

HPP-only and HPP-PHEP Performance Measure Awardee Training

Webinar II

Wednesday, July 11 2012

2:00 – 3:30 PM EDT





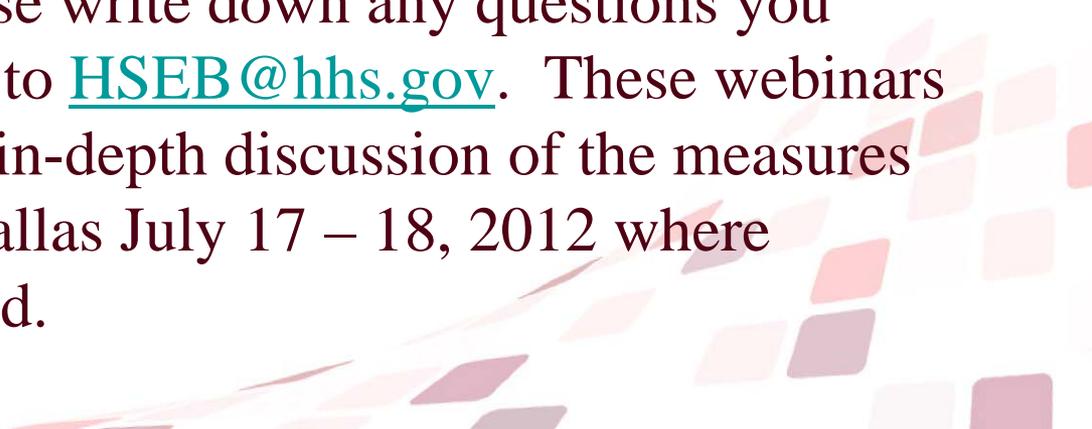
Peggy Sparr, Chief
Healthcare Systems Evaluation Branch,
ASPR



Webinar Goals



- Five of the ten FY12 performance measures and their associated data elements will be presented in this webinar, including:
 - Volunteer Management
 - Volunteer Management (Joint Measure)
 - Fatality Management
 - Healthcare System Recovery
 - Information Sharing (Joint Measure)
- The remaining five measures were covered in a previous webinar delivered Tuesday July 10, 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.





HPP Measures

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

HPP-PHEP Joint Measures

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

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





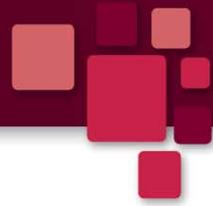
Volunteer Management

Introduction



Jennifer Hannah - Chief
Emergency System for Advance Registration of Volunteer
Health Professionals (ESAR-VHP)
HHS/ASPR





- **Measure:**

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

- **Measurement Specification:**

Number of healthcare coalitions (including health departments, participating hospitals, and other awardee-defined response entities) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident

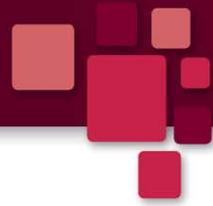
Number of healthcare coalitions identified by awardees



Ensure that the healthcare coalition have or have access to plans, processes, and procedures to manage volunteers, including rapid verification of credentials and affiliation with deploying entities

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





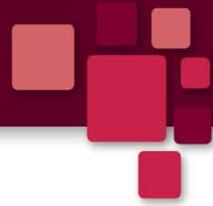
Does the HCC have procedures for identifying the type and quantity of volunteers needed to support healthcare response?

THINKING IT THROUGH

- What are the staffing shortfalls that could be filled by volunteers in the event of a disaster?
- What resources are available through partners (e.g., rapid verification of credentials)

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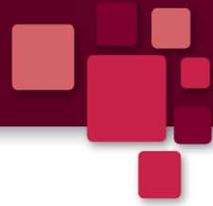


- Does the HCC have or have access to an electronic registration system for recording and managing volunteer information that is compliant with the current guidelines of the HHS ESAR-VHP program?

THINKING IT THROUGH

- Does the HCC have access to an electronic system capable of registering and verifying the credentials of healthcare volunteers?

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

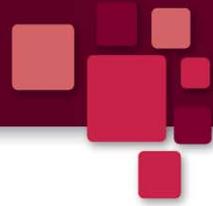
- Receiving volunteers
- Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers
- Confirming volunteer credentials
- Assigning roles and responsibilities to volunteers
- Providing just in time training for volunteers
- Tracking volunteers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

THINKING IT THROUGH

Does the HCC have a process in place to ensure that volunteer management functions are fulfilled?

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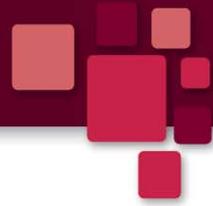


Has the HCC successfully tested its plans, processes and procedures for managing volunteers during an exercise or event within the past year?

THINKING IT THROUGH

- 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

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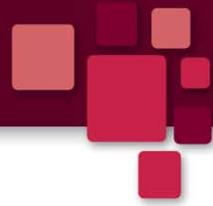


If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

THINKING IT THROUGH

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

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- Obtain access to plans referencing volunteer management
- Identify points of contact for local volunteer coordination
- Locate information on recent exercises in which the coalition or HCC members participated
- Obtain access to corrective actions recorded following exercises or events



Putting Together the Pieces

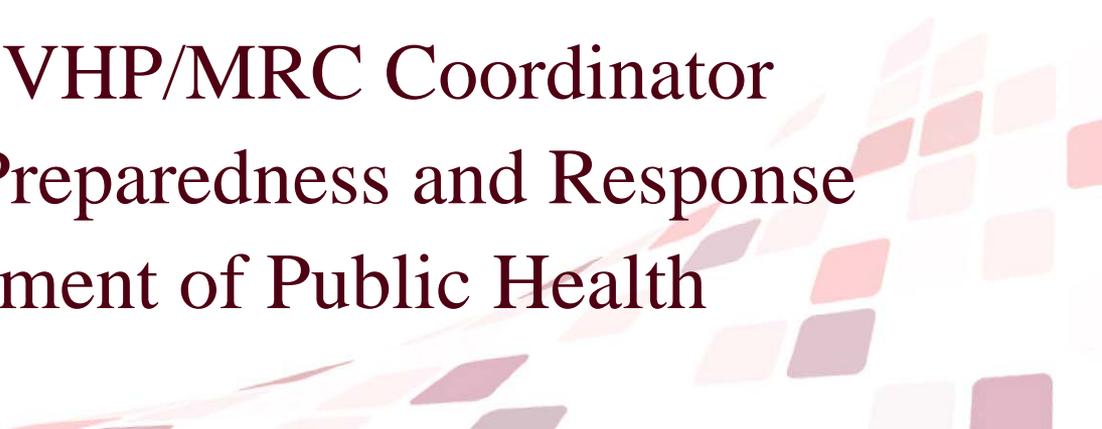


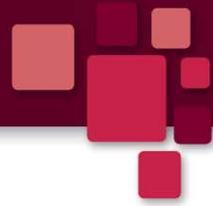
Volunteer Management (Joint) Introduction



Mary K Duley, RN, MA
HPP Coordinator

State ESAR-VHP/MRC Coordinator
Public Health Preparedness and Response
CT Department of Public Health





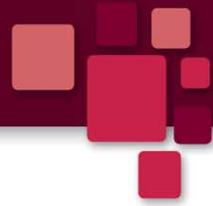
- Measure:

Proportion of volunteers deployed to support a public health/medical incident within an appropriate timeframe

- Measurement Specification:

Number of volunteers deployed to support a public health/medical incident within an appropriate timeframe

Number of volunteers requested to deploy in support of a public health/medical incident



To determine whether awardees are able to meet requests for volunteers in a timely manner

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

Volunteer Management (Joint)

Data Elements 1-5



- The type of incident/planned event/exercise upon which the request for volunteers was based
- The type of deployment (e.g., to assembly areas, hospitals, clinics, PODs)
- How the deployment was organized
- Number of deployed volunteers registered in ESAR-VHP
- Number of volunteers deployed from other systems

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Volunteer Management (Joint)

Data Elements 6-8



- How the awardee or local entity identifies volunteers from other registries/systems, and the degree of coordination with those entities
- Any barriers /challenges to deploying volunteers to support a public health/medical incident within an appropriate timeframe
- Any barriers /challenges to deploying volunteers to support a public health/medical incident within an appropriate timeframe

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Example: functional exercise with activation of ESAR-VHP to obtain particular credentialed healthcare professionals to support personnel surge needs at local HCOs.

Actual # of volunteers deployed

of volunteers requested

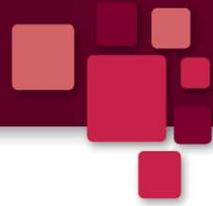
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Example: Fall/Winter Flu Clinic Schedule determined by local health dept. All local health volunteers, including MRC volunteers, alerted of dates and locations of upcoming clinics, and numbers needed & sign up.

Actual # of volunteers staffing clinics

of volunteers requested per clinic

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- Reporting required for ALL awardees
- Reporting required annually
- Report # of volunteers requested and # of volunteers actually deployed in support of the PH or M incident
- Report to include two (2) incidents/exercises or planned events.



Putting Together the Pieces





Information Sharing (Joint)

Introduction



Anjali Patel

Division of State and Local Readiness, CDC Consultant

U.S. Federal Government Services

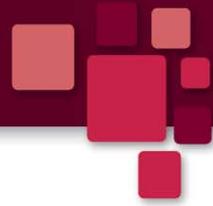
Deloitte Consulting, LLP

Dale Rose - Team Lead, Measurement and
Evaluation Team

Applied Science and Evaluation Branch

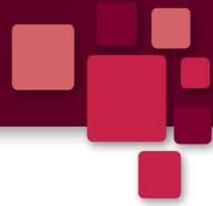
CDC/OPHPR/DSLRL





- Overview:
 - Measure
 - Measurement Specification
 - Key Terms and Definitions
 - Data Elements
 - Introduction to case examples

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- Measure:

Percent of local partners that reported requested Essential Elements of Information (EEI) to health and medical lead within the requested timeframe

- Measurement Specification:

Number of local partners that reported requested EEI to the health and medical lead within the requested timeframe

Number of local partners that received a request for EEI

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Information Sharing (Joint)

Key Terms and Definitions



- 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.

- Examples may include, but are not limited to:
 - Facility operating status or structural integrity
 - Evacuation or generator status
 - Emergency Medical Services (EMS) status
 - Epi/surveillance or lab updates
 - Status of supplies, equipment, meds, vaccines, PODs
 - *Additional examples can be found on page 65 of the PHEP measures guidance document

Information Sharing (Joint)

Key Terms and Definitions



- **Local Partner**

Any organizational entity, involved in an emergency response, which can reasonably be expected to respond to a request for EEI from the incident commander or health/medical lead.

- **Health / medical lead**

An individual, or designee, who is responsible for overall coordination of response efforts related to a public health or medical emergency or disaster. The health and medical lead may be part of an activated EOC, incident command structure, or incident management system – or may be part of day-to-day public health, medical, or healthcare-related operations.

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- Requested Timeframe

Awardee-defined timeframe for receiving requested EEI (e.g. operational period, set time to meet special request – e.g., 1500 hours)

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Information Sharing (Joint)

Data Elements 1-4



- The type of incident/exercise/planned event
- The number of local partners that received a request for EEI (denominator)
- The requesting entity (e.g., health and medical lead at the State, regional, or local level)
- The types of EEI requested

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Information Sharing (Joint)

Data Element 5-8



- The number of local partners that reported requested EEI to the health and medical lead within the requested timeframe (numerator)
- The type(s) of local partners that responded to the request (e.g., healthcare organizations, coalitions, local health departments)
- 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).

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Information Sharing (Joint)

Case 1 – Extensive flooding in a densely populated, three-county area

- State EOC activated, ESF-8 staffed, area command established at a large LHD in an affected county, REC involved to provide support utilizing regional resources
- Four hospitals and four large long-term care facilities affected
- ESF-8 desk has requested evacuation, generator and bed status from all hospitals and LTC facilities for 1500 briefing.

THINKING IT THROUGH

- What would be needed to collect these data on time?
- What are barriers (and solutions) to collecting data?

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- Open multiple PODs established in parking lots for drive-thru vaccination
- Will use seasonal flu vaccine to provide real vaccinations
- Working with multiple suppliers to ensure sufficient quantities of vaccine
- Local area health/medical professionals and allied health staff and volunteers to participate
- Incident command request for: # of people vaccinated; #s of doses on-hand; #s of staff/vols needed

THINKING IT THROUGH

What would be needed to collect these data on time?

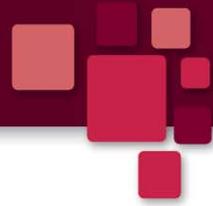
What are barriers (and solutions) to collecting data?

Information Sharing (Joint)

- Can involve state, local entities, or both (i.e., data can be reported from a local-only incident/exercise)?
- Does not have to involve activation of EOC or ESF-8?
- Can relate to the healthcare system, public health or both?
- Can involve large numbers of local partners, or very few?
- Can involve testing alerting systems such as HAN, but must entail an acceptable “acknowledgement” component as proxy for EEI?

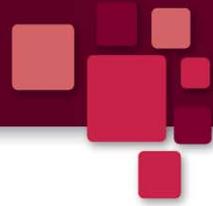
Meant as a program improvement measure, so challenge yourself! (this measure is not tied to funding, so use it to surface gaps and barriers to reporting of EEI)





Roel Amara, RN, BSN
Chief, Disaster Services
Emergency Medical Services Agency
County of Los Angeles





- **HPP Fatality Management :**

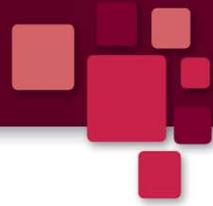
Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities

- **Measurement Specification:**

Number of healthcare coalitions that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities

Number of healthcare coalitions identified by awardees

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To determine whether healthcare coalitions coordinate with leaders/officials who manage fatalities, as well as other jurisdictional partners, to develop a shared understanding of roles and responsibilities related to fatality management.

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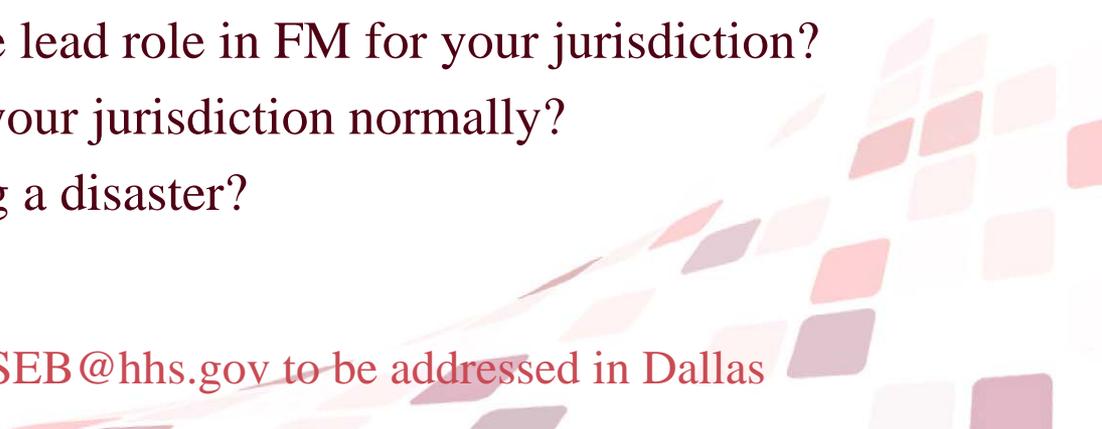
Has the HCC identified the roles and responsibilities of member organizations and other key partners for managing mass fatalities, including but not limited to the following:

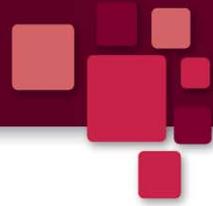
- Identifying response actions of HCC members, including local health departments, local emergency management, hospitals, other HCOs, and other key partners (e.g. funeral directors, coroners, medical examiners)

THINKING IT THROUGH

- Which agency/department has the lead role in FM for your jurisdiction?
- How are decedents processed in your jurisdiction normally?
- How does the process vary during a disaster?

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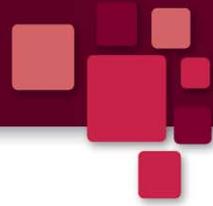
Identify who is responsible for each of the Fatality Management functions

Identify legal/regulatory authority of member organizations and key partners that govern fatality management in the local jurisdiction, including any necessary waivers

THINKING IT THROUGH

- What are the roles and responsibilities of government agencies?
- Who is responsible for processing death certificates, decedent recovery and identification, notify next of kin, etc.

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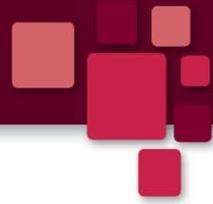


Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities, including but not limited to the following:

- Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan
- Identifying critical pathways/trigger points for response actions
- Providing training on fatality management coordination
Establishing communication systems among members and key partners, including mental/behavioral health professionals
- Developing concepts of operations and standard operating procedures

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THINKING IT THROUGH

- Has the HCC identified the Fatality Management Roles/Responsibilities of its 24/7 patient care facility members (hospitals, LTCs, etc)?
- Do the individual facility plans align with the lead agency's plan?

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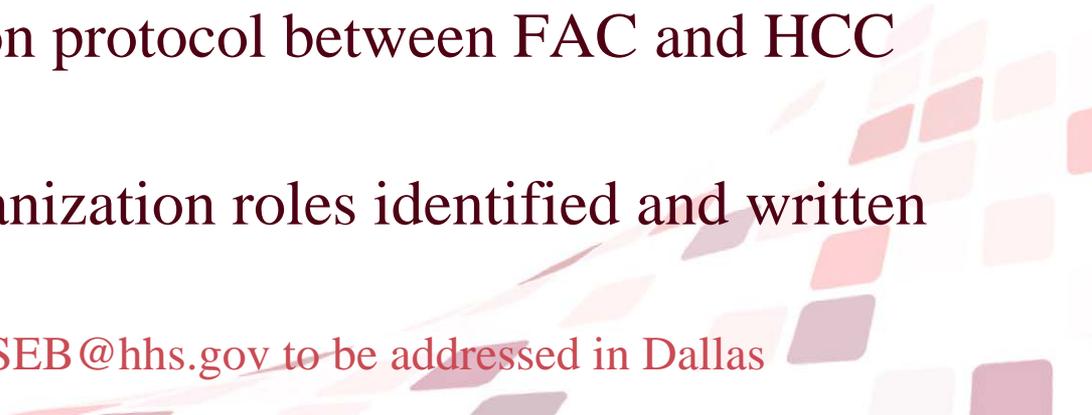


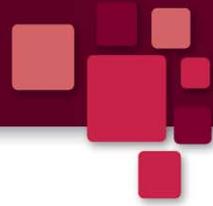
Has the HCC established systems and processes to manage a surge of concerned citizens requesting information about missing family members, including how to contact the responsible agency for family support, and protocols to ensure its HCOs can connect with family assistance and/or family reception centers?

THINKING IT THROUGH

- Who is responsible for Family Assistance Centers (FACs)? Is it the city/county? Which agencies are represented in the FAC?
- What is the communication protocol between FAC and HCC members?
- Are all HCC member organization roles identified and written down?

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Has the HCC successfully tested its systems and processes for managing mass fatalities during an exercise or event within the past year?

Has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

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1. Review and discuss Fatality Management plans with lead agency – usually the Coroner or Medical Examiner.
2. Survey HCC members to determine if their FM plans are aligned with the lead agency plan. Will need to identify several important aspects of the plan (decedent processing, incident coordination, FM resources and capabilities, i.e., decedent storage space, transportation, death certificate processing, family assistance centers).
3. Do you have FM guidance for healthcare facilities so they can ensure that their individual plans are aligned with the lead agency plan?



Putting Together the Pieces



To answer “Yes” to this measure, the HCC must have the following in place:

- Planning – FM planning is coordinated
- Training – Handling/processing, cultural, religious, mental health issues
- Communications – between healthcare facilities and FM lead agency, HCC members and FAC
- Plan Evaluation (real incident or exercise)

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Healthcare System Recovery

Introduction



Kay Croy, RN, BSN, MEd
Hospital Liaison
Bureau of Preparedness and Response
Florida Department of Health





- **Measure:**

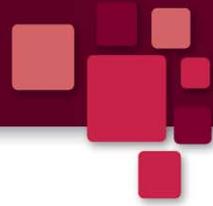
Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations

- **Measurement Specification:**

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

Number of healthcare coalitions identified by awardees

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Determine whether recovery is planned for as part of the preparedness process as well as response

Communities think through how they can reinstate a level of functioning comparable to pre-incident levels, and improved levels where possible, in the aftermath of a disaster

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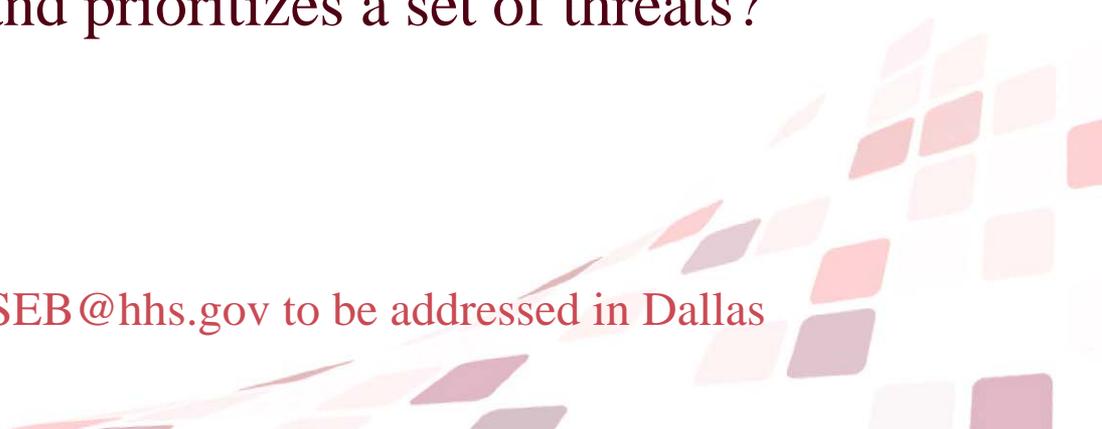


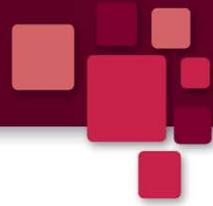
Has a risk-based regional/jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the last 3 years that identifies events and incidents that may impact the ability of an HCC's hospitals and other healthcare organizations (HCOs) to deliver healthcare?

THINKING IT THROUGH

- Has a jurisdictional or regional risk-based HVA) been conducted that identifies and prioritizes a set of threats?

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If yes, have those identified events or incidents been assessed as to their potential impacts on the hospital and other HCO members, such as power outages, water outages, road outages and supply chain disruptions?

THINKING IT THROUGH

- Have HCC members assessed threats identified in the HVA as to their potential infrastructure impacts on:
 - Critical services?
 - Critical systems?
 - Security threats to facility, patient and staff safety?
 - Key resources?

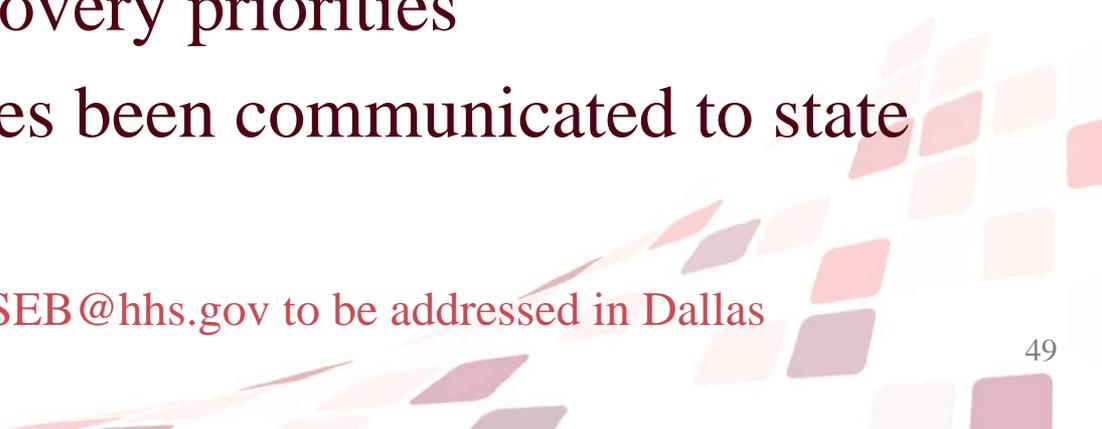


Have healthcare recovery needs been identified and prioritized based on those potential impacts?

THINKING IT THROUGH

- Have healthcare organizations identified immediate operating needs?
- Have partner healthcare organizations identified possible long-term recovery priorities
- Have recovery priorities been communicated to state and local agencies?

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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 health care recovery needs?

THINKING IT THROUGH

- What are the recovery processes to mitigate potential infrastructure disruptions?

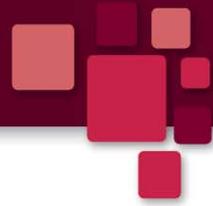
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Have the HCC and its hospitals and other HCO members implemented plans and processes for continuing and sustaining operations (e.g., hardening facilities), and tested those plans within the past three years?

THINKING IT THROUGH

- When and how do you use backup generators, secondary communication capabilities, etc.,?
- When and how recovery resources should be stored, maintained, accessed, operated and replenished?
- How do you interface with the public and with volunteer healthcare staff?

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Does the HCC coordinate with each of its member hospitals and other HCOs to enhance member support in planning for continuity of operations plans?

THINKING IT THROUGH

- Do member HCOs' COOP plans include:
 - How essential functions will be sustained and/or reestablished?
 - Critical and time sensitive applications, processes, and functions?
 - Necessary personnel and procedures?

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

THINKING IT THROUGH

- Has the State or HCC communicated with each member HCO on how that HCO would best fit into a regional response effort?
- Has the State or HCC verified that Regional and individual HCO COOP plans are consistent?

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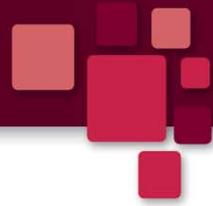


Does the HCC coordinate its hospitals' and other HCO's use of Electronic Medical Records, and link their use in their continuity of operations plans?

THINKING IT THROUGH

- Do HCOs use Electronic Medical Records?
- Is there a plan for how these records should be accessed and communicated?

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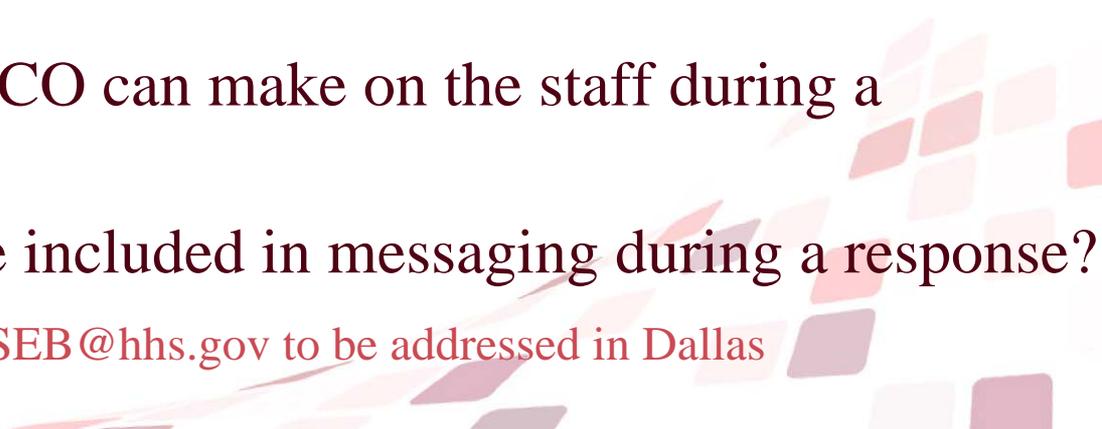


Do HCC hospitals and other HCOs incorporate guidance on messaging to their workforce into their continuity of operations plans?

THINKING IT THROUGH

- Have HCOs included in their COOP:
 - Expectations of their workforce in the event of a disaster?
 - Different ways the HCO should communicate with workforce members?
 - What demands the HCO can make on the staff during a response?
 - Topics that should be included in messaging during a response?

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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?

THINKING IT THROUGH

- Have HCOs made revenue sustainment arrangements with insurers, government agencies, and others?
- What healthcare services rendered during a response or recovery will be recompensed?

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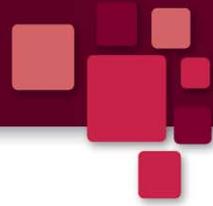


Has the HCC successfully tested processes for short-term recovery of healthcare service delivery and continuity of business operations in an exercise or event within the past year?

THINKING IT THROUGH

- Has the HCC participated in an incident, planned event or exercise that demonstrated its ability to continue business operations during infrastructure outages?

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

THINKING IT THROUGH

- Have corrective actions been systematically recorded in an improvement plan that:
 - identify specific corrective actions?
 - assign them to responsible parties?
 - establish targets with due dates for completion?
- Have corrective actions been implemented as fully as possible?

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- Locate the results of the most recent HVA
- Determine what actions were taken as a result of the HVA
- Obtain access to all necessary EOP and COOP plans
- Determine what formal agreements are in place to sustain revenues of coalition HCOs
- Locate information on recent exercises in which the coalition or its HCOs participated
- Obtain access to corrective actions recorded following exercises or events



Putting Together the Pieces



Peggy Sparr, Chief
Healthcare Systems Evaluation Branch,
ASPR





Contact Us:

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Resources

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

