

Centers for Disease Control and Prevention (CDC)
Healthcare Preparedness Activity (HPA)
and the
Oak Ridge Institute for Science and Education (ORISE)

**Planning Workshop
for Addressing Healthcare Surge
in Rural Settings**

Request for Participation (RFP)

Focus	Preparedness for healthcare surge in rural communities during a moderate to severe influenza pandemic or other public health emergency.
Purpose	To solicit interested rural communities to apply as potential participants for a workshop sponsored by CDC. The goal of the workshop is to advance planning towards a coordinated and integrated public health, healthcare, and emergency management response to deliver care when faced with increasing levels of healthcare surge during an influenza pandemic or other public health emergency in rural settings.
RFP Issue Date	November 27, 2012
Indicate Intent to Apply (via e-mail or fax)	December 21, 2012
Completed Applications Due	January 15, 2013
Date of Workshop	Summer 2013 (Exact dates TBD)

Introduction

Pandemic planning requires consensus on the actions and priorities required to prepare for and respond to a public health crisis. An influenza pandemic has the potential to overwhelm local healthcare systems, and may cause more illness and death in the United States than any other public health threat. It is anticipated that communities will move from a "business as usual" healthcare delivery system to one that must adapt to increasing levels of healthcare surge. Such a system will require the cooperation of public health, healthcare, emergency management, and other organizations to effectively deliver care within the community. Changes may include implementing strategies to keep mildly ill persons at home; coordinating and communicating where people in the community should seek care; collaborating on decisions regarding the roles of public health, hospitals, clinics, private practice offices, non-hospital based organizations, and emergency management in responding to community healthcare demands; considering the use of triage algorithms; and the ethical and legal implications of allocating scarce resources.

In 2008, CDC-HPA and ORISE began a series of workshops aimed at improving community healthcare responses during an influenza pandemic or other public health emergency. A variety of deliverables (tools and templates) are in development and will benefit many types of communities regardless of community demographics, infrastructure, current levels of planning, or availability of healthcare and other public health resources. The *Planning Workshop for Addressing Healthcare Surge in Rural Settings* (hereafter referred to as *Workshop*) is the current focus of this workshop series.

The goal of the *Workshop* is to advance planning towards a coordinated and integrated public health, healthcare, and emergency management response to an influenza pandemic or other public health emergency in rural settings. Through facilitated discussions and activity, the *Workshop* attendees will identify and address issues associated with delivering care when faced with increasing levels of healthcare surge.

HPA within CDC's Division of Strategic National Stockpile, in partnership with ORISE, is requesting applications from interested communities to participate in the *Workshop*.

The community selected to participate in this project will develop a system for coordinating care when medical surge capacity in the local healthcare system has been overwhelmed and/or exhausted during an influenza pandemic or other public health emergency. During the *Workshop*, the selected community will be expected to identify:

- Partners and other stakeholders who would be involved in the response, and their respective roles and responsibilities.
- Available resources that can be applied to improve patient management and coordination within a rural setting.
- Issues, gaps, and obstacles related to the rural community's healthcare surge planning.

After the *Workshop*, the selected community will develop a narrative report that describes their entire process—influenza pandemic or other public health emergency planning history and background, key barriers and opportunities discovered during the workshop process, and their proposed work after the *Workshop* to further strengthen and enhance their preparedness and response plan(s). CDC-HPA and ORISE will use this description of the process to create a universal planning tool(s) to assist other rural communities in furthering their all-hazards and pandemic influenza preparedness capabilities.

Following the Workshop, CDC-HPA and ORISE will provide ongoing technical assistance at no cost to the selected community. This technical assistance will continue for the duration of the effort it takes the community to develop their narrative report, and will include, for example, help in areas such as identification of:

- Strategies to overcome barriers
- Subject matter expert contacts
- Resources

Selection Criteria

When submitting an application, communities are encouraged to discuss additional issues deemed critical to advancing public health and healthcare-related surge planning in a rural setting during an influenza pandemic or other public health emergency. A community may want to address issues such as standing policies or entities that impact surge planning.

The definition of community for the purpose of this application is broad in scope. A rural area will require a wide range of public health and healthcare resources to respond to a public health crisis. Applicants should describe and define their community in terms of perceived preparedness capabilities and appropriate response partners.

The selected community will meet the following Criteria for Participation:

- The community's population is primarily served by a Rural Health Clinic (RHC),¹ Critical Access Hospital (CAH),² or other like entity.
- Counties participating in the application must provide their Rural-Urban Commuting Area (RUCA) codes³.
- The community can provide evidence (e.g., after-action reports) of prior collaboration between public health, healthcare agencies, and emergency management in preparing for an influenza pandemic or other public health emergency.

Criteria for Participation continued on next page

¹ RHCs must be located in rural, under-served areas and must use one or more physician assistants or nurse practitioners. Definition of RHC as defined by the Centers for Medicare and Medicaid: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctshst.pdf>.

² A CAH is a hospital certified to receive cost-based reimbursement from Medicare. Definition of CAH as defined by the Centers for Medicare and Medicaid: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctshst.pdf>.

³ The RUCA is a methodology developed by Health Resources and Services Administration (HRSA), Office of Rural Health Policy, to determine if an area is classified as rural. Codes are assigned to each Census Tract based on census data. Tracts can be considered rural if they are RUCA Codes 4 to 10, or one of the 132 designated tracts with RUCA Codes of 2 or 3. These 132 designated tracts are 400 square miles with a population density of no more than 35 people, where the RUCA codes alone fail to account for distance to service and sparse populations. For more information on RUCAs, see: <http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommuntingAreas/>.

- Community partners from the agencies or disciplines listed (one to three representatives from each, up to 60 individuals), as applicable, can commit to a two-to-three day workshop.
 - Public Health Departments
 - Healthcare Partners
 - Emergency Departments
 - Emergency Medical Services
 - Federally Qualified Health Centers
 - Home Health and Hospice Care Agencies
 - Hospital(s) and/or Hospital Administration
 - Long-Term Care Facilities
 - Pharmacies
 - Private Practice Offices
 - Specialty Clinics
 - Special Needs Agencies
 - Veterans Affairs Health Centers
 - Walk-in Clinics/Urgent Care Centers
 - Emergency Management Agencies
 - Other Partners
 - Call Centers
 - Law Enforcement Agencies
 - Legal Counsel
 - Nonprofit, Community-Based, and Faith-based Organizations
 - Schools and Universities

Additional Information

The selected community may propose additional agencies needed to coordinate care or resources during an influenza pandemic or other public health emergency. CDC-HPA and the selected community will notify the state health department and Regional Emergency Coordinator of the community's participation in the *Workshop*. State participation in the *Workshop* is not required, but is encouraged and may be requested by the selected community.

If a planning team does not already exist, the community must establish a team to collaborate with CDC-HPA and ORISE before, during, and after the *Workshop*. The planning team will play an active role in preparing for and tailoring the *Workshop* to the specific needs of the community.

No funds are provided in this program to support the work of the community planning team who must help prepare for the *Workshop* and develop the community narrative. ORISE will provide the cost of participation in the *Workshop* for up to 60 community partners. These costs include travel to and from the *Workshop*, lodging, and per diem. Being selected for this *Workshop* has no impact on present or future government funding for preparedness activities.

Application Process

Intent to Apply

A formal letter of intent is not required; however, communities are required to indicate their intent to apply via e-mail to Casey Thomas (Casey.Thomas@orise.orau.gov), and Linda Hodges (Linda.Hodges@orise.orau.gov) or fax (865-576-6264) no later than **December 21, 2012**.

Proposal

Completed applications must be submitted to ORISE no later than **January 15, 2013**. To be considered complete, applications must include the following:

- ✓ Completed application checklist and cover page (included in this document).
- ✓ Three letters of support signed by the designated planning representatives from the local public health department, primary healthcare entity serving the community, and emergency management agency. Applicants may submit additional letters of support from healthcare partners, but these are not required.
- ✓ A minimum of three members to be included on the planning team. The submitted list must include names, positions, and complete contact information for each member. It is suggested, but not required, that planning team members include representatives from the Public Health Department; Rural Health Clinic, Critical Access Hospital, or other like entity; and the Emergency Management Agency. Additional planning team members may be added, as needed, after selection.
- ✓ A brief narrative including a description of the community in terms of demographics and jurisdictional structures of public health, healthcare systems, and emergency management (e.g., overlap of public health and emergency management regions, healthcare provided outside the community). The narrative should also address the following questions:
 - a. What planning and collaboration for healthcare surge for high morbidity and mass illness events have been completed (e.g., plans in place for pandemic influenza, exercises)?
 - b. What partnerships have been utilized in your healthcare surge planning for an influenza pandemic or other public health emergency, and what partners and/or agencies still need to be engaged?
 - c. Why should your community be selected for the *Workshop*? For example, what is unique about your community and what is similar to other rural communities that are preparing for an influenza pandemic or other public health emergencies? What is the current status of public health preparedness planning in your community? How will the *Workshop* assist your community in advancing planning?

- ✓ The narrative must meet the following criteria to be considered for selection:
 - a. Maximum of four, single-sided pages
 - b. Double-spaced
 - c. 12-point font

Questions

Questions regarding the application process or the status of an application should be directed to Casey Thomas (Casey.Thomas@orise.orau.gov) and/or Linda Hodges (Linda.Hodges@orise.orau.gov).

Selection Process

Selection will be based on the aforementioned criteria for participation, as stated on pages three and four of this RFP, and the needs identified by the community for advancing preparedness for healthcare surge during an influenza pandemic or other public health emergency. CDC-HPA and ORISE are interested in both assisting communities with addressing their issues and developing their strategies for healthcare preparedness; therefore, applicants are encouraged to be candid when discussing the process in which they have engaged to achieve their current level of planning.

Following submission, a committee from CDC-HPA and ORISE will read all applications and select, for further review, a subset best suited to the goals and objectives of the *Workshop*. Communities selected for further review will receive a letter indicating their application is being considered. All other applicants will receive a letter indicating their community was not selected for further review.

If selected for further review, planning teams will be asked to **submit sections of their pandemic influenza or all-hazards plans**, relevant to healthcare delivery. These plans will be considered confidential and will be used only for informing the decisions of CDC-HPA and ORISE reviewers.

Planning teams for each community under consideration will be asked to **participate in a conference call with CDC-HPA and ORISE to elicit additional information about their community**. It is anticipated that calls will be scheduled in January and February 2013. Applicants will be notified of their selection status once all calls are completed.

Reserved Rights

CDC-HPA and ORISE reserve the right to:

- Reject any or all applications received in response to this RFP.
- Select more than one applicant resulting from this RFP.
- Modify the RFP specifications should none of the applications received meet the selection criteria.

Planning Workshop for Addressing Healthcare Surge in Rural Settings Application Checklist

Please place this checklist on top of your application. Completed application materials must contain the following:

- Intent to apply sent via e-mail or fax no later than December 21, 2012.
- Application cover page (template attached).
- Signed letters of support from the Public Health Department, primary healthcare entity, and Emergency Management Agency (letters of support from healthcare partners optional).
- List of planning team members (minimum of three) including names, positions, and all contact information.
- Workshop narrative addressing all items on page six of this RFP (narrative should be a maximum of four single-sided pages, double-spaced, and 12-point font).

**Completed applications must be submitted to ORISE by e-mail or fax on or before
January 15, 2013.**

Late applications will not be considered.

E-mail to:

Casey.Thomas@orise.orau.gov and Linda.Hodges@orise.orau.gov

Fax to:

(865) 576-6264

All questions concerning the RFP and application may be submitted to Casey Thomas at (865) 574-7989 or Casey.Thomas@orise.orau.gov, or Linda Hodges at (865) 576-3308 or Linda.Hodges@orise.orau.gov.

Planning Workshop for Addressing Healthcare Surge in Rural Settings
Application Cover Page

Name of community:

Population size of community:

City:

State:

Zip:

RUCA Codes:

Primary Contact Person:

Secondary/Backup Contact Person:

Planning Team

Name:

Title:

Address:

Phone:

Fax:

E-mail:

Name:

Title:

Address:

Phone:

Fax:

E-mail:

Name:

Title:

Address:

Phone:

Fax:

E-mail:

Planning Team Signature(s):

Date:

How did you learn about this RFP?