Morehouse School of Medicine Emergency Preparedness Toolkit Data Collection Summary

Quantitative Data

Data was collected in the form of 305 surveys with health care professionals. The following are selected responses and excerpts from the survey questionnaire. To receive a copy of the survey questionnaire or for additional information regarding the survey and/or its results, please contact the project team at eptoolkit@msm.edu.

1. How many years ago did you complete your primary care residency?

Years	Percent
< 5 years	11.4%
5-10 years	12.1%
10-20 years	27.9%
>20 years	31.5%
Not applicable	17.1%

2. Which statement best describes your clinical practice?

Practice Type	Percent
Private solo practitioner	10.7%
Private group practice	14.3%
Community Health Center	31.3%
Public Health Department (Local/State)	1.7%
Indian Health Service	0.7%
VA Health System	1.3%
University Faculty	19.7%
Military/National Guard	1.3%

Other	19.0%

3. What are your Credentials? (Check all that apply)

Credential	Percent
MD	63.0%
NP	3.0%
MPH	6.2%
PsychD	0.3%
PhD	2.4%
DO	2.4%
PA	2.4%
MSW	0.9%
CRNP	0.6%
Other	18.9%

5. Please select the category that best describes the community in which your primary practice is located: (Your primary practice is the location at which you spend the greatest percentage of your time seeing patients.)

Practice Location	Percent
Rural	23.9%
Suburban	19.7%
Urban	38.1%
Inner City	18.3%

6. Please select the category that best describes the population in which your primary practice is located: (Your primary practice is the location at which you spend the greatest percentage of your time seeing patients.)

Population	Percent
Less than or = 25,000 people	21.4%
>25,000 but <100,000 people	27.7%
100,000 to 500,000 people	27.7%
>500,000 people	23.2%

8. Training for Disaster/Emergency Response

	Strongly/ Somewhat Agree	Undecided	Strongly/ Somewhat Disagree	Don't Know
a. Staff members at my practice receive training in disaster/emergency preparedness and response on a regular schedule	40.6%*	58.7%*	47.5%*	55.0%*
Please indicate the frequency of training in a given year (i.e., monthly, quarterly, bi-quarterly, annually, other):				
	(Times Cited)			
Monthly	**3**			
Quarterly	4			
Annually	17			
Every 2 years	1			
Never	6			
b. Disaster/emergency response training is conducted during new employee orientation	39.3%	9.7%	40.69%	10.4%

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9. Disaster/Emergency Response Plan

	Yes	No	Don't Know	Not Applicable
a. My practice/clinic/facility has a disaster/emergency response plan	66.2%	18.6%	14.5%	0.7%
If Yes: I. Does your practice have experiential opportunities (i.e., tabletops, drills, etc.)?	41.1%	40.7%	14.4%	3.8%
II. Does your practice have a designated command team or identified group to direct the practice in times of an emergency?	57.3%	23.6%	15.0%	4.1%

If yes, please list the titles of your team (i.e., front desk staff, nurse):

	Times Cited
Management	57
Command and Safety Teams	8
Front Desk/Administrative	6
Doctor/Nurse	7

	Yes	No	Don't Know	Not Applicable
III. Do you include all of your practice in training for your Emergency/Disaster Response Plan?	47.2%	31.1%	12.4%	9.4%
IV. Have you revised your plans as a result of an actual emergency?	27.9%	42.6%	18.1%	11.3%
b. Our plan has been reviewed and updated within the last 12 months	**36.9%**	21.1%	33.4%	8.5%
c. Our plan has a designated organizational structure and organized leadership during a disaster or an emergency	**54.3%**	14.3%	22.9%	8.5%
d. The plan was developed based upon an all-hazards vulnerability analysis	29.6%	**22.0%**	**39.2%**	9.3%
e. The plan addresses the four stages of emergency preparedness (mitigation, preparation, response and recovery) as outlined by The Joint Commission	**37.4%**	18.4%	34.0%	10.2%
f. The plan assigns specific individuals to a disaster response team	**50.3%**	16.3%	24.1%	9.2%
g. The plan includes what to do if our primary source of communication fails	**43.0%**	16.8%	32.3%	7.9%

12. My practice/clinic/facility has participated in an emergency response/disaster preparedness training(s) sponsored by the following agencies:

	Yes	No	Don't Know
Local health department	28.4%	47.4%	24.2%
State health department	23.4%	50.7%	25.9%
City government	18.9%	53.2%	27.9%
County government	18.8%	51.3%	30.0%
State government	19.1%	52.3%	28.6%
Local EMS	23.9%	49.3%	26.8%
Fire department	28.2%	46.1%	25.7%
Police department	21.8%	50.4%	27.8%
Red Cross	14.0%	54.5%	31.5%

13. Please rank you practice/clinic/facility's needs for disaster/emergency preparedness from your perspective.

	High	Medium	Low
Training	49.8%	29.2%	21.0%
Communication	48.1%	32.8%	19.1%
Coordination, planning and preparedness tools	49.8%	28.7%	21.5%
Technical Advice and information	46.9%	29.5%	23.6%
Supplies	40.6%	32.6%	26.7%
Equipment	39.8%	32.4%	27.8%

Qualitative Data Findings

Data was collected in the form of 15 key informant interviews, 7 focus groups with patients and 8 focus groups with healthcare providers. The following are selected responses.

Key Informant Interviews

Plan Development and Implementation

- Most of the participants indicated that the organization they work with does have an emergency preparedness plan for the community. Organizations developed their plans based on community input, subject matter experts, special committees, and lessons learned from previous disasters. Many of those plans are in collaboration with city, state, and county organizations and include educational classes and materials that encourage patients to make their own emergency plan.
- Influenza, hurricanes, behavioral health, and all hazards approach plans are among those that have been implemented.

Previous Primary Care Provider Involvement

- Most participants believed that their plan could have been improved upon through specific assistance from Primary care Providers (PCPs). Areas of improvement included storage of medical supplies, assistance with immunizations, medical prescriptions and continued medical services after the disaster. Some participants did have PCPs assist them during plan implementation by aiding in H1N1 immunization and 24-hour care in shelters.
- Most participants felt that people in their community considered the media and FEMA to be their primary source of disaster/emergency response planning.
- When asked if the community viewed their PCPs as a source of information, some participants felt that they did in certain situations such as influenza information. In terms of the information that would be most valuable for PCPs to disseminate to their patients and communities about disaster/emergency preparedness, materials on how patients can make plans specific to their families was the most suggested. Some participants also indicated that PCPs

could include a few points about the importance of being prepared for an emergency during visits, but that may take time away from the appointment.

Benefits and Barriers of Primary Care Provider Involvement

- Many participants stated that the main benefit of having PCPs offer resources and information on disaster/emergency preparedness to their patients and the communities that they serve is that most patients trust their PCPs and are more likely to believe information or follow instructions given by them. Other benefits included having more informed and prepared patients and the ability for PCPs to identify gaps in the community.
- The main barrier barriers to having PCPs offer resources and information, according to the participants, was time. Many participants felt that PCPs barely have enough time to address basic medical needs of patients, without the addition of disaster/emergency information. Other barriers were resources, not having knowledgeable PCPs, and PCPs not having a desire or buy-in.

Community Member Focus Groups

Previous Disaster/Emergency Experience

- On a scale of 1 to 10, with 1 being that their PCP and staff was very involved in providing assistance and services during the disaster and 10 being not involved at all, involvement ranged from 1-3 and 8-10 showing that level of environment differed based on location and disaster. Even with the difference in ranges, participants did agree that PCPs were as involved as they could have been during the emergency/disaster. After a disaster, participants rated the level of PCP involvement from 1 (very involved) to the area of 7-10. Some participants indicated there were no services were available while others had adequate access to services.

Information and Resources Provided by Primary Care Providers

- None of the participants had ever requested emergency/disaster preparedness information from their PCPs. The only disaster/emergency preparedness information provided to participants in the past was pamphlets on what shelters to go to before the disaster and how to safely return to and clean your house afterwards.

Perceptions of Primary Care Provider Involvement

- Most participants indicated that the media was their main source of information during a disaster and that they only received medical information from PCPs. Lack of supplies was seen as a factor that would make it hard for PCPs to be involved in disaster/emergency preparedness during or after a disaster. Experiencing a disaster was the main reason that encouraged participants to prepare for an emergency/disaster.

Healthcare Provider Focus Groups

Previous Disaster/Emergency Experience

- On a scale of 1 to 10, with 1 being most important and 10 being least, PCPs indicated that disaster/emergency preparedness is important in training, informational or resource needs with a range of 1-4. However, PCPs did not feel that they or their practice was as prepared in responding to an emergency/disaster with a range of 4-6 and 7-10 using the same scale. Most PCPs had plans in place to respond to natural disasters but were lacking in plans for bioterrorism attacks and mental health crises.

Primary Care Provider and Community Involvement

- Patients have been more likely to request information on prescriptions and medical records. Even though most patients do not request information, some PCPs still provide badges for children's identification cards, disaster/emergency kits information, and tracking maps.

Emergency/Disaster Response Plan Involvement

- PCPs indicated that they have partnered with hospitals and universities as part of larger, multilateral, coordinated public health planning. All PCPs had participated in a disaster and emphasized that just reading a plan on paper does not compare to experience and hands-on training. Barriers to starting up or maintaining a disaster/emergency preparedness plan included resources and funding, storage, equipment, and inadequate staffing.