



# 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**

**Version: 2.0**



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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. This manual should be used as a guide for awardees to consider and attempt to achieve each performance measure. Additional data elements outlined under each performance measure are listed to demonstrate further supplemental support in fulfilling that capability. Fulfilling all of the data elements for each performance measure is an aspirational, long-term goal that will require working over a five-year period. Thus in the short term, each awardee should prioritize meeting as many of the data elements thoroughly outlined under each performance measure.

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

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**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.

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## 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

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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

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- Territories or Freely Associated States
- If Emergency Response Required Use of this Capability, Regardless of Funding \*
- Planned Event
- 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 project 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.

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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 the Office of the 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*** (<http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>). The ***Healthcare Preparedness Capabilities***, developed by the Office of 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 and Prevention (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.

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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 aspiratory 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 (Tier 2) and jurisdictional authorities (Tier 3).

Tier 1 (healthcare organizations or HCOs) includes hospitals, integrated healthcare systems, private physician offices, outpatient clinics, nursing homes and other skilled nursing facilities, and other resources where "point of service" medical care is provided. Emergency Medical Services (EMS) may be included in Tier 1 if called on to provide field-based medical care in an emergency. The goal of Tier 1 is to maximize Medical Surge Capacity and Capability (MSCC) within each healthcare asset while ensuring the safety of personnel and other patients, and the integrity of the asset's usual operations. This is best accomplished by optimizing an entity's Emergency Operations Plan (EOP) to effectively manage internal resources and to integrate with external response assets. The MSCC Management System describes key considerations for internal preparedness planning, while focusing primarily on the processes within the EOP that facilitate external integration with the larger response community.

Tier 2 (HCC) organizes individual healthcare assets into a single functional unit. Its goal is to maximize MSCC across the coalition through cooperative planning, information sharing, and management coordination. The coalition ensures that public health and medical assets have the information and data they need at a level of detail that will enable them to optimally provide MSCC. In addition to hospitals, the coalition may include long-term care or alternative treatment facilities, dialysis and other outpatient treatment centers, nursing homes and other skilled nursing facilities, private physician offices, clinics, community health centers and any other healthcare asset that may be brought to bear during major medical response. The reach of an HCC may extend beyond the geographic area of the primary responding jurisdiction (Tier 3), especially in rural settings where healthcare assets may be scattered.

Tier 2 strengthens MSCC by creating the ability to move medical resources (e.g., personnel, facilities, equipment, supplies) to sites of greatest need.<sup>[4]</sup> This is accomplished through mutual aid and cooperative agreements<sup>[5]</sup> between HCOs. It also provides a platform for unified interface with the jurisdiction's incident management (Tier 3). To be effective, the coalition must establish a planning process that is equal and fair to all participants, giving each the opportunity for input during preparedness planning, response, and recovery.

Finally, Tier 3 (jurisdictional authorities) directly integrates HCOs with other response disciplines (e.g., public safety, emergency management) to maximize jurisdictional MSCC. It is the most critical tier for integrating the full range of disciplines that may be needed in a mass casualty and/or mass effect incident. The focus of Tier 3 is to describe how to effectively coordinate and manage diverse disciplines in support of medical system resiliency and medical surge demands. This requires healthcare assets to be

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recognized as integral members of the responder community and to participate in management, operations, and support activities. In other words, public health and medical disciplines must move from a traditional support role based on an Emergency Support Function (ESF) to part of a unified incident command system. This is especially important during events that are primarily public health and medical in nature, such as infectious disease outbreaks.

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 incident command system (ICS) based organizational model is recommended for the HCRT because of its proven effectiveness in managing complex activities during incident response. The ICS model is frequently used by at the federal, state, and local government levels to effectively respond and manage incidents and disasters. 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)

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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.

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<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>

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**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?

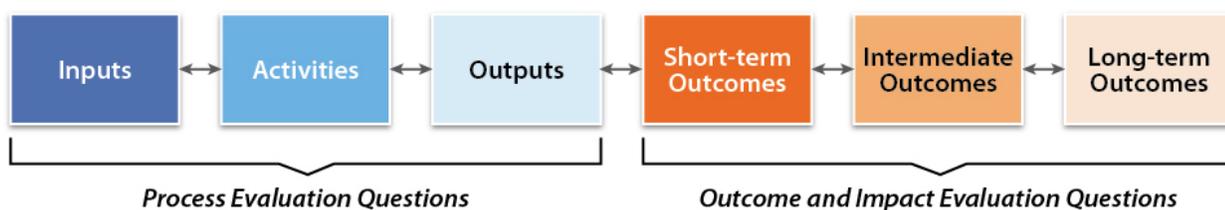
There are two primary reasons evaluations are conducted: to demonstrate accountability to stakeholders, including funders, and to facilitate internal program improvement (also referred to as organizational learning).

The U.S. Congress, Federal oversight agencies, State and local legislatures, and taxpayers alike expect to know the concrete results of HPP and 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**



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**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. The measures will continue to develop in parallel with the program’s activities, outputs, and growing needs.

### How are measurement data used?

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

<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.

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accountability measures will be used to provide evidence to the aforementioned programs that the HPP 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. Conduct research to reduce and revise measures in order to refine measurement and decrease awardee burden.
7. Develop final measures, implementation guidance, and tools
8. 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 (e.g., site visits), interviews (e.g. key informant interviews), focus groups, expert panels, environmental scans, , 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.

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<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/>

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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 new provisional measure(s)). Mid-year reporting shall occur no later than January 31 following the start of the grant year. 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.

## INTRODUCTION

### Sufficient Documentation

Awardees should maintain appropriate documentation for all data reported on the HPP-only and HPP-PHEP performance measures. Documentation should contain supporting 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 measurement 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</b>	Information	Percent of local partners that submitted all requested Essential Elements of

## INTRODUCTION

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<b>6.1</b>	Sharing	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**

## HPP 1.1

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### HPP 1.1: Healthcare System Preparedness

#### Introduction

Healthcare system preparedness is the ability of a community's healthcare service delivery system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental or behavioral health providers, community and faith-based partners, and State, local, and territorial governments in order to do the following:

- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community
- Provide timely monitoring and management of resources
- Coordinate the allocation of emergency medical care resources
- Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing, equipping, training, exercises, evaluations and corrective actions.

#### Capability Functions

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- **Develop, refine, or sustain Healthcare Coalitions**
  - **Coordinate healthcare planning to prepare the healthcare system for a disaster**
  - **Identify and prioritize essential healthcare assets and services**
  - **Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps**
  - **Coordinate training to assist healthcare responders to develop the necessary skills in order to respond**
  - **Improve healthcare response capabilities through coordinated exercise and evaluation**
  - **Coordinate with planning for at-risk individuals and those with special medical needs**
-

## HPP 1.1

### HPP 1.1: Healthcare System Preparedness

<b>Measure 1.1:</b>	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 <u>Healthcare Preparedness Capabilities</u> .
<b>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines).
<b>Data Elements:</b>	<ul style="list-style-type: none"><li>▪ Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, contracts, charters, or other supporting formal documents that define: Formal agreement to aid coalition members and to share resources and information?</li><li>▪ Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?</li><li>▪ In the past year, did the HCC achieve its established exercise participation goals for its member organizations engagement in exercises or real events to test regional State, regional and facility-level healthcare disaster plan?</li><li>▪ Has the HCC successfully implemented “lessons learned” and corrective actions from an exercise or event within the past year?</li></ul>



## Thinking It Through

### Key Questions To Think Through Before Beginning to Answer the Data Elements

- Are there formal agreements that bind your HCC together?
- Is the HCC Integrated with the command and control structure of the local, regional, or State jurisdiction?
- Does the HCC have a collaborative governance structure with defined roles and responsibilities for HCC leaders and member representatives?

**HPP 1.1**



**How is the measure calculated?**

**Numerator:**

Number of 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 the Healthcare Preparedness Capabilities.

**Denominator:**

Number of HCCs identified by awardees.

**Result Calculation:**

In order for an awardee to report a positive result for the performance measure, the HCC must answer ‘Yes’ to each data element. A negative response by the healthcare coalition to any data element will result in a negative answer ‘No’ for that performance measure.



**Why is this measure important?**

Collaborative HCCs can function as preparedness multipliers by providing leadership, organization, and sustainability for the purpose of regional healthcare preparedness and response activities. Coordination via a HCC can build upon and augment individual healthcare organization preparedness and promote the regional Emergency Support Function #8 activities such as Situational Awareness and Resource Coordination. This measure asks specific questions about sharing of resources and other aspects of coordinating preparedness, response and recovery activities that address coalition maturity. Because coordination between coalition members can involve delicate negotiations, the measure emphasizes that significant decisions affecting collaboration among coalition members should be discussed and finalized in some formal agreement as part of preparedness activities. A formal agreement

avoids ambiguities that would otherwise burden responders and slow down the overall healthcare response. The measure will be used to determine whether HCCs possess the capabilities defined in the Healthcare Preparedness Capabilities.



**What other requirements are there for reporting measure data?**

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year in BP 1.
- Awardees are expected to collect all data elements at the **HCC level**.



**What data must be reported?**

**Data Element #1:**

Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, contracts, charters, or other supporting formal documents that define:

- Formal agreement to aid coalition members and to share resources and information?



**Technical Assistance Guidance:**

The State and HCC member organizations encourage the development of essential partner memberships from the community’s healthcare organizations and response partners. These memberships are essential for ensuring the coordination of preparedness, response, and recovery activities. The composition of an HCC must be based on the unique needs of the community. **There is no correct number of formal members, but an HCC membership must include at least one general hospital or acute care facility.** A single document that is signed by multiple organizations can constitute a formal agreement

**HPP 1.1**

as long as the individual signing the document on behalf of the member healthcare organization (HCO) has the authority to make binding decisions and to commit the resources that may be called for in HCC response plans.

The single HCC document (described above) may also make provision for sub-agreements or sub-contracts (e.g., with the county coroner), to perform required HPP functions that are much more limited in scope relative to the overall HCC's responsibilities under the HPP cooperative agreement.

**Data Element #2:**

Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?



**Technical Assistance Guidance:**

The HCC governance structure must be described in a document that is referenced or embedded in HCC membership agreements signed by HCC member organizations. The governance structure described must incorporate:

- Leadership roles within the HCC and the procedures for filling those roles
- Decision-making processes
- Process by which the governance structure may be modified
- How the HCC Leadership coordinates with ESF-8

**Data Element #3:**

In the past year, did the HCC achieve its established exercise participation goals for its member organizations engagement in exercises or real events to test regional State, regional and facility-level healthcare disaster plan?



**Technical Assistance Guidance:**

For an HCC to score 'Yes' for this data element the following members must have been participants:

- 100% of the HCC's member hospitals,
- At least one long term care facility member
- At least one EMS agency
- At least one community health center or a Federally Qualified Health Center (if either is represented by membership on the HCC)
- At least one local public health dept.,
- At least a decision-making representative from each of the remaining HCC essential member partners.

If there was no event or exercise, it must score 'No' because of no opportunity (Score=5).

**Data Element #4:**

Has the HCC successfully implemented "lessons learned" and corrective actions from an exercise or event within the past year? (See Exercise Data Elements tab)



**Technical Assistance Guidance:**

The phrase "successfully" implemented as used in Data Element #8 refers to meeting the objectives specified in the exercise.

ALL corrective actions resulting from the official AAR, and from any other type of "lessons learned" process organized by the HCC, must be identified regardless of whether the HCC has resources to correct them all. The HCC and its members are expected to prioritize ALL the corrective actions that are within their ability to correct, identify exactly what the HCC will do to correct them, and indicate the date by which the correction will be completed.

The HCC and its member HCOs are expected to establish realistic, measureable, and time-specific resolutions to mitigate items identified

## HPP 1.1

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as part of the corrective actions. **All corrective actions must be assigned a targeted completion date.**

To score a 'Yes' for this data element, the HCC must have fully completed the outstanding corrective actions from its formal AAR and any other "lessons learned" that were due to be completed during the reporting period, within the time frames and at the level of correction and completion, specified by the HCC.

If there was no event or exercise that occurred during the reporting period, then it must score 'No' because of no opportunity(Score=5).



### Putting the pieces together

- Describe formal aid agreements that exists amongst the HCC and its members
- Identify the set of rules under which the HCC operates
- Describe the capability of the HCC to function as a coordinated entity in a response exercise or event
- Identify HCC corrective actions and implementation strategies



## Key Definitions

**Healthcare Constituencies:** The people involved in or served by the HCC.

**Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOAs):**

Documents that describe a bilateral or multilateral agreement between two or more parties. These documents express an intended common line of action, establish a scope of association, and define mutual responsibilities. They are often used in cases where parties do not wish to or cannot create a legally enforceable agreement.

**Charter:** A written instrument that creates or defines an organization and describes the organization's functions.

**Hazard Vulnerability Assessment (HVA):** A systematic approach to recognizing hazards that may affect demand for services or the ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. An HVA serves as a needs assessment and a strategy to identify those hazards that are most likely to have an impact on a facility and the surrounding community. The HVA process should involve community partners and be communicated to community emergency response agencies (DHHS, 2009).

**After-Action Report (AAR):** A retrospective analysis of an event or exercise that is used to assess performance and assist in improving future performance.

**Healthcare Coalition (HCC):** The HCC is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the HCC includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation. During response, HCCs should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command or unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.

## HPP 2.1

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### HPP 2.1: Healthcare System Recovery

#### Introduction

Recovery encompasses both short-term and long-term efforts for the rebuilding and revitalization of affected communities. Recovery planning builds stakeholder partnerships that lead to community restoration and future sustainability and resiliency. Recovery planning must provide for a near-seamless transition from response activities to short-term recovery operations. Planners should design long-term recovery plans to maximize results through the efficient use of resources and incorporate national recovery doctrine as outlined in the National Disaster Recovery Framework (NDRF).<sup>6</sup>

Successful healthcare service delivery system recovery is contingent on the resilience that is built through early and regular collaboration done with community partners. Working with partners such as public health, business, education, and emergency management can help to plan and advocate for the rebuilding of public health, medical, and mental or behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is on an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community. Recovery must be planned for as part of the preparedness process to facilitate an effective and efficient return to normal healthcare delivery operations, when needed.

#### Capability Functions

- **Develop recovery processes for the healthcare delivery system**
- **Assist healthcare organizations to implement Continuity of Operations (COOP)**

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<sup>6</sup> This reference can be found at [www.fema.gov/recoveryframework/](http://www.fema.gov/recoveryframework/)

## HPP 2.1

### HPP 2.1: Healthcare System Recovery

<b>Measure 2.1:</b>	Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations.
<b>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines).
<b>Data Elements:</b>	<ul style="list-style-type: none"><li>▪ Has a risk-based regional/jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the past 3 years that identifies events and incidents that may impact the ability of HCC member hospitals and other HCOs to deliver healthcare?</li><li>▪ Does the HCC ensure that its hospitals and other HCOs are integrated in the jurisdiction's Emergency Operations Plan that is intended to meet prioritized essential healthcare recovery needs?</li><li>▪ Has the HCC, its hospitals, and other HCO members implemented AND tested plans and processes for continuing and sustaining operations (e.g., hardening facilities), within the past three years?</li><li>▪ Has the HCC coordinated with the State and with its HCOs to develop a regional recovery and continuity of operations plan?</li><li>▪ Can HCC hospitals and other HCOs maintain essential functions (e.g. continue to bill for payment with healthcare insurers) to sustain revenues to operate during and after an emergency?</li></ul>



### Thinking It Through

#### Key Questions

- Has a jurisdictional or regional risk-based HVA been conducted that identifies and prioritizes a set of threats?
- Has the HCC and its members assessed threats identified in the HVA as to their potential infrastructure impacts on critical services, systems, security, safety, key resources and supplies.
- What are the recovery processes to mitigate potential infrastructure disruptions?
- When and how do you use backup generators, secondary communication capabilities, etc.?
- Do HCC member HCOs' COOP plans include sustainment of essential functions, critical applications, processes, personnel, workforce messaging, and functions?
- Has the HCC and its members coordinated/integrated with the regional, State, or local recovery plan?
- Have HCOs made revenue sustainment arrangements with insurers, government agencies, and others as part of the business continuity planning?

**HPP 1.1**



**How is the measure calculated?**

**Numerator:**

Number of HCCs that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations

**Denominator:**

Number of HCCs identified by awardees

**Result Calculation:**

In order for an awardee to report a positive result for the performance measure, the HCC must answer ‘Yes’ to each data element. A negative response by the HCC to any data element will result in a negative answer ‘No’ for that performance measure



**Why is this measure important?**

Successful healthcare service delivery system recovery is contingent on the resilience that is built through collaboration with community partners, (e.g., public health, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental or behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is on an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community. Recovery must be planned for as part of the preparedness process to facilitate an effective and efficient return to normal healthcare delivery operations. This measure determines whether HCCs and their membership have processes in place that will enable a smooth and rapid recovery after a disaster.



**What other requirements are there for reporting measure data?**

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year in BP 1.
- Awardees should collect all data elements at the **HCC level**.



**What data must be reported?**

**Data Element #1:**

Has a risk-based regional or jurisdictional HVA been conducted within the past 3 years that identifies events and incidents that may impact the ability of HCC member hospitals and other HCOs to deliver healthcare?



**Technical Assistance Guidance:**

If the HVA is out of date, then any planning, exercises, etc. that have been completed since the date that the HVA expired cannot count toward scoring ‘Yes’ on any data element within these 8 HPP performance measures.

The “3 year” interval for a new HVA to occur is anytime within the 37th month or earlier from the date of the last HVA.

**Data Element #2:**

Does the HCC ensure that its hospitals and other HCOs are integrated in the jurisdiction’s Emergency Operations Plan that is intended to meet prioritized essential healthcare recovery needs?



**Technical Assistance Guidance:**

The HCC ensures that its member HCOs develop, employ, and evaluate processes to identify recovery processes within Emergency Operations Plans in order to assist if available

**HPP 1.1**

and requested to meet healthcare recovery needs.

**Data Element #3:**

Has the HCC, its hospitals, and other HCO members implemented AND tested plans and processes for continuing and sustaining operations (e.g., hardening facilities), within the past three years?



**Technical Assistance Guidance:**

In order to answer ‘Yes’ indicating a positive result for this data element, the HCC and its HCOs must have:

- Implemented plans and process that address maintenance of essential services and supplies, and primary access to utilities (e.g. power and water).
- The plans must be consistent with the HCC’s list of prioritized needs.
- These plans and processes must be implemented in the time frames and at the level of completion specified in the HCC’s plans.
- The plans and processes must be tested within the past 3 years.

**Data Element #4:**

Has the HCC coordinated with the State and with its HCOs to develop a regional recovery and continuity of operations plan?



**Technical Assistance Guidance:**

In order to an answer ‘Yes’ indicating a positive result for this data element:

- A regional COOP plan must exist.
- The HCC and all of its members must be aware of the regional COOP plan.
- Organizations that have assigned roles and responsibilities in the regional plan must

have planned to execute the actions described in the plan when triggered by conditions specified in the regional COOP plan.

**Data Element #5:**

Can HCC hospitals and other HCOs maintain essential functions (e.g. continue to bill for payment with healthcare insurers) to sustain revenues to operate during and after an emergency?



**Technical Assistance Guidance:**

In order to answer ‘Yes’ indicating a positive result for this data element, the HCC’s hospitals and its other HCOs and healthcare providers who deliver essential healthcare services and bill for these healthcare services, must have met this requirement.



**Putting the pieces together**

- Identify threats that may impact the ability of the HCC and member hospitals and other healthcare organizations to deliver healthcare.
- Describe potential impact on the HCC and member hospitals and healthcare organizations.
- Describe the level of integration in the jurisdictions Emergency Operation Plan.
- Describe the level of integration in the jurisdictions recovery and continuity of operations plan.
- Evaluate the ability of the HCC hospitals and other HCOs to maintain essential functions to continue to bill for payment to sustain revenues to operate during an emergency through tests and exercises.



**Key Definitions**

## HPP 1.1

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**Hazard Vulnerability Assessment (HVA):** A systematic approach to recognizing hazards that may affect demand for services or the ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. An HVA serves as a needs assessment and a strategy to identify those hazards that are most likely to have an impact on a facility and the surrounding community. The HVA process should involve community partners and be communicated to community emergency response agencies.

**Supply Chain:** A system of organizations, people, technology, activities, information, and resources involved in moving a product or service from supplier to customer.

**Emergency Operations Plan (EOP):** An ongoing plan for responding to a wide variety of potential hazards.

**Recovery Processes:** The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify “lessons learned”; post incident reporting; and development of initiatives to mitigate the effects of future incidents .

**Continuity of Operations (COOP):** An effort to ensure that primary mission-essential functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies. A continuity of operations plan is a document that identifies the PMEFs and describes the tasks, processes, and systems requirements to maintain PMEFs.

**Business continuity:** The ability of an organization to provide service and support for its customers and to maintain its viability before, during, and after a business continuity event.

## HPP 3.1: Emergency Operations Coordination

### Introduction

Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare service delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community's response and according to the framework of the National Incident Management System (NIMS).

### Capability Functions

- **Healthcare organization multi-agency representation and coordination with emergency operations**
- **Assess and notify stakeholders of healthcare delivery status**
- **Support healthcare response efforts through coordination of resources**
- **Demobilize and evaluate healthcare operations**

**HPP 3.1**

**HPP 3.1: Emergency Operations Coordination**

<b>Measure 3.1:</b>	Percent of 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>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines)
<b>Data Elements:</b>	<ul style="list-style-type: none"> <li>In the past year, which of the following functions were successfully demonstrated by the HCC’s hospitals and other HCOs in the exercise or event in which the HCC participated? Triage, Treatment, Transport, Tracking of patients, Documentation of care, and Off-loading?</li> </ul>



**Thinking It Through**

**Key Questions**

- Is the HCC able to successfully demonstrate triage, treatment, transport, tracking of patients, documentation of care, or off-loading as part of an exercise or event?

## HPP 3.1



### How is the measure calculated?

#### Numerator:

Number of HCCs that use an integrated ICS to coordinate operations and sharing of critical resources among coalition organizations (including emergency management and public health) during in disasters.

#### Denominator:

Number of HCCs identified by awardees.

#### Result Calculation:

In order for an awardee to report a positive result for the performance measure, the HCC must answer 'Yes' to each data element. A negative response by the HCC to any data element will cause a negative result to be reported for the coalition for that performance measure.



### Why is this measure important?

To determine whether HCCs are organized around an integrated Incident Command Structure.



### What other requirements are there for reporting measure data?

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year for BP 1.
- Awardees are expected to collect all data elements at the **HCC level**.



### What data must be reported?

#### Data Element #1:

In the past year, which of the following functions were successfully demonstrated by the HCC's hospitals and other HCOs in the exercise or event in which the HCC participated?

- Triage
- Treatment
- Transport
- Tracking of patients
- Documentation of care
- Off-loading



### Technical Assistance Guidance:

The event or the nature of the exercise is the driver as to which of the six ( 6) (or all of the six) functions must be successfully demonstrated.

In order to respond that a function was 'successfully demonstrated,' the function must have been included in the scope of the exercise and must have achieved exercise goals specific to each capability.

This data element relates specifically to exercise of patient transport processes.

To score 'Yes' to this data element, all of the disaster protocols necessary to be in place for triage, treatment, transport, patient tracking, etc., between participating agencies who were sending and receiving patients, and the transport agency, as appropriate for the actual transportation event and setting must have been demonstrated for an HCO to be counted as having met the EOC exercise requirement.

If there was no event or exercise, it must score 'No' because of no opportunity (Score=5).

## HPP 5.1: Fatality Management

### Introduction

Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner or coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental or behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during **death surges**.

### Capability Functions

- **Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations**
- **Mental or behavioral support at the healthcare organization level**

## HPP 5.1

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### HPP 5.1: Fatality Management

<b>Measure 5.1:</b>	Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.
<b>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines)
<b>Data Elements:</b>	<ul style="list-style-type: none"><li>▪ Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities including but not limited to the following:</li><li>▪ Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan.</li></ul>



### Thinking It Through

#### Key Questions

- Which agency/department has the lead role in FM for your jurisdiction?
- How are decedents processed in your jurisdiction normally/during a disaster?
- What are the roles and responsibilities of locals, regional and State government agencies?
- Who is responsible for processing death certificates, decedent recovery and identification, notify next of kin, etc.
- Has the HCC coordinated with local, regional, or State jurisdictions in order to identify the roles and responsibilities for its member hospitals, and other HCOs for Fatality Management?

**HPP 5.1**



**How is the measure calculated?**

**Numerator:**

Number of HCCs (including health departments, participating hospitals, emergency management, coroners and medical examiners, funeral directors and other awardee-defined response entities) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.

**Denominator:**

Number of HCCs identified by awardees.

**Result Calculation:**

In order for an awardee to report a positive result for the performance measure, the HCC must answer ‘Yes’ to each data element. A negative response by the HCC to any data element will cause a negative result to be reported for the coalition for that performance measure.



**Why is this measure important?**

This measure helps to ensure that local public health agencies and directly funded cities coordinate with leaders or officials who manage fatalities, as well as other jurisdictional partners, to develop a shared understanding of roles and responsibilities related to fatality management.



**What other requirements are there for reporting measure data?**

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year for BP 1.
- Awardees are expected to collect all data elements at the **HCC level**.



**What data must be reported?**

**Data Element #1:**

Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities, including but not limited to the following:

- Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan.



**Technical Assistance Guidance:**

All of the processes associated with Fatality Management for the jurisdictions within its defined geographic regions must be written down.

The HCC plan must identify all HCC member organizations that have any assigned roles or responsibilities in these processes.

Any resources required for Fatality Management (FM) systems used in the FM process must be operational, with all components in place.



**Putting the pieces together**

- Identify the lead agency for Fatality Management for the HCC defined geographic region.
- Describe the roles and responsibilities of the HCC and its member organizations and other key partners for managing mass fatalities.
- Describe HCC established systems and processes developed in relation to defined roles and responsibilities.



## Key Definitions

**Family Assistance Center:** a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and deceased, and support the reunification of the missing or deceased with their loved ones.

**Trigger:** An event which initiates certain actions.

**Mental or behavioral health professional:** someone who offers services that have the effect of improving an individual's mental state, such as psychologists, social workers, therapists, counselors, spiritual care providers, hospice providers, and translators, or embassy and Consulate representatives when international victims are involved.

## HPP 6.1: Information Sharing

### Introduction

Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of public health- and medical-related information and situational awareness data among Federal, State, local, territorial, and tribal levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to Federal, State, local, Territorial, and Tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. To integrate this capability, public health and healthcare emergency planners should coordinate what information is shared, who needs it, how it is delivered and when it should be provided. An effective information sharing system will provide durable, reliable, and effective information exchanges (both horizontally and vertically) between those responsible for gathering information and the analysts and consumers of threat or hazard-related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

### Capability Functions

- **Provide healthcare situational awareness that contributes to the incident common operating picture**
- **Develop, refine, and sustain redundant, interoperable communication systems**

## HPP 6.1

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### HPP 6.1: Information Sharing

<b>Measure 6.1:</b>	Percent of healthcare coalitions (HCCs) that can continuously monitor Essential Elements of Information (EIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture
<b>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines)
<b>Data Elements:</b>	<ul style="list-style-type: none"><li>▪ Has the HCC identified essential elements of information (EIs) that the HCC members must report for specific types of events to inform the common operating procedure?</li><li>▪ Has the HCC defined data usage and access policies for the EI data?</li><li>▪ Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?</li><li>▪ Are the HCC members able to report the identified EIs electronically within the timeframe requested as evidenced by performance during exercises or events?</li></ul>



### Thinking It Through

#### Key Questions

- What are the essential elements of information required by the local, regional, and State jurisdiction to coordinate situational awareness with the HCC and its member organizations (e.g. facility operating status, facility structural integrity, etc.)
- What are the established procedures, protocols, authorities, and permissions for EEI data and its use?
- Are there HCC procedures and information sharing agreements that enable it to share basic epidemiological/ clinical data with health departments?
- Has the HCC identified appropriate means by which this information will be shared?
- Has the HCC identified triggers and appropriate means to initiate communication of EEI data?
- Has the HCC and its members participated in an exercise to initiate EEI data reporting?
- Can identified EEI data be shared through electronic reporting from each coalition member?



### How is the measure calculated?

#### Numerator:

Number of HCCs that can continuously monitor Essential Elements of Information (EEIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture.

#### Denominator:

Number of HCCs identified by awardees.

#### Result Calculation:

In order for an awardee to report a positive result for the performance measure, the HCC must answer 'Yes' to each data element. A negative response by the HCC to any data element will cause a negative result to be reported for the coalition for that performance measure.



### Why is this measure important?

To determine whether HCCs have the capability to maintain a Common Operating Picture during surge operations.



### What other requirements are there for reporting measure data?

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year for BP 1
- Awardees are expected to collect all data elements at the **HCC level**.



### What data must be reported?

#### Data Element #1:

Has the HCC identified EEIs that the HCC members must report for specific types of events to inform the common operating procedure? Examples of EEI data include:

- Facility operating status
- Facility structural integrity
- Status of evacuations or shelter in place operations

**HPP 6.1**

- Critical medical services (e.g., critical care, trauma)
- Critical service status (e.g., electric, water, sanitation, heating, ventilation, air conditioning)
- Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supply and medical equipment)
- Staffing status
- Emergency Medical Services status involving patient transport, tracking and availability
- Electronic patient tracking
- Electronic bed tracking



**Technical Assistance Guidance:**

EEI lists should be defined for hazards included in an HVA conducted within the last 3 years, as well as a general-purpose list to be used for events not included in the HVA.

The HCC must coordinate with its HCOs, and the Federal, State and local governments to ensure that at a minimum the EEI list contains all of the needed items identified to inform the common operating picture.

The HCC may add its own HCC-specific or desired items to its EEI List.

**Data Element #2:**

Has the HCC defined data usage and access policies for the EEI data?



**Technical Assistance Guidance:**

The HCC must coordinate with its HCOs, the State government, and the local government to address the following:

- Participants authorized to receive and share data
- Data use and re-release parameters

- Data Protection
- Legal, statutory, privacy, and intellectual property
- Information System Security

**Data Element #3:**

Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?



**Technical Assistance Guidance:**

The HCC's role is to facilitate communication of authorized data between its HCOs and the local health department.

The HCC's role is to ensure that its HCOs have access to authorized and available data and ensure that its HCOs have protocols for sharing data.

Hospitals in an HCC are expected to share case info for reportable diseases, share sentinel lab data and be as integrated as possible into the local Health Alert Network (HAN) or equivalent, consistent with Capability 3 Function 3.

**Data Element #4:**

Are the HCC members able to report the identified EEIs electronically within the timeframe requested as evidenced by performance during exercises or events?



**Technical Assistance Guidance:**

Although the HPP FOA requires that all hospitals and HCCs participate in at least one regional or statewide exercise over the 5-year grant period, an HCC must identify each year whether the HCC and its members have participated in an exercise or an event. The HCC is strongly encouraged to participate in a yearly exercise or event if the opportunity arises. If there was no

## HPP 6.1

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event or exercise, it must score 'No' because of no opportunity.

The HCC does not have to be the lead organizer, but the HCC must participate as an operational entity.



### Putting the pieces together

- Describe the identified EEIs for specific types of events to inform the common operating picture for the local, regional, or State jurisdiction.
- Describe data usage and access policies for identified EEI data for the HCC and its members.
- Summarize redundant systems and processes in place to electronically send and receive EEI data.
- Evaluate how effectively the HCC and its members are able to share EEI data with public health and other identified partners through tests and exercises to inform the common operating picture for the local, regional, or State jurisdiction.



### Key Definitions

**Common Operating Picture:** A single display or understanding of relevant operational information shared by more than one group, organization, or command.

**Data Usage and Access Policies:** Rules and guidelines specifying appropriate and inappropriate uses for different types of information, including legal, statutory, privacy, and intellectual property considerations, the types of information that can be shared and with whom, recommended data sharing frequency, and suggested or required data protections and information system security.

## HPP-PHEP 6.1: Information Sharing

**Measure 6.2:** Percent of local partners that submitted all requested Essential Elements of Information (EEI) to health and medical lead within the requested timeframe

Measure Applies To:	Circumstances for Reporting:	For Response Only:	Other Considerations:
<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



### How is the measure calculated?

**Numerator:**

Number of local partners that submitted all requested EEI to the health and medical lead within the requested timeframe.

**Denominator:**

Number of local partners that received a request for EEI.

- Awardees should report the numerator and denominator of this measure by incident, planned event or exercise.
- Reporting should be based on an incident (preferred) and/or planned events and exercises
- Reporting on 2 operational periods over at least 2 incidents, if possible
- Reporting on 2 operational periods from at least 2 exercises or planned events if no incidents.



### Why is this measure important?

The intent of this measure is to assess the extent to which local response entities communicate requested information to the health or medical lead in order to facilitate situational awareness and the effective management of resources in a timely manner.



### What data must be reported?

1. Number of local partners that received a request for EEI (denominator).
2. Number of local partners that submitted all requested EEI to the health and medical lead within the requested timeframe (numerator).
3. The request for EEI occurred during a [Check one of the following]:
  - Incident
  - Full scale exercise
  - Functional exercise
  - Drill
  - Planned event



### What other requirements are there for reporting measure data?

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required annually.
- Reporting for this measure is required at mid-year and end-of-year for BP 1.

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4. Please identify the type of incident, exercise, or planned event upon which the request for EEI was based [Check all that apply]:
  - Extreme weather (e.g., heat wave, ice storm)
  - Flooding
  - Earthquake
  - Hurricane or tropical Storm
  - Hazardous material
  - Fire
  - Tornado
  - Biological hazard or disease, please specify
  - Radiation
  - Other, please specify
5. Please provide the name and date of the incident, planned event, or exercise
6. Please state how many of each type(s) of local partners responded to the request:
  - HCOs
  - HCCs
  - LHDs
  - Other, please specify
7. Please identify the requesting entity (e.g., health and medical lead at the State, sub-state, regional, or local level). [Check one of the following]
  - State health and medical lead (or designee)
  - Sub-state regional health and medical lead (or designee)
  - Local health and medical lead (or designee)
  - Other, please specify
8. Please identify the types of EEI requested. [Check all that apply]
  - Facility operating status
  - Facility structural integrity
  - The status of evacuations or shelter in-place operations
  - Status of critical medical services (e.g., trauma, critical care)
  - Critical service or infrastructure status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)
  - Bed or patient status
  - Equipment, supplies, medications, vaccine status or needs
  - Staffing status
  - Emergency Medical Services (EMS) status
  - Epidemiological, surveillance or lab data (e.g., test results, case counts, deaths)
  - School-related data (closure, absenteeism, etc.)
  - Point of Dispensing (POD) or mass vaccination sites data (e.g., throughput, open or set-up status, etc.), please specify
  - Other, please specify
9. Please identify the type of IT or other communication system used to request EEI from local partners.
10. Please identify the type of IT or other communication system local partners used to submit requested EEI.
11. Barriers or challenges to submitting requested EEI within the requested timeframe (please describe types of local partners experiencing challenges and types of EEI not submitted within requested timeframe).



### How is this measure operationalized?

This measure intends to capture information on the communication of incident-specific EEIs. Data elements for this measure should be based on: the incident commander's determination of specifically required health and medical EEI for that incident (and tasked to the health and medical lead, or equivalent entity, to collect), specific local partners (i.e., entities that will report EEI to the incident commander or designee) and

## HPP 6.1

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the requested timeframe determined by the incident commander or designee.

## HPP 10.1: Medical Surge

### Introduction

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare service delivery system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

The goal is rapid and appropriate care for those that become injured or ill as a consequence from the event and the maintenance of continuity of care for non-incident related illness or injury.

### Capability Functions

- **The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge**
- **Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations**
- **Assist healthcare organizations with surge capacity and capability**
- **Develop Crisis Standards of Care guidance**
-

## HPP 10.1: Medical Surge

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### Capability Functions

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- **Assist healthcare organizations with surge capacity and capability**
- **Develop Crisis Standards of Care guidance**

## HPP 10.1

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### HPP 10.1: Medical Surge

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**Measure 10.1:** Percent of 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

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**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

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**Data Elements:**

- Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?
- Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as able to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster?

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Thinking It Through

Key Questions

- Have written Crisis Standards of Care been incorporated into HCC member hospitals surge plans?
- Does the HCC surge plan for its HCC hospitals and HCOs address surge relative to the baseline established in the Emergency Operations Coordination Measure 3, Data Element 2 against the following categories:
  - Diversion of patients to maintain
  - Capability or Capacity Building necessary to reach 20% beds above baseline
  - Decompression to achieve 20% of baseline “immediate” bed availability (IBA) (i.e., within 4 hours of disaster)
- Has the HCC demonstrated the ability to provide 20% bed availability through tests, exercise, or real events?
- Has the HCC coordinated with the local, regional, or State jurisdiction to define trigger conditions, which indicate the local healthcare response capability is insufficient and State or Federal response teams must be requested for activation?
- Has the HCC developed processes to communicate, send, or receive resource requests from its members and for locating resources to attempt to fill those requests?

**HPP 10.1**



**How is the measure calculated?**

**Numerator:**

Number of HCCs that have a coordinated mechanism in place to provide an appropriate level of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients) that includes providing bed availability 20% above the daily census within 4 hours of a disaster.

**Denominator:**

Number of HCCs identified by awardees.

**Result Calculation:**

In order for an awardee to report a positive result for the performance measure, the HCC must answer ‘Yes’ to each data element. A negative response by the HCC to any data element will cause a negative result to be reported for the coalition for that performance measure.



**Why is this measure important?**

To determine whether HCCs are prepared to provide healthcare in the immediate aftermath of a disaster. To ensure immediate bed availability in times of crisis, coalition partners must continuously monitor acuity of patients and maintain full ability for patient movement. Once a disaster happens, acute care facilities will need to prepare for an influx of new disaster patients. Through agreements with coalition partners, movement of lower acute patients begins from hospitals to other, appropriate facilities and care sites; thus making room for higher acuity patients. These same agreements ensure that receiving facilities are prepared to provide the appropriate level of care.



**What other requirements are there for reporting measure data?**

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year in BP 1
- Awardees should collect all data elements at the **HCC level**.



**What data must be reported?**

**Data Element #1:**

Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?



**Technical Assistance Guidance:**

Crisis standards of care are a new area of planning emphasis in the HPP Cooperative Agreement. To provide the greatest good for the greatest number, and ensure that the response offers the best care possible given the resources at hand, there is a crucial interdependency between and among all HCC members in order to diminish the amount of death, injury or illness likely to result from a catastrophic event, in the absence of such planning.

As the HCC works with the State to implement local planning for Crisis Standards of Care, the HCC first and foremost is expected to collaborate with the State and with all of its members in the development of HCC triggers for shifting between various points in the continuum of care from conventional to crisis standards of care.

To score ‘Yes’ for this data element, the HCC must facilitate the development of this guidance about triggers that reflects the HCC’s view of the

## HPP 10.1

guidance described in the paragraph above, and at a minimum at least the following HCC members must have been participants in developing that guidance:

- 100% of the HCC hospitals
- At least one long term care facility
- At least one EMS agency
- At least one community health center or a Federally Qualified Health Center (if either is represented by membership on the HCC)
  - At least one local health dept.
  - Representation from the remaining essential healthcare member partners, as applicable to the HCC (consistent with the membership guidance described in Capability 1, Function 1, P3 and P4 if applicable)

### Data Element #2:

Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as able to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster?



### Technical Assistance Guidance:

As used in data element#2 and throughout this implementation document, "immediate" is operationalized to mean 'within 4 hours of a disaster'.

"All patients" as used in the measure and data elements is expected to include:

- pre-existing inpatients
- pre-existing outpatients
- non-disaster-related patients, and
- disaster-specific patients

In order to respond 'Yes' that decompression of beds was 'successfully tested,' the test must have identified the specific beds that could be made available. It is not necessary that these

beds actually be made available, only that they are identified.

In order to respond 'Yes' that 'appropriate levels of care' were delivered, it must be demonstrated that the level of care provided both to the patients whose beds were made available for disaster victims as well as the disaster victims received levels of care consistent with the currently indicated level of care as determined by clinical guidelines contained in the adopted Crisis Standards of Care.

The time to be used to start counting the 4 hours is the time the notification was either issued by the HCC, or issued by the entity identified in the HCC's plan

The 20% can be distributed among HCC members as the HCC and its members have planned, if its plans are still applicable.

To score 'Yes' all members identified as a participant in the HCC's coordinated plan must participate in the test.

Although the HPP FOA requires that all hospitals and HCCs participate in at least one regional or statewide exercise over the 5-year grant period, an HCC must identify each year whether the HCC and its members have participated in an exercise or an event. The HCC is strongly encouraged to participate in a yearly exercise or event if the opportunity arises. If there was no event or exercise, it must score 'No' because of no opportunity(Score=5).

The HCC does not have to be the lead organizer, but the HCC must participate as an operational entity.



### Putting the pieces together

- Describe HCC and member HCO surge plans.
- Identify and describe written clinical practice guidelines for Crisis Standards of Care. Guidelines should apply to an incident

## HPP 10.1

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across the continuum of care from conventional to crisis standards of care. These guidelines should be included in the HCC and member HCO surge plans.

- Evaluate how effectively the HCC and its members are able to demonstrate coordinated mechanisms to deliver appropriate levels of care to all patients and provide no less than 20% immediate bed availability of HCC members staffed hospital beds within 4 hours of a disaster.



## Key Definitions

**Immediate Bed Availability (IBA):** IBA is the concept whereby coalition partners provide an appropriate level of care to non-disaster and disaster-related patients during declared disasters with public health implications, by availing 20% of staffed hospital beds to higher acuity patients within four (4) hours of a disaster and identifying and providing the appropriate care for lower-acuity patients.

**Trigger:** An event which initiates certain actions.

**Regional Surge Planning:** Surge planning with a group of healthcare organizations located within a specified geographic region (see definitions of Surge Capacity and Surge Capability below).

**Surge:** The state in which the capacity (volume of patients and requirements) and capabilities (the ability to treat or manage a medical condition) of a healthcare entity are above baseline requirements.

**Surge Capability:** The ability to manage patients requiring unusual or very specialized medical evaluation and care. Requirements span the range of specialized medical and public health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed. It also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the healthcare organization.

**Surge Capacity:** The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. Requirements may extend beyond direct patient care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

**Crisis Standards of Care:** At the request of the U.S. Department of Health and Human Services'

Office of the Assistant Secretary for Preparedness and Response, the Institute of Medicine convened the *Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations* to develop guidance that State and local public health officials can use to establish and implement standards of care that should apply in disaster situations—both naturally occurring and man-made—under scarce resource conditions. The resulting guidance is referred to as 'Crisis Standards of Care.'

## HPP 14.1: Responder Safety and Health

### Introduction

The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. Healthcare workers have increased risk for adverse exposures that result in illness and/or injury during an event. It is important that processes are in place to equip, train, and provide resources to ensure healthcare workers are adequately protected during response and recovery operations.. The goal is to assist healthcare organizations to ensure that no illnesses or injury occur to any first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure to secondary trauma, chemical or radiological release, infectious disease, or physical and emotional stress after the initial incident or during decontamination and incident follow-up.

To integrate this capability, public health and healthcare emergency planners should coordinate how best to address public health and healthcare worker safety needs during the development of strategically placed caches of equipment, supplies and pharmaceuticals that would provide timely resource assistance. This is specifically outlined in the functions of Capability 14 from the *Healthcare Preparedness Capabilities* and cross-referenced to the Public Health Preparedness Capability.

### Capability Functions

- **Assist healthcare organizations with additional pharmaceutical protection for healthcare workers**
- **Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response**

## HPP 14.1

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### HPP 14.1: Responder Safety and Health

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<b>Measure 14.1:</b>	Percent of 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>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines)
<b>Data Elements:</b>	<ul style="list-style-type: none"><li>▪ Has the HCC implemented an occupational safety and health plan to protect employees of the organizations within the HCC and their families, based on an HVA conducted within the last 3 years?</li><li>▪ Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees (including healthcare and non-healthcare employees) in an exercise or event?</li></ul>

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### Thinking It Through

#### Key Questions

- Does the HCC have a responder safety and occupational health plan to preserve healthcare system function and protect HCC member employees?
- What processes are in place to ensure HCC member organizations have access to responder safety and health resources, support and protections?

**HPP 14.1**



**How is the measure calculated?**

**Numerator:**

Number of 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).

**Denominator:**

Number of HCCs identified by awardees.

**Result Calculation:**

In order for an awardee to report a positive result for the performance measure, the HCC must answer 'Yes' to each data element. A negative response by the HCC to any data element will result in a negative answer 'No' for that performance measure.



**Why is this measure important?**

Working together as a coalition in responder safety planning can help to build resilience and reduce burden on individual hospitals. Such planning can determine whether healthcare organizations have access to sufficient protection to keep healthcare staff and others working effectively for the duration of a healthcare crisis.



**What other requirements are there for reporting measure data?**

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year in BP 1.
- Awardees should collect all data elements at the HCC level



**What data must be reported?**

**Data Element #1:**

Has the HCC implemented an occupational safety and health plan to protect employees of the organizations within the HCC and their families, based on an HVA conducted within the last 3 years?



**Technical Assistance Guidance:**

It is not necessary that the HCC sponsor its own occupational safety and health plan if member organizations have already implemented this function. The HCC is required to ensure that member HCOs have a process to enhance support and protections for healthcare workers and non-healthcare workers based on identified priorities and needs. As necessary, the HCC has a means to support its HCOs and other non-healthcare member organization's access to the function through pooling resources among members.

**Data Element #2:**

Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees (including healthcare and non-healthcare employees) in an exercise or event?



**Technical Assistance Guidance:**

In order to respond that it has 'successfully tested' its Responder Safety Health (RSH) systems and processes, the test must have included triggering of each RSH element appropriate to the exercise or event and the triggered process must have successfully achieved its goal of enhancing support of HCC members' healthcare and non-healthcare workers.

## HPP 14.1

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Although the HPP FOA requires that all hospitals and HCCs participate in at least one regional or statewide exercise over the 5-year grant period, an HCC must identify each year whether the HCC and its members have participated in an exercise or an event. The HCC is strongly encouraged to participate in a yearly exercise or event if the opportunity arises. If there was no event or exercise, it must score 'No' because of no opportunity (Score = 5).

The HCC does not have to be the lead organizer, but the HCC must participate as an operational entity.



### Putting the pieces together

- Describe components of the HCC occupational safety and health plan.
- Identify points of contact for occupational safety and health described in the HCC occupational safety and health plan.
- Locate information on recent exercises in which the coalition or member HCOs participated.
- Evaluate the effectiveness of the HCC systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees through tests and exercises.



## Key Definitions

**Pharmaceutical Cache:** A collection of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an event. Prophylactic pharmaceutical caches can protect healthcare workers from illness, allowing them to continue delivering important healthcare services. In addition, providing prophylaxis to healthcare workers' families enhances response by theoretically allowing the worker to remain on duty rather than care for an ill family member.

**Healthcare Workers' Families:** Family members of healthcare workers who may benefit from prophylaxis or treatment theoretically allowing the worker to remain on duty rather than care for ill family members.

**Prophylaxis:** A medical or public health procedure undertaken to prevent, rather than treat or cure, a disease.

**Post-exposure Prophylaxis:** Treatment started immediately after exposure to a pathogen to prevent infection by the pathogen and the development of disease.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against infectious materials. PPE such as masks and gloves can protect healthcare workers from illness and injury allowing them to continue delivering important healthcare services. Ensuring a sufficient supply of PPE requires a number of steps be taken during emergency preparedness including: determining the PPE need, assessing in-facility stocks of PPE, comparing need and stock to identify any PPE gaps, and then developing procedures for obtaining the gap amount should you need it (e.g., a resource request via the ICS resource management system).

**Surge:** The state in which the capacity (volume of patients and requirements) and capabilities (the ability to treat or manage a medical condition) of a healthcare entity are above baseline requirements.

**Surge Capability:** The ability to manage patients requiring unusual or very specialized medical evaluation and care. Requirements span the range of specialized medical and public health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed. It also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the healthcare organization.

**Surge Capacity:** The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. Requirements may extend beyond direct patient care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

## **HPP 15.1: Volunteer Management**

### **Introduction**

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with medical preparedness and response to incidents and events.

To integrate this capability, public health and healthcare emergency planners should coordinate with healthcare organizations to determine when and why volunteers would be used to supplement staff at healthcare organizations and then work towards strategies for their effective use. This is specifically outlined in the functions of Capability 15 from the Healthcare Preparedness Capability and cross-referenced to the Public Health Preparedness Capability.

### **Capability Functions**

- **Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations**
- **Volunteer notification for healthcare response needs**
- **Organization and assignment of volunteers**
- **Coordinate the demobilization of volunteers**

## HPP 15.1

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### HPP 15.1: Volunteer Management

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<b>Measure 15.1:</b>	Percent of HCCs that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.
<b>Performance Target:</b>	100% by the end of the project period (Year 1 data will be used to establish baselines)
<b>Data Elements:</b>	<ul style="list-style-type: none"><li>▪ Has the HCC coordinated with the State and HCC members to develop plans, processes and procedures to manage volunteers that address the following:</li><li>▪ Receiving volunteers</li><li>▪ Determining volunteer affiliation, including procedures for integrating or referring non- registered or spontaneous volunteers</li><li>▪ Confirming volunteer credentials</li><li>▪ Assigning roles and responsibilities to volunteers</li><li>▪ Providing “just in time” training for volunteers</li><li>▪ Tracking volunteers</li><li>▪ Out-processing volunteers.</li></ul>

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## Thinking It Through

### Key Questions

- What are the staffing shortfalls that could be filled by volunteers in the event of a disaster?
- Does the HCC have a process in place to ensure that volunteer management functions are fulfilled?
- Has the HCC demonstrated the ability to:
  - Receive volunteers
  - Determine volunteer affiliation
  - Confirm volunteer credentials
  - Assign roles and responsibilities to volunteers
  - Provide just in time training for volunteers
  - Track volunteers
  - Out-process volunteers



### How is the measure calculated?

#### Numerator:

Number of HCCs that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident

#### Denominator:

Number of HCCs identified by awardees

#### Result Calculation:

In order for an awardee to report a positive result for the performance measure, the HCC must answer 'Yes' to each data element. A negative response by the HCC to any data element will cause a negative result to be reported for the coalition for that performance measure.



### Why is this measure important?

Implementation of volunteer management ensures that the HCC has developed its own or has access to plans, processes, and procedures to manage volunteers, including rapid verification of credentials and affiliation with deploying entities.



### What other requirements are there for reporting measure data?

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required at least annually, and at Mid-Year in BP 1.
- Awardees are expected to collect all data elements at the **HCC level**

#### Data Element #1:

Has the HCC coordinated with the State and its HCC members to develop plans, processes and procedures to manage volunteers that address the following areas:

- Receiving volunteers
- Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers
- Confirming volunteer credentials
- Assigning roles and responsibilities to volunteers
- Providing “just in time” training for volunteers
- Tracking volunteers
- Out-processing volunteers



### Technical Assistance Guidance:

It is not necessary that the HCC own these functions, however the HCC must confirm the fulfillment of the following:

- The HCC develops its own procedures itself.
- Individual members develop all of these processes, and the HCC serves in a coordinative role.
- The processes are developed as part of a larger, greater ESF-8 plan.



### Putting the pieces together

- Identify points of contact for local volunteer coordination.
- Describe coordination activities with the State and HCC members to develop plans, processes and procedures to manage volunteers.



### Key Definitions

**Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP):** A

Federal program created to support State, local, territorial and tribal governments in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The program, administered on the State level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations.

**Healthcare Coalition (HCC):** The HCC is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the HCC includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation. During response, HCCs should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command or unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.

## HPP-PHEP 15.1: Volunteer Management

Proportion of volunteers deployed to support a public health or medical incident within the requested timeframe

Measure Applies To:	Circumstances for Reporting:	For Response Only:	Other Considerations:
<input checked="" type="checkbox"/> States	<input 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



### How is the measure calculated?

**Numerator:**

Number of volunteers deployed to support a public health or medical incident within the requested timeframe.

**Denominator:**

Number of volunteers requested to deploy in support of a public health or medical incident within the requested timeframe.



### Why is this measure important?

The immediate intent of this measure is to assess the timeliness of implementing key stages of volunteer management — from receipt of request, to activation of volunteers, to deployment — in order to determine key bottlenecks and chokepoints which inhibit timely deployment of volunteers.

The broader programmatic intent of this measure is to ensure that the health or medical lead meets requests for volunteers in a timely manner.

This measure is NOT intended to assess routine or day-to-day volunteer activities in healthcare organizations.



### What other requirements are there for reporting measure data?

- Reporting for this measure is required for all awardees.
- Reporting for this measure is required annually.
- Reporting for this measure is required at mid-year and end-of-year for BP 1.
- Awardees may report the numerator and denominator of this measure *by incident, planned event or exercise* at the State, sub-state regional or local level.
- For the purposes of reporting, awardees should include at least two incidents, exercises, or planned events. Across all incidents, exercises, or planned events reported, HPP and PHEP Volunteer Management capabilities must each be utilized or demonstrated at least once.

**What data must be reported?**

For each incident, planned event, or exercise reported on, please answer the following questions.

1. The request for volunteers occurred during a [Check one of the following]:
  - Incident
  - Full Scale Exercise
  - Functional Exercise
  - Drill
  - Planned event
2. This incident, planned event, or exercise utilized or demonstrated one or more function(s) within the: [Check one of the following]
  - HPP Volunteer Management Capability
  - PHEP Volunteer Management Capability
  - Both HPP and PHEP
3. The type of incident, exercise, or planned event upon which the request for volunteers was based (check all that apply):
  - Extreme weather (e.g., heat wave, ice storm, etc.)
  - Flooding
  - Earthquake
  - Hurricane or Tropical Storm
  - Hazardous Material
  - Fire
  - Tornado
  - Biological hazard or disease, please specify
  - Radiation
  - Other, please specify
4. The name and date of the incident, planned event, or exercise
5. The date and time when request for volunteers was received by health or medical lead.
6. The number of volunteers requested to deploy from the originating requestor (denominator).
7. The entity that made the original request for volunteers [Check one of the following]
  - Local health department
  - State health department
  - Healthcare organization
  - HCC
  - Other, please specify
8. The date and time when volunteers were requested to arrive at staging area or on scene by health and medical lead
9. The requested location for the deployment [Check one of the following]:
  - Staging or assembly area(s) (not actual incident site)
  - Hospital(s)
  - Shelter(s)
  - POD(s)
  - Alternate care site(s), please specify
  - Other, please specify
10. The number of volunteers who were notified to deploy (“activated”).
11. The date and time when the last volunteer was notified to deploy (i.e., “activated”).
12. The number of volunteers who arrived at staging area or “on scene” within requested timeframe (numerator):
  - a) Number of deployed volunteers registered in ESAR-VHP
  - b) Number of deployed volunteers registered in other systems
13. Date and time that last volunteer arrived at staging area or “on scene” within requested timeframe.
14. Barriers or challenges to deploying volunteers to support a public health or medical incident within requested timeframe.



### How is this measure operationalized?

**NOTE:** The “**start time**” for this measure refers to the date and time that the health and medical lead at the local, regional, or State level receives a request for volunteers. The “**stop time**” for this measure refers to the time that the last requested volunteer arrives at a staging area or on scene, but no later than the requested timeframe.

Awardees are encouraged to report on one (1) long running and one (1) acute incident during the budget period, if possible. The awardee may also report on two (2) long running or two (2) acute incidents as an option. If neither of these is possible, reporting on two (2) exercises or planned events is permissible.

## APPENDICES



## Appendix A: Glossary

**Business continuity:** The ability of an organization to provide service and support for its customers and to maintain its viability before, during, and after a business continuity event.

**Chain of command:** The orderly line of authority within the ranks of the incident management organization.

**Charter:** A written instrument that creates or defines an organization and describes the organization's functions.

**Common Operating Picture (COP):** A common operating picture offers a standard overview of an incident, thereby providing incident information that enables the Incident Commander or Unified Command and any supporting agencies and organizations to make effective, consistent, and timely decisions. Compiling data from multiple sources and disseminating the collaborative information COP ensures that all responding entities have the same understanding and awareness of incident status and information when conducting operations. (*FEMA Communications and Information Management: <http://www.fema.gov/emergency/nims/CommunicationsInfoMngmnt.shtml>*)

**Continuity of Operations Plans (COOP):** A description of how personnel, equipment, and other governmental, non-governmental, and private resources will support the sustainment and/or reestablishment of essential functions. Plans shall identify the critical and time sensitive applications, processes, and functions, to be recovered and continued, following an emergency or disaster, as well as the personnel and procedures necessary to do so, such as business impact analysis, business continuity management, vital records preservation and alternate operating facilities. (*Reference Target Capabilities List (TCL) <http://www.fema.gov/pdf/government/training/tcl> pg. 23*)

**Crisis Standards of Care:** The level of care possible during a crisis or disaster due to limitations in supplies, staff, environment, or other factors. These standards will usually incorporate the following principles: (1) prioritize population health rather than individual outcomes; (2) respect ethical principles of beneficence, stewardship, equity, and trust; (3) modify regulatory requirements to provide liability protection for healthcare providers making resource allocation decisions; and/or (4) designate a crisis triage officer and include provisions for palliative care in triage models for scarce resource allocation (e.g., ventilators) (Chang et al., 2008). Crisis standards of care will usually follow a formal declaration or recognition by State government during a pervasive (pandemic influenza) or catastrophic (earthquake, hurricane) disaster which recognizes that contingency surge response strategies (resource-sparing strategies) have been exhausted, and crisis medical care must be provided for a sustained period of time. Formal recognition of these austere operating conditions enables specific legal or regulatory powers and protections for healthcare provider allocation of scarce medical resources and for alternate care facility operations. Under these conditions, the goal is still to supply the best care possible to each patient. (*Healthcare Preparedness Capabilities*)

**Critical Infrastructure (CI) and Key Resources (KR):** The assets, systems, networks, and functions, whether physical or organizational, whose destruction or incapacity would have a debilitating impact on the Nation's security, public health and safety, and/or economic vitality. (*Healthcare Preparedness Capabilities*)

**Data Usage and Access Policies:** Rules and guidelines specifying appropriate and inappropriate uses for different types of information, including: legal, statutory, privacy, and intellectual property considerations; the types of information that can be shared and with whom; recommended data sharing frequency; and suggested or required data protections and information system security.

**Emergency operations coordination:** Direction and support of an incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS).

**Emergency Operations Plan (EOP):** An ongoing plan for responding to a wide variety of potential hazards.

**Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP):** The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a Federal program created to support State, local, territorial and tribal governments in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The program, administered on the State level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations.

**Emergency Support Function (ESF) #8:** Emergency Support Function (ESF) #8 — Public Health and Medical Services, provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. The phrase “medical needs” is used throughout this annex. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “special needs” population described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident. (*Healthcare Preparedness Capabilities*)

**Exercise:** The process of conducting activities involved with prevention, protection, response, and recovery capabilities in a risk-free environment. Exercises can be used for: testing and validating policies, plans, procedures, training, equipment, and inter-agency agreements; clarifying and training personnel in roles and responsibilities; improving interagency coordination and communications; identifying gaps in resources; improving individual performance; and identifying opportunities for improvement. (Note: An exercise is also an excellent way to demonstrate community resolve to prepare for disastrous events). (*Homeland Security Exercise and Evaluation Program Volume I: HSEEP Overview and Exercise Program Management*)

**Family Assistance Center:** A secure facility established to serve as a centralized location to provide information and assistance about missing or *unaccounted for* persons and the deceased, and support the reunification of the missing or deceased with their loved ones.

**Fatality Management:** The ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner or coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental or behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased death surges.

**Hazard Vulnerability Assessment (HVA):** A systematic approach to recognizing hazards that may affect demand for services or the ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. An HVA serves as a needs assessment and a strategy to identify those hazards that are most likely to have an impact on a facility and the surrounding community. The HVA process should involve community partners and be communicated to community emergency response agencies. (*DHHS, 2009*).

**Healthcare Coalition (HCC):** The HCC is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the HCC includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation. During response, HCCs should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command or unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support. (*Healthcare Preparedness Capabilities*)

**Healthcare Organization(s) (HCOs):** The component(s) of a community's healthcare service delivery system to primarily include hospitals, Emergency Medical Services (EMS), primary care, long term care, mental or behavioral health systems, specialty services (dialysis, pediatrics, woman's health, standalone surgery, urgent care, etc.), support services (laboratories, pharmacies, blood banks, poison control, etc.), private entities associated with healthcare delivery (Hospital associations, regulatory boards, etc.). HCOs may or may not include components of public health, tribal healthcare, Federal (VA hospitals, IHS facilities, etc.), community health centers, volunteer medical organizations (e.g. ARC), DOD healthcare, Healthcare services provided in city, county, or State jails, prisons, penitentiaries and others not noted. (*Healthcare Preparedness Capabilities*)

**Healthcare Constituencies:** The people involved in or served by the HCC.

**Healthcare Recovery:** Locally-led recovery efforts in the restoration of the public health, health care and social services networks to promote the resilience, health and well-being of affected individuals and communities (Adapted from [http://www.fema.gov/pdf/recoveryframework/health\\_social\\_services\\_rsf.pdf](http://www.fema.gov/pdf/recoveryframework/health_social_services_rsf.pdf)).

**Healthcare System or Healthcare Service Delivery System:** A collection of a community's healthcare organizations. (*Healthcare Preparedness Capabilities*)

**Healthcare Workers' Families:** Family members of healthcare workers who may benefit from prophylaxis or treatment theoretically allowing the worker to remain on duty rather than having to care for ill family members.

**Incident Command Structure (ICS):** The Incident Command System (ICS) is a standardized, on-scene, all-hazards incident management approach that allows for the integration of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, Enables

a coordinated response among various jurisdictions and functional agencies, both public and private, and establishes common processes for planning and managing resources (<http://www.fema.gov/incident-command-system#item1>).

**Immediate Bed Availability (IBA):** IBA is the concept whereby coalition partners provide an appropriate level of care to patients (non-disaster and disaster-related patients) during declared disasters with public health implications, by availing 20% of staffed hospital beds to higher acuity patients within four (4) hours of a disaster and identifying and providing the appropriate care for lower acuity patients.

**Information Sharing:** The ability to conduct multijurisdictional and multidisciplinary exchange of public health and medical-related information and situational awareness data among Federal, State, local, territorial, and tribal levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to Federal, State, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. An effective information sharing system will provide durable, reliable, and effective information exchanges (both horizontally and vertically) between those responsible for gathering information and the analysts and consumers of threat or hazard-related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

**Interagency Agreement (IAA):** A written agreement between Federal agencies or components of Federal agencies to acquire supplies or services as authorized by statute.

**Key Partners:** Within the context of Fatality Management, private organizations that have agreed to play a role in performing Fatality Management functions, such as funeral directors, coroners, medical examiners, or mental health professionals.

**Medical Surge:** The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare service delivery system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

**Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOAs):** Documents that describe a bilateral or multilateral agreement between two or more parties. These documents express an intended common line of action, establish a scope of association, and define mutual responsibilities. They are often used in cases where parties do not wish to or cannot create an otherwise legally enforceable agreement.

**Mental or Behavioral Health Professional:** Someone who offers services that have the effect of improving an individual's mental state, such as psychologists, social workers, therapists, counselors, spiritual care providers, hospice providers, and translators, or embassy and Consulate representatives when international victims are involved.

**Mutual Aid Agreements (MAAs):** A document that formalizes and defines the reciprocal assistance that two or more communities or organizations can and will provide to another in the event of a disaster.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against infectious materials. PPE such as masks and gloves can protect healthcare workers from illness and injury allowing them to continue delivering important healthcare services. Ensuring a sufficient supply of PPE requires a number of steps be taken during emergency preparedness including: determining the PPE need, assessing in-facility stocks of PPE, comparing need and stock to identify any PPE gaps, and then developing procedures for obtaining the gap amount should you need it (e.g., a resource request via the ICS resource management system).

**Pharmaceutical Cache:** A collection of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an event. Prophylactic pharmaceutical caches can protect healthcare workers from illness, allowing them to continue delivering important healthcare services. In addition, providing prophylaxis to healthcare workers' families enhances response by theoretically allowing the worker to remain on duty rather than having to care for an ill family member.

**Prophylaxis:** A medical or public health procedure undertaken to prevent, rather than treat or cure, a disease.

**Recovery Processes:** Those capabilities necessary to assist communities affected by an incident to recover effectively, including, but not limited to, rebuilding infrastructure systems; providing adequate interim and long-term housing for survivors; restoring health, social, and community services; promoting economic development; and restoring natural and cultural resources (<http://www.fema.gov/pdf/recoveryframework/ndrf.pdf>). Examples include: the development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify "lessons learned"; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

**Resilience:** The ability of an asset, system, network or function, to maintain its capabilities and function during and in the aftermath of an all-hazards incident. (*Healthcare Preparedness Capabilities*)

**Situational Awareness:** The ability to identify, process, and comprehend the essential information about an incident to inform the decision making process in a continuous and timely cycle and includes the ability to interpret and act upon this information.

**Supply Chain:** A system of organizations, people, technology, activities, information, and resources involved in moving a product or service from supplier to customer.

**Surge Capacity:** The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. Requirements may extend beyond direct patient care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

**Trigger:** An event which initiates certain actions.

## Appendix B: PHEP Alignment Chart

The table below details the alignment of the HPP and HPP-PHEP Performance Measures with the HPP and PHEP preparedness capabilities.

Measures	Healthcare Preparedness Capabilities	Public Health Preparedness Capabilities
<b>HPP 1.1</b>	Healthcare System Preparedness	Community Preparedness
<b>HPP 2.1</b>	Healthcare System Recovery	Community Recovery
<b>HPP 3.1</b>	Emergency Operations Coordination	Emergency Operations Coordination
		Emergency Public Information and Warning
<b>HPP 5.1</b>	Fatality Management	Fatality Management
<b>HPP.6.1</b>	Information Sharing *	Information Sharing
<b>HPP-PHEP 6.1</b>		Mass Care
		Medical Countermeasure Dispensing
		Medical Materiel Management and Distribution
<b>HPP 10.1</b>	Medical Surge	Medical Surge
		Non-pharmaceutical Interventions
		Public Health Laboratory Testing
		Public Health Surveillance and Epidemiological Investigation
<b>HPP 14.1</b>	Responder Safety and Health	Responder Safety and Health
<b>HPP 15.1</b>	Volunteer Management *	Volunteer Management
<b>HPP-PHEP 15.1</b>		

\* Aligned Capabilities with HPP-PHEP aligned performance measures.

## Appendix C: Resource Element Map

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures										HPP PHEP Measures			
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1				
<b>Healthcare System Preparedness</b>																	
<b>Function 1: Develop, refine, or sustain Healthcare Coalitions</b>	<b>TRUE</b>	Healthcare Coalition regional boundaries	0														
		Healthcare Coalition primary members	1	YES													
		Healthcare Coalition essential partner memberships	1	YES													
		Additional Healthcare Coalition partnerships/ memberships	1	YES													
		Healthcare Coalition organization and structure	1	YES													
		Multi-agency coordination during response	3				YES	YES	YES								
<b>Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster</b>	<b>TRUE</b>	Healthcare system situational assessments	1							YES							
		Healthcare System disaster planning	3	YES	YES		YES										
<b>Function 3: Identify and prioritize essential healthcare assets and services</b>	<b>TRUE</b>	Identify and prioritize critical healthcare assets and essential services	3			YES	YES			YES							
		Priority healthcare assets and essential services planning	3			YES	YES			YES							
		Equipment to assist healthcare organizations with the provision of critical services	2							YES	YES						
<b>Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps</b>	<b>TRUE</b>	Healthcare resource assessment	3	YES						YES	YES						
		Healthcare resource coordination	2	YES							YES						
		Address healthcare information gaps	2							YES					YES		

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures										HPP PHEP Measures			
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1				
<b>Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond</b>	<b>FALSE</b>	Healthcare organization — National Incident Management System (NIMS) training	0														
		Training to address healthcare gaps and corrective actions	0														
<b>Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation</b>	<b>TRUE</b>	Exercise plans	1		YES												
		Exercise implementation and coordination	1	YES													
		Evaluation and improvement plans	0														
		Best practice and “lessons learned” sharing	8	YES	YES	YES	YES	YES	YES	YES	YES	YES					
Exercise and evaluation training	0																
<b>Function 7: Coordinate with planning for at-risk individuals and those with special medical needs</b>	<b>FALSE</b>	Healthcare planning for at-risk individuals and functional needs	0														
		Special medical needs planning	0														
<b>Healthcare System Recovery</b>																	
<b>Function 1: Develop recovery processes for the healthcare delivery system</b>	<b>TRUE</b>	Healthcare recovery planning	3	YES	YES	YES											
		Assessment of healthcare delivery recovery needs post disaster	1		YES												
		Healthcare organization recovery assistance and participation	3		YES	YES										YES	
<b>Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)</b>	<b>TRUE</b>	COOP planning assistance for healthcare organizations	1		YES												
		Healthcare organization COOP implementation assistance	1		YES												
		Healthcare organization recovery assistance	1		YES												

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures									HPP PHEP Measures	
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1	
<b>Emergency Operations Coordination</b>														
<b>Function 1: Healthcare organization multi-agency representation and coordination with emergency operations</b>	TRUE	Healthcare organization multi-agency coordination during response	1			YES								
		Healthcare organization and emergency operations decision coordination	1			YES								
<b>Function 2: Assess and notify stakeholders of healthcare delivery status</b>	TRUE	Healthcare organization resource needs assessment	0											
		Incident information sharing	1			YES								
		Community notification of healthcare delivery status	0											
<b>Function 3: Support healthcare response efforts through coordination of resources</b>	TRUE	Identify available healthcare resources	0											
		Resource management implementation	0											
		Public health resource support to healthcare organizations	1			YES								
		Managing and resupplying resource caches	0											
		Inventory management system	0											
<b>Function 4: Demobilize and evaluate healthcare operations</b>	TRUE	Resource demobilization	0											
		Evaluation and continuous program improvement	1			YES								
		Evaluation training	1			YES								
<b>Fatality Management</b>														
<b>Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations</b>	TRUE	Anticipate storage needs for a surge of human remains	0											
		Healthcare organization human remain surge plans	0											
		Mortuary storage equipment and supplies	1			YES								

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures										HPP PHEP Measures			
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1				
<b>Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance</b>	TRUE	Procedures for a surge of concerned citizens	1				YES										
<b>Function 3: Mental or behavioral support at the healthcare organization level</b>	TRUE	Mental/behavior health support	1				YES										
<b>Information Sharing</b>																	
<b>Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture</b>	TRUE	Healthcare information sharing plans	10	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
		Healthcare essential elements of information	2				YES									YES	
		Healthcare incident information validation	0														
		Healthcare information sharing with the public	0														
		Healthcare information systems	2					YES	YES								
		Bed tracking	0														
		Bed tracking system	0														
		Bed tracking system training	0														
		Patient tracking	0														
		Patient tracking system	0														
Patient record tracking	0																
<b>Function 2: Develop, refine, and sustain redundant, interoperable communication systems</b>	TRUE	Interoperable communications plans	1				YES										
		Interoperable communication system	0														
		Communication training	0														

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures										HPP PHEP Measures			
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1				
<b>Medical Surge</b>																	
<b>Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge</b>	TRUE	Healthcare Coalition preparedness activities	1							YES							
		Multi-agency coordination during response	1							YES							
<b>Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations</b>	TRUE	Healthcare organization coordination with EMS during response	0														
		Coordinated disaster protocols for triage, transport, documentation, CBRNE	1						YES								
		Training on local EMS disaster triage methodologies	0														
		Coordinated CBRNE training	0														
<b>Function 3: Assist healthcare organizations with surge capacity and capability</b>	TRUE	Medical surge planning	1							YES							
		Medical surge emergency operations coordination	1							YES							
		Assist healthcare organizations maximize surge capacity	1							YES							
		Medical surge information sharing	1							YES							
		Healthcare organization patient transport assistance	1							YES							
		Medical surge considerations for at-risk individuals and those with special medical needs	0														
		Specialty equipment to increase medical surge capacity and capability	1							YES							

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures							HPP PHEP Measures		
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1
		Special training to maximize medical surge competency	0										
		Mobile medical assets for surge operations	0										
		Mobile Medical Assets	0										
		Decontamination assistance to healthcare organizations	0										
		Decontamination assets	0										
		Decontamination training	0										
		Mental or behavior health support	0										
<b>Function 4: Develop Crisis Standards of Care guidance</b>	<b>TRUE</b>	State crisis standards of care guidance	1						YES				
		Indicators for crisis standards of care	1						YES				
		Legal protections for healthcare practitioners and institutions	1						YES				
		Provide guidance for crisis standards of care implementation processes	1						YES				
		Provide guidance for the management of scarce resources	1						YES				
		Crisis standards of care training	1						YES				
<b>Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</b>	<b>TRUE</b>	Healthcare organization evacuation and shelter-in-place plans	0										
		Healthcare organization preparedness to receive evacuation surge	1						YES				
		Transportation options for evacuation	1						YES				
		Specialized equipment needed to evacuate patients	1						YES				

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures									HPP PHEP Measures	
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1	
<b>Responder Safety and Health</b>														
<b>Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers</b>	TRUE	Pharmaceutical needs assessment	1									YES		
		Pharmaceutical cache storage, rotation, replacement, and distribution	1									YES		
		Medical Countermeasure dispensing	1									YES		
		Pharmaceutical cache protection	1									YES		
		Pharmaceutical cache training	1									YES		
<b>Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response</b>	TRUE	Personal protective equipment needs assessment	1									YES		
		Personal protective equipment caches	1									YES		
		Personal protective equipment supply and dispensing	1									YES		
		Personal Protective Equipment for healthcare workers	1									YES		
		Personal protective equipment training	1									YES		
<b>Volunteer Management</b>														
<b>Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</b>	TRUE	Volunteer needs assessment for healthcare organizations response	2									YES	YES	
		Collect, assemble, maintain and utilize volunteer information	1									YES		
		Electronic volunteer registration system	2									YES	YES	

Function	At least one measure maps to some aspect of this function	Resource Element	Number of measures that map to the resource elements	HPP Measures									HPP PHEP Measures	
				1.1	2.1	3.1	5.1	6.1	10.1	14.1	15.1	6.1	15.1	
<b>Function 2: Volunteer notification for healthcare response needs</b>	TRUE	Process to contact registered volunteers	0											
		Process to confirm credentials of responding volunteers	1										YES	
		Volunteer request process	1											YES
<b>Function 3: Organization and assignment of volunteers</b>	TRUE	Volunteer deployment protocols	1											YES
		Briefing template for healthcare volunteers	0											
		Volunteer support services	0											
<b>Function 4: Coordinate the demobilization of volunteers</b>	TRUE	Volunteer Release Processes	0											
		Volunteer exit screening protocols	1										YES	

## Appendix D: Online Data Collection (OLDC) Template — Section 3, Performance Measures

### HHS HPP Cooperative Agreement FY12 Progress Report

#### Section 3: Performance Measures

##### Capability 1.1 (Form 3.1.1): HPP Healthcare System Preparedness

**Performance Measure:** 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

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

Please enter the number of coalitions for each scoring group described below:

Scoring for each data element:

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.1.1.1 Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, contracts, charters, or other supporting formal documents that define:					
3.1.1.1.2 Formal agreement to aid coalition members and to share resources and information?					Not Applicable
3.1.1.2 Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?					Not Applicable
3.1.1.3 In the past year, did the HCC achieve its established exercise participation goals for its member organizations engagement in exercises or real events to test regional State, regional and facility-level healthcare disaster plan?					
3.1.1.4 Has the HCC successfully implemented “lessons learned” and corrective actions from an exercise or event within the past year?					

**HHS HPP Cooperative Agreement FY12 Progress Report**  
**Section 3: Performance Measures**
**Capability 2.1 (Form 3.2.1): HPP Healthcare System Recovery**

**Performance Measure:** Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

**Please enter the number of coalitions for each scoring group described below:**

**Scoring for each data element:**

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.2.1.1 Has a risk-based regional/jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the past 3 years that identifies events and incidents that may impact the ability of HCC member hospitals and other HCOs to deliver healthcare?					Not Applicable
3.2.1.2 Does the HCC ensure that its hospitals and other HCOs are integrated in the jurisdiction’s Emergency Operations Plan that is intended to meet prioritized essential healthcare recovery needs?					Not Applicable
3.2.1.3 Has the HCC, its hospitals, and other HCO members implemented AND tested plans and processes for continuing and sustaining operations (e.g., hardening facilities), within the past three years?					Not Applicable
3.2.1.4 Has the HCC coordinated with the State and with its HCOs to develop a regional recovery and continuity of operations plan?					Not Applicable
3.2.1.5 Can HCC hospitals and other HCOs maintain essential functions (e.g. continue to bill for payment with healthcare insurers) to sustain revenues to operate during and after an emergency?					Not Applicable

**HHS HPP Cooperative Agreement FY12 Progress Report**  
**Section 3: Performance Measures**
**Capability 3.1 (Form 3.3.1): HPP Emergency Operations Coordination**

**Performance Measure:** 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

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

**Please enter the number of coalitions for each scoring group described below:**

**Scoring for each data element:**

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.3.1.4 In the past year, which of the following functions were successfully demonstrated by the HCC’s hospitals and other HCOs in the exercise or event in which the HCC participated?					
3.3.1.4.1 Triage					
3.3.1.4.2 Treatment					
3.3.1.4.3 Transport					
3.3.1.4.4 Tracking of patients					
3.3.1.4.5 Documentation of care					
3.3.1.4.6 Off-loading					



HHS HPP Cooperative Agreement FY12 Progress Report  
Section 3: Performance Measures

Capability 5.1 (Form 3.5.1): HPP Fatality Management

**Performance Measure:** Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

Scoring for each data element:

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

		1	2	3	4	5
3.5.1.1	Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities?					
3.5.1.1.1	Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan					Not Applicable

**HHS HPP Cooperative Agreement FY 12 Progress Report**  
**Section 3: Performance Measures**
**Capability 6.1 (Form 3.6.1): HPP Information Sharing**

**Performance Measure:** Percent of healthcare coalitions (HCCs) that can continuously monitor Essential Elements of Information (EEl)s and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

**Please enter the number of coalitions for each scoring group described below:**

**Scoring for each data element:**

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.6.1.1 Has the HCC identified essential elements of information (EEl)s that the HCC members must report for specific types of events to inform the common operating procedure? <ul style="list-style-type: none"> <li>▪ Facility operating status</li> <li>▪ Facility structural integrity</li> <li>▪ Status of evacuations/shelter in place operations</li> <li>▪ Critical medical services (e.g., critical care, trauma)</li> <li>▪ Critical service status (e.g., electric, water, sanitation, heating, ventilation, air conditioning)</li> <li>▪ Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supply and medical equipment)</li> <li>▪ Staffing status</li> <li>▪ Emergency Medical Services status involving patient transport, tracking and availability</li> <li>▪ Electronic patient tracking</li> <li>▪ Electronic bed tracking</li> </ul>					Not Applicable
3.6.1.2 Has the HCC defined data usage and access policies for the EEl data?					Not Applicable
3.6.1.3 Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?					Not Applicable
3.6.1.4 Are the HCC members able to report the identified EEl)s electronically within the timeframe requested as evidenced by performance during exercises or events?					Not Applicable

**HHS HPP Cooperative Agreement FY12 Progress Report**  
**Section 3: Performance Measures**
**Capability 6.1 (Form 3.6.2): HPP-PHEP Information Sharing**

**Joint Performance Measure:** Percent of local partners that reported requested Essential Elements of Information (EEI) to health and medical lead within the requested timeframe.

**Joint Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

Data Elements	Incident/ Planned Event/ Exercise 1	Incident/ Planned Event/ Exercise 2
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**Awardees should only report on incidents, exercises, or planned events that have occurred since Mid-Year.**

1. Are there any additional incidents, exercise, or planned events to report that have occurred since Mid-Year (January 1, 2013 through June 30, 2013)?  Yes  
 No

**For each incident, exercise, or planned event reported for demonstration of the Information Sharing Capability, please enter the following information:**

2. Number of local partners that received a request for EEI (denominator) *[Max 5 digits]*

3. Number of local partners that reported requested EEI to the health and medical lead within the requested timeframe (numerator) *[Max 5 digits]*

4. Percent of local partners that reported EEI to the health/medical lead within the requested timeframe (Performance Measure) *[Read Only]*

5. This incident/planned event/exercise utilized or demonstrated one or more function(s) within the: *[Select one]*

- |  |  |
|--|--|
| <input type="checkbox"/> HPP Information Sharing Capability  | <input type="checkbox"/> Both HPP and PHEP |
| <input type="checkbox"/> PHEP Information Sharing Capability |  |

6. The request for EEI occurred during a/an: *[Select one]*

- |  |  |
|--|--|
| <input type="checkbox"/> Incident            | <input type="checkbox"/> Drill         |
| <input type="checkbox"/> Full scale exercise | <input type="checkbox"/> Planned event |
| <input type="checkbox"/> Functional exercise |  |

7. Please identify the type of incident/exercise/planned event upon which the request for EEI was based. *[Select all that apply]*

- |   |   |
|---|---|
| <input type="checkbox"/> Extreme weather (e.g., heat wave, ice storm) | <input type="checkbox"/> Biological hazard or disease, please specify <i>[Max 100 characters]</i> |
| <input type="checkbox"/> Flooding                                     |   |
| <input type="checkbox"/> Earthquake                                   | <input type="checkbox"/> Radiation  |
| <input type="checkbox"/> Hurricane/tropical storm                     | <input type="checkbox"/> Other, please specify <i>[Max 100 characters]</i>                        |
| <input type="checkbox"/> Hazardous material                           |   |
| <input type="checkbox"/> Fire   |   |
| <input type="checkbox"/> Tornado                                      |   |

8. Please provide the name and date of the incident/planned event/exercise.

Name *[Max 100 characters]*

Date *[MM/DD/YYYY]*

9. Please state how many of each type(s) of local partners responded to the request.

HCOs	<i>[Max 5 digits]</i>	Other <i>[Max 5 digits]</i>
Healthcare coalitions	<i>[Max 5 digits]</i>	Please specify <i>[Max 100 characters]</i>
LHDs	<i>[Max 5 digits]</i>	

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10. Please identify the *primary* requesting entity (e.g., health/medical lead at the State, sub-state regional, or local level). *[Select one]*

<input type="checkbox"/> State health/medical lead (or designee)	<input type="checkbox"/> Other, please specify <i>[Max 100 characters]</i>
<input type="checkbox"/> Sub-state regional health/medical lead (or designee)	
<input type="checkbox"/> Local health/medical lead (or designee)	

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11. Please identify the types of EEI requested. *[Select all that apply]*

<input type="checkbox"/> Facility operating status	<input type="checkbox"/> Staffing status
<input type="checkbox"/> Facility structural integrity	<input type="checkbox"/> Emergency Medical Services (EMS) status
<input type="checkbox"/> The status of evacuations/shelter in-place operations	<input type="checkbox"/> Epidemiological, surveillance or lab data (e.g., test results, case counts, deaths)
<input type="checkbox"/> Status of critical medical services (e.g., trauma, critical care)	<input type="checkbox"/> School-related data (closure, absenteeism, etc.)
<input type="checkbox"/> Critical service/infrastructure status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)	<input type="checkbox"/> POD/mass vaccine sites data (e.g., throughout, open/set-up status, etc.), please specify <i>[Max 100 characters]</i>
<input type="checkbox"/> Bed or patient status	
<input type="checkbox"/> Equipment/supplies/medications/vaccine status or needs	<input type="checkbox"/> Other, please specify <i>[Max 100 characters]</i>

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12. Please identify the type of IT or other communication system used to request EEI from local partners. *[Max 300 characters]*

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13. Please identify the type of IT or other communication system local partners used to report requested EEI. *[Max 300 characters]*

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14. Barriers /challenges to submitting requested EEI within the requested timeframe (please describe types of local partners experiencing challenges and types of EEI not submitted within requested timeframe). *[Max 1,000 characters]*

**HHS HPP Cooperative Agreement FY12 Progress Report**  
**Section 3: Performance Measures**
**Capability 10.1 (Form 3.10.1): HPP Medical Surge**

**Performance Measure:** Percent of healthcare coalitions 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

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

**Please enter the number of coalitions for each scoring group described below:**

**Scoring for each data element:**

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.10.1.1 Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?					Not Applicable
3.10.1.2 Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as able to provide no less than 20% immediate availability of staffed members’ beds, within 4 hours of a disaster?					

**HHS HPP Cooperative Agreement FY 12 Progress Report**  
**Section 3: Performance Measures**
**Capability 14.1 (Form 3.14.1): HPP Responder Safety and Health**

**Performance Measure:** Percent of healthcare coalitions 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)

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

**Please enter the number of coalitions for each scoring group described below:**

**Scoring for each data element:**

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.14.1.1 Has the HCC implemented an occupational safety and health plan to protect employees of the organizations within the HCC and their families, based on an HVA conducted within the last 3 years?					Not Applicable
3.14.1.3 Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees (including healthcare and non-healthcare employees) in an exercise or event?					

**HHS HPP Cooperative Agreement FY12 Progress Report**  
**Section 3: Performance Measures**
**Capability 15.1 (Form 3.15.1): HPP Volunteer Management**

**Performance Measure:** Percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.

**Performance Target:** 100% by the end of the project period (Year 1 data will be used to establish baselines)

**Please enter the number of coalitions for each scoring group described below:**

**Scoring for each data element:**

- Enter a “1” for this element has been completely implemented consistent with national expectations
- Enter a “2” for this element is partially implemented
- Enter a “3” for there IS a plan to start implementing this element within the next grant year
- Enter a “4” for there is NO plan to implement this element within the next grant year
- Enter a “5” for there was no opportunity to implement this element within this grant year

	1	2	3	4	5
3.15.1.1 Has the HCC coordinated with the State and HCC members to develop plans, processes and procedures to manage volunteers that address the following areas:					
3.15.1.3.1 Receiving volunteers					Not Applicable
3.15.1.3.2 Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers					Not Applicable
3.15.1.3.3 Confirming volunteer credentials					Not Applicable
3.15.1.3.4 Assigning roles and responsibilities to volunteers					Not Applicable
3.15.1.3.5 Providing just in time training for volunteers					Not Applicable
3.15.1.3.6 Tracking volunteers					Not Applicable
3.15.1.3.7 Out-processing volunteers					Not Applicable



HHS HPP Cooperative Agreement FY12 Progress Report
Section 3: Performance Measures

Capability 15.1 (Form 3.15.2): HPP-PHEP Volunteer Management

Joint Performance Measure: Proportion of volunteers deployed to support a public health or medical incident within the requested timeframe

Joint Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)

Table with 3 columns: Data Elements, Incident/Planned Event/Exercise 1, Incident/Planned Event/Exercise 2

Awardees should only report on incidents, exercises, or planned events that have occurred since Mid-Year.

1. Are there any additional incidents, exercise, or planned events to report that have occurred since Mid-Year (January 1, 2013 through June 30, 2013)? [Yes/No]

For each incident, planned event, or exercise reported for demonstration of the Volunteer Management Capability, please enter the following information:

2. The request for volunteers occurred during a: [Select one]

Form with checkboxes for Incident, Full scale exercise, Functional exercise, Drill, Planned event

3. This incident/planned event/exercise utilized or demonstrated one or more function(s) within the: [Select one]

Form with checkboxes for HPP Volunteer Management Capability, PHEP Volunteer Management Capability, Both HPP and PHEP

4. The type of incident/exercise/planned event upon which the request for volunteers was based: [Select all that apply]

Form with checkboxes for Extreme weather, Flooding, Earthquake, Hurricane/tropical storm, Hazardous material, Fire, Tornado, Biological hazard or disease, Radiation, Other (Please Specify)

5. Name and date of incident/planned event/exercise

Name [Max 100 characters] Date [MM/DD/YYYY]

6. The date/time when request for volunteers was received by health/medical lead

Date [MM/DD/YYYY] Time [hh:mm am/pm]

7. The number of volunteers requested to deploy from the originating requestor (denominator) [Max 5 digits]

8. The entity that made the original request for volunteers [Select one]



## APPENDIX D

<input type="checkbox"/> Local health department	<input type="checkbox"/> Healthcare coalition
<input type="checkbox"/> State health department	<input type="checkbox"/> Other, please specify: <i>[Max 100 characters]</i>
<input type="checkbox"/> Healthcare organization	

9. The date/time when volunteers were requested to arrive at staging area or on scene by health/medical lead

Date *[MM/DD/YYYY]* Time *[hh:mm am/pm]*

10. The requested location for the deployment *[Select one]*

<input type="checkbox"/> Staging/assembly area (s) (not actual incident site)	<input type="checkbox"/> POD(s)
<input type="checkbox"/> Hospital(s)	<input type="checkbox"/> Alternate care site(s) <i>[Max 100 characters]</i>
<input type="checkbox"/> Shelter(s)	<input type="checkbox"/> Other, please specify <i>[Max 100 characters]</i>

11. The number of volunteers who were notified to deploy (i.e., “activated”) *[Max 5 digits]*

12. The date/time when the last volunteer was notified to deploy (i.e., “activated”)

Date *[MM/DD/YYYY]* Time *[hh:mm am/pm]*

13. The number of volunteers who arrived at staging area/on scene within the requested timeframe (numerator) *[Max 5 digits]*

Of these:

a. Number of deployed volunteers registered in ESAR-VHP	<i>[Max 5 digits]</i>
b. Number of deployed volunteers registered in other systems	<i>[Max 5 digits]</i>

14. Date/time that last volunteer arrived at staging area/on scene within the requested timeframe.

Date *[MM/DD/YYYY]* Time *[hh:mm am/pm]*

15. Barriers /challenges to deploying volunteers to support a public health/medical incident within the requested timeframe. *[Max ]*