

# How Are We Measuring Performance

2009 National Healthcare Preparedness Evaluation and  
Improvement Conference

Evaluation Section  
State and Local Initiative/ASPR

# Agenda

- Introduction
- Why
- How
- Where We Are
- Where To Go
- HPP

# Chart Progress

- Evaluation Criteria
  - Assess
  - Strategic plan
  - Identify measures
  - Outcomes
- Realistic Goals
  - Budget
  - Expectation

# Strategic Goals

- Measures that will help
- Balance output and outcome
- Decision making
- Fill mission and reach goal

# Information Tracked

- Levels
- Timely
- Venue
- Transparency

# Understanding the Measure

- Data Collection
- Data Analysis
- Interpretation
- Quality
- Integrity
- Representative
- Departmental and program

# What It Involves

## ■ PM

- Determine what to measure
- Identify data collection methods
- Collect the data

## ■ Evaluation

- Explain relationships: activities & outcomes
- Strategy planning
- Budget formulation

# Why

- Improves communication
- Helps justify programs and costs
- Demonstrates accountability
- Mandated by GPRA

# How? 3 Basic Purposes

- Provide measurable results
  - progress towards goals and objectives
- Determine effectiveness
  - meet mission, vision and goals.
  - identify areas of improvement
- Characterize work process
  - Improve quality, timeliness and efficiency

# Where Are We

- Results oriented
- strategic planning
- budget formulation
- program execution
- program evaluation

# Where We Go

- Unduplicate
- Team work and collaboration
- PM system for planning and evaluation
- Coordinate internally and externally audit

# HPP Evaluation Goals

- State Data Profile template
- State-by-state profiles
- Structure for comparison across states
- HPP data
- Initial focus on hospitals
  - include alternate care sites, CHC, LTC, etc

# Template versions

- v. 1: HPP grantee data and state demographics/background information
- v. 2: incorporate measures from other existing data sources
- v. 3: incorporate newly developed measures
- Based on existing data sources where possible, but may require original data collection if necessary

# HPP Reporting Template

- 2006
- Performance Measures
- Program Measures
- Sentinel Indicators

# HPP Reporting Template

- 2007 and 2008 Coop Agreement PM
- Preparedness Element (Demographic)
  - State, Participating and Reporting
  - Facilities
  - Hospitals
  - Trauma Centers
  - Other Health Provider Orgs

# HPP Reporting Template

- Administrative Information
  - Activities and Budget
- Overarching Requirements
- Level One Sub Capabilities
- Level Two Sub Capabilities
- Additional Consideration
- Other HPP Areas of Interest
- Best Practices

# HPP Reporting Template

## Preparedness (Data) Elements

- Beds
- NIMS
- Exercises
- Communication
- Fatality Management
- Medical Evacuation
- Training
- Countermeasures
- Isolation
- Decontamination
- Labs
- TSP
- ESAR-VHP
- Credentialing

# Awardee Snapshots

## Hospital preparedness snapshot indicators and capabilities 2008

	n	Participating		Statewide	
		%	95% CI (±)	%	95% CI (±)
Cumulative HPP Cooperative Agreement Funding Data 2002-2008**	155,798,548	5.4	-	-	-
<b>Reporting</b> hospitals statewide	215	-	-	<b>100.0</b>	0.0
<b>Participating</b> hospitals statewide	144	100.0	0.0	<b>67.0</b>	9.4
Reported hospital <b>beds</b> statewide	48,924	-	-	-	-
Hospitals that have adopted <b>national incident command</b> structure for handling emergency events	109	75.7	9.9	<b>50.7</b>	11.5
Hospitals that have reported available beds, according to <b>HAvBED</b> definitions to state emergency operating center within <b>60 minutes</b> of a state request	106	73.6	10.3	<b>49.3</b>	11.7
State can report available beds according to HAvBED definitions within <b>4 hours</b> of request	Yes	-	-	-	-
Hospitals that have demonstrated dedicated <b>redundant interoperable communication</b> during exercise or incident	107	74.3	10.1	<b>49.8</b>	11.6
Hospitals' personnel that have completed at least one or more of the following <b>incident command systems courses</b> : IS 100, 200, 300, 400, 700, and 800	405	-	-	-	-
Hospitals that have <b>fatality management</b> plans	97	67.4	11.4	<b>45.1</b>	12.1
Hospitals that have <b>evacuation plans</b>	108	75.0	10.0	<b>50.2</b>	11.5
Hospitals that have participated in a <b>preparedness exercise</b> or incident	107	74.3	10.1	<b>49.8</b>	11.6
Hospitals that have developed improvement plans based on <b>after action reports</b> with HPP funds	107	74.3	10.1	<b>49.8</b>	11.6
State can report a verified list of available <b>volunteer health professionals</b> within <b>24 hours</b> of a request	Yes	-	-	-	-

# HPP Reporting Template

## Activities and progress

- Overarching Requirements
  - NIMS, SRP, EPT, EECA
- Level One Sub Capabilities
  - IC, BTS, ESAR-VHP, FM, ME, PD
- Level Two Sub Capabilities
  - ACS, MMA, PC, PPE, Decom
- Additional Consideration
  - CIP, MRC
- Other HPP Areas of Interest
  - EMS, CHC, LTCF, Tribes
- Best Practices
  - Med Cap PHS, at-risk, de-dup, documenting