

## **Application of PHEP Fatality Management (FM) Performance Measures into Practice**

### **A CDC Public Health Emergency Preparedness Cooperative Agreement Case Study**

#### **Purpose**

This case study provides Public Health Emergency Preparedness (PHEP) awardees with examples that will allow them to apply performance measures (PM) guidance to their jurisdictions. The case study is intended to provide examples of how the performance measures can be implemented; awardees are encouraged to review the aspects that may apply to them while ensuring that the measures apply to the particulars of their own jurisdictions.

#### **PHEP 5.1: Identify Role with Partners (Awardee)**

The awardee health department has defined fatality management roles and responsibilities of public health in relation to those of key local partners (e.g., emergency management, coroners and medical examiners, and funeral directors) [Yes/No]

#### **PHEP 5.2: Identify Role with Partners (Local Health Departments)**

Proportion of PHEP-funded LHDs that have defined fatality management roles and responsibilities of public health in relation to those of key local partners (e.g., emergency management, coroners and medical examiners, and funeral directors)

## **PHEP Fatality Management Performance Measure Case Study**

*PHEP Example 1 – A centralized state with regional/district public health offices and one municipal health department in a large city*

Awardee X is a medium sized state with several state-run district/regional public health offices and a large, independent municipal health department. Public health services are provided by a mix of the central public health state office, district offices and the municipal health department (for residents of that city). The state medical examiner's (ME) office holds all legal authority governing fatality management for the state and is the lead agency responsible for the coordination of mass fatality planning at the state level. Awardee X supports the ME office in fatality management activities. Together, they previously developed a Mass Fatality Plan annex to the state emergency operations plan. Recently, awardee X and the ME office staff collaborated – along with other stakeholders such as the coroner of the large city, law enforcement, district health office staff as well as funeral home directors – to conduct basic trainings of mass fatality procedures and trigger points.

Awardee X has a programmatic goal to build its fatality management capability (Capability 5) during Budget Period 1 (BP1) and will allocate PHEP funds to help achieve this goal. During this budget period, awardee X will support mass fatality planning and, if needed, operations with a focus on supporting a mass fatality response with state-level partners including emergency management, the ME office, the state funeral directors association, and others. Therefore, awardee X will need to report on PHEP 5.1 performance measures. Although awardee X has regional/district health offices, these regional entities as well as the municipal health department do not have specific FM pre-incident planning or response responsibilities. Only the central public health state office supports mass fatality planning and response. Therefore, the awardee only has to report on PHEP 5.1 and not PHEP 5.2 (except in BP1, when all PHEP-supported LHDs have to report on PHEP 5.2).

Awardee X's PHEP director reviews PHEP 5.1 and learns that to answer "YES" in meeting the PM, it must have plans, process and/or procedures in place for all of the following 5 elements (see "How is the measure calculated?" on page 54 of the PM guidance, version 1.1):

- Identify planning and/or response duties of public health and key partners
- Identify legal/regulatory authority governing fatality management in the jurisdiction (e.g., determining cause of death, identifying remains, family notification, burial permits)
- Identify critical pathways/trigger points/circumstances leading to public health response actions
- Sign an MOA/MOU/Mutual Aid Agreement (MAA)/contracts/letters of agreement to support fatality management activities in the jurisdiction if requested by fatality management lead

- Identify any legal waivers that would need to be in place in order to carry out public health's fatality management activities

The PHEP director schedules a meeting with the chief medical examiner, the state emergency management director, and various legal staff to review the elements listed in PHEP 5.1 and plan for the current budget period's mass fatality preparedness activities. During the meeting they review the current mass fatality plan and note that they have already identified agencies responsible for certain response duties, legal authorities governing fatality management and trigger points related to initiating public health response actions. In conducting this review, the various parties recognize that formal agreements between the ME, emergency management, public health, law enforcement, and other agencies will better serve response needs should a mass fatality incident occur. Therefore, the respective agencies agree that, by the end of the BP1 PHEP budget period, they will have agreements in place regarding partner agencies' roles and responsibilities for mass fatality response activities. Since state inter-agency MOUs require a lengthy review process, it is decided that a less formal letter of agreement between the various partner agencies is all that is needed. Further discussion reveals that relevant staff are not currently familiar with what legal waivers might be needed for a mass fatality incident involving public health for their state. The PHEP director decides to add researching these statutes as a PHEP mass fatality activity for BP1. They then conclude their meeting.

Q. How many of the initial five elements of PHEP 5.1 are in place at the beginning of the budget period?

A. Three. Identification of response duties, legal authorities, and triggers to initiate a public health response.

Q. If the fatality management lead does not request MOUs or letters of agreement with partner agencies, including public health, can an awardee still receive a "Yes" for PHEP 5.1 if it completes the remaining four elements for the measure?

A. Yes. If the fatality management lead (e.g., medical examiner, law enforcement, etc.) does not request MOUs or similar agreements, and the awardee completes the remaining four elements, it would receive a "Yes" for PHEP 5.1.

*PHEP Example 2 – Decentralized state with local county health departments*

State awardee Y is comprised of a state public health office and 35 local (county) health departments operating as units of local government. Responsibility for fatality management activities lies largely at the local level, principally with elected coroners and law enforcement, although emergency management also participates in basic planning activities. Local public health has generally not been involved in this area. State public health has been only peripherally involved in development of mass fatality plans at the state level, and it is clear that there is very little coordination, planning, or even a basic understanding of roles and responsibilities at this level.

After reviewing its strategic plan, the previous year's jurisdictional risk assessment (JRA) and its most recent Capabilities Planning Guide (CPG) data, awardee Y decides to build its Fatality Management

capability this budget period. It allocates a portion of its PHEP award to Fatality Management in the Capability Plan (to fund state level personnel, travel and equipment/supplies) and an additional portion of its PHEP award, dedicated specifically to Fatality Management, in the Contracts Plan (to all 35 LHDs). The deliverable at the state level is the five elements that comprise PHEP 5.1; for LHDs, the awardee writes completion of these five elements into its contracts with each LHD. These are now contract deliverables due to the state by each LHD at the end of the budget period. Extent of completion of these elements will be used to calculate PHEP 5.2

At the state level, the PHEP director works with the newly hired Fatality Management Planner to ensure understanding of all the necessary elements that need to be addressed for PHEP 5.1. Specifically, this planner will (a) work with various state- and select local-level agencies to assess current mass fatality management planning; (b) document roles and responsibilities for public health, including trigger points for action; (c) document current legal authority related to fatality management, as well as any state-level legal waivers that may be granted to local authorities during an emergency (re: determination of cause-of-death; notification of next of kin; burial permits; decedent storage and transportation issues, etc.); and (d) identification and execution of any MOUs or letters of agreement that may be needed between agencies, especially at the state level. Successfully accomplishing all these items by the end of the budget period will permit awardee Y to address each of the five elements listed on pages 2 and 3 of this case study. In so doing, the awardee would receive a “Yes” for PHEP 5.1.

At the local level, LHDs utilize PHEP funding to support either current staff or contractors to carry out basic fatality management planning activities similar to what has just been described. The main difference is that local level activity will be significantly oriented towards determining roles and responsibilities of key stakeholders such as coroners, sheriffs, local emergency management, funeral directors, and others. Local level public health staff are clear that they are not *leading all* planning activity related to fatality management in the local jurisdictions; they are, instead, collaborating with key agencies, documenting roles, and ensuring that the other agencies/entities are clear that public health only supports, not leads, both planning and responding to mass fatality incidents. In some local jurisdictions, emergency management has taken a strong lead in fatality management planning. In other counties, there has been no organized activity or planning, by any agency, related to fatality management. In these instances, local public health staff bring partner agencies together for the necessary initial planning discussions.

At the beginning of the budget period, awardee Y provides all 35 LHDs with a brief questionnaire that, once aggregated by the state, will be used to answer PHEP 5.2. By the end of the budget period, 22 out of the 35 LHDs have been able to address all five elements in PHEP 5.2 (same elements as PHEP 5.1). Thirteen out of 35 LHDs have addressed zero to four of the sub-elements.

Q. In this example, which pre-incident planning performance measures related to fatality management should the awardee complete?

A. There is planning activity related to FM being conducted at both the state and local level. Therefore, the awardee should complete both PHEP 5.1 and 5.2.

Q. What should awardee Y report as the numerator and denominator for PHEP 5.2?

A. When reporting is due to CDC, awardee Y is able to report a numerator of 22 and a denominator of 35.

Q. How can awardee Y assist the remaining 13 LHDs that did not “meet the measure?” How can CDC assist awardee Y in helping its LHDs?

A. When collecting for PHEP 5.2, LHDs are encouraged to track barriers and challenges at the local level. Awardee Y can then use this information to devise strategies for technical assistance or other forms of help. Awardee Y’s CDC project officer can use PHEP 5.2 data to help provide technical assistance or steer awardee Y to other awardees who appear to have done well in this area.

**Q. Is there a requirement to report on PHEP 5.1 and 5.2 in BP1??**

A. Yes. Even if awardee Y is not allocating any PHEP funds to FM, it must report on PHEP 5.1 and PHEP 5.2 in Budget Period 1. Specifically, all PHEP-funded or supported LHDs (or regional/district offices), irrespective of capabilities they are funded to work on, should be included as part of the denominator for PHEP 5.2 in BP1 only. After that, only LHDs funded or supported to do FM should be included in the denominator.