

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Quality Improvement: Utilizing After-Action Reports and Improvement Plans to enhance Public Health Emergency Preparedness and Response

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category.

Please select all the practice areas that apply.: *

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input checked="" type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *

- | | | | | |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input checked="" type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The Nassau County Department of Health (NCDOH), located in Mineola, Long Island, New York, was established in 1938. The primary responsibility is to enforce New York State Public Health Law as well as New York State and local sanitary codes. The mission of the Nassau County Department of Health is to promote and protect the health of all who live, work and play in Nassau County. Nassau County is a densely populated county within New York State with over 1.3 million people, making it the 27th largest county in the nation. The population density is over 4,700 people per square mile. Nassau County consists of 76.7% White, 12.4% black/African American, 15.7% Hispanic/Latino, 8.7% Asian, 0.5% American Indian, 0.1% Pacific Islander/Hawaiian, 1.6% two or more races (U.S. Census Bureau, 2013). The county has a total area of 453 square miles, of which 285 square miles is land and 169 square miles (37%) is water. It has two cities and three towns, containing 64 villages and numerous hamlets. Nassau County shares borders with New York City to the west and Suffolk County to the east. The county borders Connecticut across the Long Island Sound. The mission of Public Health Emergency Preparedness (PHEP) is to effectively plan for and respond to a range of public health threats—including infectious diseases; natural disasters; and biological, chemical, nuclear, and radiological events. The PHEP division manages the 934 volunteer members of the Nassau County Medical Reserve Corps (MRC) who are called upon to help strengthen public health, emergency response and community resiliency. In the summer of 1985, New York State became the first state in the country to offer a free adapted sports program for youngsters. The athlete's, ranging from 5-21 years of age, had physical challenges including, but not limited to, cerebral palsy, spinal cord injuries, muscular dystrophy, and dwarfism. They participated in competitive events such as track and field, slalom, swimming, wheelchair basketball, table tennis, and archery. Although the program was considered a success, funding was eliminated in 2010, due to financial difficulties within the state. As a result of state funding cuts, the Public Health Emergency Preparedness (PHEP) division was called upon to establish a pre-hospital triage and treatment system and provide targeted medical assistance to more than 1,000 physically challenged athletes and spectators during a three day "Empire Games for the Physically Challenged" event during the years 2010 to 2016. Having never done this before, PHEP leveraged the talents of the Medical Reserve Corps volunteers and collaborated with Article 28 partners at NuHealth-Nassau University Medical Center. Drills and exercises are utilized by the PHEP division as opportunities to evaluate emergency preparedness and response capabilities. They are also essential in testing and validating plans. PHEP operates within the framework of the U.S Department of Homeland Security National Incident Management System's (NIMS) Incident Command System (ICS) and staff developed and implemented detailed Logistics and Operations plans. In order to continually improve planning and response, the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine was utilized, focusing on After-Action Reports (AARs) and Improvement Plans (IPs). Opportunities for improvements are noted, corrective actions are identified and improvements are noted in each year's AAR. After-Action Reports are an important tool in the exercise process. The Improvement Plan section of the AAR provide details for corrective action measures. Implementing these corrective actions helped to achieve the goals of improving response and ensuring the safety of all athletes, spectators, staff and volunteers each consecutive year. The following objectives were met: 1. To write After Action Reports after each event 2. To review Improvement Plans and make improvements in planning 3. To deploy adequate staff/volunteers and medical supplies on hand for each day of event 4. To establish communication channels to effectively respond to the event This practice results, not only in annual improvements in planning and response for the Empire Games for the Physically Challenged, but enhances all-hazard public health emergency preparedness and response capabilities for the Nassau County Department of Health.

<http://www.nassaucountyny.gov/3925/Public-Health-Emergency-Preparedness-PHE>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
 - Is it new to the field of public health
OR
 - Is it a creative use of existing tool or practice:
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

In the summer of 1985, New York State became the first state in the country to offer a free adapted sports program for youngsters. The athlete's, ranging from 5-21 years of age, had physical challenges including, but not limited to, cerebral palsy, spinal cord injuries, muscular dystrophy, and dwarfism. They participated in competitive events such as track and field, slalom, swimming, wheelchair basketball, table tennis, and archery. Although the program was considered a success, funding was eliminated in 2010, due to financial difficulties within the state. Identifying the importance of this program, Nassau County stepped up to the plate and with the support of officials, private donations and community outreach, the "Nassau County Empire Games for the Physically Challenged" was born 2010. The Public Health Emergency Preparedness (PHEP) division of the Nassau County Department of Health (NCDOH) was called upon to establish a pre-hospital triage and treatment system to provide targeted medical assistance to more than 1,000 physically challenged athletes and spectators during a three-day event. Beginning in 2010, the Public Health Emergency Preparedness (PHEP) division began coordinating the medical response to the Empire Games for the Physically Challenged. PHEP successfully coordinated the medical support for the event during the years 2010 through 2016. One hundred percent of these athletes were reached and targeted through available medical services on-site at the games. In order to continually improve planning and response, the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine was utilized, focusing on After-Action Reports (AARs) and Improvement Plans (IPs). Opportunities for improvements are noted, corrective actions are identified and improvements are noted in each year's AAR. This practice results, not only in annual improvements in planning and response for the Empire Games for the Physically Challenged, but enhances all-hazard public health emergency preparedness and response capabilities for the Nassau County Department of Health. On average, medical response was needed for 10-12 persons each year during the time frame 2010 to 2016. If a person needed to be transported to a hospital, an on-site ambulance was activated. This occurred three times within the six- year period that the PHEP division managed the medical support of the Empire Games. This can also be attributed to the invaluable participation and input from NCDOH's Medical Reserve Corps. After Action Reports and Improvement plans (AARs/IPs) were drafted after the event each year to ensure that the outcomes improved on a continual basis. For example, the After Action Report from the 2010 Games noted that the Incident Command System and chain-of-command were not followed in both planning and operations. In response to this, NCDOH PHEP began to plan for and implement changes that would improve medical response outcomes at the games for the following year. Five years later, at the 2015 Games, it was apparent that the NCDOH PHEP response had implemented the suggestions made in the 2010 After-Action Report. The provision of sufficient medical and support staff was originally listed as an area needing improvement in the 2010 Empire Games AAR, and in 2015, that same area was highlighted as a strength. Appropriate documentation was distributed to Medical Reserve Corps volunteers to keep the event running smoothly. Examples include staffing schedules, job, action sheets, maps, event schedules, and contact lists. Lack of coordination in communication was noted in the 2010 AAR, but in the 2015 AAR, the highlighted strength included successful radio and cell phone communications established upon arrival at the event site. All 800 MHz radios were tested for efficiency prior to the event and extras were made available in the event of any malfunctions. Cell phone numbers were documented and distributed amongst response staff as a means for back-up communications. "Just-in-time" training was conducted with staff on the use of the radios before the event began. Utilization of After Action Reports and Improvement plans enabled NCDOH PHEP to successfully plan for and respond to the Nassau County Empire Games for the Physically Challenged and enhances the ability of the county to respond to all-hazard public health emergencies. This practice is a creative use of the Homeland Security Exercise and Evaluation(HSEEP) program toolkit. HSEEP is a national best practice for exercise planning and implementation.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

In order to establish a pre-hospital triage and treatment system to provide targeted medical assistance to more than 1,000 physically challenged athletes and 250 spectators during the three-day event Empire Games for the Physically Challenged, the Nassau County Department of Health Public Health Emergency Preparedness (NCDOH PHEP) Division collaborated with Article 28 partners at NuHealth-Nassau University Medical Center. NuHealth provided medications, hydration drinks and staff for the event. The Office of Emergency Management provided logistical support and pallets of water. A local vendor donated ice. NCDOH staff maintains and utilizes a logistics team; this team was utilized for the event. NCDOH PHEP leveraged the talents of the Nassau County Department of Health's Medical Reserve Corps volunteers. It is estimated that the in-kind value of the Medical Reserve Corps volunteer hours totaled over \$10,000 dollars. Goals: 1. To improve response each year for the Empire Games for the Physically Challenged, ensuring the safety of all athletes, spectators, staff and volunteers Objectives were: 1. To write After Action Reports after each event 2. To review Improvement Plans and make improvements in planning 3. To deploy adequate staff/volunteers and medical supplies on hand for each day of event 4. To establish communication channels to effectively respond to the event PHEP operated within the framework of the U.S Department of Homeland Security National Incident Management System's (NIMS) Incident Command System (ICS) and staff developed and implemented detailed Logistics and Operations plans. Homeland Security Exercise and Evaluation Program (HSEEP) compliant After-Action Reports (AARs) and improvement plans were also utilized to achieve our objectives. Opportunities for improvements are noted, corrective actions are identified and improvements are all noted in each year's AAR. This ongoing practice results in annual improvements in planning and response for the Empire Games for the Physically Challenged. It also enhances all-hazard public health emergency preparedness and response capabilities for the Nassau County Department of Health. The following timeline and steps were taken to achieve goals and objectives: March: • Review prior year Improvement Plan and make recommended changes • Inventory medical and non-medical supplies • Order necessary supplies April: • Obtain annual event information from organizers • Contact Article 28 partner for collaboration • Conduct Initial Planning Conference with partners (Article 28, ambulances) May: • Develop Project Plan • Create event maps identifying locations of stationary and roving medical teams and ambulance • Develop organization chart • Send activation email to Medical Reserve Corps • Assign roles and identify staffing gaps • Participate in Event Planning Meetings • Conduct event site location Walk Through • Complete On-Site Medical Briefing • Create Sign-in Sheets • Develop Radio Communications Plan • Develop Pick and Pack List for Logistics Team Two days prior to event in June: • Pick and Pack mobile trauma bags • Pick and Pack stationary medical and non-medical supplies One day prior to event • Pre-deploy medical tent, generator and A/C unit to site Morning of event: • Pack 800 MHz radios • Just-in-time training medical protocol for volunteers • Just-in-time radio communications training • Tracking staff and volunteers • Tracking equipment • Set up feeding/resting schedule for event • Conduct after action survey to obtain feedback • Attend hot wash meeting with event organizers and partners After event: Write After Action Report and Improvement Plan

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

The utilization of After Action Reports and Improvement plans enabled NCDOH PHEP to successfully plan for and respond to the Nassau County Empire Games for the Physically Challenged. After Action Reports and Improvement plans (AARs/IPs) were drafted after the event each year to ensure that the outcomes improved and objectives were met on a continual basis. For example, the After Action Report from the 2010 Games noted that the Incident Command System and chain-of-command were not followed in both planning and operations. In response to this, NCDOH PHEP began to plan for and implement changes that would improve medical response outcomes at the games for the following year. Five years later, at the 2015 Games, it was apparent that the NCDOH PHEP response had implemented the suggestions made in the 2010 After-Action Report. The provision of sufficient medical and support staff was originally listed as an area needing improvement in the 2010 Empire Games AAR, and in 2015, that same area was highlighted as a strength. Lack of coordination in communication was noted in the 2010 AAR, but in the 2015 AAR, the highlighted strength included successful radio and cell phone communications established upon arrival at the event site. NCDOH PHEP staff also made improvements to enhance volunteer readiness by providing Medical Reserve Corps volunteers with their scheduled activities in advance: detailed briefings were also provided for each shift. Sufficient staffing coverage involving roaming teams and two ambulances on the scene were deployed. Ordering signs for medical and first aid stations, testing the efficiency of blue medical tents (Zumros) prior to the event, and updating/keeping inventory of medical equipment used all contributed to the success of the practice. It was also noted in the AAR, that efficient use of radio communication enabled the multiple agencies involved in the event to work together easily and that sufficient supplies such as trauma bags and medical tents were available. Each of these factors were significant in achieving the goals and objectives.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Recognizing the importance of the Nassau County Empire Games for the Physically Challenged for physically challenged athletes, the practice utilizing After-Action Reports and Improvement Plans effectively caring for the medical needs of this population is sustainable as long as Nassau County remains committed to this event and improving response each year. In addition, the availability of a robust and trained Medical Reserve Corps allows for sufficient staffing for the event. One of the most important lessons learned, is that partner collaboration needs to take place on a regular basis, and not just when an emergency occurs. As a result of this lesson learned, the Public Health Emergency Preparedness (PHEP) division continues to collaborate with stakeholders on an ongoing basis. Lessons learned over the past 6 years and the continued improvements noted in the After-Action reports and Improvement Plans leads the Nassau County Department of Health's Public Health Emergency preparedness division to believe that this practice is sustainable for many years to come.

Additional Information

How did you hear about the Model Practices Program?: *

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch | <input checked="" type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input checked="" type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange | | | | |