

HPP-only and HPP-PHEP Performance Measure Awardee Training

Webinar I

Tuesday, July 10 2012

2:00 – 3:30 PM EDT





Peggy Sparr, Chief
Healthcare Systems Evaluation Branch,
ASPR



Webinar Goals

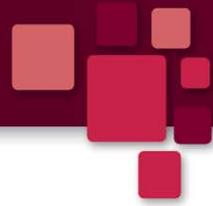
- Five of the ten FY12 performance measures and their associated data elements will be presented in this webinar, including:
 - Healthcare System Preparedness
 - Information Sharing
 - Medical Surge
 - Responder Safety and Health
 - Emergency Operations Coordination
- The remaining five measures will be covered in tomorrow's webinar to be delivered, Wednesday July 11, 2012
- In order to ensure that all ten measures are adequately covered in the time available, please write down any questions you may have and email them to HSEB@hhs.gov. These webinars will be followed by more in-depth discussion of the measures at an on-site training in Dallas July 17 – 18, 2012 where questions will be addressed.



- Many of the tasks described in the guidance are new goals for the healthcare system for HPP and HPP-PHEP
- The timeline for achieving these capabilities on a national scale is five years
- HPP and HPP-PHEP Performance Measures are provisional for the first year
- Early data will be used as part of a pilot study to refine the measures and establish baselines

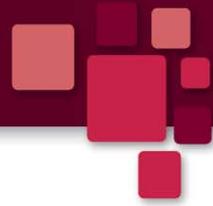
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- Awardees are responsible for providing the responses to measure data elements
- Awardees arrange with coalitions to provide responses to coalition-level data elements
- Data element results should be provided to the HPP and PHEP program, who will calculate the final result for each performance measure.
- Mid-Year and End-of-Year Reporting is Required for the first Budget Year

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Responses to HPP data elements will largely consist of one of the following:

- “1” = “YES” - This element has been completely implemented
- “2” = “NO” - This element is partially implemented
- “3” = “NO” - There is a plan to start implementing this element within the next year
- “4” = “NO” - There is no plan to implement this element

NOTE: ONLY, For elements dealing with exercises

- “5” = “NO” - There was no opportunity to implement this element this year

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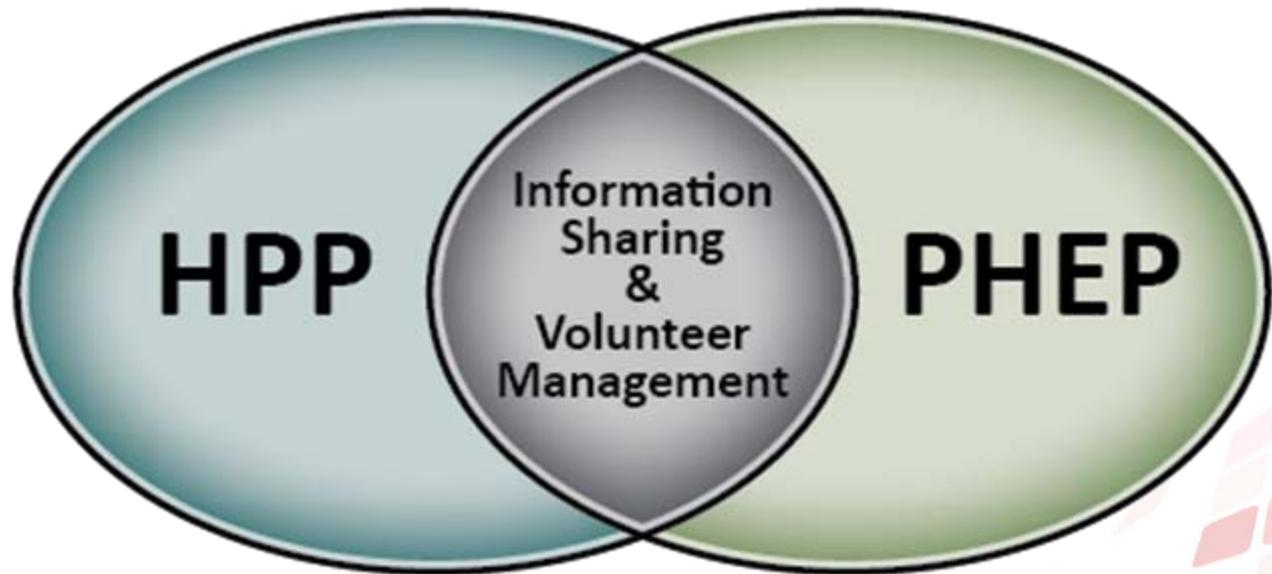
- While only a completely implemented element will be considered to fully meet the measure's standard, it is expected that very few coalitions will arrive at this point within the first year
- The measures are intended to track the progress of each awardee's coalitions as they progress from their initial state to the fully implemented condition described in the *National Preparedness Capabilities: National Guidance for Healthcare System Preparedness*
- There is nothing wrong with submitting a response that is less than 'completely implemented'

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Joint measures include:

- Shared measures
- Complementary measures



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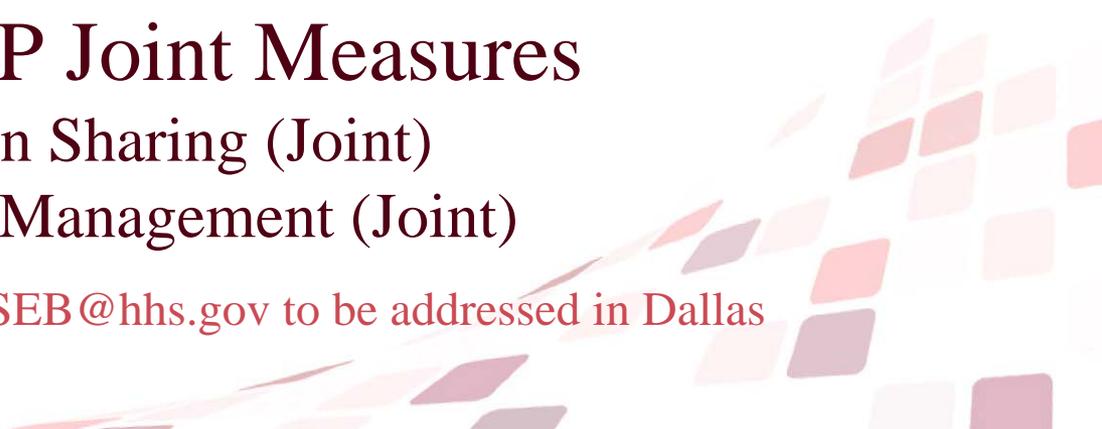
HPP Measures

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Medical Surge
- Responder Safety and Health
- Fatality Management
- Information Sharing
- Volunteer Management

HPP-PHEP Joint Measures

- Information Sharing (Joint)
- Volunteer Management (Joint)

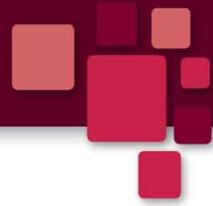
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Healthcare System Preparedness

Introduction



Leslie Porth, R.N., MPH
Vice President of Health Planning
Missouri Hospital Association





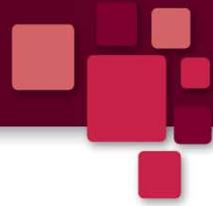
Measure:

Percent of healthcare coalitions (HCCs) that have established formalized agreements and demonstrated 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

Measurement Specification:

Number of healthcare coalitions that have accomplished the measure goals

Number of healthcare coalitions identified by awardees



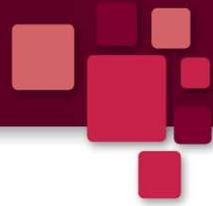
Build resilience through collaboration with community partners

Hold discussions and formalize significant decisions affecting collaboration among coalition members as part of preparedness activities

Avoid ambiguities that would otherwise burden responders and slow down a healthcare response

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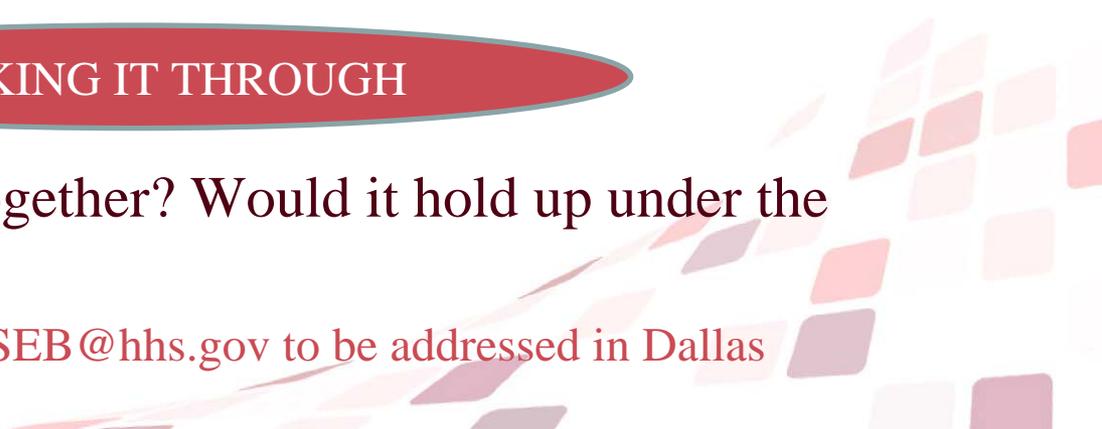
Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, contracts, charters, or other supporting formal documents that define:

- The member organizations of the HCC
- Formal agreements to aid coalition members and to share resources and information
- A process to allow representation of subject matter experts (SMEs) to the HCC?
- Joint or cooperative activities with non-healthcare constituencies?
- Formal agreements to prepare to respond as part of the HCC?

THINKING IT THROUGH

- What binds your coalition together? Would it hold up under the stress of a response?

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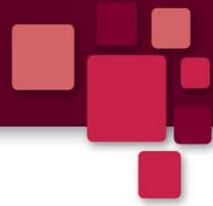


Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?

THINKING IT THROUGH

- Is the HCC is defined by a clear structure that
 - Is integrated with the command and control structure of the region/jurisdiction, State and Federal systems?
 - Has a formalized, collaborative governance structure?
 - Defines roles and responsibilities of coalition leaders and member representatives?

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Please estimate the total percentage of the State population covered by each HCC within the State.

THINKING IT THROUGH

- What is the population of the HCC's geographical area?
- What is the population of your State, City or Territorial awardee?

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- Does the HCC include emergency management and public health as integral partners?

THINKING IT THROUGH

- Does the HCC work directly and formally with state, regional, tribal, county, and city (where applicable) emergency management and public health entities:
 - Preparedness efforts?
 - Response efforts?
 - Recovery efforts?

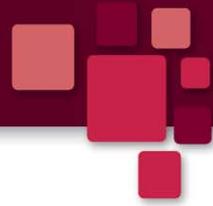
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Have the HCC and its members participated in at least one HSEEP-compliant exercise to test State, regional and facility-level healthcare disaster plans considering scenarios identified by a Hazard Vulnerability Assessment (HVA) within the past year?

THINKING IT THROUGH

- Has an HVA been conducted?
- Has the HCC conducted or participated in an exercise that evaluates one of the scenarios identified in the HVA ?

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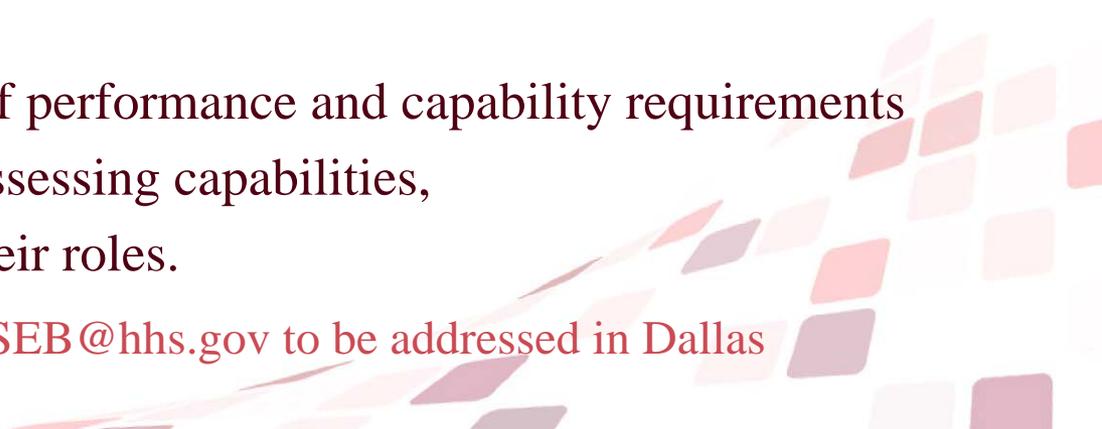


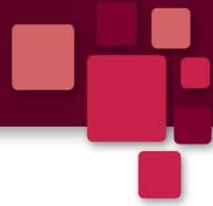
If so, did enough HCC members participate in the exercise that occurred, or in the absence of an exercise, in an event that occurred, to appropriately constitute an exercise that demonstrates the HCC's capability?

THINKING IT THROUGH

- Collaborative planning:
 - Invite and encourage broad participation in exercises
- Strategic and operational exercise planning:
 - Establishes priorities,
 - Identifies expected levels of performance and capability requirements
 - Provides the standard for assessing capabilities,
 - Helps stakeholders learn their roles.

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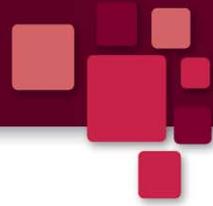


Has the HCC successfully implemented “lessons learned” and corrective actions from an exercise or event within the past year?

THINKING IT THROUGH

- Have lessons learned and corrective actions been exercised to fullest extent possible?

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- Determine where the set of rules under which the coalition operates is written down and by whom it was formally approved
- Review coalition plans in existence
- Determine what formal aid agreements have been signed by the coalition or its members
- Determine the combined staffed bed capacity of all coalition member HCOs
- Locate the results of the most recent HVA
- Locate information on recent exercises in which the coalition participated
- Obtain access to corrective actions recorded following exercises or events



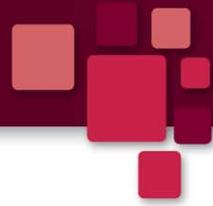
Putting Together the Pieces



- Determine where the set of rules under which the coalition operates is written down and by whom it was formally approved
- Review coalition plans in existence
- Determine what formal aid agreements have been signed by the coalition or its members
- Determine the proportion of population covered by each coalition
- Develop plans and exercises based on the most recent HVA
- Implement lessons-learned and correction action plans to HCC plans and systems



Putting Together the Pieces



Torrance Brown, MPH
Performance Measure Lead
ASPR





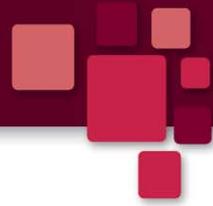
- **Measure:**

Percent of healthcare coalitions (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

- **Measurement Specification:**

Number of healthcare coalitions 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

Number of healthcare coalitions identified by awardees



To determine whether healthcare coalitions have the capability to maintain a Common Operating Picture during surge operations

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- Essential Elements of Information (EEI)

Discrete types of reportable public health or healthcare-related incident-specific information, which assists in generating situational awareness for decision-making purposes. (e.g. Facility operating status or structural integrity, evacuation or generator status)



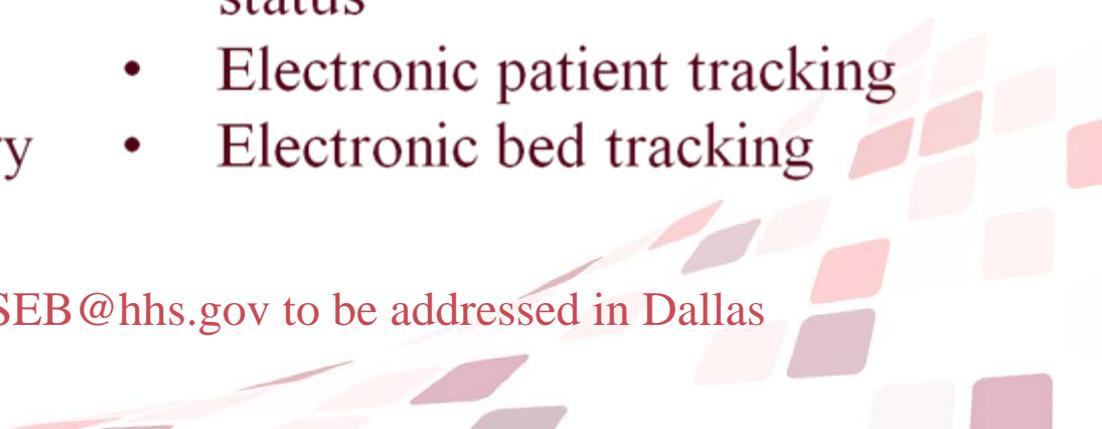


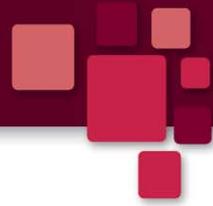
- Has the HCC identified essential elements of information (EIs) that the HCC members must report for specific types of events to inform the common operating picture?

THINKING IT THROUGH

- Facility operating status
- Facility structural integrity
- Status of evacuations/shelter in place operations
- Critical medical services
- Critical healthcare delivery status
- Critical service status
- Staffing status
- Emergency Medical Services status
- Electronic patient tracking
- Electronic bed tracking

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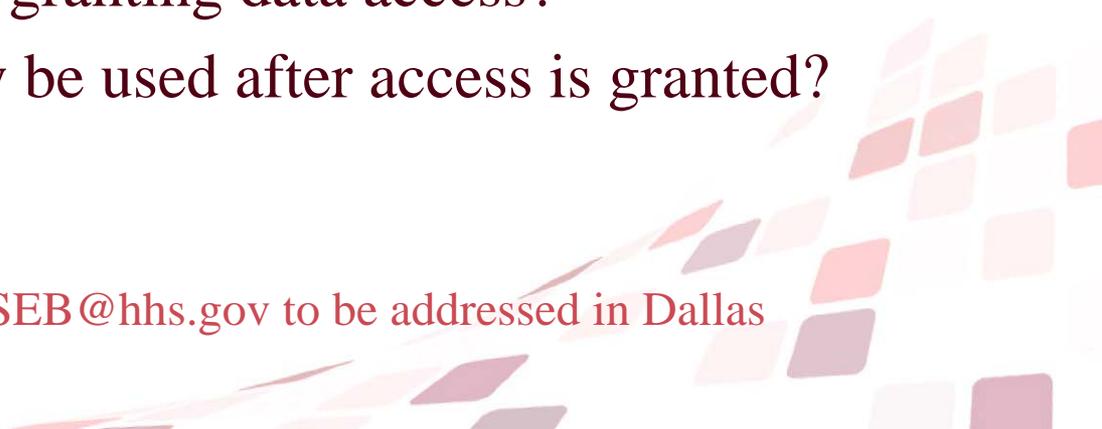


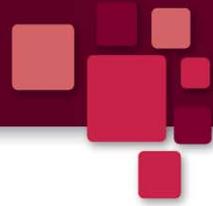
- If EEI data has been identified, has the HCC defined data usage and access policies for the EEI data?

THINKING IT THROUGH

- What roles have access to EEI data?
- What are the procedures to request access to EEI data?
- What role or roles has the authority to grant access?
- What is the criteria for granting data access?
- How may the data may be used after access is granted?

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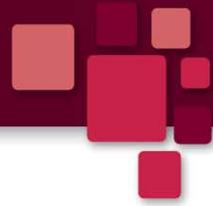


- Does the HCC have redundant systems and processes in place to electronically send and receive the EEI data?

THINKING IT THROUGH

- Has the HCC provided for multiple ways to send and receive each type of EEI data to/from each HCO and key partner?

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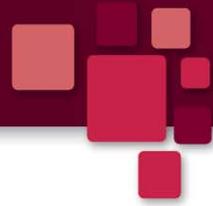


- Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?

THINKING IT THROUGH

- Are there HCC procedures and information sharing agreements that enable it to share basic epidemiological/clinical data with health departments?
- Has the HCC identified triggers to initiate such communication?
- Has the HCC identified appropriate means by which this information will be shared?

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- Are the HCC members able to report the identified EEIs electronically within the timeframe requested
- the HCC able to receive and quickly process the EEI data to provide timely, relevant, and actionable healthcare information to the common operating picture as evidenced by performance during exercises or events?

THINKING IT THROUGH

- Has the HCC and its members participated in an exercise?:
 - Notification to initiate EEI data reporting?
 - Electronic reporting of each type of EEI data from each coalition member?
 - Analysis of reported data by the healthcare coalition
 - Sharing of EEI data by the coalition with appropriate data consumers?

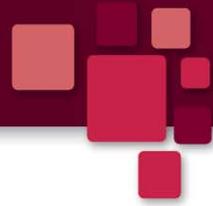


- If yes, have HCC members successfully implemented lessons learned and corrective action from this exercise or event within the past year?

THINKING IT THROUGH

- Have specific corrective actions been identified?
- Have they been assigned to responsible parties
- Have completion dates been targeted?

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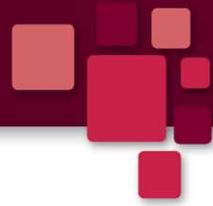
- Determine whether EEIs for your community have been identified
- Ascertain whether your coalition is able to effectively share EEI data
- Review plans relevant to the use of EEI
- Locate information on recent exercises in which the coalition or member HCOs participated
- Obtain access to corrective actions recorded following exercises or events



Putting Together the Pieces

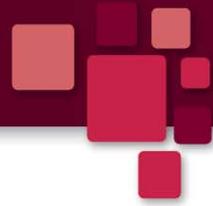


Responder Safety & Health Introduction



CDR Ibrahim Kamara, MS, MPH, Sc.D
Lead Data Analyst
ASPR





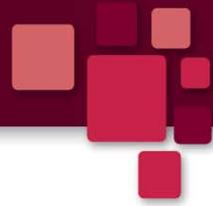
- **Measure:**

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)

- **Measurement Specification:**

Number 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)

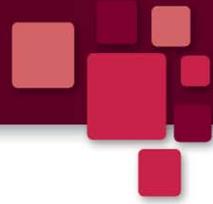
Number of healthcare coalitions identified by all awardees



To determine whether healthcare coalitions have access to sufficient protection to keep healthcare staff working effectively for the duration of a healthcare crisis

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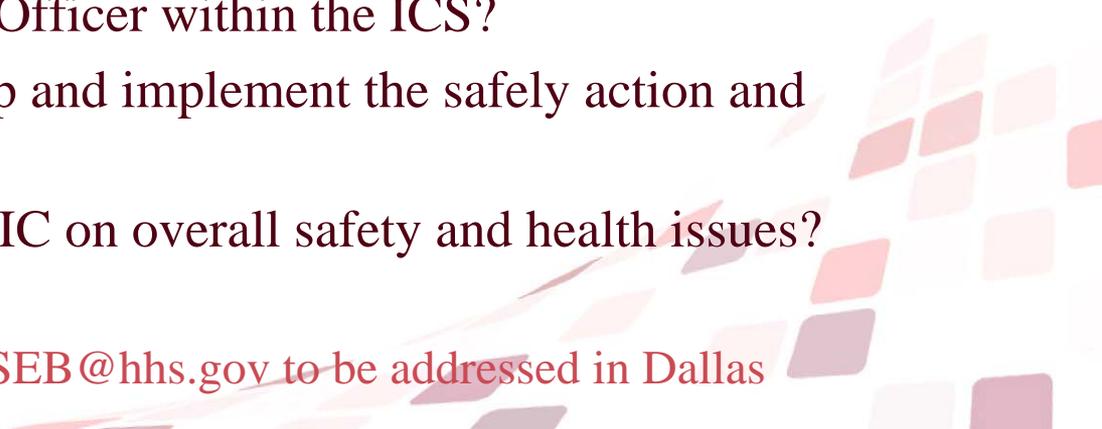


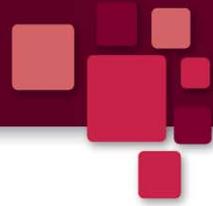
Has the HCC implemented an occupational safety and health plan to protect employees of the organizations within the HCC and their families, based on a Hazard Vulnerability Analysis (HVA) conducted within the last 3 years?

THINKING IT THROUGH

- Does the HCC have a responder safety and occupational health plan?
- Has the HCC designate Safety Officer within the ICS?
- Does the Safety Officer develop and implement the safety action and control plan?
- Does the Safety Officer advise IC on overall safety and health issues?

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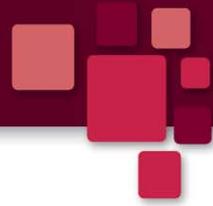
If yes, do HCC member organizations have access to the elements of an occupational safety and health plan that includes:

- Pharmaceutical caches
- PPE
- Medical countermeasures
- Risk communications
- Family member protections and considerations
- Social distancing protocols
- Behavioral health
- Security

THINKING IT THROUGH

- Do coalition member organizations have access to responder safety and health resources
 - HCC ensured process to enhance member support and protections
 - Through some other means ?

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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 within the past year?

THINKING IT THROUGH

- Has the HCC demonstrated the ability to maintain:
 - Continuous monitoring of responder safety and health?
 - Proper functioning of PPE and equipment?
 - Awareness of on-site hazards?
 - Oversight of decontamination?
 - Documentation of all actions and injuries/illnesses?
 - Emergency and psychological medical care?

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If yes, has the HCC successfully implemented lessons learned and corrective actions from the exercise or event within the past year?

THINKING IT THROUGH

- Have specific corrective actions been identified?
- Have they been assigned to responsible parties
- Have completion dates been targeted?
- Have all corrective actions due within the reporting period been implemented as fully as possible?

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- Obtain access to most recent HVA results
- Identify points of contact for relevant occupational safety and health plans in your coalition
- Locate information on recent exercises in which the coalition members participated
- Obtain access to corrective actions recorded following exercises or events

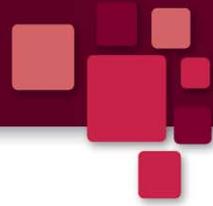


Putting Together the Pieces



Emergency Operations Coordination

Introduction



Cynthia Dold, MPP, MPH
King County Healthcare Coalition Program Manager
Public Health-Seattle & King County



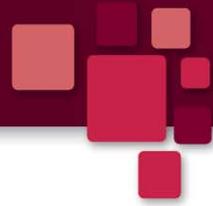
- **Measure:**

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

- **Measurement Specification:**

Number of healthcare coalitions that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among coalition organizations (including emergency management and public health) during in disasters

Number of healthcare coalitions identified by awardees



To assess the level at which healthcare coalitions are organized around an integrated Incident Command Structure and make use of this structure to coordinate the most effective use of resources in a disaster situation

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Have the HCC and its members successfully exercised protocols for notifying non-partner support agencies to activate mutual aid agreements for resource support within the last year?

THINKING IT THROUGH

- Does the HCC have mutual aid agreements in place and towards what objective?
- Has the HCC participated in an exercise or event within the annual reporting period?
- What is your exercise schedule for testing agreements?

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Has the HCC planned with partner hospitals and other HCOs to identify each hospital and other HCO's maximum patient capacity to establish its baseline as a coalition?

THINKING IT THROUGH

- Has the HCC consulted with each coalition member to establish the member's maximum patient capacity for:
 - Emergency Room
 - Intensive Care Unit
 - Surgery
 - Burn Unit
 - Non-Critical Care
 - Clinic Services

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Has the HCC coordinated healthcare response operations with appropriate patient transport operations within the community, in an exercise or event, within the past year?

THINKING IT THROUGH

If yes, which of the following functions were successfully demonstrated in the coalition's exercise or event?

- Triage
- Treatment
- Transport
- Patient Tracking
- Documentation of Care
- Offloading

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- Has there been an HCC triggered activation of the HCC incident response within the last year, in an event or exercise? Has the HCC successfully exercised notification protocols for its hospitals and other HCC members within the last year?

THINKING IT THROUGH

- Are there clear notification protocols and procedures?
- Are there redundant communication strategies for incident command structure points of contact?

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- Are HCC members integrated into an HCC incident command structure such that members are included in HCC Regional Plans?

THINKING IT THROUGH

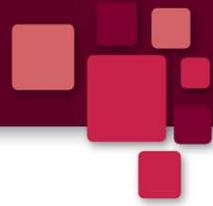
- Is there a response structure?
- Is it integrated into a broader jurisdictional response?
- Is it defined in a regional plan?

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- Determine what formal agreements are in place to offer resource support
- Determine the combined patient capacity of all coalition member HCOs
- Locate information on recent exercises in which the coalition or member HCOs participated
- Obtain access to corrective actions recorded following exercises or events



Putting Together the Pieces



Diane Anderson – Director, Emergency
Preparedness
New Jersey Hospital Association





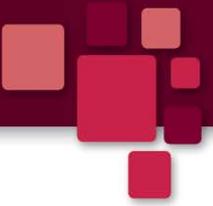
- **Measure:**

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

- **Measurement Specification:**

Number of healthcare coalitions that have met the measure goals

Number of healthcare coalitions identified by awardees



To determine whether healthcare coalitions are prepared to provide healthcare in the immediate aftermath of a disaster

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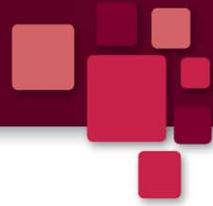
Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?

THINKING IT THROUGH

- Have written Crisis Standards of Care been incorporated into surge plans?

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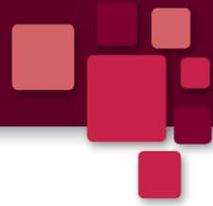


Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster?

If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

THINKING IT THROUGH

- Has the HCC demonstrated the ability to provide 20% bed availability by identifying specific beds that could be made available.
- Has the HCC demonstrated that appropriate levels of care, based on the Crisis Standards of Care plan, have been implemented for all patients.
- Does an improvement plan include specific corrective actions? Assigned responsibility? Due Dates for completion?
- Have corrective actions due during the reporting period been implemented?

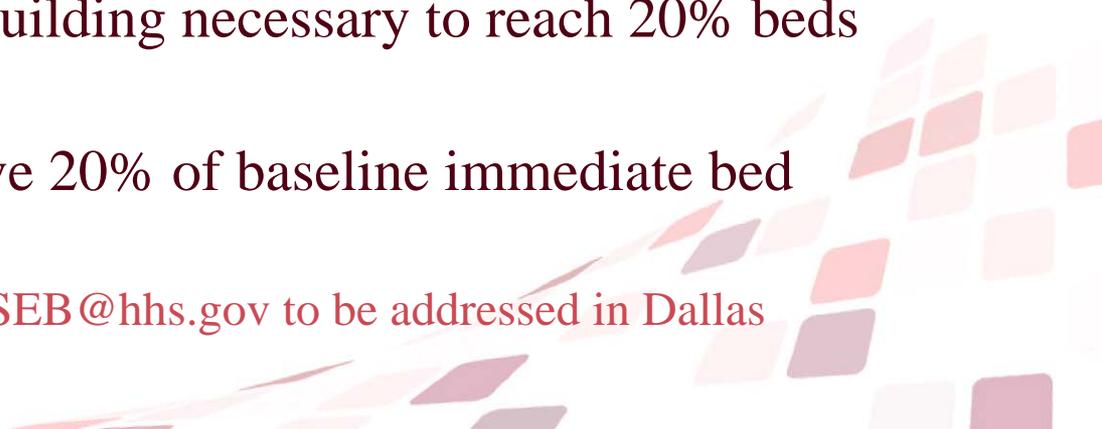


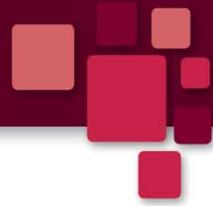
- Has the HCC demonstrated the ability to communicate regional healthcare surge status in an exercise or event within the past year?

THINKING IT THROUGH

- Surge status must address at least the following 3 levels of surge relative to the baseline (i.e., the "normal resources to beds" number) identified in Measure 3, Data Element 2:
 - Diversion of patients to maintain baseline
 - Capability or Capacity Building necessary to reach 20% beds above baseline
 - Decompression to achieve 20% of baseline immediate bed availability

Please email questions to HSEB@hhs.gov to be addressed in Dallas





Does the HCC have the ability to expand its coalition-wide surge capacity according to the scope and magnitude of the incident?

THINKING IT THROUGH

- The HCC or region should define trigger conditions, which indicate the local healthcare response capability is insufficient and State or Federal response teams must be requested for activation. This trigger must be formally agreed upon with the state. The HCC should answer 'Yes' if it is able to surge to the maximum level that does not trigger a state-level response.

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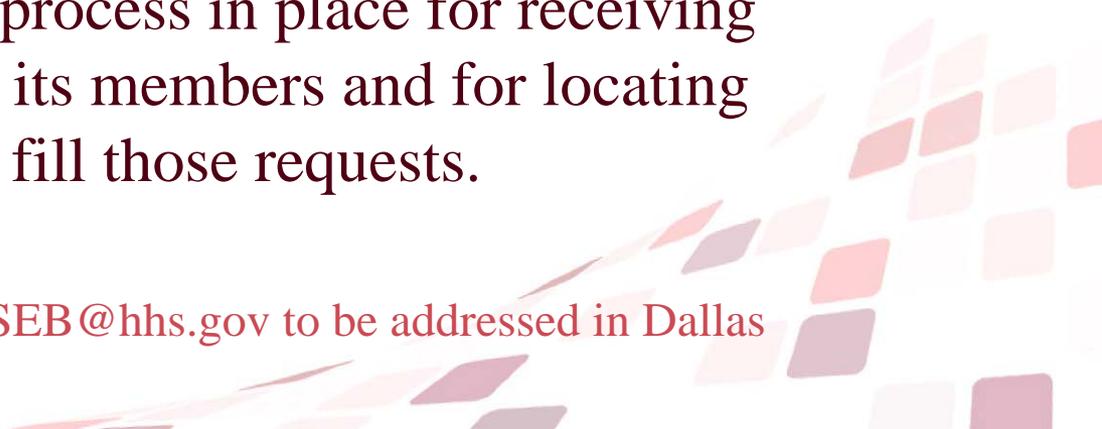


Does the HCC have the ability to communicate and coordinate support to its member organizations so that members can perform surge functions and coordinate distribution of resources to support those functions?

THINKING IT THROUGH

- The HCC must have a process in place for receiving resource requests from its members and for locating resources to attempt to fill those requests.

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- Obtain access to HCC and member HCO surge plans
- Locate information on recent exercises in which the coalition or member HCOs participated
- Obtain access to corrective actions recorded following exercises or events



Putting Together the Pieces



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Resources

**PHE.GOV EVALUATION WEBSITE
ASPR BLOG UPDATES
HPP LISTSERV
PHEP LISTSERV**

