

Application of Mass Care Performance Measures and Evaluation Tool 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 7.1: Define Role with Partners (Awardee)

The awardee health department has defined its role in mass care operations in coordination with ESF-6 and other key partners [Yes/No]

PHEP 7.2: Define Role with Partners (Local Health Departments)

Proportion of PHEP-funded LHDs that have defined their role in mass care operations in coordination with ESF-6 and other key partners

PHEP Mass Care Evaluation Tool¹

¹ See Performance Measure Specifications and Implementation Guidance, pg. 74

PHEP Mass Care Performance Measure Case Study

PHEP Example 1 – A centralized state without regional/district public health offices

Awardee X is a small state with no units of local government or district/regional public health offices. All public health services are provided through a centralized public health state office. Awardee X has a good working relationship with their state's emergency management agency. Over the past few years, awardee X has collaborated with emergency management (ESF -6) in developing mass care plans including the identification of mass care response actions and their associated trigger points. Although awardee X and emergency management collaborate on mass care activities, emergency management continues to be the lead agency responsible for the coordination of mass care activities for the state. During this budget period (BP), awardee X has a programmatic goal to develop plans related to public health support of mass care operations and ESF – 6/emergency management – with a focus on surveillance, shelter and health assessment activities and the provision of services to sheltered individuals. During BP1, awardee X will allocate PHEP funds to the mass care capability (Capability 7) to help achieve this goal. Awardee X plans to develop its mass care activities to be able to supply the data needed for the reporting requirements for the performance measure (PM) elements PHEP 7.1. Since awardee X does not have local health departments (LHDs), awardee X will only report on PHEP 7.1 (i.e., not PHEP 7.2). In addition, awardee X is aware that, despite funding allocations, if an incident occurs that requires the activation of mass care response activities then awardee X must complete and submit the Mass Care Evaluation Tool to CDC.

Awardee X's PHEP director reviews PM PHEP 7.1 and learns that to answer YES in meeting the PM, awardee X must have plans, process and/or procedures in place for all of the following 6 elements (see "How is the measure calculated?" on page 69 of the PM guidance, version 1.1):

- Developing emergency response plans that include mass care response actions and associated trigger points
- Identification of needed resources to carry out mass care response actions
- Signing letter(s) of agreement of MOU(s) (if requested by mass care lead)
- Identifying local legal statutes or policies that define or inhibit public health involvement in mass care operations
- Identifying systems to communicate about the opening, location and/or closing of congregate locations
- Identifying tools to collect and receive health-related data from congregate locations

The PHEP director decides to schedule a planning meeting with the director of emergency management to review the elements listed in PHEP 7.1 and plan for their BP's mass care preparedness (planning) activities. During the meeting both directors review their current mass care plans and note that they currently have identified agencies responsible for certain response actions as well as have already estimated resource needs and allocations. To further solidify coordination between the agencies and

better articulate the state health department's role in establishing medical shelters (for medically fragile individuals) as necessary, the PHEP and emergency management director decide to write concrete deliverables for BP1. Since the emergency management director is the lead for mass care coordination for the state, they agree that writing an agreement to produce these deliverables constitutes the letter of agreement/MOU element within PHEP 7.1. In further reviewing the elements for the PHEP 7.1, the directors discuss that they are not currently familiar with the legal statutes related to mass care and public health for their state. The PHEP director decides to add researching these statutes as a PHEP mass care activity for BP1. Moving to the next PM element, the PHEP director shares that public health currently uses the CDC Environmental Health Assessment Form for Shelters and the CDC Shelter Assessment tool to collect and receive health-related data from shelters. However, neither director is aware of any systems currently in place to communicate about the opening and closings of shelters within their state. The emergency management director agrees to add identifying these systems as part of the agreement signed between the emergency management agency and the PHEP program. This, too, will be completed by the end of BP1. Finally, to conclude the meeting the PHEP director shares the Mass Care Evaluation Tool, found in the BP1 PM guidance, with the director of emergency management. The PHEP director explains that the intent of the evaluation tool is to capture the extent to which, and how, public health plays a role in mass care operations during a real incident. It is communicated and agreed upon that if a mass care incident occurs in their state both directors will be sure to gather the information needed for the Evaluation Tool.

*Q. For how many PHEP 7.1 data elements can awardee X report "YES" to at the **beginning** of BP1?*

A. At the start of BP1, awardee X had already addressed four of the six needed data elements. Specifically, it had already addressed: (1) developing emergency response plans that include mass care response actions and associated trigger points; (2) identification of needed resources to carry out mass care response actions; (3) signing letter(s) of agreement of MOU(s) (if requested by mass care lead); and (4) identifying tools to collect and receive health-related data from congregate locations . Therefore, awardee X is able to complete four out of the six data elements.

Q. If state awardee X completes its PHEP program activity of determining the legal statutes surrounding mass care and public health involvement, and the state emergency management agency completes its deliverable of identifying systems to communicate about the opening and closings of shelters within the state, will state awardee X be able to answer "YES" to these two additional data elements for the PHEP 7.1 performance measure?

A. Yes.

PHEP Example 2 – Decentralized state with local county health departments

State awardee Y is comprised of a state public health office and 10 local health departments operating under local government. Responsibility for mass care activities lies primarily at the local level, mostly under the auspices of local emergency management agencies. Some local health departments support mass care efforts in coordination with the local emergency management, others do not. Awardee Y does not have a PHEP programmatic goal to build its own (awardee-level) mass care capability (Capability 7) during the five year cooperative agreement. However, awardee Y is interested in supporting three of its local health departments, which have indicated that they would like to use their PHEP sub-awards to build

their support of local mass care activities. Since awardee Y is funding local health departments (LHDs) to work on the mass care capability, awardee Y will be required to report on PHEP 7.2. Awardee Y is also aware that, irrespective of which local health department(s) it funds, if an incident occurs that requires public health support of a mass care operation at the state or local level, then the affected health department(s) (state or local, or both) must complete and submit the Mass Care Evaluation Tool.

Once the budget period is underway, Awardee Y sends an email out to all its LHDs explaining the intent and completion requirements for the Mass Care Evaluation Tool. Awardee Y attaches a copy of the Mass Care Evaluation Tool to the email. Awardee Y then facilitates a collaborative planning meeting via conference call with the three LHDs with which it has contracted to build their mass care capability. During the meeting, awardee Y reviews the six required data elements necessary, for each LHD, to meet PHEP 7.2. These are the same six data elements introduced on page two of this case study. Awardee Y then encourages each of the LHDs to discuss the types of plans, systems, and processes they are using to support mass care and facilitates a group discussion examining how each LHD operates to support their local emergency management agencies in mass care preparedness and response. During the discussion, awardee Y learns that although there are some commonalities among them, each of the LHDs has different procedures and systems in place for supporting mass care activities during local public health incidents, exercises and planned events. While some LHDs have documented plans and designated roles which are well-coordinated, others are lacking in this area.

To collect and report performance measure data, awardee Y distributes Excel tools developed by CDC to the three LHDs via email. Towards the end of BP1, these LHDs enter their performance measure data into the tools and send them back to awardee Y by the due date provided to them. Awardee Y has provided a due date to the LHDs that allows about 30 days for awardee Y to aggregate the data for PHEP 7.2 and enter it into PERFORMS, in time to meet the CDC reporting deadline. Finally, awardee Y copies and pastes the data into PERFORMS.

In this scenario, only one out of the three LHDs has all six of the required criteria for meeting PHEP 7.2. Two of the local health departments have not identified systems to communicate about the opening, location and/or closing of congregate locations and one of the LHDs also has not identified local legal statutes or policies that define or inhibit public health involvement in mass care operations.

Q. When reporting on this performance measure in PERFORMS, how many LHDs are placed in the numerator and how many are placed in the denominator?

A. numerator = 1; denominator = 3

Since only one LHD completed all six of the required elements for the performance measure then only one LHD may be placed in the numerator. Since there is a total of three LHDs being funded to work on the mass care capability, then the denominator should be three.

Q. Wildfires force evacuations of healthy and medically fragile populations in a moderately densely populated area of a suburban county. Evacuees are taken to shelters in two counties adjacent to the county directly affected by wildfires. The two local health departments in the adjacent counties stand up operations in support of sheltering the evacuees. One of the local health departments received PHEP funds this year to do pre-incident preparedness planning in the mass care capability (i.e., to build mass

care capability); the other did not. How many LHDs are required to fill out the PHEP Mass Care Evaluation Tool for submission (via the awardee) at the end of the budget period?

A. Two. The evaluation tool should be filled out and submitted to CDC by any health department involved in public health support of mass care operations, irrespective of whether PHEP funds went towards this capability. In this case, two LHDs supported mass care operations, so both should fill out the tool. The awardee should collect all completed evaluation tools at the end of the budget period and submit them to CDC by the requested date.