Ambulatory Care and Federally-Qualified Health Centers Topic Collection
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Topic Collection: Ambulatory Care and Federally-Qualified Health Centers

During disasters or public health emergencies, clinics, community health centers, mental/behavioral healthcare providers, federally-qualified health centers, private physician offices, and other outpatient facilities play a critical part in the response by addressing the needs of patients with both acute and chronic conditions. Failures, damage, or compromise to ambulatory care operations can dramatically increase the stress on the emergency medical services and hospital systems and also result in exacerbations of chronic medical conditions that add additional healthcare burdens.

The resources in this Topic Collection can help emergency planners in these types of facilities plan for and respond to a variety of incidents. (Note: access the Homecare and Hospice Topic Collection for resources specific to those providers and patients.)

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

Must Reads
Community Integration
Education and Training
Guidance: Behavioral Health Facilities
Guidance: Health Centers
Guidance: Other Facilities and Providers
Guidance: Programs of All-Inclusive Care for the Elderly (PACE)
Lessons Learned
Lessons Learned: Behavioral Health Facilities
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Plans, Tools, and Templates: Health Centers
Plans, Tools, and Templates: Other Facilities
Plans, Tools, and Templates: Rural Facilities
Agencies and Organizations

Must Reads


This rule establishes consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increases patient safety during emergencies, and establishes a more coordinated response to natural and man-made disasters.

This guide provides tips on establishing relationships with first responder agencies; identifying community organizations to partner with; and connecting local leaders with emergency preparedness training, all with the goal of creating linkages to support integrated community emergency response.

Emergency Medical Services Agency- Los Angeles County. (2013). [Ambulatory Surgical Center Guide to Disaster Preparedness and Response](https://www.emsociety.org/). This plan outlines specific strategies to assist various types of healthcare providers plan for and provide a coordinated disaster response.


The authors describe a collaboration among community health centers (CHCs), government agencies, and academia in the Boston area to develop community-based surge capacity. They describe the project in detail, and discuss lessons learned about how CHCs can help provide a "flexible, linked network of 'reserve' health care capacity to supplement, support, and extend the efforts of acute care hospitals in their communities."


This report describes a process for integrating ambulatory care centers into hospital surge capacity response plans. This included identifying ambulatory care center assets to inform the development of a set of roles they may fill to support hospital emergency response.

National Association of Community Health Centers. (2005). [Developing and Implementing an Emergency Management Plan for Your Health Center](https://www.nachc.org/). This information bulletin describes why health centers need to develop emergency operations plans, and also provides guidance on the planning process and plan content. Though somewhat dated, the document provides a solid overview of topics and issues with close linkage to Joint Commission standards.

management component to their established risk management program and includes multiple appendices.


This resource provides examples of ways health centers have assisted their communities before, during and after emergencies and disasters.


This report outlines the findings from numerous healthcare organizations following the Missouri disaster events of 2011.

Training and Education Collaborative System - Preparedness and Emergency Response Learning Center. (2013). *Expanding Medical Surge Outside Hospital Settings.* (Free registration required.)

This hour-long course discusses continuity of operations planning for a community health center, and describes how to develop protocols to allow a community or regional health center to supplement hospital care during an emergency.

**Community Integration**


A national survey of local health departments and community health centers noted that general collaboration between them was occurring, however participation in functional drills and exercises was still needed. Opportunities exist for disaster planning, communication, and activities such as mass dispensing exercises which would support access to care for medically underserved and vulnerable populations.


This article discusses ways to broaden emergency preparedness coalition membership of critical partners, such as nursing homes and primary care providers, by providing incentives for more stakeholders to join existing coalitions or building preparedness into activities providers are already participating in. The authors advocate for developing outcomes-based measures of success as opposed to using membership and plan development status.

In this editorial, the authors share ways that primary care providers can prepare themselves and their practices to respond to bioterrorism. The authors contend that these efforts should include getting to know local public health staff, coordination among local practices, urgent care centers, and hospital emergency departments to support surge capacity in the community; and getting involved in community, state, and national initiatives such as the Medical Reserve Corps or Disaster Medical Assistance Teams.


The authors describe a collaboration among community health centers (CHCs), government agencies, and academia in the Boston area to develop community-based surge capacity. They describe the project in detail, and discuss lessons learned about how CHCs can help provide a "flexible, linked network of 'reserve' health care capacity to supplement, support, and extend the efforts of acute care hospitals in their communities."


This resource provides examples of ways health centers have assisted their communities before, during and after emergencies and disasters.


A survey conducted of 152 women’s health practices in Washington and California noted that less than 20% participated in emergency preparedness activities. The majority of practices did ask about vaccination histories of their patients, however delivery of vaccines could be improved if barriers were addressed such as having a vaccine supply, billing issues and public interest was increased. It would provide surge capacity for a potential high-risk group.

Education and Training


This sample exercise can be used with staff from federally-qualified health centers to help them discuss continuity of operations after a fire strikes one of their facilities.

This webinar includes presentations from health centers describing how they have operationalized their emergency management plans into their daily work, as well as strategies and tools to assist health centers with creating a culture of preparedness to protect staff and patients during an emergency or disaster.


The purpose of this course is to aid community health centers in developing and maintaining an emergency management plan that guides their response to all hazards. Topics include the concept of "all-hazards;" elements of an emergency management plan; incident command; the importance of community partners; and some of the roles community health centers may undertake during an emergency.


This hour-long archived webinar provides an overview of the components of emergency preparedness planning, the role of the federally qualified health center (FQHC) in emergency response, and examples of how FQHCs have utilized their response systems in past emergencies. In addition, the program includes a description of the Incident Command System (ICS), specific roles of staff members assigned to the ICS, and integration of the FQHC ICS into community emergency response plans.


This planning guide can help healthcare centers conduct Homeland Security Exercise and Evaluation Program-compliant coastal storm surge exercises.


This hour-long course is intended for community-based physicians, nurses, advanced practice nurses, physician assistants and others working as staff members in such facilities as community health centers, long-term care facilities, assisted living facilities and private practice sites. It discusses the basics of emergency management and the National Incident Management System (NIMS), as well as family preparedness and potential roles health centers may play in community-wide response.
Training and Education Collaborative System - Preparedness and Emergency Response Learning Center. (2013). Expanding Medical Surge Outside Hospital Settings.

This hour-long course discusses continuity of operations planning for a community health center, and describes how to develop protocols to allow a community or regional health center to supplement hospital care during an emergency.

University at Albany, State University of New York, School of Public Health and Health Professions, Center for Public Health Preparedness. (2007). Integrating Community Health Centers in Community Response. (Requires RealPlayer.)

This archived webinar discusses examples of ways community health centers may enhance their emergency preparedness, and outlines what partner agencies, such as health departments and hospitals, can do to integrate community health centers into more coordinated local emergency response systems.

Guidance: Behavioral Health Facilities

ASPR TRACIE. (2016). Evacuating Patients with Mental Illness (Redacted Request for Technical Assistance.) U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Response. (Users must be registered for and logged in to the Information Exchange to access.)

In response to a request for materials on evacuating patients with mental illness before, during, or after a disaster, the ASPR TRACIE team provided several resources media resources and podcasts; scholarly articles; and plans, tools, and templates. We also provided links to two relevant ASPR TRACIE Topic Collections: Healthcare Facility Evacuation/Sheltering, and Mental/Behavioral Health. In addition, we shared information gathered from our subject matter expert cadre members with expertise in the mental/behavioral health field.


These resources are geared towards disaster behavioral health professionals who work with survivors and responders.


This tip sheet highlights basic considerations that can help public health and medical planners prepare for the movement of patients of psychiatric facilities in the event of a disaster.
Guidance: Health Centers


This guidance document outlines collaborative disaster planning practices between state health agencies and community health centers to enhance operations plans, training, and exercise development.


This report outlines the work of the Task Force on Health Agency-Community Health Center Coordination in Preparedness, the roles and responsibilities of each task force partner in emergency responses, and provides recommendations for and examples of effective collaboration among the partners. There is a section on roles and responsibilities, and one on partnerships that defines the essential elements of successful collaboration.


This guide provides tips on establishing relationships with first responder agencies; identifying community organizations to partner with; and connecting local leaders with emergency preparedness training, all with the goal of creating linkages to support integrated community emergency response.


The authors examine the role of the Federal Tort Claims Act (FTCA), which provides legal liability coverage for federal government employees, in aiding the emergency deployment of first-responder health-care workers employed by federally qualified health centers. An overview of the FTCA, as well as a discussion of a federal ruling's public health policy and practice implications for communities nationwide, are included.


This website provides an overview of, and links to resources specific to, emergency preparedness for health centers. The site also includes a "Preparedness Toolbox," which contains links to helpful resources.

This information bulletin describes why health centers need to develop emergency operations plans, and also provides guidance on the planning process and plan content. Though somewhat dated, the document provides a solid overview of topics and issues with close linkage to Joint Commission standards.


This webpage provides an overview of the role of health centers in emergency preparedness. It explains the purpose of an emergency management plan and key components, and emphasizes the importance of collaboration, communication, information sharing, and financial and operational stability.


This webpage includes links to a Program Assistance Letter and “cheat sheet” that can help health centers request a change in scope to add temporary locations in response to emergency events.


This Program Assistance Letter provides an update to the process for requesting a change in scope to the federal scope of project to add temporary locations in response to emergency events.

**Guidance: Other Facilities and Providers**


This document provides a plan for building a sustainable network of pediatric medical providers in ambulatory settings who can deliver healthcare to children throughout all phases of the emergency management cycle in partnership with public health and other stakeholders. It is co-published with the Pennsylvania Chapter, American Academy of Pediatrics, and the Center for Public Health Readiness and Communication, Drexel University School of Public Health.

This plan outlines specific strategies to assist various types of healthcare providers plan for and provide a coordinated disaster response. While specific to Los Angeles County, some portions of the document are more widely applicable.


This document was designed to be used by ambulatory care center emergency management planners and includes infection prevention recommendations/guidance on topics such as: triage area, visitor management, quarantine, hand hygiene, personal protective equipment, waste management, and environmental decontamination.


This rule establishes consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increases patient safety during emergencies, and establishes a more coordinated response to natural and man-made disasters.

Guidance: Programs of All-Inclusive Care for the Elderly (PACE)


The proposed rule explains Programs of All-Inclusive Care for the Elderly (PACE) and PACE-specific emergency preparedness information.


This document includes Texas-specific minimum requirements for written disaster plans for the following facilities: nursing homes, adult day care facilities, homecare agencies, and hospice providers. It also includes emergency plan components and can be tailored by other states.
Lessons Learned


The authors reviewed nearly 100 exercises conducted in community practice sites in California, and list planning and scheduling challenges and strategies that helped overcome them.


The speaker shared the clinics' planning and response steps carried out during flooding in 2013 that affected areas in Colorado. Lessons learned included the need for a stronger relationship with healthcare coalitions, having a back-up provider on call, and the need for more training (e.g., on the incident command system).


This report outlines the findings from numerous healthcare organizations following the Missouri disaster events of 2011.

The Joint Commission. (2013). Trial by Fire: Lessons Learned from the Chevron Fire’s Unprecedented Patient Surge. (Free registration required.)

Two hospitals in California share their experiences related to a sustained mostly outpatient medical surge of 15,000 patients over a two week period associated with a petrochemical explosion. Innovative strategies to enhance staffing from community partners, receiving needed equipment for patient treatment, security concerns and medical records challenges are discussed.

Lessons Learned: Behavioral Health Facilities


In this podcast, Dr. Elizabeth Ford discusses her experience during the evacuation of 61 psychiatric patients from the 19th floor of Bellevue Hospital in Manhattan in the immediate aftermath of Hurricane Sandy. The evacuation was handled without elevators, electronic or phone communication, or running water.

Health centers in Massachusetts ("home to the third largest Haitian population in the country") were asked to provide support (including behavioral health care) to the community after the 2010 earthquake.

**Plans, Tools, and Templates: Behavioral Health Facilities**


Staff responsible for developing response plans for community mental health centers can use this plan template. It outlines guidelines and specifies staff roles, while including a template for contact information.

Minnesota Department of Health. (2012). [Behavioral Health Pandemic Preparedness Checklist](https://www.health.state.mn.us). This website provides a checklist that can help behavioral healthcare providers with pandemic planning and response efforts.

U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). [Disaster Planning Handbook for Behavioral Health Treatment Programs](https://www.samhsa.gov). The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

**Plans, Tools, and Templates: Health Centers**


Healthcare emergency planners can use this slightly dated but comprehensive and detailed template to develop or maintain an existing emergency management program. The template includes the language, procedures, policies, and forms needed to create a clinic plan.


This toolkit is intended to be used by leadership of community practice sites (including community health centers, group practices, and specialty care practices) to assess vulnerability; create an emergency preparedness plan; train staff to the plan; and evaluate the staff’s readiness through participation in drill and exercises. It also provides guidance and tools for connecting with local emergency management planners to better understand how a community practice site's resources and expertise can be used during an emergency response.


This website provides an overview of, and links to resources specific to, emergency preparedness for health centers. The site also includes a "Preparedness Toolbox," which contains links to helpful resources.


This comprehensive guide provides health centers with information and resources to assist health centers in developing and implementing an all-hazards-focused emergency management component to their established risk management program and includes multiple appendices.


Emergency management staff can use this template (available in Microsoft Word) to develop community health center plans.


This form, which is also part of the Health Resources & Services Administration’s Health Center Program Site Visit Guide, can be used by health centers when preparing their annual emergency preparedness and management reports. The form can also serve as a short checklist of emergency preparedness activities a health center should undertake.
Plans, Tools, and Templates: Other Facilities


This document was created to help primary care providers develop pandemic influenza response plans. It includes a monthly planning calendar, as well as a detailed plan template for practices to fill in.


The resources on this webpage can be used by staff responsible for emergency planning in private physicians’ offices.


These resources can help physician and pediatric offices plan for patient surge and other issues related to an influenza pandemic.


This web page links to emergency preparedness resources for primary care practices, such as an "Emergency Preparedness Checklist for Practices" and an "Emergency Plan Guidance and Template for Practices."


This model disaster plan can be tailored by physicians and their staff in the event of a critical incident that affects the practice's operations.


This toolkit provides emergency preparedness and response resources for primary care practices, including suggestions for becoming involved in community-wide response during and after emergencies and disasters.


This report describes a process for integrating ambulatory care centers into hospital surge capacity response plans. This included identifying ambulatory care center assets to
inform the development of a set of roles they may fill to support hospital emergency response. Portions of the document could be replicated and adapted to help hospitals integrate ambulatory care centers into their surge planning.


This toolkit can help clinic staff plan for and respond to an influenza pandemic. It includes templates, checklists, and fact sheets that can be tailored by the user.

Plans, Tools, and Templates: Rural Facilities


This workbook provides tools and templates for emergency planners who work with rural health clinics, community health centers, migrant health centers, and hospitals in rural areas.

Agencies and Organizations

Note: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.


National Hospice and Palliative Care Organization. Preparedness Resources.


This ASPR TRACIE Topic Collection was comprehensively reviewed in September 2016 by the following subject matter experts (listed alphabetically): Dahna Batts, MD, Centers for Disease Control and Prevention; John Hick, MD, HHS ASPR and Hennepin County Medical Center; Sherline Lee, MPH, Centers for Disease Control and Prevention; Christopher Riccardi, CHSP, CHEP, Emergency Preparedness Program Manager, Providence Health and Services; Mary Russell, EdD, MSN, Emergency Services, Boca Raton Regional Hospital; Helga Scharf-Bell, DNP, CRNP, MSN, RN, Special Events and IRCT Support, HHS/ASPR/OEM; Staff from the Health Resources and Services Administration and Tina T. Wright, Massachusetts League of Community Health Centers.