

**ATTACHMENT 2**

**Disaster Health Services Enhanced Service Delivery Model:  
Executive Summary**

## **EXECUTIVE SUMMARY: Disaster Health Services Concept of Operations**

Red Cross Disaster Health Services (HS) supports an enhanced service delivery model allowing a licensure scope of practice for nurses (87% of HS workers) starting in April 2011. This change was driven by several factors: 1) the previous protocol approach was extremely restrictive and did not align professional licensure or practice with education and training; 2) Red Cross nurse volunteer numbers decreased (90K to 20K) over three decades while nurse numbers in other volunteer disaster organizations increased; 3) FEMA's 2010 guidance on access and functional needs is expected to increase the need for nursing oversight in shelters; 4) local public health nurses who previously staffed some General Population Shelters have been diverted to Medical Needs Shelters due to a loss in their workforce capacity in the current economy; and 5) the desire to decrease additional stress on a disaster-surged community healthcare system through unnecessary referrals of General Population Shelter clients.

The HS ConOps was developed by a team that included disaster officers, area directors, and representatives from each health worker category within Disaster Services. It was approved by Red Cross President and CEO, Gail McGovern, in November 2010 with a directive to implement a phased roll out the concept while evaluating its impact on Red Cross-served communities. It was piloted in Louisiana during January – March 2011 and is ready for supervised implementation into Disaster Relief Operations with the release of the *Connection 2011-006*. HS workers are expected to fully function within this enhanced service delivery model by 2012.

The overall goal is to increase the capability of our HS team to better serve our clients and communities, aligning nursing scope of practice with licensure, education, and training. All in all, the enhanced service delivery in HS will look pretty much the same as it currently does, with the addition of some new worker categories to increase bandwidth in the activity to care for all clients served by the General Population Shelter. That is, it comes with no mandate for the chapters to buy extra equipment/supplies or increase their workload related to supervisory practices. It does, however, enable chapters to more effectively recruit HS nurse volunteers due to Red Cross recognition of their value added nursing care skills. The [\*HS Handbook \(Program Guidance\)\*](#) slated for Fall 2011 will integrate this new concept of operations.

### **Implementation schedule**

#### ***FY11***

- Continue to secure input (e.g., internal advisory workgroup, LA implementation workgroup, Disaster Services leadership)
- Work with Public Affairs/Marketing and Grassroots Communication Subcommittee to develop communication strategy (internal and external) for implementation and managing expectations
- Continue to work with the State Nurse Liaison Network and Health Service Advisors, assuring field health structure for ambassadorship
- Collaborate with internal Disaster Services partners to identify/work through issues
- Redesign recommendations for Disaster Health Go-Kit contents and develop overall strategy for field logistics to include “just in time” national vendors relationships
- Work with external partners to assess/confirm their specific community capacity

- Identify potential in-kind donors for both operational and preparedness resourcing
- Develop/implement evaluation strategy to include disaster and non-disaster activities
- Give green light for HS ConOps practice with release of new HS Guidance

***FY 11 and 12***

- Evaluate disaster relief operations to revise/enhance as needed
- Implement local/regional training events led by HSAs/SNLs and HS leadership
- Continue transparency in dialogue and communication
- Develop/implement recruitment campaign for HS workers that advantages HS ConOps
- Ensure DSHR alignment for operational assignments with enhanced service delivery

***FY12***

- Ensure Disaster Health Go-Kit access per need (e.g., Chapters and/or DFSC)
- Implement HS services as part of DRO evaluation to assess future needs or revisions
- Investigate opportunities for other HS

<b>Metrics for 2011</b>	<b>Progress to Date</b>
% Health Service Advisors Named (n = 50)	40%
% State Nurse Liaisons Named (n= 82)	50%
% of HS credentials reviewed and recorded in DSHR	70%
% Interim Guidance Release thru <i>Connection 2011-006</i>	100%
% HS Guidance Release	50%

**Budget/key cost drivers**

Significant cost is not anticipated with project implementation. The largest unknown re: cost comes from two areas: 1) the current Red Cross Proximity Deployment model of staffing and HS ConOps requirement for a nurse-led model and 2) the Disaster Health Go-Kits containing consumable supplies. Nurses may need to be more frequently deployed from outside the DRO’s proximal region given the requirement of an on-site RN supervisor combined with the reality of current HS nurse resources. Current Go-Kits are located in chapters across the country and average in cost at \$1,000; Functional Needs and Support Services (FNSS) guidance increases that price to \$2300. The augmentation of these kits includes such items as colostomy supplies and blood press cuffs. Reminder: chapters are not being mandated to purchase these supplies. Current research has shown ability to secure in-kind resources as well as access to a growing cache of supplies through our federal and state government partners due to FNSS requirements.

<b>Draft Budget</b>	<b>FY11</b>	<b>FY12</b>
Regional Training (NHQ)	\$10,000	\$10,000
Equipment – Nurse Kits	\$2,300 per kit	TBD*