



# Hospital Preparedness Program (HPP) Cooperative Agreement

FY 12 Budget Period

Hospital Preparedness Program (HPP) Performance Measure Manual  
Guidance for Using the New HPP Performance Measures

**July 1, 2012 — June 30, 2013**

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE**



**Hospital Preparedness Program (HPP)  
Performance Measure Manual  
Guidance for Using the  
New HPP Performance Measures**

**July 1, 2012 — June 30, 2013**

The *Hospital Preparedness Program (HPP) Performance Measure Manual, Guidance for Using the New HPP Performance Measures (hereafter referred to as Performance Measure Manual)* is a highly iterative document. Subsequent versions will be subject to ongoing updates and changes as reflected in HPP policies and direction.

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## Preface: How to Use This Manual

This manual is intended to be used to assist awardees of the Hospital Preparedness Program (HPP) in collecting performance measure results in the most reliable and valid manner possible. It should be used as a reference resource to clarify any ambiguities in the meaning of the performance measures or their component data elements. Rather than reading the manual cover-to-cover, it is expected that the manual will be used as a reference to “look up” specific items.

Any awardee receiving funds from the HPP should be aware of and understand that performance measures are required across the entire Federal government. Performance measures should tell the story of a program’s progress toward meeting its goals and achieving program outcomes. It is the responsibility of the program’s participants, in this case the entities receiving HPP funds, to provide performance information through performance measures as a means of contributing to the information the program needs to assess its effectiveness. The HPP performance measures are important because they allow the HPP to provide program performance information that will better enable the HPP to conduct future evaluations of program accomplishments.

This document includes all relevant information pertaining to the HPP performance measures and is publicly available. This manual will clearly provide:

- The rationale for the new HPP performance measures
- Full descriptions of the measures and data elements
- The method by which performance measure results will be calculated from data element responses
- Guidance on how to interpret key terms and phrases
- Recommendations for how best to collect data element responses

**Note:** The *Performance Measure Manual* is a highly iterative document. Subsequent versions will be subject to ongoing updates and changes as reflected in HPP policies and direction. While this document covers performance measures, it does not detail other measures/information that may be asked of awardees.

## Document Organization

The chapters in this document consist of measures and evaluation tools for the eight (8) Healthcare Preparedness Capabilities found in HPP’s *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* (hereafter referred to as *Healthcare Preparedness Capabilities*). The chapters are organized alphabetically. Each capability chapter follows the structure below:

1. Introduction: Description of the capability, identification of the capability functions, and alignment of data elements to capability functions
2. Instructions: Detailed technical guidance information and instructions to operationalize the measures
3. Terms and Definitions: Key measurement terms and definitions

Sections within a measure are indicated by the following icons to help users quickly identify and find relevant information.

**Figure 1: Measure Section Icons**



The **compass** icon indicates the measure specification. Depending on the type of measure, this section will identify a numerator and denominator, a start and stop time, or criteria that need to be addressed.



The **gears** icon indicates data elements. This section contains all questions that must be answered and reported to ASPR.



The **bull's eye** icon indicates the intent of a measure.



The **puzzle pieces** icon indicates actions, outputs, or outcomes that should result from achievement of the performance measures. \*



The **open book** icon indicates technical assistance guidance. This section identifies any other relevant information to help awardees collect and report measure data reliably and validly.



The **light bulb** icon indicates key questions that may help awardees respond to data elements for each performance measure. \*



The **checklist** icon indicates reporting requirements. This section contains any additional reporting criteria that were not identified previously in the measure.



The **key** icon indicates data element terms. \*

\*Note: These ICONS are applicable to the HPP Performance Measure sections; many are also used in the HPP-PHEP Performance Measures.

## Measures Structure: HPP-PHEP Performance Measures

At the beginning of each capability section containing an HPP-PHEP joint measure, a table is provided to demonstrate how and to which awardee group the reporting requirements for the measure and assessment tool apply.

**Table 1: Example Reporting Requirements Table for HPP-PHEP Joint Measures**

Measure Applies To:	Circumstances for Reporting:	Measure Type:	Measure Category:
<input checked="" type="checkbox"/> States	<input checked="" type="checkbox"/> Annual Reporting	<input checked="" type="checkbox"/> Incident	<input type="checkbox"/> Optional
<input checked="" type="checkbox"/> Directly Funded Cities	<input type="checkbox"/> If PHEP Funds Allocated to the Capability or Contracts Plan	<input checked="" type="checkbox"/> Exercise	<input type="checkbox"/> Accountability
<input checked="" type="checkbox"/> Territories or Freely Associated States	<input checked="" type="checkbox"/> If Emergency Response Required Use of this Capability, Regardless of Funding *	<input checked="" type="checkbox"/> Planned Event	<input checked="" type="checkbox"/> Data Collected By: HPP and/or PHEP

## Definitions: HPP Performance Measures

Table 2 provides a short introduction to key terms that are threaded throughout the *HPP Performance Measure Manual*. The table is not a substitute for the larger definition set specific to each performance measure. It is however intended to set the stage for navigating the manual.

**Table 2: Introductory Key Terms**

Term	Definition
<b>Performance Measure</b>	An objective, quantifiable indicator used to demonstrate the implementation of activities, creation of outputs, or to quantify progress toward outcomes.
<b>Data Element</b>	A unit of data that can be directly and unambiguously reported.
<b>Result</b>	A data element or performance measure outcome submitted by a reporting entity. Data element results are combined to calculate a more nuanced performance measure result.
<b>Target</b>	The performance level goal for each performance measure
<b>Capability</b>	A skill, knowledge, and/or set of resources that makes a person or organization competent to achieve a specific outcome
<b>Function</b>	The critical elements that, in combination, define a complete capability

## Data Element Responses: HPP Performance Measures

Table 3 below describes the scoring system (scoring code, response, and an associated definition) to be used with the HPP Performance Measures. A scoring code must be selected for each data element that requires a Yes or No Response. An HPP awardee is expected to implement each of the data elements within the HPP measures during the five-year HPP Cooperative Agreement period.

**Table 3: Scoring System for the HPP Measures**

Scoring Code	Response	Definition
"1"	YES	This element has been completely implemented consistent with national HPP expectations
"2"	NO	This element is partially implemented
"3"	NO	There IS a plan to start implementing this element within the next grant year*
"4"	NO	There is NO plan to implement this element within the next grant year.*
"5"	NO	There was no opportunity to implement this element within this grant year**

\* If an awardee has reported having NO coalitions yet developed, it may only score a data element as a "3" or a "4" — All data elements must be answered by healthcare coalitions.

\*\* This Scoring Code can be used ONLY for specified exercise related data elements in the absence of an exercise, incident, or event occurring during the reporting period.

The scoring system for HPP measures is intended to be mutually exclusive. The following bullets outlines possible scenarios based on responses to the exercise related questions. For example:

- If a coalition is intending NOT to exercise on a particular activity during the current grant year, but it is intending to do so during next grant year, and when this year's exercise is conducted the activity was NOT exercised, then the activity described in the data element (requiring an exercise or event) may be scored only as a "3", but NOT as a "5".

- If a coalition is intending NOT to exercise on a particular activity during this year, but it does not know when it will do so, and when this year's exercise is conducted the activity was NOT exercised, then the activity described in the data element (requiring an exercise or event) may be scored only as a "4", but NOT as a "5".
- If a coalition IS intending to exercise on a particular activity during the current grant year, but for some reason the exercise is NOT conducted this year, and there was no event that occurred in the absence of an exercise, then the activity described in the data element (requiring an exercise or event) may be scored only as a "5".
- If a coalition is intending NOT to exercise a particular activity during the current grant year, but for some reason the exercise is NOT conducted this year, and there was no event that occurred in the absence of an exercise, then the activity described in the data element (requiring an exercise or event) may be scored only as a "5".
- If a coalition is NOT SURE if it is intending to exercise a particular activity during the current grant year, but for some reason the exercise is NOT conducted this year, and there was no event that occurred in the absence of an exercise, then the activity described in the data element (requiring an exercise or event) may be scored only as a "5".

## **Measure Results: HPP Performance Measures**

Performance measure information will be gathered at the data element level by each of the awardee's Healthcare Coalitions (HCCs). Generally, it will then be aggregated at the data element level by the awardee and transmitted to Assistant Secretary for Preparedness and Response (ASPR). ASPR will calculate the aggregation of the data elements resulting in the measure result for the awardee. In Budget Period 1 (BP 1), ASPR will pilot test various forms of performance measure reporting from coalitions and awardees to determine the greatest efficiencies possible with the least amount of burden. A coalition must submit a positive response for each of the data elements supporting a performance measure, for the performance measure to be met. A negative response by the HCC to any data element constitutes a negative reported answer to any performance measure. In the case where a coalition's response is dependent on some action on the part of one or more member healthcare organizations, any negative response to a data element by any member organization will result in an answer to be reported for the HCC for that data element.

## Introduction

The HPP Performance Measures described in this manual are designed to track the healthcare community's progress toward achieving the capabilities detailed in the HPP ***Healthcare Preparedness Capabilities*** publication (<http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>). The ***Healthcare Preparedness Capabilities***, developed by the Assistant Secretary for Preparedness and Response (ASPR), identifies eight capabilities and 29 functions that address the span of the HPP's strategic focus. This document serves as a resource for diverse emergency planners to identify gaps in healthcare service delivery systems preparedness, systematically set priorities, and develop plans for building and sustaining healthcare specific capabilities. The ***Healthcare Preparedness Capabilities*** Guidance, in conjunction with the Capabilities document developed by the Centers for Disease Control (CDC) entitled ***Public Health Preparedness Capabilities: National Standards for State and Local Planning*** ([http://www.cdc.gov/phpr/capabilities/dslr\\_capabilities/July.pdf](http://www.cdc.gov/phpr/capabilities/dslr_capabilities/July.pdf)), are intended to guide the development of ESF #8 preparedness planning activities to ultimately, assure safer, resilient, and better-prepared communities.

To advance all-hazards preparedness and national health security, promote responsible stewardship of Federal funds, and reduce awardee administrative burden, ASPR and CDC have engaged in a process of aligning the administrative and programmatic aspects of the ASPR's HPP and the CDC's Public Health Emergency Preparedness (PHEP) cooperative agreements.

The aligned HPP and PHEP cooperative agreement programs will follow the capabilities-based approach, building upon the strong preparedness foundation already in place at the State and local levels. Many PHEP and HPP programs already are closely aligned, and CDC and ASPR have similarly aligned to better support State and local efforts. The benefits of greater alignment of HPP and PHEP programs in the 62 awardee jurisdictions include:

- More coordinated and integrated public health and healthcare service delivery system planning and response
- Improved ability to leverage funding for applicable activities and infrastructure
- Reduced awardee burden regarding duplicative and sometimes conflicting activities and redundant reporting

HPP and PHEP grant alignment is a long-term initiative that will continue to evolve throughout the project period as the two programs seek additional opportunities to improve administrative and programmatic collaboration in the joint administration of the HPP and PHEP cooperative agreements. While working toward closer alignment in many aspects, ASPR and CDC recognize that the capabilities required to fulfill HPP and PHEP programmatic goals differ and that both programs will continue to remain stand-alone programs in accordance with their authorizing legislation. Funding is intended to help awardees demonstrate measurable and sustainable progress toward achieving the public health and healthcare preparedness capabilities outlined in this guidance and other activities that promote safer and more resilient communities. In the spirit of grant alignment, Fiscal Year 2012 (FY 12) performance measures include those that are specific to HPP, and also a new subset of performance measures jointly developed by ASPR and CDC, which will be used to satisfy the requirements of both programs.

The release of the ***Performance Measure Manual*** is designed to highlight the performance measures for healthcare service delivery systems and marks a shift in emphasis from building capabilities among individual facilities to strengthening capabilities through collaborations among diverse regional HCCs. This new perspective aims to broaden the scope of healthcare service delivery systems preparedness. To capture the progression toward the goals laid out in the guidance, the performance measures described within this manual are aspirational in nature, with the anticipation that achieving these capabilities on a national scale will require at least five years to accomplish.

## Healthcare Coalitions

Healthcare Coalition Response Team (HCRT): The HCRT coordinates response activities between individual healthcare organizations (Tier 1) and between the HCC and jurisdictional authorities (Tier 3). A primary purpose for any HCC is to promote optimal situational awareness for its member organizations through the collection, aggregation, and dissemination of incident information. The HCRT can also facilitate resource support (mutual aid) between Coalition members, as well as assist with the acquisition and distribution of aid from other sources (e.g., jurisdictional authorities).

An ICS based organizational model is recommended for the HCRT because of its proven effectiveness in managing complex activities during incident response. However, despite this proposed model, it is important to emphasize that the HCRT serves principally as a coordinating entity in support of Coalition member organizations. It does not “command” the actions of Coalition members or any other response entities it might interact with during an emergency.<sup>1</sup>

## Evaluation and Healthcare Preparedness

Since 2002, ASPR has awarded funding through the HPP cooperative agreements to the 50 States, eight territories, and four metropolitan localities. The HPP cooperative agreement is intended to enable eligible entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. HPP funding helps awardees address gaps in healthcare preparedness, and refine and maintain medical surge capacity and capability at the State and local levels through associated planning, personnel, equipment, training, exercises, and HCC development.

Evaluating awardees performance provides critical information needed to report on how well this Federal investment in preparedness has improved the nation’s ability to prepare for and respond to health and medical emergencies. The Healthcare Systems Evaluation Branch (HSEB) within ASPR has been charged with developing and implementing a standardized set of relevant, feasible, and useful performance measures and other evaluation strategies as part of the HPP cooperative agreement, with a primary emphasis on program improvement and accountability.

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<sup>1</sup> Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery 2009. U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. [http://www.remm.nlm.gov/MSCC\\_Healthcare\\_Coalition\\_May\\_2009.pdf](http://www.remm.nlm.gov/MSCC_Healthcare_Coalition_May_2009.pdf)

Working in close collaboration with internal and external subject matter experts (SMEs), ASPR awardees, national partner organizations and Federal partners such as the CDC Division of State and Local Readiness (DSLRL) in CDC’s Office of Public Health Preparedness and Response (OPHPR), HSEB has developed a set of new performance measures for FY12 that enable ASPR and its HPP awardees to:

- Enhance **situational awareness** by assessing healthcare service delivery system capacity and operational capabilities throughout the nation.
- Provide **technical assistance** and other training to support awardee needs by identifying gaps and providing the appropriate support to mitigate challenges.
- Support **program improvement and inform policy** by translating analytical findings into information that decision-makers need to make course corrections, as needed. Through evidence based decision-making, levers for program improvement may be identified.
- Increase **transparency** by the dissemination of program progress and achievements through reports, publications, and presentations. The National Health Security Strategy (NHSS) emphasizes that “more attention should be given to systematic quality improvement methods to extract and disseminate ‘lessons learned’.”
- Promote **sound stewardship** of Federal tax dollars by using the data to assess impact of public funding and ensure that the American taxpayer sees a return on his or her investment. The development of program measures and continuous quality improvement enables HSEB to critically evaluate the ability of the HPP program to perform its intended goals.

## Primer on Evaluation

This section is intended to provide readers with a basic understanding of evaluation concepts in order to lay the foundation for effective performance measurement.

### What is evaluation?

Evaluation can be thought of — in simple terms — as collecting, analyzing and ultimately using data to make decisions.<sup>2</sup> *Program evaluation* entails collecting and analyzing data to make decisions about a program or aspects of a program. Ideally, data are collected and analyzed systematically to determine how well a program is working and why (or why not).<sup>3</sup>

There are many types of program evaluation, which can be conducted for a variety of purposes as shown in Table 4. Two of the more common types on which this guidance focuses include process evaluation and outcome evaluation. Process evaluations determine whether, and how well, program activities were implemented. Outcome evaluations, on the other hand, determine whether desired program results were achieved and the extent to which program activities contributed to these results.

<sup>2</sup> Patton, M.Q. (1982). *Practical Evaluation*. London: Sage Publications.

<sup>3</sup> Government Accountability Office. (January 31, 2012). *Designing Evaluations 2012 Revision*. Accessible at <http://www.gao.gov/assets/590/588146.pdf>

**Table 4: Types of Evaluation:**

<b>Program Integrity</b>	Formative	<ul style="list-style-type: none"> <li>▪ Needs assessment</li> <li>▪ Feasibility studies</li> <li>▪ Process evaluation (including performance measurement)</li> <li>▪ Implementation evaluation (including fidelity assessments)</li> <li>▪ Output evaluations</li> </ul>
<b>Program Effectiveness</b>	Summative	<ul style="list-style-type: none"> <li>▪ Outcome evaluation</li> <li>▪ Comparative effectiveness studies</li> <li>▪ Impact evaluation (overall net effects controlling for external influences)</li> </ul>
<b>Program Efficiency</b>	Summative	<ul style="list-style-type: none"> <li>▪ Cost effectiveness studies</li> <li>▪ Cost-benefit studies</li> <li>▪ Output evaluation</li> </ul>

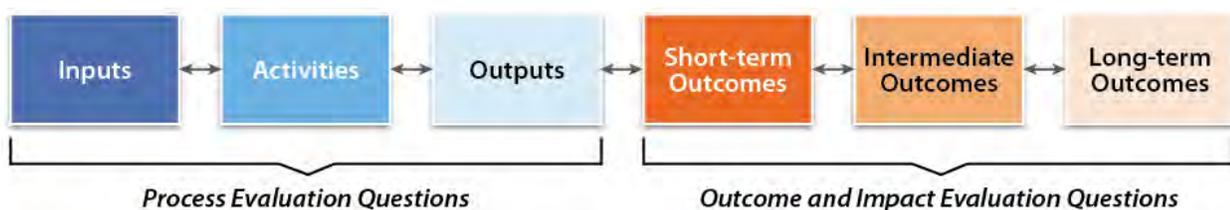
### Why do we conduct evaluations?

There are two primary reasons evaluations are conducted: to demonstrate accountability to stakeholders, including funders, and to facilitate internal program improvement (also referred to as organizational learning).

The U.S. Congress, Federal oversight agencies, State and local legislatures, and taxpayers alike expect to know the concrete results of HPP/ASPR investments and if the nation is better prepared to respond to health and medical emergencies. Should available HPP funds continue to decrease, the need to articulate HPP successes and impacts grows more urgent. Data gathered through program evaluation can enable State, local, and territorial HPP awardees to respond to requests for information from various stakeholders and provide evidence that HPP investments are being used as intended to achieve desired outcomes.

Equally as important as demonstrating accountability, is improving program performance. Program evaluation can help State, local, and territorial HPP awardees benchmark themselves in key areas, against which they can assess improvement over time. Evaluation that seeks to improve program performance tends to focus on the collection of data that organizations can use to learn about their strengths, weaknesses, and the critical chokepoints impeding optimal results.

To evaluate a program, it is helpful to understand the connections between program resources, activities, and goals. Logic modeling is one way to display these connections. Logic models identify and propose relationships between and among program resources, activities, outputs, and outcomes. Figure 2 provides a sample logic model, followed by definitions of its components.

**Figure 2: Sample Logic Model**


**Table 5: Definitions of Logic Model Components:**

Component	Definition
<b>Inputs</b>	Resources that are required to support the program, including staff and volunteers, funding, facilities, and equipment.
<b>Activities</b>	Actions that use or involve program inputs.
<b>Outputs</b>	Products and services produced by program activities.
<b>Outcomes</b>	Changes or benefits resulting from program activities and outputs. Outcomes can be intended or unintended, positive or negative, and are often divided into short term, intermediate, and long-term timeframes.

### What are the benefits of program evaluation?

There are numerous benefits to program evaluation, which include:

- Identifying program successes
- Identifying areas for improvement and increased efficiency
- Understanding the overall program or in part its contributions
- Increasing “buy-in” of staff, volunteers, collaborators, new partners, funders and the public
- Improving services provided through better management and monitoring<sup>4</sup>
- Disseminating program information

## Performance Measurement as an Evaluation Strategy

### How does measurement link to evaluation?

Measurement is one evaluation strategy, among many others. Measures may be developed for program inputs, activities, outputs, or outcomes, depending on the level of program development and implementation and programmatic areas of interest. Historically, HPP measures have focused on program activities and outputs, though as the program matures, so too does its measures.

### How are measurement data used?

Just as with evaluation more broadly, measurement data can be used to facilitate internal program improvement and demonstrate accountability.

*Improvement* measures are designed to provide data to awardees and ASPR staff to enable identification of strengths, weaknesses, and areas of improvement, along with opportunities for training and technical assistance. The intended use of this measurement data is to facilitate internal program improvement and learning. *Most HPP measures have an improvement component.*

*Accountability* measures are collected in compliance with specific Federal requirements, statutes or initiatives such as the Pandemic and All-Hazards Preparedness Act (PAHPA), the Government Performance and Results Act (GPRA), and the Healthy People 2020 Initiative. Data from these measures are often reported to requesting agencies and other entities such as the US Department of Health and Human Services, the White House Office of Management and Budget (OMB), and others. Data from these accountability measures will be used to provide evidence to the aforementioned programs that the HPP

<sup>4</sup> Mattesich, P.W. (2003). *The Manager’s Guide to Program Evaluation: Planning, Contracting, and Managing for Useful Results*. Saint Paul: Amherst H. Wilder Foundation.

awardees are conforming to funding requirements and demonstrating effectiveness in public health preparedness practice.

### How were the FY 12 HPP performance measures developed?

ASPR began developing its HPP HCC measures as early as 2010 by engaging with its own HPP Metrics and Measurement Workgroup (MMWG)<sup>5</sup> to obtain feedback about a possible rewrite of its hospital-based measures. During that time and since then, ASPR has engaged in the following measure development process:

1. Review literature and existing measures
2. Identify potential points of measurement with the MMWG, other SMEs and HPP program representatives
3. Socialize points of measurement with ASPR leadership to ensure they meet information needs of the HPP and overarching National Preparedness Program
4. Engage workgroups including members of the MMWG, other SMEs, awardees, and program representatives to draft measure specifications, intent, data elements, and reporting criteria
5. Conduct pilot tests and/or desk reviews of draft measures with stakeholders (e.g., State and local PHEP awardees) to determine relevance, feasibility, and usefulness and solicit suggestions for improvement
6. Develop final measures, implementation guidance, and tools
7. Develop performance measure training and facilitate technical assistance

### Is performance measurement always the best evaluation method?

Although much focus has been placed on performance measurement to date, not all aspects of the HPP program or its capabilities are amenable to performance measurement. Some aspects may be better evaluated through methods such as surveys (e.g., ASPR's HPP Healthcare Coalition Questionnaire), observation, interviews, focus groups, document review, or other evaluation tools (e.g., the PARTNER tool<sup>6</sup>). ASPR will continue to incorporate these and other methods into its evaluation strategy whenever it is appropriate, and will collaborate with the HSEB-ASEB Evaluation Workgroup as part of its continued alignment activities.

### What are the Reporting Requirements?

Starting in Budget period 1 (BP 1), *new* measures and evaluation tools have been developed for each of the eight capabilities described in *Healthcare Preparedness Capabilities*. These performance measures were announced in Appendices six (6) and seven (7) of the joint HPP-PHEP FY12 Funding Opportunity Announcement (FOA) and all awardees must report on these HPP-specific and HPP-PHEP joint performance measures along with their supporting data elements.

The 62 HPP awardees will be required to report performance measures and related evaluation and assessment data for these capabilities at least annually, as an end-of-year report. End-of-year reporting shall occur no later than September 30 following the close of the grant year. In addition, ASPR may ask awardees to report at mid-year under certain circumstances [e.g., in the presence of a new provisional measure(s)]. Mid-year reporting shall occur no later than January 31 following the start of the grant year.

<sup>5</sup> The Metrics and Measurement Working Group (MMWG) is a cross-section HPP Awardees and other stakeholders that provide feedback to ASPR on how to best operationalize performance measures and evaluation activities.

<sup>6</sup> <http://www.partnertool.net/>

Awardees are ultimately responsible to make arrangements with their HCCs for the collection of coalition level information to report to ASPR.

### What types of measures are included in HPP’s performance measures?

The HPP BP 1 Performance Measures address aspects of both Healthcare Preparedness Planning and Healthcare Response.

- **Healthcare Preparedness Planning** — process measures that assess crucial preparedness activities such as: identifying and coordinating with partners, defining operational roles, defining triggers for action, and identifying barriers to public health participation in response and recovery.
- **Healthcare Response** — measures of performance while actually conducting, demonstrating or achieving a capability during an incident, planned event or exercise.
- **Healthcare Recovery** — measures of performance that describes the extent to which healthcare delivery services are restored within communities following an incident.

**Table 6: Measure Types**

Type of Measure	Reporting Criteria	Exceptions or Notes
<b>Healthcare Preparedness Planning</b>	Report annually, irrespective of the allocation of HPP funds towards the capability	In BP 1, ASPR will collect information from all awardees at Mid-Year and at the End-of Year. Measures reported for the Mid-Year during BP 1 will be used to refine and finalize the measures for BP 2 and beyond.
<b>Healthcare Response</b>	Report annually if an incident, exercise, or planned event utilizes the capability, irrespective of HPP funds allocated towards the capability	Exercise-related data elements within performance measures are specially marked. If no incident or event occurred during the reporting period, awardees shall report that “There was no opportunity to implement this element”
<b>Healthcare Recovery</b>	Report annually, irrespective of the allocation of HPP funds towards the capability	Encompasses both short-term and long-term efforts for the rebuilding and revitalization of affected communities.

### The Operational Unit of Measurement

The operational unit for all HPP performance measures is at the healthcare coalition level. Therefore, the data elements included in the HPP performance measure set can only be answered by a respondent representing a healthcare coalition. Ultimately it is the HPP awardee that is responsible for making arrangements with its healthcare coalitions to provide answers to these data elements. The HCC’s data are sent to the awardee, and the awardee provides the data to ASPR. ASPR will then calculate the final result for each performance measure.

### Sufficient Documentation

Awardees should maintain appropriate documentation for all data reported on the HPP-only and HPP-PHEP performance measures. Documentation should contain sufficient information to substantiate performance measure data submitted to ASPR. Documentation may be requested by ASPR to clarify or

verify information submitted by awardees. While a fully automated electronic system is an efficient means to maintain documentation of data for various performance measures, such a system is not necessary to meet measure requirements. Awardees may manually record all data elements.

## List of Performance Measures

Table 7 below describes the performance measures that are specific to each of the eight capabilities described in *Healthcare Preparedness Capabilities*. The numbering convention for each measure corresponds to the healthcare preparedness capability. The HPP-PHEP joint performance measures were developed as part of the grant alignment process between CDC and ASPR and are included and addressed in this manual.

**Table 7: Performance Measures**

HPP Performance Measures		
<b>HPP 1.1</b>	Healthcare System Preparedness	Percent of healthcare coalitions (HCCs) that have established formalized agreements and demonstrate their ability to function and execute the capabilities for healthcare preparedness, response, and recovery as defined in Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness
<b>HPP 2.1</b>	Healthcare System Recovery	Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations
<b>HPP 3.1</b>	Emergency Operations Coordination	Percent of healthcare coalitions (HCCs) that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among HCC organizations (including emergency management and public health) during disasters
<b>HPP 5.1</b>	Fatality Management	Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities
<b>HPP.6.1</b>	Information Sharing	Percent of healthcare coalitions (HCCs) that can continuously monitor essential elements of information (EEl) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a common operating picture
<b>HPP 10.1</b>	Medical Surge	Percent of healthcare coalitions (HCCs) that have a coordinated mechanism established that supports their members' ability both to deliver appropriate levels of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients), as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster
<b>HPP 14.1</b>	Responder Safety and Health	Percent of healthcare coalitions (HCCs) that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees)
<b>HPP 15.1</b>	Volunteer Management	Percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident
HPP-PHEP Joint Performance Measures		
<b>HPP-PHEP 6.1</b>	Information Sharing	Percent of local partners that submitted all requested Essential Elements of Information (EEI) to health and medical lead within the requested timeframe
<b>HPP-PHEP 15.1</b>	Volunteer Management	Proportion of volunteers deployed to support a public health or medical incident within the requested timeframe

Appendix C of this manual includes a crosswalk between the Resource Elements in the Healthcare Preparedness Capabilities that most closely associate with the HPP Performance Measures. Additionally, the Performance Measure section of the reporting template for the Online Data Collection system (OLDC) is included in Appendix D of this manual. Please note that the nomenclature and numbers for the Performance Measures in OLDC lead off with the number 3 (e.g. 3.1.1). The number three (3) merely represents Section “3” of the OLDC reporting tab. The numbers to follow the number “3” (e.g., 1.1) will then follow the numbering convention used throughout this manual.

**CAPABILITY-SPECIFIC  
PERFORMANCE MEASURES**

