

# HPP PERFORMANCE MEASURES FAQ

1. Can you give an example of the whole Information Sharing measure related to essential elements of information?

*Answer: An example of an essential element of information is generator status for healthcare organizations. The measure requires we know the status at two operational periods during the day, for example, 0800 and 2000. The local partners are going to be all the healthcare organizations that have been impacted or the collar organizations that have been impacted by whatever disaster is happening. The request can be met if they know what percentage could actually pull that off.*

2. The Volunteer Management measure says “deployed to support an incident.” Many times the coalitions and organizations are not actually sending people anywhere because it is just for a test or exercise. Does the measure require the volunteers to go someplace, or just call with availability?

*Answer: “We are really looking at the deployment, not just the list, but the actual deployment. It could be a planned event or an exercise, although an incident is preferable. Hopefully, though, you won’t have an incident in your jurisdiction, so in that case, of course, there is other kinds of events or exercises that could be used. That’s what we’re hoping for with this measure. I think we have two measures during the course of the year. To better define ‘appropriate timeframe’, this is a period of time determined by the health and medical lead or incident commander designee.*

3. So, into the Joint Information Sharing measure. what might constitute an ‘appropriate timeframe’? Might that be a period of time determined by the health, medical lead, or incident commander designee and which volunteer can feasibly be notified and requested to deploy?

*Answer: The timeframe should correspond to when the volunteer arrives on scene. That can be, for example, by 0800 tomorrow morning or it could be by Sunday, or it could be within the next two week deployment cycle referred for duty. So, all of those kinds of things are going to be determined by the awardee request as a formal application or request for volunteers typically, again by local response entities to the health and medical lead at the local, regional, and state level.*

4. What’s the definition of surge?

*Answer: For the model, surge means to not necessarily go above your bed census but to free up beds that you currently have, by releasing the patients.*

5. If something is done routinely and is a central element, can it be used for information sharing?

*Answer: Yes, and the data should be collected at least monthly, daily if possible.*

6. What does “joint” mean in the measures?

*Answer: When we refer to joint, we are referring to PHEP and HPP together.*

7. The healthcare performance measures refer to the percent of the coalition that’s able to “describe that.” When there is not a coalition or there are underdeveloped coalitions, there won’t be complete reports with good baselines. How is this going to be handled?

*Answer: There are multiple states with this problem. Beginning this year, even without good baseline data, tracking this data is imperative to improving where the states are currently. Eventually as the state improves, there will be more data to*

*report and it will help launch the coalitions off the ground to report/improve progress. Please work closely with your project officer and we will help you reach some type of resolution for that.*

8. Some of the measures have multiple elements in one measure. Is the reporting all or nothing?

*Answer: There is a proposed algorithm that would aggregate all of the elements into one measure. More information will soon be released on this topic.*

9. Sometimes meeting the requirements is burdensome, so some hospitals may decide not to participate in the program. Are there going to be any kind of rules where hospitals are required to report these elements?

*Answer: "I think that those are the ramifications when people make changes in policy - how are you going to either keep the same private information or not. It's a question of whether you've got skin in the game. Somebody's got to get something out of it. As we go forward there might be a decline in the numbers that are participating, or it might be a decline in the numbers that are reported."*

10. Full scale exercises are not done every year. Some components that have data requested are only measured every 5 years. Is it acceptable to report no data available if the component was not exercised that year?

*Answer: "I think that we don't have the answer to that right now but in one of the first sessions there was a long discussion about what some folks actually do on a regular basis, you call it a full scale exercises, but they are at least testing their process more than just checking if volunteers were available. What we heard from summits is that this is no big deal because they do it all the time. Others are saying they've never done this. I think that we will need to get more information about how others have done it. I met somebody around lunch time who said, hey no big deal, they could make it tie together with whatever training they do for volunteers. We may find ways to make it something that they will do as part of their exercise."*

11. Is the program going to report back to the states individually on how they are doing?

*Answer: The program will not move forward until it has a dialogue with every state.*

12. "How gradually do you think the other performance measures maybe for instance in the HPP side they ask questions like how many hospitals do you have, tier 1s, tier 2s participating hospitals -- trauma hospitals will they go that far or they -- so they are still going to have elements."

*Answer: "Yeah that's a standard, it's been collected by the way for as long as I have been associated with the program. What has changed is that now we are trying to encourage a broader diversity of peer providers that are members in this. We are actually looking at almost a full array of providers that exist, the dialysis centers, for example, and it goes right down the line."*

13. So what do you do with that surge ability if the hospitals don't have contracts for paid employees, not volunteers because they can't get paid for patients that are being treated with volunteers?

*Answer: "I don't know the answer to it except that one can't plan that a particular disaster is going to occur. I think that in the future one of the things we are doing now is beginning to think how we'll reach out at the Federal level to other partners, namely the Centers for Medicare & Medicaid Services, to see how we can do that better, and to discover what options are available, whether we have the authority, can we more flexibly use the authorities? If there is something that doesn't work, is there some way we should go back to the hill to see if something could be done or during a disaster what might happen. I don't have the final answer."*

14. Will the mid year data be released to the public?

*Answer: No*

15. On Medical Surge Measure: Does 20% bed availability of HCC mean that across the coalition the total availability have to be 20% up or is it 20% for each member hospital?

*Answer: The 20% IBA means that across the coalition, it can free up 20% of its acute beds to make room for more high acuity (severe) patients. The 20% should be measured across the coalition as a whole.*

*Additional capacity in one HCO can compensate for availability less than 20% in others.*

16. I have a document titled FY 2012 Online Performance Appendix that was previously sent out. It appears the performance measures you are discussing on the webinar today are different. I am concerned which performance measures I should make sure my state meets.

*Answer: AS HSEB moves through the deployment process, we are responding to feedback through both minor adjustments to the measure data elements and in providing expanded guidance on policy interpretations. In their essence however, the measures are consistent across versions.*

17. How many Train-the-Trainer kits will be provided to each state?

*Answer: HSEB plans to provide two Train-the-Trainer kits per awardee, to be distributed in Dallas.*

18. Is the requirement for HCCs to exercise yearly as is implied here in Data Element 11? This differs from the exercise requirement in the guidance.

*Answer: 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.*

19. The measure is the percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.

My question is, should not volunteer agencies have plans processes and procedures to manage their volunteers. Such as the Red Cross, Victims Relief Ministry, all have oversight of their volunteers when they are deployed to a location. Why would the coalition need to be managing volunteers?

*Answer: The coalition is not required to own the plans and procedures - volunteer agencies can be the creators and maintainers of the plans. The HCC does, however, have responsibility for ensuring that adequate plans exist and that the appropriate people are aware of the plans and have access to them.*

20. Is the FY12 HPP Performance Measures Guidance Document available at this time? If so, where can I find it? If not, when will it be available?

*Answer: HSEB is working diligently to produce the Guidance Implementation Manual soon. In the interim, please forward any question to the HSEB@HHS.gov mailbox for immediate responses.*