HEALTH CENTER STORIES:
HANDLING DISEASE OUTBREAKS

Providing first-hand accounts of addressing disease outbreaks in the health center setting

LA CLINICA
AFFORDABLE HEALTH CARE EXCELLENCE FOR ALL

*In this **Health Center Story**, Becky Sherman, Director of Nursing at La Clinica, describes the health center's role during an outbreak of pertussis among women and children from an alcohol and drug residential treatment facility.*

Q: What happened with the 2015 Pertussis outbreak and how did La Clinica respond?

A: We have a nurse that visits our residential mom's recovery program. She informed us that she had been inundated with calls from patients saying that a resident's child had pertussis. Other La Clinica clinics had also received calls. There was a baby, who wasn't our patient, but who had tested positive for pertussis. This was after a staff person from the recovery program was also diagnosed with pertussis. The kids, including very young infants, are all in a nursery together at this program, so pertussis could have spread like wildfire there.

Q: What special considerations did staff have in treating clients?

A: We always have behavioral health staff on the mobile clinic and we did in this situation as well. People get nervous about vaccinations; it's a normal reaction. They ask questions, like "Is my baby going to get sick? How will I know? What are these medications? Is he too young to get the vaccine? Can I get a vaccine if I'm pregnant?" Some people were concerned specifically about the pertussis outbreak, wondering why they weren't vaccinated earlier. My primary role there and the role of the behavioral specialists was to do a lot of education around these concerns.

Q: What groups were involved and who was coordinating the emergency response effort?

A: The way our preparedness response works is that the state health department provides instruction to the

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Director of Nursing at La Clinica *in Medford, Oregon.*

Health Center: La Clinica, Medford, Oregon

Number of Years with La Clinica: 4

Number of sites: 6 clinics, 10 school-based clinics, 2 dental clinics, 1 mobile unit

Setting: Urban

Number of clients served: 25,000 in 2017

"People get nervous about vaccinations; it's a normal reaction."

county, and the county provides instructions to us. If we see something happening locally, we will inform the county, but we follow this chain of command. For this pertussis outbreak, La Clinica worked closely with the county. The county pulled the immunization records and provided the vaccine and other supplies, and we brought the mobile unit and did the actual vaccinations and treatments. Having a portable vaccine refrigerator is important for these types of responses.

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In general, La Clinica has an agreement with the county to act as a surge unit. We can also act as a push partner in places where they can't, as we have the only mobile clinic in the area. We wouldn't be a POD (point of dispensing) per-se, but we would be green triage (for patients who have minor injuries) and the distributor. It's our responsibility to get out into the community in order to keep people from flooding the hospital or the clinic; we're pushing whatever it is out into the community. With flu, for example, our role is to go into the community and provide vaccinations to as many vulnerable people as possible, particularly the homeless. We go wherever we are told to go and follow the lead of the county. We've had that agreement in place for some time.

We just did a tabletop around flu and reviewed the plan-- How do we transfer vaccines? Where do we get them in event of an epidemic flu or a novel flu? In this flu tabletop, the main hospitals participated as well. We reviewed the plan that the state would provide us with the vaccine or the medication or whatever we needed. The county has a place where they're stockpiled. We'd go and get medications, bring them either to our clinics or to a certain places needed by our county health department and distribute them.

Q: What things do you think La Clinica did well in its response to the pertussis outbreak?

A: Once we planned our response, we were able to work quite quickly and put people on task. We were able to role assign and make it happen quickly. We moved the mobile clinic from their normal site that day to the lot at the mom's recovery program. We were also able to find another provider to be on the mobile clinic. It was actually her day off, but she does family practice and so she has a great reputation with that patient population of kids and adults. And the county brought all the supplies, which were readily available. If we had to wait to get the Tdap, that might've been tricky.

The night before we went out, the county pulled all those immunization records and alerts, which was really important. We didn't know if our internet would work in the parking lot of the mom's recovery program, and we knew that checking vaccination status through the state ALERT Immunization Information System (IIS) system could have been tricky.

The staff at the mom's recovery program provided

us with a list of patients who were still in the program, patients who were out of the program that could have been exposed, and patient allergies. An LPN at the mom's program took over distributing medications. The staff set up a special daycare for kids, so the mothers could go to the mobile clinic. They had great communication. A lot of patients at the mom's recovery program use a particular pharmacy and we were able to connect with that pharmacy quickly.

Q: Do you think having had an existing relationship with clients and staff from the residential facility benefitted La Clinica in its response?

A: Absolutely. Because the primary care RN who visited at the mom's recovery program, she knew the people who staffed the recovery home. She was phenomenal in that way. Some of them were our regular patients, but a lot of them go to other pediatricians. But she knew them and they trusted her. They trusted us, too. And that's hard. When you're in a situation like that, trust is such a big issue.

"Make sure that you have a connection with your pharmacist; that you're not overwhelming them. They're such an important part of the game."

Q: What challenges did La Clinica experience in responding?

A: The staff that worked in the recovery house -- the people that actually worked with the patients -- were fabulous. We could've come together a little faster on the plan, but we didn't have good communication with the overarching organization that runs the mom's recovery program. It was like the medical director there didn't really understand what we were trying to do. And that was kind of a frustrating thing. This also made it hard to get information to the pharmacy that they needed. The pharmacy really needed to know what insurance the patients had. Trying to track who had what insurance was really the hardest thing for the pharmacy.

Overall, I felt we did a really good job and we got on it quickly. If we had found out earlier about the initial pertussis case, right when the individual was diagnosed, that might've helped. But it was really great to figure out what you do when you go to a site with no internet and setting up hotspots or doing whatever we needed to do. Those are the little tweaks we were able to figure out.

Q: What lessons learned or recommendations do you have for other health centers as they work on their preparedness efforts?

A: Getting involved with the pharmacy really early is one thing I would recommend if you're going to need medications from them. Make sure that you have a connection with your pharmacist; that you're not overwhelming them. They're such an important part of the game.

We also have to remember that with staff turnover, we constantly need to be looping them in. Even as we're talking right now, I'm thinking about whether the mobile health unit is attending any of the

tabletop exercises we're going to do.

I think we have a really great emergency preparedness people at the county, and I work with them on so many projects. There is a big effort to bring in all the push partners and we do these tabletops, and it's a wonderful way to work. I know exactly what the hospitals are going to be doing, I know what my role is, and we have a whole surge protocol.

I feel that the number one downfall in any of these emergencies is lack of communication and role confusion. We've hammered through a lot of that. It's just communication. It's knowing where you are on the chain and staying there, staying in your lane

It's really great to have key people that go back and forth who are meeting on a regular basis about preparedness. With vaccines, we've actually physically practiced going to the county and picking up vaccines or medication, even outside of an emergency. We just did this a couple of months ago. There were ten of us and we walked around and talked through what we would do, what we would papers we would sign, what forms we would get. I feel that the number one downfall in any of these emergencies is lack of communication and role confusion. We've hammered through a lot of that. It's just communication. It's knowing where you are on the chain and staying there, staying in your lane. ■

**This interview has been edited and condensed.*

Leveraging Health Centers in Public Health Preparedness

To better understand how health centers can assist during a disease outbreak, R&E Group at PHMC conducted a comprehensive needs assessment of health centers in 2017. The assessment included a nationwide poll of health centers and key informant interviews with health center leadership. It identified health centers' current capacity, barriers health centers face, strategies to improve preparedness capacity, and training needs. The nationwide poll was sent to 1,376 health centers, and a representative sample of nearly 400 responded.

Health Center Stories was developed by Public Health Management Corporation (PHMC), the National Nurse-Led Care Consortium (NNCC), a PHMC affiliate, and the National Network of Public Health Institutes, through Cooperative Agreement #CDC-RFA-OT13-1302 with the Centers for Disease Control and Prevention. Together, these organizations and other strategic partners are leveraging community health centers and clinics to improve national public health preparedness efforts. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Key findings from the nationwide poll

90% of health centers have a written emergency management plan; 75% cover outbreaks

25% said they were "almost or completely ready" to respond to an outbreak

About 50% have participated in or conducted exercises on preparedness

About 45% have a documented role in emergency preparedness plans

Top training needs: staff training in response to pandemics, compliance with CMS requirements, exercises and materials relevant to health centers, staffing during emergencies, acquiring necessary supplies, understanding state-level policies, and understanding the health center role during a pandemic

In response to the identified training needs, NNCC hosted a 4-part Emergency Preparedness Webinar Series on building a culture of preparedness in the health center setting. The webinars explained the requirements of the CMS Emergency Preparedness Final Rule; addressed bolstering health center staff capacity and readiness; and explored ways of advancing the health center role in local emergency response efforts. Visit Emergency Preparedness at NNCC's website, nurseledcare.org, for webinar recordings and presentation slides.

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