Debrief**  The lead facilitator will guide planning team members and other relevant people through a discussion of things that went well with the workshop and things that need improvement. Any issues identified by participants during Day One or on the evaluation forms should be addressed.  The Day Two agenda may need to be modified based on the outcome of this debriefing session. | **Jane**  **All Workshop Personnel** | **Relevant Participant Materials (e.g., worksheets, flip charts, evaluation forms)** | **N/A** |
| **To Be Determined** | Compile electronic copies of the Alternate Care Options Worksheets that were discussed during the Day One breakout group activities. Use the "master copies" of the worksheet completed by volunteer participants (if they were used) and notes compiled by notetakers to complete the electronic copies. Print copies to distribute to participants during the Day Two breakout group activities. | **Bill, Nancy, Sam** | **Alternate Care System Options Worksheets** | **Completed worksheets in electronic format** |

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## Day Two

| **Time** | **Action** | **Staff Assigned** | **Materials and Handouts** | **Deliverables** |
| --- | --- | --- | --- | --- |
| **7:30 – 8:00** | **Registration and Networking**  **Some people may only be able to attend the second day of the workshop.** | **Denise**  **Tom** | * **Name Badges/Tents** * **Participant Folders** * **Sign-in Sheet** * **Participant List** * **Photo Release Form** | **N/A** |
| **8:00 – 8:15** | **Plenary Activity: Day One Recap/Day Two Overview**  The lead facilitator will open the workshop by providing a recap of Day One and an overview of Day Two, particularly noting any changes made to the agenda as a result of the Day One debriefing session.  **No notes needed. Microphone runners will be on standby.** | **Jane**  **Microphones: Ellen, George** | **Plenary Slides** | **N/A** |
| **8:15 – 9:15** | **Plenary Activity: Breakout Groups Report Out**  Breakout groups will be given 15 minutes to report out on the alternate care system option(s) they discussed. This time limit will include questions and answers. The person doing the report out will use the Day One Breakout Group Report Out Template (Appendix H) as a guide. Notetakers will capture discussion.  This activity will be a natural segue into the next activity in which alternate care system options that will work best for the community will be selected. | **Jane**  **Microphones: Ellen, George**  **Notetakers: Linda, Scott** | * **Plenary Slides** * **Day One Breakout Group Report Out Template** | **Outcomes of breakout group discussions** |
| **9:15 – 9:45** | **Plenary Activity: Facilitated Discussion – Alternate Care System Options Selection**  *Objective 4: Select the alternate care system options that will work best for the community.*  The purpose of this activity is to make sure the four alternate care system options discussed in the breakout groups on Day One are the options that will work best for the community and, thus, will be discussed further in the remainder of the workshop. In other words, this activity is another option-validation step. Any options deemed not likely to work for the community will be dropped from further discussion.  **Instruct participants to move to their breakout rooms after the break.** | **Jane**  **Microphones: Ellen, George**  **Notetakers: Linda, Scott** | **Plenary Slides** | **Alternate care system options that will work for the community** |
| **9:45 – 10:00** | **BREAK**  **If the break occurs before or after 9:45, instruct participants on what time to return.** | **Jane** | **N/A** | **N/A** |
| **10:00 – 11:45** | **Breakout Group Activity: Roles and Responsibilities**  *Objective 5: Define roles and responsibilities of the individual partners involved in the planning for and implementation of each selected alternate care system option.*  **Breakout groups will remain the same as on Day One.**  **10:00 – 10:50:** Each breakout group will discuss Option 1: At-Home Independent Care.  **10:50 – 11:40:** Breakout groups will be assigned the following options:  Breakout Group #1 – Option 2: An Alternate Site for Isolation of Influenza Patients.  Breakout Group #2 – Option 4: Recovering Noninfectious Patient Center.  Breakout Group #3 – Option 6: Rapid Screening and Triage Outside of the Hospital Emergency Department.  **11:40 – 11:45:** Breakout groups will wrap up and go to the designated lunch facility, if applicable.  **Facilitators:**   * Ask a participant to volunteer to do a report out on the activity at the end of Day Two of the workshop. Provide the volunteer with a copy of the Day Two Report Out Template (Appendix H). Information to cover about this breakout group activity is provided in Part 1 of the template.   **NOTE:** The volunteer(s) from Breakout Group #1 will report out on two options: Option 1 and Option 2.   * Notetakers will capture the discussion electronically. * Remind participants of the two or three hazards identified in the HVA as likely to impact the community. Ask them to use these hazards as a basis for their discussions of alternate care system options. * Hand out the Roles and Responsibilities Worksheet (Appendix H) to each participant. These are for participant use and will not be collected. Participants can use the worksheets (or not) as they find useful.   **OPTIONAL:** Ask one person in the group to volunteer to write down (to the best of his/her ability) the answers to the questions asked in the worksheet as the group discusses them. This "master copy" worksheet will be collected at the end of this activity.   * Hand out copies of the Alternate Care System Options Worksheets that participants completed on Day One. The focus of this activity is on the information participants entered in the space for "What agencies or organizations are involved with this option?"   The worksheet has three parts. Participants have the option to complete a part and then discuss it or complete all three parts and discuss them together.   * Have participants complete Part 1 of the Roles and Responsibilities Worksheet. They will list the agency(s) or organization(s) that have authority to initiate the option. These agencies/organizations were identified on Day One in the Alternate Care System Options Worksheets they completed. Participants should list the rationale for the agency's or organization's authority (i.e., how or why they have that authority). This information will help with the development of an alternate care system plan. * Have participants complete Part 2 of the worksheet. They will look at the agencies and organizations they listed as being involved with the option and determine which ones have primary, secondary, and tertiary responsibilities. * Next, have participants complete Part 3 of the worksheet. They will use this worksheet to list the individual roles and responsibilities of each agency or organization they listed in Part 2 of the worksheet. * Facilitate discussion of these three parts one by one or all together.   + Make sure the volunteer participant (if used) captures this discussion in the "master copy" of the worksheet. * Repeat these steps for each option assigned to the breakout group.   **Remind participants to keep all worksheets (Alternate Care System Options Worksheets and Roles and Responsibilities Worksheets) because they will be used in the activity that occurs after lunch.**  **Remind participants to return to the breakout room after lunch.**  **Collect the "master copies" of the worksheet, if used.** | **Jane**  **Facilitators: Ellen, George, Linda**  **Notetakers: Bill, Nancy, Sam** | * **Completed Alternate Care System Options Worksheets** * **Roles and Responsibilities Worksheet** * **Day Two Report Out Template** * **Flip Charts** | **Defined roles and responsibilities for agencies and organization involved in the planning for and implementation of selected alternate care system options.** |
| **11:45 – 1:00** | **LUNCH**  **If lunch occurs before or after 11:45, instruct participants on what time to return.** | **Jane** | **N/A** | **N/A** |
| **1:00 – 2:30** | **Breakout Group Activity: Decision Tree**  *Objective 6: Determine the components of a "decision tree" for a community alternate care system.*  Breakout groups will remain the same as on Day One. Notetakers will capture the discussion electronically.  **Facilitators:**   * The same person who volunteered to do a report out on the previous activity also will report out on this activity using the Day Two Report Out Template (see Appendix H). This report out will be at the end of the workshop. Information to cover in the report out about this breakout group activity is provided in Part 2 of the template. * Hand out the Decision Tree Worksheet (see Appendix H) to each participant. The worksheet has five parts. Participants have the option to complete a part and then discuss it or complete all five parts and discuss them together.   **OPTIONAL:** Ask one person in the group to volunteer to write down (to the best of his/her ability) the answers to the questions asked in the worksheet as the group discusses them. This "master copy" worksheet will be collected at the end of this activity.   * Remind participants that they will be using the Alternate Care System Options Worksheets that they completed on Day One. * Remind participants that they will be using the Roles and Responsibilities Worksheet they completed in the previous activity. * Have participants complete Part 1 – Hazards. * Have participants complete Part 2 – Triggers. * Have participants complete Part 3 – Implementation. * Have participants complete Part 4 – Sustainability. * Have participants complete Part 5 – Recovery. * Facilitate discussion of these five parts one by one or all together. * At the end of the activity, have participants take their belongings back to the plenary room, which is where the workshop activities will conclude. * Collect the "master copies" of the worksheet, if applicable.   **The purpose of this activity is to begin collecting information needed to develop an alternate care system plan. Breakout groups will do as much work as they can within the given timeframes. They are not expected to provide detailed information about each question asked in the Decision Tree Worksheet.**  **By answering the questions provided in the Decision Tree Worksheet, participants will be able to determine some of the next steps that should occur after the workshop. Next steps are covered in a plenary activity after this breakout activity.** | **Jane**  **Facilitators: Ellen, George, Linda**  **Notetakers: Bill, Nancy, Sam** | * **Completed Alternate Care System Options Worksheets** * **Completed Roles and Responsibilities Worksheet** * **Decision Tree Worksheet** * **Day Two Report Out Template** * **Flip Charts** | **Initial information needed for an implementation plan** |
| **2:30 – 2:45** | **BREAK**  **If the break occurs before or after 2:30, instruct participants on what time to return.** | **Jane** | **N/A** | **N/A** |
| **2:45 – 4:05** | **Plenary Activity: Breakout Groups Report Out**  Breakout groups will be given 20 minutes to report out on their discussion on roles and responsibilities and the decision tree. This time limit will include questions and answers. The person doing the report out will use the Day Two Breakout Group Report Out Template (Appendix H) as a guide. Notetakers will capture the discussion. | **Jane**  **Microphones: Ellen, George**  **Notetakers: Nancy, Scott** | * **Plenary Slides** * **Day Two Breakout Group Report Out Template** | **Outcomes of breakout group discussions** |
| **4:05 – 4:45** | **Plenary Activity: Next Steps**  *Objective 7: Develop an alternate care system plan that incorporates the selected alternate care system options.*  This activity will combine a brief update from the planning team with a short facilitated plenary discussion and a walk-around group activity. The activity is designed to encourage ownership and interaction among participants.  **4:05 – 4:15:** The planning team will update the group on their plan for future work and will share their expectations for the community's next steps.  **4:15 – 4:30:** The lead facilitator will lead the group in a discussion to identify additional next steps. These next steps will be captured by notetakers (one per page) on Next Step Posters (see Appendix E) as they are identified. Each poster will be placed on a roundtable. A planning team member will be stationed at the table to encourage participation.  **4:30 – 4:45:** Participants will walk around the room and sign up to work on completing each next step after the workshop. Each poster will have two columns: one for volunteering personal involvement and one for recommending other individuals, agencies, committees, or organizations for involvement.  **The lead facilitator should make it clear that participants are not signing up for a particular task or responsibility, but are simply indicating their interest in providing input and working with other partners.** | **Jane**  **Microphones: Bill, Ellen**  **Notetakers: George, Susan** | **Next Step Posters** | **A list next steps and the people interested in helping with each next step** |
| **4:45 – 4:55** | **Plenary Activity: Day Two Evaluation**  The lead evaluator will guide participants through the Day Two evaluation form. Planning team members will help collect completed forms.  **Make sure to have any participants who leave the workshop early fill out an evaluation form before they leave.** | **Kelly**  **Collectors: Bill, Linda** | **Day Two Evaluation Forms** | **Completed Evaluation Forms** |
| **4:55 – 5:00** | **Plenary Activity: Closing Remarks**  The lead facilitator or a member of the workshop planning team will wrap up the workshop. | **Jane or John** | **N/A** | **N/A** |
| **5:00** | **ADJOURN** | **N/A** | **N/A** | **N/A** |
| **5:15** | **Day Two Debrief**  The lead facilitator or a member of the workshop planning team will guide planning team members and other relevant people through a discussion of things that went well with the workshop and things that need improvement. Any issues identified by participants during Day Two or on the evaluation forms should be discussed. Next steps for the planning team also should be discussed. | **Jane or John**  **All Workshop Personnel** | **Relevant participant materials (e.g., worksheets, flip charts, evaluation forms)** | **N/A** |

# Appendix H – Sample Worksheets: An Alternate Care System

This appendix provides sample worksheets that correspond to the activities described in the activity guide for a workshop on an alternate care system (Appendix G). The worksheets provided in this appendix are

* Alternate Care System Options Worksheets – These worksheets can be used in group discussions about potential alternate care system options.[[37]](#footnote-37) Worksheets are provided for these six options[[38]](#footnote-38) (from Appendix F) identified in previous workshops[[39]](#footnote-39) as the most feasible for U.S. communities:
  + Option 1: At-Home Independent Care
  + Option 2: An Alternate Site for Isolation of Influenza Patients
  + Option 3: Expanded Role for Outpatient Care Facilities
  + Option 4: Recovering Noninfectious Patient Center
  + Option 6: Rapid Patient Screening and Triage Outside the Hospital Emergency Department
  + Option 8: Overflow Hospital for Influenza Patients
* Day One Breakout Group Report Out Template – This template is provided as a guide to follow when reporting out on Day One breakout group discussions on alternate care system options.
* Roles and Responsibilities Worksheet – This worksheet is designed for participants to identify the primary, secondary, and tertiary agencies and organizations involved in the implementation of an alternate care system option and then to identify the individual roles and responsibilities of each identified agency/organization.
* Decision Tree Worksheet – This worksheet is designed for participants to begin looking at the selected alternate care system options as a system and to then provide the information necessary to start developing a community alternate care system plan.
* Day Two Breakout Group Report Out Template – This template is provided as a guide to follow when reporting out on Day Two breakout group discussions on roles and responsibilities and decision trees.

## Alternate Care System Options Worksheets

**Option 1: At-Home Independent Care**

**Course of Action:** The identified agencies will enhance the ability of self-sufficient persons or caregivers to provide independent care at home in order to decrease the surge on the healthcare system. They will help people determine when and how to stay home and when to seek outside care.

**Previously Captured Information**

| **Question** | **Answer** |
| --- | --- |
| **What does this option do?** | * Decreases the number of people who present to the hospital. * Enhances people's ability for providing self-sufficient care at home. * Helps people determine whether to seek care at an outside facility. * Keeps people from infecting one another. |
| **Why use this option?** | To   * Keep people out of the healthcare system. * Increase the number of people who stay at home. * Reduce the risk of getting or transmitting pandemic influenza. * Empower people to take action and remain independent. * Protect medically fragile citizens. * Reduce patient discomfort; most people are more comfortable in their own home. * Use resources efficiently when people are not sick enough to require hospitalization. |
| **What assumptions should be made when using this option?** | * People will stay at home. * People will be honest about their symptoms and situations (i.e., people will be informed and objective). * People will have the information and resources necessary to provide care at home. * Agencies and the media will provide one single, credible message. * People will trust the information that is being disseminated to them. * Agencies will have a way to communicate with people to accurately assess whether they can recover at home or have to be admitted to healthcare. * The virus strain will be sensitive to antivirals. |

**NOTE:** The questions provided on the next three pages are common to all six alternate care system options and will not be repeated for each option in this appendix.

**Part 1**

| **Question** | **Answer** |
| --- | --- |
| **Who are the patients who will use this option?** | Inclusions  Exclusions |
| **What agencies and organizations are involved with this option?** | Who has the authority to initiate this option? |
| **Where is this option used?** | To be filled in by user |
| **Where is information about this option disseminated?** | To be filled in by user |
| **When is this option used and how long does it last?** | Initiated  Ended |

**Part 2**

| **Question** | **Answer** |
| --- | --- |
| **What are the advantages of using this option?** | To be filled in by user |
| **What are the disadvantages of using this option?** | To be filled in by user |
| **How is this option implemented?** | To be filled in by user |
| **What resources and tools need to be developed for this option?** | To be filled in by user |
| **Notes** | To be filled in by user |

**Option 2: An Alternate Site for Isolation of Influenza Patients**

**Course of Action:** The identified agencies will separate influenza patients requiring minimal care who are unable to be cared for at home.

**Previously Captured Information**

| **Question** | **Answer** |
| --- | --- |
| **What does this option do?** | * Sets up an alternative site to house and support influenza patients requiring minimal medical care. * Dedicates a facility to isolating infectious influenza patients. |
| **Why use this option?** | To   * Minimize exposure of noninfectious people to influenza. * Reduce surge on the healthcare system from patients requiring minimal care. * Preserve critical medical services for the severely ill. * Reduce hysteria and preserve mental health benefits. |
| **What assumptions should be made when using this option?** | * People will be honest about their symptoms and situations (i.e., people will be informed and objective). * Businesses will be involved and will cooperate. * Facilities will be provided only for minimal influenza care (supportive care). * Facilities will not be used for quarantine. * Critical infrastructure will continue to operate. * Influenza patients can be housed together. * Adequate resources (including personnel) will be available to run this facility. * Personnel will communicate with patients. * A good definition of an influenza patient will exist. |

**Option 3: Expanded Role for Outpatient Care Facilities**

**Course of Action:** Existing outpatient facilities will provide care to patients with minor injuries and illnesses in order to preserve critical hospital resources for the most severe patients.

**Previously Captured Information**

| **Question** | **Answer** |
| --- | --- |
| **What does this option do?** | * Supports and manages patients with minor injuries and illnesses, including distribution of routine medications and vaccines, hydration, intravenous antibiotics, and short-term symptom monitoring. * These facilities may also be used as triage sites to and from the hospital. |
| **Why use this option?** | Outpatient care facilities   * Redirect the surge on the healthcare system and hospitals to preserve critical services for the severely injured. * Support patients with minor injuries and illnesses outside of the hospital. * Facilitate the distribution of vaccines and medications outside of the hospital. * Provide patients easier access to healthcare. * Use an existing documentation system. |
| **What assumptions should be made when using this option?** | * Providers and existing facilities agree to these roles. * The role of the outpatient clinic in antiviral distribution and treatment will be unknown (i.e., treatment, prophylaxis, or both). * People without insurance can be treated during an emergency. * Administration of antivirals will be standardized among outpatient clinics. * Local public information officers will be on site to direct patients to the right places. |

**Option 4: Recovering Noninfectious Patient Center**

**Course of Action:** Noninfectious patients, not ready to be sent home, will be discharged from the hospital and transferred to "step-down" facilities.

**Previously Captured Information**

| **Question** | **Answer** |
| --- | --- |
| **What does this option do?** | Provides   * Temporary care for recovering noninfectious patients. * Step-down facility for noninfectious patients who still need care. * Temporary shelter for recovered patients who have no home to which they can be discharged. |
| **Why use this option?** | To   * Free up hospital beds. * Serve as a step-down unit for recovering noninfectious patients. * Separate noninfectious patients from influenza patients in the hospital. |
| **What assumptions should be made when using this option?** | * Elective surgeries will be cancelled. * Facilities will have * Time to prioritize patients. * Space available. * Facilities and personnel will cooperate and be willing and able to expand their role beyond usual capacity and capabilities. * Licensing will allow for this option. * Medical transportation for these patients will be available. * Patients will be able and willing to move. |

**Option 6: Rapid Patient Screening and Triage Outside the Hospital Emergency Department**

**Course of Action:** Hospitals will set up primary triage sites to minimize medical surge.

**Previously Captured Information**

| **Question** | **Answer** |
| --- | --- |
| **What does this option do?** | * Ensures critical patients are sent to the ED. * Ensures noncritical patients are discharged to home, provided with supportive care, or transferred to another healthcare facility. * Provides rapid screening and assessment of symptoms. |
| **Why use this option?** | To   * Minimize exposure of noninfluenza patients to influenza. * Control entry of influenza patients into the healthcare system. * Effectively direct patients to the appropriate care. |
| **What assumptions should be made when using this option?** | * Transport to and from facilities will be available. * Space will be available in the hospital for critical patients. * People will be honest about their symptoms and situations. * People will go where they are directed. * Space, personnel, and equipment will be available for triage sites. * The state will pass a waiver for altered standards of care. * This option will be used in conjunction with Option 2: Infectious Patient Center. |

**Option 8: Overflow Hospital for Influenza Patients**

**Course of Action:** The identified agencies will set up and provide care for critically ill or injured patients who would otherwise be admitted to the hospitals. These alternate care facilities would replicate a full range of hospital services (these would need to be determined as well as based on resources that may or may not be available).

**Previously Captured Information**

| **Question** | **Answer** |
| --- | --- |
| **What does this option do?** | * Designates or sets up hospitals for influenza patients. * Provides acute care to influenza patients, based on standards of care appropriate to the situation and available resources. * Creates an alternate step-down facility. |
| **Why use this option?** | Overflow hospitals separate acutely ill influenza and noninfluenza patients. |
| **What assumptions should be made when using this option?** | * People will be honest about their symptoms and situations (i.e., people will be informed and objective). * Business and the media will be involved and will cooperate. * Public health will approve this option. * The overflow facilities will be provided only for patients with influenza-like illness (ILI) symptoms. * Adequate resources will be available. |

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## Day One Breakout Group Report Out Template

**Instructions:** Use this template as a guide for reporting out on breakout group discussions on an alternate care system option. Remember to be as brief as possible, but still cover the topic. You will be allotted 15 minutes for your report out.

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course of Action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **D**escribe **the *What, Why,* and *Assumptions* for your option. Share any changes or additions your group made to the prefilled section of the worksheet handed out during the breakout group discussions, which includes these questions:**
   * What does this option do?
   * Why use this option?
   * What assumptions must be made for using this option?
2. **D**escribe **your group's discussion of the *Who, Where,* and *When* of the option (Part 1 of the worksheet). You do not have to read all items on the worksheet; rather, share the highlights. A suggestion is to focus on things that your group thinks are unique to your option.**

* Who are the patients using this option?
  + Inclusions
  + Exclusions
* What agencies and organizations are involved with this option?
* Where is this option used?
* Where is information about this option disseminated?
* When is this option used? How long does it last?
  + Initiated
  + Ended

1. **D**escribe **your group's discussion of the *Advantages, Disadvantages, Implementation,* and *Needed Resources or Tools* for your option (Part 2 of the worksheet). You do not have to discuss all items your group identified; rather, share the highlights. A suggestion is to focus on things that your group thinks are unique to your option. Also, discuss how the option will be implemented and any issues that may arise with implementing it.**

* What are the advantages and disadvantages of using this option?
  + Advantages
  + Disadvantages
* How is this option implemented?
* What resources and tools need to be developed for this option?

1. Tell the audience if your breakout group thought this option will work for your community and why they thought it would or would not work.

## Roles and Responsibilities Worksheet

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course of Action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1**

**Instructions:** List the agency(s) and organization(s) that have the authority to initiate the option and briefly explain the rationale (how or why) for that authority.

| **Authorizing Agency/Organization** | **Rationale for Authority** |
| --- | --- |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 2**

**Instructions:** List the agencies and organizations with primary, secondary, and tertiary roles and responsibilities with the implementation of the alternate care system option.

| **Level of Responsibility** | **Agencies/Organizations** |
| --- | --- |
| **Primary** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Secondary** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Tertiary** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 3**

**Instructions:** In the space provided, write in the name of each agency or organization having a role in implementing the alternate care system option (listed in Part 2). Start with those that have primary responsibility and then move on to those that have secondary and tertiary responsibilities using the appropriate worksheets.

**Primary Responsibility**

| **Agency/Organization** | **Roles and Responsibilities** |
| --- | --- |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Secondary Responsibility**

| **Agency/Organization** | **Roles and Responsibilities** |
| --- | --- |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Tertiary Responsibility**

| **Agency/Organization** | **Roles and Responsibilities** |
| --- | --- |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To be filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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## Decision Tree Worksheet

The purpose of this activity is to begin collecting information needed to develop an alternate care system plan. You will do as much work as you can within the given timeframes. You are not expected to provide detailed information about each question asked in this worksheet. Your goal is to provide a starting point for the development of a community alternate care system plan.

**Part 1 – Hazards**

**Instructions:** Write down the hazards identified in the hazard vulnerability analysis (HVA) as likely to impact the community. Keep these hazards in mind as you answer the questions in Parts 2 through 5 in this worksheet.

**HVA Hazard #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HVA Hazard #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HVA Hazard #3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HVA Hazard #4:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2 – Triggers**

| **Question** | **Answer** |
| --- | --- |
| **What set of circumstances or events trigger the activation of our community alternate care system?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Who is responsible for activating the alternate care system?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How is the system activated?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 3 – Implementation**

| **Question** | **Answer** |
| --- | --- |
| **How are the identified alternate care system options coordinated during implementation? Which option is implemented first? How are other options "brought on line"?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 4 – Sustainability**

| **Question** | **Answer** |
| --- | --- |
| **How is the alternate care system sustained during a long-term, medical surge event?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 5 – Recovery**

| **Question** | **Answer** |
| --- | --- |
| **How is the alternate care system deactivated? Which option(s) get deactivated first?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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## Day Two Breakout Group Report Out Template

**Instructions:** Use this template as a guide for reporting out on breakout group discussions on an alternate care system option. Remember to be as brief as possible, but still cover the topic. You will be allotted 15 minutes for your report out.

**Part 1**

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course of Action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Identify the agency(s) or organization(s) that has the authority to initiate this alternate care system option. Explain the rationale for this authority.**
2. **D**escribe the agencies and organizations with primary, secondary, and tertiary roles and responsibilities with the implementation of the alternate care system option.
   * Primary responsibility
   * Secondary responsibility
   * Tertiary responsibility
3. **D**escribe the roles and responsibilities of those agencies and organizations with primary and secondary involvement with the option.

**Part 2**

1. **D**escribe the triggers for activating the community alternate care system, who is responsible for activating it, and how it is activated.
2. **D**escribe how the alternate care system options are coordinated during implementation, including which option is implemented first and how the other options are "brought online."
3. **D**escribe how the alternate care system is sustained during a long-term, medical surge event.
4. **D**escribe how the alternate care system is deactivated, including the order in which options get deactivated.

# Appendix I – Evaluation Form and Comment Card Examples

This appendix includes three evaluation forms that are companion documents to the 2-day agenda for the Workshop on Models of Healthcare Delivery, which is located on pages 60 and 61. The three example evaluation forms in this appendix are

1. Baseline assessment form – This evaluation form is completed at the beginning of the workshop to assess participants' understanding of workshop-related topics.
2. Day 1 evaluation form – This evaluation form is completed at the end of the first day of the workshop to assess participants' opinions as to whether stated objectives were addressed as well as the relevance of workshop activities. The form also provides participants with an opportunity to list things they would change about the first day of the workshop, what they liked most about the first day, and what they liked least about the first day.
3. Day 2 evaluation form – This evaluation form is completed at the end of the second day of the workshop to assess participants' opinions as to whether stated objectives were addressed as well as the relevance of workshop activities. The form also provides participants an opportunity to list things they would change about the second day of the workshop, what they liked most about the second day, and what they liked least about the second day. This evaluation form also reassesses participants' understanding of workshop-related topics.

You may modify these forms to meet your workshop needs.

This appendix also contains an example of a comment card. Comment cards are used to capture participant questions in the event that these questions cannot be answered during the workshop. The card also can be used to document issues that participants have identified during the course of the workshop or used to provide comments. The participant has the option to remain anonymous.

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## Baseline Assessment Form Example

1. Please select the organization you are representing during this workshop.

* Public Health
* Healthcare
* EMS
* Emergency Management
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate how many years you have worked in this organization.

* < 5 years
* 5–15 years
* > 15 years

1. Please indicate the primary area served by your organization.

* City
* County
* Region
* State
* Federal

1. Are your primary duties in emergency preparedness and response?

* Yes
* No

1. Please indicate your agreement with the following statements:

*I understand my organization's* ***roles and responsibilities*** *during a medical surge event.*

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

*I am aware of my organization's* ***capacities, capabilities, and resources*** *related to the delivery of healthcare in a medical surge event.*

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

1. Please rate your knowledge of each of the following topics as it relates to <your community name>.

| **Topic** | **No High Level**  **Knowledge of Knowledge** |
| --- | --- |
| Community sectors that are involved in the response to a medical surge event. | 1 2 3 4 |
| Sector roles and responsibilities during a medical surge event. | 1 2 3 4 |
| Resource sharing between sectors involved in a response to a medical surge event. | 1 2 3 4 |

1. If a medical surge event occurred today, I would rate <name of community> organizations' ability to respond in a coordinated manner as

| **Unknown Low High** |
| --- |
| 0 1 2 3 4 |

1. I have an important role to play in planning for a medical surge event response in <name of community>.

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

1. In thinking about all the issues I manage professionally, spending 2 days focusing on emergency preparedness planning is worthwhile.

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

*Thank you for completing this questionnaire. Your feedback will help to improve future activities.*

## Day 1 Evaluation Form Example

1. Please select the organization you are representing during this workshop.

* Public Health
* Healthcare
* EMS
* Emergency Management
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate the primary area served by your organization.

* City
* County
* Region
* State
* Federal

1. Are your primary duties in emergency preparedness and response?

* Yes
* No

1. Please rate how well each objective was addressed today.

| **Objective** | **Not**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Addressed**  **Addressed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Well** |
| --- | --- |
| Identify sector/subsector roles, responsibilities, and available resources during a medical surge event. | 1 2 3 4 |
| Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event. | 1 2 3 4 |

1. Please rate how relevant the following activities were to today's objectives.

| **Topic** | **Not Relevant Very Relevant** |
| --- | --- |
| Presentation: Pre-workshop Activities and Preparation | 1 2 3 4 |
| Roundtable Activity: Sector Snapshots | 1 2 3 4 |
| Plenary Activity: Potential Issues with Current Model of Care | 1 2 3 4 |
| Plenary Activity: Pan Flu Scramble Exercise – Round 1 | 1 2 3 4 |

1. Would you change anything about today's activities (e.g., type/amount of content, format, facilitators, location)?

* No
* Yes

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did you find **most** valuable about today's activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did you find **least** valuable about today's activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide any additional comments you may have related to today's activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for completing this questionnaire. Your feedback will help to improve future activities.*

## Day 2 Evaluation Form Example

1. Please select the organization you are representing during this workshop.

* Public Health
* Healthcare
* EMS
* Emergency Management
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate how many years you have worked in this organization.

* < 5 years
* 5–15 years
* > 15 years

1. Please indicate the primary area served by your organization.

* City
* County
* Region
* State
* Federal

1. Are your primary duties in emergency preparedness and response?

* Yes
* No

1. Please rate how well each objective was addressed today.

| **Objective** | **Not Addressed**  **Addressed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Well** |
| --- | --- |
| Identify issues, gaps in coordination, and obstacles encountered by community healthcare providers in the provision of healthcare delivery during a medical surge event. | 1 2 3 4 |
| Develop cross-sector strategies to address the identified issues, gaps, and obstacles related to delivering healthcare in the community during a medical surge event. | 1 2 3 4 |
| Identify the points at which medical surge can overwhelm community healthcare providers and require the community to alter its model of healthcare delivery (i.e., identify "breaking points"). | 1 2 3 4 |

1. Please rate how relevant the following activities were to today's objectives.

| **Topic** | **Not Relevant Very Relevant** |
| --- | --- |
| Plenary Activity: Pan Flu Scramble Exercise – Round 2 | 1 2 3 4 |
| Plenary Activity: Facilitated Discussion – Pan Flu Scramble Exercise Hot Wash | 1 2 3 4 |
| Plenary Activity: Facilitated Discussion – Pan Flu Scramble Exercise Wrap Up | 1 2 3 4 |
| Roundtable Activity: Strategies for Delivering Care during a Medical Surge Event | 1 2 3 4 |
| Roundtable Activity: Revised Model of Care Sector Level | 1 2 3 4 |
| Plenary Activity: Next Steps | 1 2 3 4 |

1. Would you change anything about today's activities (e.g., type/amount of content, format, facilitators, location)?

* No
* Yes

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What did you find **most** valuable about today's activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did you find **least** valuable about today's activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide any additional comments you may have related to today's activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate your agreement with the following statements:

*I understand my organization's* ***roles and responsibilities*** *during a public health emergency.*

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

*I am aware of my organization's* ***capacities, capabilities, and resources*** *related to the delivery of healthcare in a public health emergency.*

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

1. Please rate your knowledge of each of the following topics.

| **Topic** | **No High Level**  **Knowledge of Knowledge** |
| --- | --- |
| Community sectors that are involved in the response to a medical surge event. | 1 2 3 4 |
| Sector roles and responsibilities during a medical surge event. | 1 2 3 4 |
| Resource sharing between sectors involved in a response to a medical surge event. | 1 2 3 4 |

1. As a result of the workshop, I would rate <name of community> organizations' ability to respond in a coordinated manner to a public health emergency as

| **Unchanged Improved** |
| --- |
| 1 2 3 4 |

1. As a result of this workshop, I can identify additional partners in <name of community> who need to be involved in planning for the response to a medical surge event.

| **Disagree Agree** | **Not Applicable** |
| --- | --- |
| 1 2 3 4 | □ |

1. I have an important role to play in planning for a medical surge event response in <name of community>.

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

1. Professionally, I found this 2-day workshop to be worthwhile.

| **Disagree Agree** |
| --- |
| 1 2 3 4 |

*Thank you for completing this questionnaire. Your feedback will help to improve future activities.*

## Comment Card Example



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# Appendix J – Post-workshop Activity Templates

Three post-workshop activities that you and your planning team will undertake are to

1. Set a schedule or timeline for completing post-workshop tasks.
2. Discuss lessons learned.
3. Chart progress on next steps in an improvement plan.

Templates to help with these three tasks are provided in this appendix.

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## Post-workshop Timeline Template

The table below represents an example of a post-workshop timeline template. You can modify this template as needed to meet your needs.

| **Task** | **Due Date** | **Person Responsible** |
| --- | --- | --- |
| Send thank you letters to participants. | 1 week after the workshop | Planning Team |
| Sends workshop-related documents to participants. | 1 week after the workshop | Planning Team |
| Conduct a lessons learned debrief. | 10 days after the workshop | Planning Team |
| Create an improvement plan. | 2 weeks after the workshop | Planning Team |
| Pay remaining costs associated with the workshop. | 1 month after the workshop | Workshop Coordinator |
| Compile and analyze evaluation forms. | 1 month after the workshop | Planning Team |
| Write a workshop summary report. | 6 weeks after the workshop | Planning Team |
| Chart progress on completion of improvement plan tasks. | Ongoing | Planning Team |
| Complete next steps identified at the workshop. | Ongoing | (Determined at the workshop) |
| Revise community plans as needed. | Ongoing | Community Planners |

## Lessons Learned Template

| **Question** | **Answer** |
| --- | --- |
| What worked well during the pre-workshop planning? | To be filled in by user |
| What needs improvement with regard to pre-workshop planning? | To be filled in by user |
| What worked well with the conduct of the workshop? | To be filled in by user |
| What needs improvement with regard to the conduct of the workshop? | To be filled in by user |

## Improvement Plan Template

An improvement plan helps you to make progress on the next step tasks identified during the workshop or to improve or enhance future workshops. In this plan, set improvement goals, plan how the goals will be implemented, and chart the progress of the goals implemented. This template will help you to establish a written process to track progress.

**Improvement Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Action** | **Person Responsible** | **Status** | **Projected Completion Date** |
| --- | --- | --- | --- |
| To be filled in by user | To be filled in by user | * Completed * In Progress * Not Started | To be filled in by user |
| To be filled in by user | To be filled in by user | * Completed * In Progress * Not Started | To be filled in by user |
| To be filled in by user | To be filled in by user | * Completed * In Progress * Not Started | To be filled in by user |
| To be filled in by user | To be filled in by user | * Completed * In Progress * Not Started | To be filled in by user |

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# Appendix K – Abbreviations and Acronyms

## Preparedness Acronyms

CAT Community Assessment Tool

ED Emergency Department

EMS Emergency Medical Services

EOC Emergency Operations Center

HVA Hazard Vulnerability Analysis

ICS Incident Command System

ILI Influenza-Like Illness

JIC Joint Information Center

LTC Long-Term Care

MEMS Modular Emergency Medical System

MOC Model of Care

NEHC Neighborhood Emergency Help Center

PPE Personal Protective Equipment

TTX Tabletop Exercise

## Organizational Acronyms

CDC Centers for Disease Control and Prevention

HPA Healthcare Preparedness Activity

HPP Hospital Preparedness Program

ORAU Oak Ridge Associated Universities

ORISE Oak Ridge Institute for Science and Education

PHEP Public Health Emergency Preparedness

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1. Medical surge is defined by the U.S. Department of Health and Human Services (HHS) as the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community (through numbers or types of patients). It encompasses the ability of healthcare organizations to survive a hazard impact and maintain or rapidly recover operations that were compromised (a concept known as medical system resiliency). [↑](#footnote-ref-1)
2. In the context of this document, *healthcare provider* refers to any agency, department, or organization in the community that provides healthcare services. Examples of healthcare providers are hospitals, EMS, primary care providers, urgent care centers, skilled nursing facilities, and public health departments. [↑](#footnote-ref-2)
3. These workshops also focused on moderate surge management, which was rolled up into both workshops. Moderate surge is defined in the *Community Planning Framework* as an increase in patients and healthcare demand that can be managed within existing facility capabilities and capacities without disturbing or curbing day-to-day services, while still operating within day-to-day operational capabilities. An example of moderate surge would be the increase in patients typically seen during a worse-than-normal flu season. [↑](#footnote-ref-3)
4. Some community planners use the term *alternative* care system/site when discussing this subject. The authors of the *Tool* prefer to use the term *alternate* care system/site. Additionally, the acronym, ACS, could be construed to refer to a *system* or a *site* and, thus, be confusing to the reader. For this reason, the authors of the *Tool* decided not to use ACS in this document. [↑](#footnote-ref-4)
5. *Expansion of the provision of care*, in the context of this document, refers to a healthcare provider augmenting the services it provides by enlisting the assistance of other healthcare providers and supporting partners in the community (i.e., the approach becomes collaborative rather than based on an individual provider). [↑](#footnote-ref-5)
6. *Expansion of the provision of care*, in the context used in here, refers to a healthcare provider augmenting the services it provides by enlisting the assistance of other healthcare providers and supporting partners in the community (i.e., the approach becomes collaborative rather than based on an individual provider). [↑](#footnote-ref-6)
7. A MOC diagram is a graphic illustration of the points of patient care from entry to exit within a healthcare delivery system. A MOC narrative is a written description of the interconnected sequence of events in a community's healthcare delivery system. Refer to the *Community Planning Framework* pages 3-15 and 3-16 for examples of a MOC diagram and Appendix C for a sample MOC narrative. [↑](#footnote-ref-7)
8. Alternate care system options are defined in the *Community Planning* Framework as "the range of healthcare strategies available to a community from which to select in order to safely alter the provision of care during heavy medical surge." The options provided in the *Tool* build on the research of others and incorporate lessons learned from previous alternate care system workshops. [↑](#footnote-ref-8)
9. If you are using a contractor, clearly define what is needed in the way of outcomes from the workshop. Clearly defining outcomes is especially important if these outcomes must meet the requirements to complete a grant or are critical in meeting the needs for future projects. [↑](#footnote-ref-9)
10. The authors of this document consider the terms *sectors* and *subsectors* to be different. For example, healthcare is considered to be a *sector* whereas hospitals, primary care providers, long-term care agencies, urgent care centers, and similar healthcare providers are considered to be *subsectors* of the healthcare sector. [↑](#footnote-ref-10)
11. Cross-sector strategies involve more than just one community sector or subsector. These strategies require a coordinated effort among many community sectors or subsectors to address the identified issues, gaps, and obstacles. [↑](#footnote-ref-11)
12. You also want to identify gaps in planning so that you can improve healthcare delivery in your community. Objectives 3 and 4 are designed to give you the information you need to make this improvement. They also will provide you with information you will need when you develop an alternate care system plan. [↑](#footnote-ref-12)
13. Refer to the *Community Planning Framework* Appendix D for a case study on the development of an alternate care system. [↑](#footnote-ref-13)
14. This activity will be ongoing throughout the course of the workshop. [↑](#footnote-ref-14)
15. The Pan Flu Scramble Exercise is different from the other activities in that the time allocated to this activity should be a minimum of 3 to 4 hours. [↑](#footnote-ref-15)
16. When designing your breakout groups, you need to first consider what you want to accomplish and then determine the appropriate mix of people to accomplish it. For example, your breakout groups can consist of a random mix of people from community sectors/subsectors, a representative of each sector/subsector in your community, or representatives of a single sector/subsector. [↑](#footnote-ref-16)
17. Adapted from the Federal Emergency Management Agency (FEMA) Course IS-120.a – An Introduction to Exercises, which is available at <https://emilms.fema.gov/IS120A/m1summary.htm>. [↑](#footnote-ref-17)
18. The CAT is intended for use by community planners to assess the community's readiness for a disaster from a total healthcare system perspective. The CAT helps reveal each core agency partners' capabilities and resources, highlights cases of the same vendors being used for resource supplies by the partners, and addresses gaps in the community's capabilities or potential shortages in resources. The CAT is available at <http://www.cdc.gov/phpr/healthcare/documents/cat_cdc.docx>. [↑](#footnote-ref-18)
19. This task and the next one (Develop a Draft Workshop Agenda) can be done concurrently. [↑](#footnote-ref-19)
20. From *Advanced Facilitation Guide* by CDC's Public Health Information Network Communities of Practices, which is available at <http://www.cdc.gov/phcommunities/resourcekit/resources.html>. [↑](#footnote-ref-20)
21. This task will take place after the workshop. [↑](#footnote-ref-21)
22. Available at <http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/facilitation-skills/main>. [↑](#footnote-ref-22)
23. Although the goal of the workshop is to develop a MOC diagram and narrative that describes how your community healthcare providers coordinate with each other to provide healthcare delivery in the community during a medical surge event, you will first need to develop a diagram and narrative that describes how your community healthcare providers coordinate with each other on a day-to-day basis. Thus, you are developing more than one model. [↑](#footnote-ref-23)
24. If your community has not experienced a medical surge event, then you should provide participants a medical-surge scenario to consider and to help them answer these questions. See the sample scenario on page 58 of this chapter. If you develop a scenario for your workshop, remember to focus on the hazards identified in your HVA. [↑](#footnote-ref-24)
25. A healthcare system is the complete network of agencies, facilities, and all providers of healthcare in a specified geographic area. [↑](#footnote-ref-25)
26. The Pan Flu Scramble Exercise components can be modified to simulate day-to-day or moderate medical surge that the community healthcare providers can manage on their own (i.e., without assistance from others). This simulated patient surge can be increased throughout the exercise to reach the "breaking points" described in workshop Objective 4. [↑](#footnote-ref-26)
27. Another way to approach this assignment is to have participants identify the options that they know will not work in the community. By eliminating those that will not work, you will end up with a listing of options that could work in your community. [↑](#footnote-ref-27)
28. Remember that, when designing breakout groups to discuss alternate care system options, you need to first consider what you want to accomplish and then determine the appropriate mix of people to accomplish it. For example, your breakout groups can consist of a representative of each sector/subsector in your community or representatives of sectors/subsectors that will be the most impacted if the option is implemented in the community. [↑](#footnote-ref-28)
29. For more information on evaluation, see CDC's Program Performance and Evaluation Office (PPEO) website on program evaluation at <http://www.cdc.gov/eval/resources/index.htm>. [↑](#footnote-ref-29)
30. Examples of workshop evaluation forms are provided in Appendix I. [↑](#footnote-ref-30)
31. Please describe your property, including its benefits, amenities, and other selling points, in 100 words or less. [↑](#footnote-ref-31)
32. Please limit your comments to 50 words or less. [↑](#footnote-ref-32)
33. Please provide all food and beverage costs *per person*. [↑](#footnote-ref-33)
34. Clarence Lam et al., "The Prospect of Using Alternative Medical Care Facilities in an Influenza Pandemic," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 4, no. 4 (2006):384. [↑](#footnote-ref-34)
35. Although this option is presented in this appendix for you to consider, many community members who discussed this option thought that patient screening and triage inside the hospital ED is a normal, day-to-day activity (i.e., not a form of alternate care). For this reason, they see this option as being viable only if enacted in concert with Option 3 – Expanded Role for Outpatient Care Facilities. [↑](#footnote-ref-35)
36. All communities with which CDC and ORAU-ORISE worked considered this option to not be feasible because of its cost. [↑](#footnote-ref-36)
37. Please note that these options are prefilled with information collected from past workshops that focused on a pandemic influenza scenario. [↑](#footnote-ref-37)
38. Participants in past workshops considered Option 5: Rapid Patient Screening and Triage Inside the Hospital Emergency Department to be a form of day-to-day healthcare delivery (i.e., not altered care) and Option 7: Mobile Hospital too costly to be considered. As a result, these options are not included in this appendix. [↑](#footnote-ref-38)
39. Appendix E in the *Community Planning Framework* contains completed-worksheet information for these options for you to use, if needed. [↑](#footnote-ref-39)