

**Balderson Leadership Project Award  
RUNNER-UP**

**Leadership and Management Institute (LMI)**

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***Succession Planning at CDC***

The Centers for Disease Control and Prevention, including its sister agency, the Agency for Toxic Substances and Disease Registry (ATSDR), is recognized as the world's premier public health agency to promote health and quality of life by preventing and controlling disease, injury, and disability. As the agency positions itself to control and prevent the emergence of new diseases and threats, in addition to existing health issues, it is faced with the challenge of developing a leadership capacity that is prepared to lead and manage the agency's strategic efforts now and in the future. In 2003, Dr. Julie Gerberding, Director, identified succession planning as a business imperative for several reasons: (1) The CDC work force is aging and retirements will accelerate, especially in the next 5-10 years; (2) Management does not have a systematic way of knowing what candidates are in the pipeline or of developing qualified candidates; (3) CDC needs to have crucial leadership and technical capabilities now and in the future to enable it to manage existing and emerging threats to the public's health; (4) Private sector competition and the steady increase in outsourcing and contracting may make it increasingly difficult to retain high performing employees, emerging leaders, and those with specialized expertise; (5) It has become increasingly difficult to recruit employees with special skills.

To address this critical issue a team of participants in the Leadership and Management Institute (LMI – an internal mid-senior management and leadership

development program) initiated a project to define succession planning, assess the extent of the problem at CDC/ATSDR, and make specific recommendations. This team learned of similar work being done by a CDC team participating in the National Public Health Leadership Institute (PHLI), and the two teams joined together in a collaborative effort. To assess the seriousness of the succession planning issue, the team analyzed reports on the environmental drivers of the succession planning imperative, analyzed data on staffing, potential retirements, and employee loss, and designed an assessment tool which they then used to interview key leaders. To understand best practices, the team performed an extensive literature review. As a result of their work, the LMI/PHLI team defined succession planning at CDC as a deliberate and systematic effort to ensure the continued effective performance of mission critical activities and effective response to emerging challenges through the development of the knowledge, skills and capabilities of current and future leadership and key positions. In addition the team made the following recommendations to CDC/ATSDR:

- (1) Identify mission-critical positions for leadership and other key positions for the next 3-5 years;
- (2) Project mission-critical positions and potential skills gaps for the next 5-10 years;
- (3) Perform internal and external benchmarking (including federal and state agencies, corporations, non-profits);
- (4) Identify and address policy and other barriers to recruitment and retention;
- (5) Identify pools and pipelines for key positions and identify strategies to address any potential gaps;
- (6) Develop additional talent pools as needed. High performance employees should be able to self-identify or be identified by supervisors and executives;
- (7) Establish professional development programs to bridge any gaps;
- (8) Develop the agency succession planning strategy that incorporates best practices to best address CDC/ATSDR needs, and fits with the agency culture;
- (9) Ensure that the succession planning approach is data-driven, on-going, and encompasses all aspects of strategic human capital planning and development;
- (10) Make succession planning an explicit performance measurement for all managers and leaders.

Senior leadership at CDC is committed to this effort and has already taken the lead in initiating the planning process by establishing the Future's Initiative. They recognize that human capital is one of this agency's most important assets, for organizational success depends on having the right people with the right competencies in the right positions at the right time, ready to anticipate, recognize and prevent disease and disability. Succession planning is the key to overall agency's preparedness.

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**Northeast Regional Public Health Leadership Institute**

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**Establishment and Assessment of a Hospital Emergency Room  
Syndromic Surveillance System in Ocean County, New Jersey**

The purpose of this project was to initiate a surveillance system by which chief complaint data is automatically transmitted daily from a hospital emergency department (ED) to the Ocean County New Jersey Health Department for analysis for early detection of disease-causing events in the community. This surveillance system is to use chief complaint data that is already being collected electronically, thus preventing extra workload for hospital staff and human error in transcription, and minimizing on-going follow-up time at the local and state levels.

Ocean County has 510,360 residents. Since it holds a large commuter population, sizeable summer population as well as military bases, commuting arteries and several entertainment facilities, it is a potential target for bioterrorism or newly emerging infection diseases,. If a bioterroristic or other disease-causing event were to occur in the community, the current passive surveillance system commonly used by local and state health departments would not detect the event for several days, if at all. Additionally the enhanced passive surveillance system used by the New Jersey Department of Health and Senior Services for “Influenza-Like Illness” and ED activity is labor intensive and relies on the efforts of hospital staff to collect and transmit data, as well as efforts of local and state health department staff for review and analysis.

Syndromic or “chief complaint” surveillance would detect an increase in a particular set of symptoms presented to acute care hospitals much earlier. Once initiated in the four hospitals in the county, transfer of data would be done daily. Increases in rates of chief complaints that might not be evident at individual hospitals may be identified when data is analyzed in aggregate and, if appropriate, would

trigger an epidemiological investigation. This project will enable the chief complaints of gastrointestinal illness, respiratory illness, fever, asthma and rash to be collected by an electronic system linked to emergency room data, and transmitted to the Ocean County Health Department. A system for the early detection of these events is important in facilitating a timely public health response.

**Methods:** Meetings were held with Southern Ocean County Hospital personnel to determine if this data transfer was possible and what agreements/contracts were required to assure that the parties were in compliance with applicable confidentiality laws. Contacts were made with other agencies that use this system for advice and technical assistance. Hospital and county health department computer support staff worked together to establish the software programs necessary to accomplish the data transfer. The Ocean County Health Department's epidemiologist will monitor the data and investigate any significant increases in chief complaint rates. Graphs will be made and compared to actual emergency department data to evaluate the accuracy of system. Data will also be compared to the "Influenza-like illness" surveillance that will be done weekly to determine if the two systems report similar findings regarding respiratory symptoms.

We conducted a pilot project. ED patient data was received daily as text files, beginning in October, 2003, for two of the hospitals. Chief complaint data was converted to syndromes by using the NYC DOH syndromic categories SAS codes. They included respiratory, rash, fever, cold, diarrhea, asthma, vomit and sepsis. ED admittance data was also analyzed. The data closely followed the pattern of the influenza season as reported to the Centers for Disease Control (CDC) by sentinel physicians nationally, demonstrating our system's accuracy. Our system also identified an abnormal spike in emergency department admissions at one hospital in November, and allowed us to do further analysis to determine if the increase was related to any specific area, gender, age group, etc. , (which it was not).

**Project Outcomes/Status:** The project was successful in challenging the current process of manual Influenza-Like Illness and emergency department surveillance and was able to establish an electronic system for collecting daily data from 3 of 4 Ocean County hospitals that requires no manual work on the part of the emergency department staff. The fourth hospital is interested in participating and we are in the process of working out some logistics.

Our investigation of the feasibility of getting the data electronically led us to discover that a large hospital system that has 2 of the 4 hospitals in the county contracts with a company to collect emergency department data, analyze it, and distribute it to stakeholders in their system. This company was willing to add us to their list of sites that automatically get this information in an FTP file daily. This allows us to receive the chief complaint data that we use (with no identifiers) from those 2 hospitals automatically and electronically on a daily basis.

The project also has resulted in a strengthened relationship among the infection control practitioners, the emergency department staff, and the health department, a goal that is very important in the current climate of emergency preparedness and emerging infectious diseases. I see our team as "modeling the way" for more communication and cooperation across the political boundaries of the

different hospital systems, and between the hospitals and the public health department.

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Ohio Public Health Leadership Institute**

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**School Nurse Bioterrorism/Disaster Preparedness: An Assessment of  
Competency and Training Need**

In the past, disaster planning in schools centered around preparing for natural disasters. The eruption of school violence and increasing prevalence of terrorism have led to the recognition of the need for schools to be prepared for multiple hazards. Schools have an obligation to care for students and staff in the event of an emergency or disaster.

A competent work force is essential to meet the complex needs of a school system and all its members in times of disaster. School nurses are in a position to be a key contributor in the overall planning for disaster preparedness. Each nurse's professional background and employment setting determine the extent of their involvement in disaster planning.

Recognizing this need, and the timeliness of the issue, an eight member leadership team was assembled bringing together public health nursing staff, university faculty with expertise in school nurse education and disaster preparedness, and school nurse representatives from a three county area of Northeastern Ohio. The goal of the team was to determine the bioterrorism / disaster preparedness needs of school nurses in a

three county area of northeastern Ohio, and how to best meet those needs. Specific project objectives included:

1. Evaluate the disaster preparedness body of knowledge in relation to school nurse needs.
2. Assess the learning needs of local (tri-county) school nurses in the area of bioterrorism / disaster preparedness and emergency response.
3. Determine best venues to meet the learning needs of school nurses in the tri-county area.

The team developed a five page, 85 item survey, modeled after an instrument from the Center for Public Health Preparedness- Ohio's Health Commissioner survey, with content derived from the Centers for Disease Control and Prevention's *Bioterrorism & Emergency Readiness Competencies for all Public Health Workers* and National Association of School Nurses' *Disaster Preparedness Guidelines for School Nurses* publications. Surveys (n=125) were mailed to all school nurses in public and private k-12 schools in the tri-county area in May 2004.

Eighty surveys were completed and returned, yielding a 64% response rate. School nurses overwhelmingly indicated a low confidence level in their disaster preparedness capabilities and high need for further training. (Specific findings are beyond the limits of this abstract.) Leadership team members are currently responding to the survey findings; determining dissemination methods to public health and education leaders in local and state venues; and planning bioterrorism/disaster preparedness educational training for school nurses in the 2004-05 school year based on the survey. Reaching the conclusion of the State Leadership Institute's formal program, the team members have committed to continue to work on this next phase of the project, and attempt to meet the identified needs, thus strengthening the community's ability to be prepared to respond to bioterrorism / disaster.