

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

**Pandemic Influenza Planning Workshop for a
Community Alternative Care System**

Request for Participation (RFP)

Focus:	Preparedness for healthcare surge during a moderate to severe influenza pandemic
Purpose:	To solicit interested urban communities to apply as potential participants for a workshop sponsored by CDC, aimed at developing an alternative care system for an influenza pandemic or other mass illness event in a large urban area.
RFP Issue Date:	March 9, 2009
Indicate Intent to Apply: (via e-mail or telephone)	March 20, 2009
Completed Applications Due:	April 20, 2009

Introduction

The Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion (DHQP), in partnership with the Oak Ridge Institute for Science and Education (ORISE), is requesting applications to participate in a *Pandemic Influenza Planning Workshop for a Community Alternative Care System*.

Pandemic planning requires consensus on the actions and priorities required to prepare for and respond to 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 expands the role of an alternative care system (ACS). An ACS requires the cooperation of public health, healthcare, emergency management, and other organizations in order to effectively deliver care within the community. Components of an ACS may include implementing strategies to keep mildly ill persons at home; coordinating and communicating where those in the community should seek care; collaborating on decisions regarding the roles of alternate care sites, clinics, private practice offices, and other non-hospital based organizations in responding to community healthcare demands; and considering the use of triage algorithms, and the ethical and legal implications, of allocating scarce resources.

In 2008, CDC–DHQP and ORISE began a series of workshops aimed at improving community healthcare responses during an influenza pandemic. It is anticipated that a variety of deliverables (models, tools, and templates) will be developed upon completion of this workshop series. These deliverables are intended to be useful to many types of communities, differing in their current levels of planning for an influenza pandemic, availability of healthcare and other public health resources and infrastructure, and other key community demographics.

The goal of the *Pandemic Influenza Planning Workshop for a Community Alternative Care System* is to advance planning towards a coordinated healthcare and public health response to an influenza pandemic in a large urban area. The workshop will provide an opportunity for partners to identify and address issues associated with alternative care in the community through facilitated discussion and activity.

The selected community will develop a model for a *Community Alternative Care System* to be used when medical surge capacity in the local healthcare system has been overwhelmed and/or exhausted during an influenza pandemic. To do so, the community will be expected to identify during the workshop:

- Specific parameters for an ACS in the community,
- The partners involved, and their roles and responsibilities, and
- Parameters for the use of individual components of the established ACS.

In addition, the community will develop a framework indicating:

- How and when the ACS will be initiated,
- How to sustain the ACS during an extended period of time,
- Advantages and disadvantages associated with potential ACS options,
- Components of the ACS most achievable for the community, and
- How and when the ACS will be deactivated.

CDC–DHQP and ORISE will provide ongoing technical assistance post-workshop. The process engaged in by the selected community before, during, and after the workshop to create their *Community Alternative Care System* model will be captured in hopes of creating universal planning tools to assist other communities in furthering their all-hazards and pandemic influenza preparedness capabilities.

Selection Criteria

When submitting an application, communities are encouraged to discuss additional objectives deemed critical to advancing public health and healthcare-related planning for a *Community Alternative Care System* during an influenza pandemic.

Geographical areas may combine to share public health and healthcare resources and respond to disasters; thus the definition of a community is fluid. Applications should define the community in terms of appropriate response partners.

The selected community will meet the Criteria for Participation provided below:

- Evidence of prior collaboration between public health, emergency management, and healthcare agencies in preparing for an influenza pandemic or other mass illness event
- Large, urban population (1 million and above preferred; lower limit in size is 500,000)
- Formation of a planning team to collaborate with CDC–DHQP 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.
- Ability to commit up to 60 community partners (two to three representatives per discipline) for a two-and-one-half (2½) day workshop from the agencies or disciplines listed below, as applicable:(the final list will be determined in conjunction with the communities)
 - Ambulatory Surgical Centers
 - Call Centers*
 - Emergency Departments*
 - Emergency Management
 - Emergency Medical Services
 - Faith-Based Organizations
 - Home Health Agencies
 - Hospice Agencies
 - Hospital and/or Hospital Administration*
 - Law Enforcement
 - Legal Counsel
 - Local Government
 - Long-Term Care Facilities
 - Medical Examiner's Office and/or Mortuary Services
 - Non-Profit Organizations
 - Pharmacies
 - Point-of-Dispensing (POD) Hospitals or other point of distribution sites
 - Private Practice Offices*
 - Public Health Departments*
 - Schools and Universities
 - Special Needs Agencies
 - Specialty Care Offices
 - Urgent Care Centers
 - Veterans Affairs Health Centers
 - Walk-In Clinics
 - Specialty Clinics

*Additional representatives from these agencies and other healthcare agencies may be permitted upon further discussion with CDC-DHQP/ORISE

The selected community may propose additional agencies needed to develop the *Community Alternative Care System*. The state health department will be notified of the community's participation in the workshop. State participation in the workshop is not required, but may be requested by the selected community.

If selected for participation, ORISE will provide costs of participation for up to 60 community partners. Costs include travel to and from the workshop, lodging, some meals, and per diem. Being selected for this workshop has no impact on present or future government funding for preparedness activities.

The date and location of the workshop will be determined after selection. CDC–DHQP and ORISE will hold a series of calls to allow for community input in hopes of securing the availability of the most number of partners. Members of the selected community may need to travel two to three hours away to attend the workshop.

Application Process

Intent to Apply

A formal letter of intent is not required; however, communities are asked to indicate their intent to apply via e-mail or telephone no later than **March 20, 2009**. Please contact Casey Thomas at (865) 574-7989 or Casey.Thomas@orise.orau.gov, or Betsy Smither, (865) 574-6466 or Elizabeth.Smither@orise.orau.gov.

Proposal

Completed applications must be submitted to ORISE no later than **April 20, 2009**. To be considered complete, applications must include the following:

1. Completed application checklist and cover letter (included in this document)
2. Letters of support signed by the Public Health Department and Emergency Management Agency, and regional healthcare partners (if available). Applicants may submit additional letters of support from healthcare partners, but these are not required.
3. A minimum of three members to be included on the planning team if selected to participate. 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, Emergency Management Agency, and healthcare partners. Additional planning team members may be added as needed after selection.
4. A brief narrative (maximum four pages), including a description of the community in terms of demographics and jurisdictional structures of public health, emergency management, and healthcare systems (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 for healthcare surge for high morbidity and mass illness events has been completed [e.g., plans and memorandums of agreement in place for pandemic influenza, exercises]?
 - b. What partnerships have been utilized in your healthcare surge planning for an influenza pandemic, and what partners and/or agencies still need to be engaged?
 - c. Why should your community be selected for the *Pandemic Influenza Planning Workshop for a Community Alternative Care System*? For example, what is unique about your community and what is similar to other urban areas preparing for an influenza pandemic? How would the workshop assist your community in advancing planning?

Selection Process

Selection will be based on the aforementioned criteria for participation, as stated on page three of this RFP, and needs identified by the community for advancing preparedness for healthcare surge during an influenza pandemic. We are as interested in assisting communities in addressing their issues surrounding healthcare preparedness as we are in their developed strategies; therefore, applicants are encouraged to be candid when discussing the process they have engaged in to achieve their current level of planning.

Following submission, a committee from CDC–DHQP and ORISE will read all applications and select for further review a subset best suited to the goals and objectives of the *Pandemic Influenza Planning Workshop for a Community Alternative Care System*. Communities selected for further review will receive a letter indicating the application is still being considered. All other applicants will receive a letter indicating the 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. These plans will be considered confidential and will be used only for informing decisions of CDC–DHQP and ORISE reviewers.

Planning teams for each community under consideration will also be asked to **participate in a conference call with CDC–DHQP and ORISE to elicit additional information about their community**. It is anticipated that calls will be scheduled in May 2009.

Final community selection for the *Pandemic Influenza Planning Workshop for a Community Alternative Care System* is anticipated in late May 2009.

Reserved Rights

CDC–DHQP 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, and
- Modify the RFP specifications should none of the applications received meet the selection criteria.

Application Checklist

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

- Intent to apply sent via e-mail or telephone no later than March 20, 2009
- Typed cover letter (template attached)
- Signed letters of support from the Public Health Department 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 five of this RFP (narrative should be 12-point font, double-spaced, and a maximum of four single-sided pages)

Completed applications must be submitted to ORISE by mail or email on or before April 20, 2009.

Late applications will not be considered.

Mail to:

Oak Ridge Institute for Science and Education
Attn: Casey Thomas
PO Box 117, MS 10
212 Badger Avenue
Oak Ridge, TN 37831-0117

Email to:

Casey.Thomas@orise.orau.gov

All questions concerning the RFP and application may be submitted to Casey Thomas at (865) 574-7989 or Casey.Thomas@orise.orau.gov, or Betsy Smither at (865) 574-6466 or Elizabeth.Smith@orise.orau.gov

Application Cover Page

Name of community:

Population size of community:

City:

State:

Zip:

Primary Contact Person:

Planning Team

Name:

Title:

Address:

Phone:

Fax:

Email:

Name:

Title:

Address:

Phone:

Fax:

Email:

Name:

Title:

Address:

Phone:

Fax:

Email:

Authorized signature(s):

Date:

Where did you hear about this RFP?