

## **PANDEMIC INFLUENZA PREPAREDNESS PLANNING EXPERIENCE:**

The Tennessee Department of Health, Southeast Regional Office, created a surveillance and notifiable disease reporting calendar as a means of creating solid reporting relationships today, thus assuring timely reporting in an influenza pandemic.

## **CATEGORY:**

The area that best categorizes our experience is workforce education and safety.

## **COMMUNITY DESCRIPTION:**

The Tennessee Department of Health, Southeast Regional Office is located in Chattanooga, TN, Hamilton County. Our region consists of ten (10) rural counties and eleven (11) local health departments.

### **Our Mission –**

To promote, protect and improve the health of persons living in, working in, or visiting the State of Tennessee.

Our county health departments offer services such as:

- **For Children** – immunizations, Well Child/EPSTDT screens, WIC Nutrition services and Children’s Special Services;
- **For Adults** - breast and cervical cancer screening, family planning services, HIV counseling and testing and communicable disease control.

Four of our local health departments have expanded their services to include primary care services for the uninsured, age 19-64. The primary care services being offered include basic care and treatment for acute, episodic illnesses; management of chronic diseases; and basic healthcare management.

**The current health care delivery system** in the southeast region consists of ten (10) rural based medical centers/hospitals and nine (9) urban or metropolitan based medical centers/hospitals. The rural based facilities range from small size, limited service facilities with approximately 25 beds to larger 80-250 bed facilities capable of providing extensive services.

Some of the rural hospitals have on-site helipads, or access to helipads, which can be utilized in transporting patients via air ambulance to larger urban or metropolitan facilities.

The urban environment is typified by the larger urban facility with greater patient capacities and resources and typically reports bed capacities in excess of several hundred. The capacity and services offered by the rural hospitals is often more dependent upon

geography, local political involvement, resources and personnel constraints than is typical of the larger urban facilities.

**Level 1 trauma, pediatric trauma and burn care** is provided by the regional Level 1 Trauma Center located in Chattanooga, TN. Two facilities, Erlanger Medical Center and T.C. Thompson Children's Hospital, provide the highest level of adult and pediatric patient care within the region. Acute patients can be rapidly transported by either ground or air ambulance to the facilities within a short time span.

**Kindred Hospital**, located in Chattanooga, is a 49 (forty-nine) bed long-term care facility that specializes in providing care for medically complex, chronically ill patients. Traditionally, these patients have been treated in the ICUs of acute care hospitals. The Chattanooga facility includes: 4-bed ICU with hemodynamic monitoring capabilities, 3 negative-airflow rooms, including 1 in ICU and in-room dialysis in 9 patient rooms.

**The Southeast Region has nineteen (19) licensed nursing homes**, with bed numbers ranging from approximately 50 (fifty) beds for smaller facilities and 200 (two hundred) beds for the larger facilities. The nursing homes provide basic nursing home care and/or rehabilitation and/or skilled nursing care.

**Moccasin Bend Mental Health Institute** located in Chattanooga, Tennessee, is an accredited psychiatric facility serving the twenty-eight (28) counties of Tennessee's Region II. The facility currently provides one hundred seventy-two (172) inpatient beds for adults. The program offers ninety-one (91) adult acute care beds and eighty-one (81) adult sub-acute care beds.

**Crisis Response Team** screening for admission is through the community mental health centers serving the geographical area in which the individual resides. Additional care is provided by rural and urban hospitals that have psychiatric units with in-patient beds.

## **PLANNING PROCESS:**

The Southeast Regional Office, Epidemiology Section, brain-stormed to come up with an idea to create a solid reporting relationship with our physicians, hospitals, and laboratories. We wanted to assure timely reporting in a pandemic, as well as the timely reporting of all communicable and/or dangerous diseases that are notifiable in the State of Tennessee (T.C.A. 68-10-101). Our goal was to make it easier for medical providers all across the region to access the required information regarding these diseases.

In considering how most of us look at our calendars on a daily basis, the southeast region came up with the idea of using a calendar as an educational and reporting tool for

notifiable diseases. We wanted to provide education about notifiable diseases and create an environment that encouraged our providers to think of us when they had questions or needed assistance with disease reporting or mailing a specimen. We wanted something that would be readily available with needed contact numbers, as well as information and reporting tools. That “something” had to be visible and always maintained within easy reach---what else but a calendar!

Providing the “right information” in the calendar was priority. We looked at frequently asked questions, as well as the number of cases of a disease that was reported via surveillance or community outbreak. Issues with disease reporting and a need for further education within the community were discussed. We wanted to express the importance of disease surveillance, the need for regional sentinel providers and how the data is used nationwide. In addition, we wanted to stress the importance of immunization, utilizing proper hand-washing technique and observing good respiratory etiquette and hygiene in the prevention of spread of diseases, as well as reminding providers about the dangers of antibiotic resistance. The reporting and diagnosing of food borne illnesses through laboratory testing could not go without mention.

The back of the calendar listed the notifiable diseases and provided a reporting form. The form could be readily copied when forms were needed for notifiable disease reporting. A secured fax number was also listed at the bottom of each page of the calendar and made easily accessible.

Initially, a 2006 black and white prototype of the calendar was made available to regional hospital infection control nurses and laboratory personnel. A self-addressed card was placed inside the calendar and the group was asked to provide their response and suggestions. The calendar was well received. Adding color to the calendar was the most frequent comment/suggestion. One of the hospital infection control nurses described the calendar as being “an in-service on its own”.

The Southeast Region provided calendar samples, calendar comments and a written proposal for permission to print the calendar to the Tennessee Department of Health, Policy, Planning and Assessment Department. We received approval to print a 2007 Surveillance and Notifiable Disease Reporting Calendar.

#### **NARRATIVE:**

January 2007, the Tennessee Department of Health, Southeast Regional Office mailed out 450 Surveillance and Notifiable Disease Reporting calendars. The calendar has been well received by our regional health community. We feel we have met our goal of creating a relationship with our regional providers, as well as providing education and resources that make reporting notifiable diseases an easy task. The Tennessee Department of Health, Southeast Regional Office continues to look for ways to engage our regional providers in accomplishing the mission of promoting, protecting and improving the health of persons living in, working in, or visiting the State of Tennessee.

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