Director's Update to the Board of Health
February, 2023

Woodbine

Welcome to the Woodbine Public Health Clinic. This is the busiest of our clinical facilities, which has seen 3,541 patients a total of 4,779 times in the first six months of this fiscal year. For more than half of those patients, Spanish is their primary language, by far the largest percentage at any of our clinics.

Carline Fanfan and her staff do an amazing job here and we thank them for hosting us today. They do that job by working around the physical and geographical shortcomings of this building, which is laid out poorly for a health clinic, often leaks or loses power, costs a substantial amount to maintain in a safe and functional state, and is not optimally located.

This building was erected as an elementary school 90-some-odd years ago and has been a public health clinic since 1989. We have for more than a decade now requested a new facility to replace this one, preferably further to the south and east of here, which is where the clientele for the services offered here increasingly live. We also would be able to offer more services in a modern facility than we can offer under the circumstances here.

There is $1 million available to us for design of the new building, but the major impediment right now is where to build it. We are in regular talks with General Services and the Finance Department's Land Acquisition division about potential sites.

But as long as we *are* still here …. We're currently in discussions with a community partner about using part of this property for a community garden. More to come on this, hopefully in the form of tomatoes.

Protecting Health – Preventing the Spread of Infectious Disease

HIV

We continue trying to assess the implications of a state decision to replace CDC HIV prevention funding, and its concomitant requirements, with state funding that would not have the same stipulations. The statewide total for this is in the $8 million range.

The likeliest probable cause, according to media reports, is to give the state the leeway to withdraw funding from Planned Parenthood, and it appears likely there will be other collateral damage. Our intent is to identify the amount and uses of these funds in Davidson County and do what we can to assure there is no diminution of service provision, if possible. Most of the CDC funding that comes to Davidson County comes to MPHD, but not all of it. We do not allocate any of our funding from that account to community partners; it all stays here.

According to Ryan White Director Beverly Glaze-Johnson there are other potential changes in the HIV prevention funding world that involve both Ryan White Part B funding and 340(B) drug pricing, either of which could affect our operations directly. We will continue looking for answers from the state on exactly what all these changes mean. Information so far has been in short supply.

Improving Health - Services to Individuals & Families

School Health

Every year several hundred or even thousands of students get to seventh grade in Davidson County and find out they don't have all the legally required vaccinations. They then have to scramble to either find their immunization records, which may not be in this county, this state or even this country, or get the missing vaccination.

And so we're going to them.

School Health and the Vaccine-Preventable Disease Program are collaborating with MNPS Student Health to deliver Tdap vaccinations (also meningococcal and HPV) to sixth-grade students in MNPS at school. Tdap is the vaccine required for entry to seventh grade. School Health nurses currently are in the first phase of this project. Utilizing TennIIS (the state's immunizations tracking system) and school records, nurses are auditing the approximate 5,300 sixth-grade records. After auditing the records nurses will send targeted messaging to the parents along with all permissions needed for us to provide the vaccines at the schools. The Vaccine-Preventable Disease program, along with MNPS support nurses, will be administering the vaccines, with a projected start date in early March.

Promote and Support Healthier Living

FTS

We continue working through the process of buying fentanyl test strips for distribution to community partners. The purpose is for harm reduction among drug users. We would buy the strips and package them with auxiliary items such as water and stirring sticks and offer those packages as, most likely, a grant to community partners, who can put the packages on the streets and in the hands of those who might be able to avoid an overdose through their use.

Food Inspections

The Food and Public Facilities Division recently attained Standard 5 of the FDA Voluntary National Retail Food Regulatory Program Standards (Program Standards). Standard 5 applies to the surveillance, investigation, response, and subsequent review of alleged food related incidents and emergencies, either unintentional or deliberate, which results in illness, injury, and outbreaks. Attainment of the Program Standards is akin to accreditation and requires periodic renewal and restandardization.

The Program Standards define what constitutes an effective and responsive program for the regulation of food service and retail food establishments. The FDA, with input from federal, state, and local regulatory officials, industry, trade associations, academia, and consumers, released the Program Standards in 1998. The Program Standards also contribute to a more uniform nationwide food safety program.

Management of the Food and Public Facilities Division is also in the process of restandardizing the field environmental health staff, which is Standard 2 of the Program Standards. The main goal of a food safety program is the reduction and prevention of foodborne illness. To that end, FDA provides a pathway for the Standardization of food inspection personnel. The Standardization procedures are based on the FDA Food Code and are updated to reflect current Food Code provisions and to include a more refined focus on foodborne illness Risk Factors, Food Code Interventions, and application of the Principals of Hazard Analysis Critical Control Point (HACCP).

It is critical that food safety personnel become Standardized through this process to ensure that retail foods are safe, unadulterated, and honestly presented. A certificate of standardization as an FDA standardized food safety inspection officer is issued to all Candidates who successfully complete the standardization process.

Smoking

As you may recall the Legislature last year removed the local pre-emption from regulation of smoking in 21-and-up establishments. The Metro Council subsequently passed an ordinance eliminating indoor smoking in those venues. That prohibition goes into effect March 1.

We have sent all the establishments in Davidson County that identify themselves as limiting admittance to those at least 21 years old the official notification of this change and will continue education via our regular inspections until everyone has gotten the message and is in compliance with the law.

Dental

The Lentz Dental Clinic performed almost 200 dental prophylaxis and more than 180 adult emergency visits in the second quarter of the fiscal year.

In the month of January, the School-Based Dental Prevention Program placed more than 1,200 sealants and provided oral health education to more than 1,300 children.

The School Based Dental Prevention Program also gave the kids a treat when introducing its new mascot, “Pearl E. White.” The hygienists present to classes of children in schools to promote proper oral hygiene, dental education, and nutritional counseling.

That’s Pearl →

Organizational Updates

COVID After Action Report

MPHD currently is in the process of completing an After Action Report (AAR) and Improvement Plan for the Department's overall Covid response. We are working with a contracted vendor, IEM, to assist us in this process.

The AAR focuses on the strengths and weaknesses of MPHD's response, as well as capturing operations and activity that took place during that period and formally documenting those events.

This effort will require the participation of many MPHD employees and some external partners in the form of document sharing, surveys, and group and/or individual interviews. Surveys began going to staff last week.

The scope of work for the contractor is in a separate document in your packet.

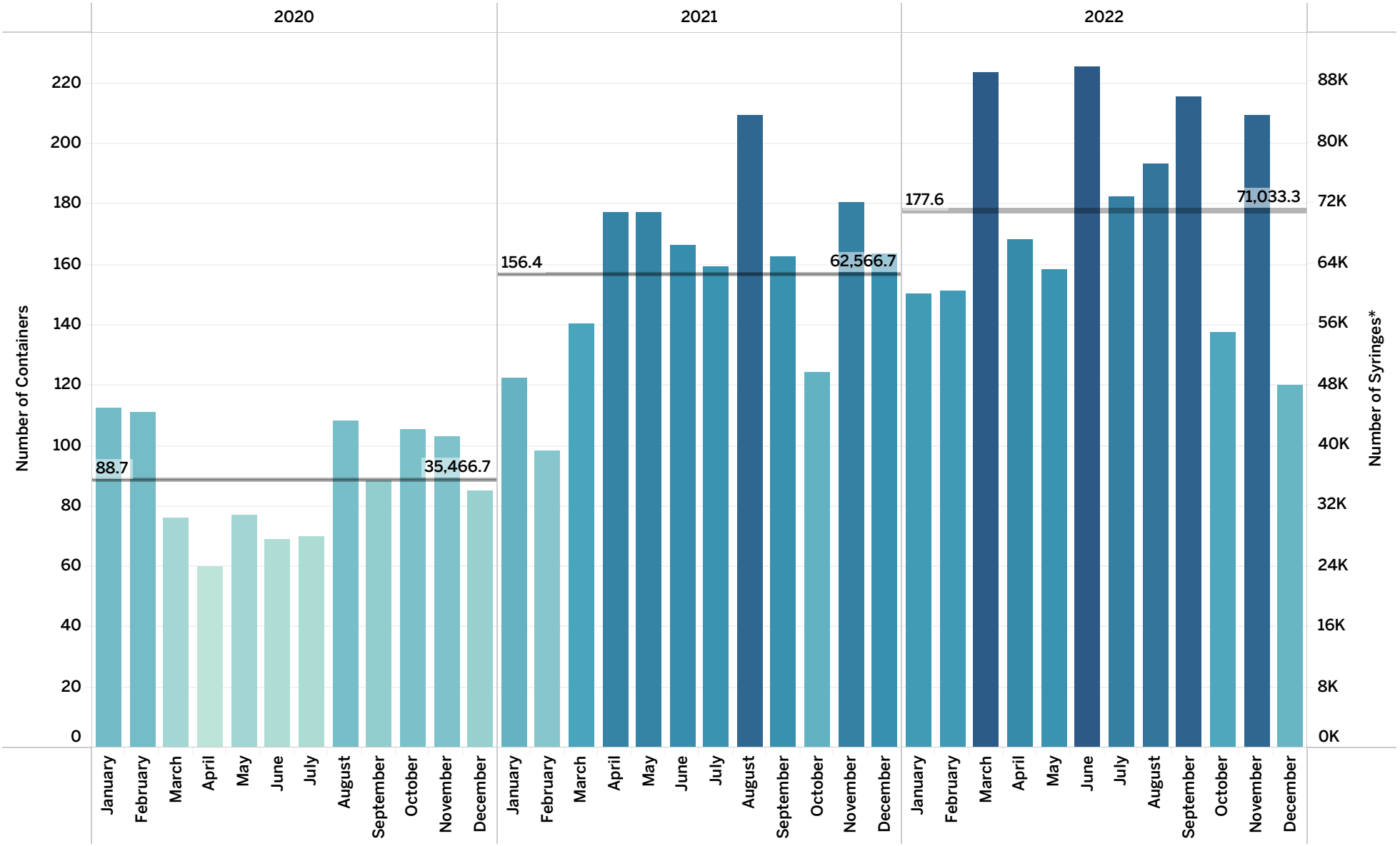
The After Action Report and Improvement Plan is expected to be finalized by June 30.

Syringe Services Program (SSP) Update

Davidson County, TN | Update: 1/30/2023

Number of Syringe Containers and Syringes Received By Month with Monthly Averages, 2020-2022

*The number of syringes was calculated based on the estimate that one container holds 400 syringes.



Prepared by the Overdose Response Program | Metro Public Health Department of Nashville/Davidson County

Internal Use Only - Not for Public Distribution

Syringe Services Program (SSP) Update

Davidson County, TN | Update: 1/30/2023

Number of Syringe Containers and Syringes Received, 2021-2022

	2021				2022			
	Number of Containers	Minimum Syringe Count	Maximum Syringe Count	% Difference from Previous Year	Number of Containers	Minimum Syringe Count	Maximum Syringe Count	% Difference from Previous Year
January	122	48,800	52,460	8.9%	150	60,000	64,500	23.0%
February	98	39,200	42,140	-11.7%	151	60,400	64,930	54.1%
March	140	56,000	60,200	84.2%	223	89,200	95,890	59.3%
April	177	70,800	76,110	195.0%	168	67,200	72,240	-5.1%
May	177	70,800	76,110	129.9%	158	63,200	67,940	-10.7%
June	166	66,400	71,380	140.6%	225	90,000	96,750	35.5%
July	159	63,600	68,370	127.1%	182	72,800	78,260	14.5%
August	209	83,600	89,870	93.5%	193	77,200	82,990	-7.7%
September	162	64,800	69,660	84.1%	215	86,000	92,450	32.7%
October	124	49,600	53,320	18.1%	137	54,800	58,910	10.5%
November	180	72,000	77,400	74.8%	209	83,600	89,870	16.1%
December	163	65,200	70,090	91.8%	120	48,000	51,600	-26.4%
Total	**1,877**	**750,800**	**807,110**	**76.4%**	**2,131**	**852,400**	**916,330**	**13.5%**

Note: Each syringe container is estimated to hold between 400 and 430 1-mL syringes. The minimum syringe count estimates a container holds 400 syringes while the maximum syringe count estimates a container holds 430 syringes.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX

Introduction to the Basic Matrix:

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as “at the request of the owner”, or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of “owner requested” euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

METRO NASHVILLE
ANIMAL CARE & CONTROL

NFHS Basic Data Matrix

01/01/2023 and 01/31/2023

		Species								
		Canine			Canine Totals	Feline			Feline Totals	Totals
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
	Beginning Animal Count as of 01/01/2023	157	3	0	**160**	17	19	0	**36**	**196**
INTAKES	Stray/At Large	206	13	3	**222**	28	10	0	**38**	**260**
INTAKES	Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Owner Requested Euthanasia	13	0	1	**14**	0	0	0	**0**	**14**
INTAKES	Relinquished by Owner	33	1	1	**35**	9	1	0	**10**	**45**
INTAKES	Other Intakes	18	1	0	**19**	4	0	0	**4**	**23**
	Total Intakes	**270**	**15**	**5**	**290**	**41**	**11**	**0**	**52**	**342**
OUTCOMES	Adoptions	90	8	0	**98**	30	14	0	**44**	**142**
OUTCOMES	Returned to Home	80	2	1	**83**	3	1	0	**4**	**87**
OUTCOMES	Transferred to Rescue Group	45	1	1	**47**	4	0	0	**4**	**51**
OUTCOMES	Other Live Outcomes	0	0	0	**0**	0	0	0	**0**	**0**
OUTCOMES	Return to Field	**0**	**0**	**0**	**0**	0	0	**0**	**0**	**0**
OUTCOMES	**Total Live Outcomes**	**215**	**11**	**2**	**228**	**37**	**15**	**0**	**52**	**280**
OUTCOMES	Died in Care	1	0	0	**1**	0	0	0	**0**	**1**
OUTCOMES	Lost in Care	0	1	0	**1**	0	0	0	**0**	**1**
OUTCOMES	Euthanasia	53	0	1	**54**	5	0	0	**5**	**59**
OUTCOMES	Owner Requested Euthanasia	12	0	1	**13**	0	0	0	**0**	**13**
OUTCOMES	**Total Other Outcomes**	**66**	**1**	**2**	**69**	**5**	**0**	**0**	**5**	**74**
	Total Outcomes	**281**	**12**	**4**	**297**	**42**	**15**	**0**	**57**	**354**
	Ending Animal Count as of 01/31/2023	148	4	1	**153**	22	9	0	**31**	**184**
	Save Rate	79.07%	93.33%	75.00%	79.78%	87.80%	100.00%	0.00%	90.38%	81.46%

NFHS Basic Data Matrix Deceased Animal Intake Only

01/01/2023 and 01/31/2023

		Species								
		Canine			Canine Totals	Feline			Feline Totals	Totals
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
Beginning Animal Count as of 01/01/2023		0	0	0	**0**	0	0	1	**1**	**1**
INTAKES	Stray/At Large	2	0	0	**2**	1	0	2	**3**	**5**
	Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	**0**
	Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	**0**
	Owner Requested Euthanasia	0	0	0	**0**	0	0	0	**0**	**0**
	Relinquished by Owner	0	0	0	**0**	0	0	0	**0**	**0**
	Other Intakes	0	0	0	**0**	0	0	0	**0**	**0**
Total Intakes		**2**	**0**	**0**	**2**	**1**	**0**	**2**	**3**	**5**

COVID AAR – Scope of Work

Written: January 12, 2022

Estimated bidding period: January 31, 2022 – February 28, 2022

Estimated Project initiation: March 1, 2022

Estimated Project completion: February 28, 2023

Name of Project: COVID 19 After Action Report (AAR)

Client:
Metro Public Health Department
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Introduction:

This is a scope of work for writing the after-action report (AAR) for COVID 19 response in Davidson County and Metropolitan Nashville. The purpose of this AAR is to analyze public health's response to a novel coronavirus and actions taken to mitigate viral spread and protect the community's health. The focus of this document should be on the illness and the department's steps and collective actions taken to respond to it, not on individual achievements or specific behaviors. The document will highlight strengths, best practices, and areas for improvement. It is expected that this project will take one (1) year to complete.

Deliverables:

At the end of the project period, the author will produce a completed, multi-chapter, after action report (AAR) in electronic form, with supporting documents, pictures, and appropriate appendices that will outline and describe COVID 19 response in Davidson County and Metropolitan Nashville.

In the finalized version of the AAR, Metro Public Health Department expects to see:

- Outline for AAR
- AAR cover page
- Table of Contents
- Executive Summary
- Appendix list
- Supporting documentation
- Photos throughout the document (as relevant to text)

Expectations:

The author of this AAR will:

- Write and complete the required after action report for COVID 19 response in Davidson County and Metropolitan Nashville and submit it in electronic format.
- Consult with Public Health Emergency Preparedness (PHEP) staff at the Metro Public Health Department (MPHD) on the writing of this document. These consultations may take place as decided by MPHD and can be via phone, online/virtual platform, or face-to-face. All dates subject to change. The estimated schedule of these consultations will be:
    - Concepts and Objectives Meeting: March 2, 2022
    - The Initial Planning Consultation: March 3, 2022
    - The Mid Planning Consultation: September 14, 2022
    - The Final Planning Consultation: February 2, 2023
    - Other Consultations with PHEP staff as scheduled by either party as needed
- Be given a point of contact or points of contact for these consultations and any additional questions/comments about the AAR.
- May be given other contacts with whom to consult as it relates to a specific aspect of the AAR.
- Provide AAR progress reports and updates as requested by PHEP staff.
- Consult with MPHD PHEP staff on final AAR product before AAR is approved.

Public Health Emergency Preparedness Staff (PHEP) will:

- Arrange further consults with health department staff, subject matter experts (SMEs), and members of other/outside agencies on an as-needed basis as information is needed for the AAR and will provide contact information for these individuals for follow-up if needed.
- Arrange for any necessary tours or site visits in conjunction with the Communicable Disease and Emergency Preparedness (CDEP) Bureau Director, the Director of Health, any member of the

Mayor's Office COVID 19 Task Force, and/or a representative from the agency or area in which the site visit will be arranged.

- Provide supporting documentation to be included in the AAR. This includes but is not limited to: pictures, graphs, charts, scripts, outlines, training documents, etc.
- Provide the author with access to COVID 19 situation reports (SITREPS) for a better understating of the COVID 19 situation in Davidson County as well as a common operation picture.
- Provide a sample AAR, if desired, using an AAR from a previous event. This can be used as a guide for structuring the COVID19 AAR.

Contents:

It is recommended that the document be divided into chapters based on the significant response activities related to COVID 19. Suggestions, and recommended order, for those chapters are:

1. Epidemiologic- March
    a. Case Investigations/Staffing (+growth)
        i. Internal
        ii. TeleTask Texting System
    b. Data Reporting (specifically the data dashboard)
        i. NBS
        ii. Redcap
    c. Translation Services (verbal and written)
        i. Language Line
        ii. In-house (for case interviews and COVID19 information publication/printing of Spanish and Arabic; special vendor printing for other languages)
    d. Community Health Workers
        i. Grocery delivery
        ii. Thermometer delivery
        iii. Outreach with Siloam and TN Immigrant and Refugee Rights Coalition (TIRRC)
    e. Vulnerable populations
        i. Jail response
        ii. People experiencing homelessness
        iii. Long term care
            1. Clusters
        iv. MNPS
    f. Human Resources Management
        i. Growth of team
        ii. RHOC Command chart changes
2. Hotlines / Call Centers
    a. Staffing
    b. IT
    c. Script
3. Testing
    a. Assessment Centers

        i. Sites
            1. Kmart
            2. Nissan
            3. Meharry
    b. Strike Team Testing (STT)***
    c. Health care infrastructure
4. Order Enforcement
    a. Health / Symptom Screen Operations
        i. Staffing
            1. Health department
            2. Temps
    b. Event Applications (processes and criteria for social distancing and capping large events)
5. Inventory/PPE
    a. Healthcare shortages
    b. SNS
    c. Supply levels (expiration dates)
6. Mask distribution
    a. Governors accountment of masks at local health departments
        i. Reusable cloth “TN” masks
    b. Health
    c. Community centers
7. IT and data systems
    a. Web based
        i. NBS
        ii. Redcap
    b. Inventorying equipment
        i. Ordering
        ii. Issuing
    c. Setting up
    d. Appointment system calculator
    e. Teletask
8. Vaccination (demand and appointment systems)
    a. C.O.R.E.
    b. Strike Teams***
    c. Health Department First Tier Vaccine Group
    d. Music City Center
    e. Nissan
9. COVID19 Variants (Delta and Omicron, specifically, and the challenges they caused; any other variants that may arise)
    a. August 2021 Case Surge (after ramping down operations)
        i. Re-instating mask mandates
        ii. Screeners
        iii. Charlotte testing center
10. Strike Team***

a. All operations and overview
    i. Testing numbers
    ii. Vaccine numbers
b. Multiple teams (a, b, c)
    i. Vulnerable
        1. Homebound
        2. DIDD
        3. LTC
        4. Homeless
        5. Jails
        6. Immigrant and refugee
        7. People of color
    ii. Health equity

11. Finance
12. Recovery and Demobilization

<u>Notable events that occurred during pandemic response that should be mentioned:</u>

1. An EF3 Tornado came through Nashville March 2-3, 2020 – just before we began responding to the pandemic. The county EOC was activated for tornado response and remained activated as we began responding to the pandemic.
2. In the summer of 2020, there was civil unrest with protesting in downtown Nashville. During the height of the pandemic, when lockdowns were supposed to be enforced, there were mass gatherings of people downtown, some of which resulted in property damage to area businesses.
3. On Christmas Day 2020 there was a bombing on 2nd Avenue in downtown Nashville in front of the AT&T building that caused significant communication disruptions to AT&T customers – including 911 call systems – for much of TN and parts of AL and KY.

Timeline:

It is expected that this project will take one (1) year to complete. However, there is a possibility for project extension commensurate to the scope of the project and the effort put forth. While subject to change, the estimated project timeline will be:

- Concepts and Objectives Meeting: March 2, 2022
- The Initial Planning Consultation: March 3, 2022
- Checkpoint Meeting: June 15, 2022
    - (*Progress report due*)
- The Mid Planning Consultation: September 14, 2022
- Checkpoint Meeting: November 30, 2022
    - (*Progress report due*)
- Checkpoint Meeting: January 4, 2023
    - (*Progress report due*)

- The Final Planning Consultation: February 2, 2023

This project timeline is based on guidance from the Homeland Security Exercise and Evaluation Program (HSEEP). For more information on the meeting focus and expected outcomes for each event, see Appendix A below.

Any of the above meetings is subject to rescheduling and either party may propose a new date for a meeting if there is a conflict. “Checkpoint Meetings” are built in to provide a time when the author can check in with PHEP staff to provide a progress report and address any issues, questions, or concerns. Checkpoint meetings may be cancelled if both parties feel they are not needed. Any additional meetings or consultations will happen on an as-needed basis.

Progress Reports:

Progress reports will be provided by the author of the AAR to MPHD PHEP staff throughout the AAR creation process. These reports are designed to provide updates and benchmarks as to the status of the AAR and allows the author to consult with MPHD PHEP staff on versions and progress of the AAR. It is expected that progress reports will include:

- Activity/Deliverable name
- What is planned in relation to that activity
- What has been accomplished in relation to that activity
- An estimated percentage of progress complete
- Specific notes related to the activity, such as but not limited to:
    - Number of people interviewed
    - Number of chapters of the AAR completed
    - Number of pages of the AAR written
    - Number of sites visited
    - Supporting documentation collected

Progress reports may be provided to MPHD PHEP staff in table, bullet, or spreadsheet form along with a brief synopsis of what has been accomplished since the previous meeting. There are three (3) scheduled progress reports due but additional reports can be provided on an as-needed basis.

Appendix A – Project Timeline Guidance

Concepts and Objectives Meeting

This is the forma beginning of the planning process where the project expectations and outcomes are reviewed. This gives the author of the AAR time to get familiar with the project and ask any necessary questions. The timeline for the project will be reviewed at this time and tweaked as necessary.

Initial Planning Consultation (IPC)

This is the formal beginning of AAR development. The AAR chapters/sections will be reviewed during this meeting and the AAR outline will begin to be developed. Any preliminary meetings will be scheduled with the appropriate parties that need to be consulted to begin the initial drafting of the AAR.

Mid Planning Consultation (MPC)

The MPC allows for continuing development. The AAR should be about half-way done at this point in the project. Any further adjustments that need to be made will be identified during this meeting.

Final Planning Consultation (FPC)

This will be when the final version of the AAR starts to form. This meeting will be to conduct a comprehensive final review of the AAR and answer any last questions. No major changes to the AAR design should take place following the FPC. Shortly after the FPC, the AAR project should be nearing completion and the document ready for publication.