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PREPARE Initiative Newsletter

ISSUE 1 | June 2025

FROM THE DIRECTOR

The PREPARE Initiative is an important step in protecting the health of Independence residents. A disease outbreak in a healthcare facility can harm the health of patients, staff, and visiting friends and family members. With this initiative, the Independence Health and Animal Services Department (IHAS) is implementing practices and procedures that will help us work with Long-Term Care Facilities (LTCFs) in Independence to prevent disease outbreaks from occurring at these facilities. IHAS is committed to protecting the health of the residents of Independence and preventing illnesses before they happen. It is important that we share the impacts of this project with our community and partners so that we can all contribute to promoting a healthy environment in Independence.

PROJECT SPOTLIGHT: Making Connections

Our PREPARE Journey

Our primary goal with the PREPARE initiative is to enhance our outbreak prevention and response activities in an equitable manner while strengthening partnerships with the healthcare facilities to support long term sustainability. Our primary focus was the relationships and reporting with the Long-Term Care Facilities in Independence. The Independence Health Department went through a transition from 2018 to 2021 and a lot of our relationships with our LTCFs were lost. Through staffing changes at the LTCFs and IHAS, many contacts had changed positions or no longer worked at the organization on both sides. The timeline for this project was about 6 months, from January 2025 to June 2025. The activities for the PREPARE initiative won't end after June, rather the groundwork for building these relationships and improving disease reporting would be laid during the project timeline.

We divided our goal into 3 sections: Improve outbreak data collection processes to be more streamlined for IHAS and LTCFs, strengthen/develop relationships with two LTCFs that previously had more outbreaks, and have a better understanding of LTCF health/equity indicators. Our approach for the first



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section, improving data collection processes, was to meet with our LTCFs to get feedback and suggestions on what data collection processes would be easiest to implement and develop an online survey for LTCFs to report outbreaks. SOPs and line-lists used by IHAS would also be updated. Our second section, strengthening relationships with LTCFs, included creating a monthly newsletter with data reports and summaries, developing a contact list for our facilities, and setting up regular meetings with LTCFs to maintain communication. Finally, to have a better understanding of LTCF health/equity indicators we aimed to meet with facilities to discuss indicators they already had data on, collect publicly available health data about the facilities, and create a data collection tool that facilities could use to provide data on indicators.

Key Accomplishments

- **GI Illness and Respiratory Illness Outbreak Surveys:** *We created an online survey for LTCFs to report gastrointestinal illness and respiratory illness outbreaks that collect data on who is having symptoms, when symptoms started, dates of cases, and the number of hospitalizations and deaths. The survey allows the facility to keep IHAS updated and provides a clear picture of what we need from them.*
 - **Developed Contact List for LTCFs:** *We created a list of all our LTCFs with the outdated contact information we had and called each facility to get a primary contact email and phone number, most often for a Director of Nursing, and a secondary contact email and phone number, which was most often an Assistant Director of Nursing.*
 - **Compiled CMS data for LTCFs:** *Using CMS data that was available online, we collected data on health and equity indicators listed in NACCHO's Equity Guide, including bed utilization rate, RN staff hours/resident/day, staff and resident vaccination rates, nursing staff turnover, and pressure ulcer rates.*
 - **Developed Survey to send to LTCFs:** *The survey serves as a tool for LTCFs to report weekly metrics on health and equity indicators that increase their risk of an outbreak. The survey is short to prevent adding a burden on the LTCF, but it asks for enough details that IHAS can detect potential outbreaks early and provide guidance and resources to the facilities.*
 - **Developed Monthly Newsletter:** *Developed a monthly newsletter to be sent out to LTCFs. The newsletter provides an overview of disease incidence in Independence, data on health and equity indicators related to LTCFs, and resources that facilities can access or IHAS can help them access and utilize to reduce the likelihood of an outbreak.*
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LESSONS LEARNED

Staff turnover makes it difficult to build and maintain relationships

Staff turnover at LTCFs in Independence has made reliable communication with these facilities a struggle. Many staff only fill specific roles and are assigned specific tasks. This means that there is a limited number of staff that regularly interact with the Health Department, and when those staff leave there are little to no individuals that remain that know how to or even that they need to remain in contact with the health department. This makes regular communication and assistance that can prevent outbreaks difficult or impossible and reduces the speed of our outbreak response. With this insight, IHAS has worked to not only establish contacts with positions that appear less likely to have staff changes but also have multiple contacts that we regularly connect with to reduce the chances of losing every contact to staff turnover.

Implementation Tip: *Make sure you not only have a relationship with infection prevention staff at LTCFs, but also their Director of Nursing and Assistant Director of Nursing.*

It is important for the LTCF staff to see you as a helpful/useful tool rather than a burden

There are many areas that IHAS could provide support to our LTCFs. Based on CMS data, all our facilities have areas where improvements can be made to reduce instances of disease outbreaks. IHAS must create the understanding that these improvements are not a punishment for the facilities, and that the Health Department's role is to provide support, guidance, and resources towards these improvements for the LTCFs. This is important so that LTCFs see IHAS as a tool to be utilized and not an organization that creates extra problems and work for them, which may disincentivize timely and frequent communication.

Implementation Tip: *If there is any specific work tied to grants, do not make that a focus with the LTCF that the project is grant funded. It may seem like the Health Department gets extra money while the facility just has more tasks to do.*

Create time efficient tools for partners

There's a ton of value in creating tools like surveys and charts for partners so that they have an easier time remaining connected and involved in outbreak prevention. Surveys that ask questions about data a LTCF already collects saves the facility time in reporting and prevents reporting from becoming an arduous task. Providing chart summaries of data from the surveys can be useful in helping LTCFs see areas where there is room for improvement easier than just looking at raw data and can help them find what regular support they need from the Health Department.

Implementation Tip: *Make sure that survey questions ask for data that is non-identifiable. It's easier for facilities to share data that has been deidentified and no longer contains HIPPA information.*



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BEST PRACTICES SHOWCASE

Using Data in Outbreak Prevention

IHAS uses data to prioritize make decisions about our outbreak response and prevention efforts. Having data, such as the number of nursing staff at a facility, helps us tailor the response and provide the appropriate number of resources that facility might need in or before an outbreak. By using CMS data, we were able to prioritize which LTCF needed immediate intervention.

Why It Works: *Using data to prioritize LTCFs allows us to objectively and accurately determine which facilities would benefit most from targeted interventions.*

Streamlining Outbreak Reporting

LTCFs play a critical role in reporting outbreaks to local health departments. By providing a simple, easy, and quick process to report outbreaks, the health department response can be quicker and more organized. IHAS developed a survey for GI outbreaks that collects vital information that helps us address the outbreak. This survey is online and is complex enough to grab various information but short enough to be convenient for facilities to use.

Why It Works: *By providing a standardized reporting form, IHAS can ensure that all the relevant information for an outbreak can be collected from any LTCF.*

TOOLS & RESOURCES

Resources We Found Helpful

[List of 3-5 resources that were valuable during your project, with brief descriptions and links when available.]

- **Medicare Care Compare:** *You can view CMS data for healthcare facilities, including LTCFs, as well as compare that data between facilities. <https://www.medicare.gov/care-compare/>*
- **NACCHO Equity Framework Guide:** *Provides a great list of indicators and metrics to measure health and equity outcomes at healthcare facilities. https://www.naccho.org/uploads/downloadable-resources/NACCHO_Equity-Framework-Guide.pdf*



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- **NACCHO Data Use Guide:** Full of strategies and methods for utilizing data in outbreak responses. https://www.naccho.org/uploads/downloadable-resources/NACCHO_Data-Use-Guide.pdf

LOOKING AHEAD

Our department will be continuing to develop long-lasting relationships with our LTCFs by implementing quarterly calls to assess equity indicators and to address challenges facilities face. We will also continue collecting and updating publicly available data as well as data our facilities can provide to continue to improve the health and safety of the residents and staff. Additionally, we will be incorporating facility feedback into our surveys and data collection tools to better streamline collecting data on health indicators.

[1-2 paragraphs about how your health department will build on the work done through the PREPARE project, including future plans, ongoing initiatives, or next steps.]

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