

2017-2019 Operational Readiness Review Site Visit Report



Oklahoma

October 23, 2018



U.S. Department of Health
and Human Services
Centers for Disease
Control and Prevention

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Background

The Public Health Emergency Preparedness (PHEP) program, managed by the Centers for Disease Control and Prevention's (CDC) Division of State and Local Readiness (DSLRL), supports preparedness activities nationwide and provides funding and technical assistance to 62 state, local, and territorial PHEP recipients. DSLRL also provides dedicated medical countermeasure (MCM) funding through the Cities Readiness Initiative (CRI) to the nation's 72 largest metropolitan areas, where more than 60% of the U.S. population resides. This funding supports state and local MCM plan development and is critical for advancing their capability to receive, distribute, and dispense medical assets from the Strategic National Stockpile.

DSLRL has implemented a rigorous [operational readiness review](#)¹ (ORR) process to evaluate state and local capacity and capability to distribute and dispense life-saving medicines and supplies to the right people at the right time. DSLRL designed the ORR to measure a jurisdiction's operational readiness – the ability to plan and successfully execute a large MCM response in the event of an intentional release of anthrax or during other public health emergencies, such as pandemic influenza.

The ORR includes aspects of several functions and associated performance measures in seven of [CDC's 15 public health preparedness capabilities](#).²

Capability 1: Community Preparedness

Capability 3: Emergency Operations Coordination

Capability 4: Emergency Public Information and Warning

Capability 8: Medical Countermeasure Dispensing

Capability 9: Medical Materiel Management and Distribution

Capability 14: Responder Safety and Health

Capability 15: Volunteer Management

The intended outcome of this assessment is to identify strengths and challenges state and local jurisdictions face and to identify opportunities for improvement and areas in which CDC can provide further technical support. **CDC's goal is that jurisdictions have "established" MCM programs on or before June 30, 2022.**

¹ <https://www.cdc.gov/phpr/readiness/orr.html>

² <https://www.cdc.gov/phpr/readiness/capabilities.htm>



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ORR Status Overview

The ORR system is divided into three modules that assess different content areas of the MCM program: 1) descriptive and demographic information, 2) planning, and 3) operations. Each module collects information via specific forms within the ORR online data collection system.

Definition of status levels for each ORR module

	Early	Intermediate	Established	In progress
Descriptive	Information not updated	Information updated but not at the required frequency	Information updated with expected frequency (e.g., six months, one year) NOTE: All forms listed in this module for each jurisdiction must be up-to-date to achieve "established" status.	Not applicable NOTE: The "in progress" status is only applicable for the operational module.
Planning	Little or no evidence of planning is demonstrated	Some or most of expected planning demonstrated	Expected level of planning demonstrated NOTE: All listed items (rows) in the planning form section must be verified with sufficient evidence to achieve "established" status.	Not applicable NOTE: The "in progress" status is only applicable for the operational module.
Operational	Few or no operational requirements conducted	Some operational requirements conducted	All operational requirements (drills and exercises) conducted in the appropriate timeframe NOTE: All operations indicated with an asterisk must be completed to achieve "established" status.	Annual and five-year requirements not completed yet due to scheduling. No basis for complete assessment at the time of site visit.

CDC expects that jurisdictions will achieve implementation levels of "established" for all three MCM content areas on or before June 30, 2022.

Eligibility for "advanced" status for the overall program is obtained when the jurisdiction goes above and beyond the criteria for established by completing optional exercises and submitting evidence of two consecutive training and exercise planning workshops (TEPW) and multiyear training and exercise plans (MYTEP) with three or more planning years.



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Site Visit Overview

On October 23, 2018, CDC staff met with staff from the Oklahoma State Department of Health (OSDH) to conduct the ORR site visit.

Key Participants

Health Department

- Scott Sproat, Director, OSDH, Emergency Preparedness and Response Svcs.
- Mark Schultz, SNS Executive Coordinator, OSDH, Emergency Preparedness and Response Svcs.
- Janie Dukes, Office of Communications, OSDH
- Fred Leighty, RSAS Warehouse manager, OSDH
- Rusty Cook, Situation Room, Emergency Operations Manager, Emergency Preparedness and Response Service, OSDH
- Keith Reed, Community Health Services, Deputy Commissioner –(Dispensing Planning), OSDH
- Gunnar McFadden, Assist Deputy Commissioner – (Dispensing Planning), Community Health Services, OSDH
- Jaretta Murphy, OSDH, Grants Coordinator
- Stana Friend, HPP Grant Coordinator, OSDH
- Darell Eberly, ESF 8 Liaison, OSDH
- Brian Woilson, HPP State Coordinator, OSDH
- Sharon Dellavecchio, OSDH, State Training and Exercise Coordinator
- Lezlie Carter, Oklahoma State Medical Reserve Corps Volunteer Coordinator, OSDH
- Heather Yazoanipour, Region 6 (CRI) Regional Medical Response System Manager (Medical Systems Coordinator)
- Tony Sellars, Communications Director, Office of Communications, OSDH
- Jennifer Hankins, State Pharmacist, OSDH



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CDC

- Claudia Miron, CDC DSLR PSB, Regional Field MCM Specialist
- Scott Rice, CDC DSLR PSB, Headquarters Based, MCM Specialist

Other

- John Pettitt, Senior Inspector, US Marshal Service
- Colonel Robert Walter, OK National Guard, Commander
- John Beatty, Anti-Terrorism and Force Protection Officer, OK National Guard
- Johnny Blevins, OK State Department of Corrections (Distribution Planning)
- Pat Mays, Oklahoma Highway Patrol, Security Lead for RSS



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Current Implementation Levels

Oklahoma Summary Review Status

During the ORR process, CDC reviewed the documentation submitted to determine the jurisdiction's current implementation levels for each of the three modules, as outlined in the [ORR guidance](#).³ Oklahoma status level for each module is marked with an "X" in the table below.

Summary Review Status	Early	Intermediate	Established	In progress
Descriptive module			X	Not applicable
Planning module			X	Not applicable
Operational module				X

- Established for the **descriptive** module
- Established for the **planning** module
- In Progress for the **operational** module

Details about the jurisdiction's review and status are available in the next section of the report.

³ <https://www.cdc.gov/phpr/readiness/orr.html>



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This report provides recommendations to assist Oklahoma in achieving the 2022 goal. Key findings and recommendations for improving the jurisdiction’s status levels are described in the following table. **The asterisks indicate priority items that will affect ORR status levels. Jurisdictions should successfully address those items marked with an asterisk to achieve a status of established.**

ORR Module	ORR Form/Section	Question/Operation	Reviewer Comments	Recommendation(s)
Descriptive/Demographic				
Descriptive	Critical contact sheet (CCS)		Last submitted: 25-Oct-18	Descriptive status reflects data submitted at the time of report generation. Recipients must re-submit the CCS by December 31, 2018 and June 30, 2019 in order to receive and/or maintain “established” descriptive status at the end of the year.
Descriptive	Jurisdictional data sheet (JDS)		No issues reported.	
Descriptive	Receive, stage, store (RSS) warehouse		No issues reported.	
Planning				
Planning	Dispensing	CRI/MSA MCM Coordinators understanding of how IMATS works	State’s current MCM Action Plan denotes opportunity to enhance knowledge of CRI/MSA local MCM Coordinators in the operations of IMATS during a mass dispensing incident or exercise.	Establish regular meetings/workshops for training local CRI/MSA MCM Coordinators on the IMATS inventory process/procedures for efficient and effective dispensing operations during a real world incident or exercise.



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ORR Module	ORR Form/Section	Question/Operation	Reviewer Comments	Recommendation(s)
Planning	Distribution	Plans include top (RSS) – down (POD) understanding of “cold chain management	While the State demonstrates a clear and firm understanding of “cold chain management” at the RSS Site, there may be possible procedural gaps going forward from the RSS down to the POD level.	Provide guidance on “cold chain management” procedures for local planning jurisdictions.
Planning	Distribution	Ability to maintain current numbers (level) of RSS workers competent to complete mission related requirements	Due to current staff turnover, it would be beneficial to have an on-going training process to keep the jurisdiction's RSS “staff pool” up to full complement.	Suggest initiating both a regular monthly or quarterly training program for new RSS site workers; as well as a recruitment process that assists in finding new RSS site workers to be trained as backup RSS site workers.
Operational				
Operational	Training and Exercise Planning Form/ Training and exercise planning workshop (TEPW)	Training and exercise planning workshop*	TEPW date: 2018-06-26	Required annually.
Operational	Training and Exercise Planning Form/ Multi-Year Training and Exercise Plan (MYTEP)	Training and exercise planning (annual)*	Last submitted in DCIPHER: 2018-10-23	Required annually.



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ORR Module	ORR Form/Section	Question/Operation	Reviewer Comments	Recommendation(s)
Operational	PHEP functional exercise (FE), full-scale exercise (FSE) or incident	Annual PHEP exercise*		Required by the end of each budget period. Include vulnerable population partner(s).
Operational	PHEP FE, FSE or incident	The annual staff assembly performance measure (formerly performance measure 3.1 staff assembly)*	The annual report from at least one incident in which the health department's EOC is activated is required by June 30, 2019. If no incidents occur by that date, jurisdictions can submit a no-notice, immediate assembly drill.	Work with CDC PHEP staff to provide required staff assembly information. This information was formerly submitted through PERFORMS at the end of the budget period.
Operational	PHEP FE, FSE or incident	Five-year joint exercise (at least an FE)*	Shake & Bake 2018 Functional Exercise, 29-May-18	Required once during five-year period.
Operational	Five-year distribution FSE	Distribution FSE, or incident*	BP 1 Vaccine Distribution Exercise, 21-Sep-17	Required at a minimum once in five years.
Operational	Tabletop exercise (TTX) (optional once in five-year period)	Administrative or fiscal preparedness	Oklahoma State Department of Health Central Office Long Term Recovery COOP TTX, 14-Jul-17	Complete once during five-year period to achieve "advanced" status.
Operational	TTX (optional once in five-year period)	Community reception center (CRC)		Complete once during five-year period to achieve "advanced" status.

*Item is included in the algorithm for achieving "established" status.



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For more information, consult the ORR guidance on the [CDC website](#),⁴ the [Online Technical Resource and Assistance Center \(On-TRAC\)](#),⁵ or a CDC MCM specialist.

⁴ <https://www.cdc.gov/phpr/readiness/orr.html>

⁵ <https://partner.cdc.gov/sites/OPHPR/PHEP/On-TRAC2/AssistanceCenter/ResourceCenter/Pages/OperationalReadinessReview.aspx>



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