



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Introduction

This PHHP performance measurement reference guide outlines the proposed PHHP performance measurement system. The PHHP performance measurement system is organized by capabilities that are critical to minimize injury, illness and loss of life due to disasters and aligns to Florida's [2011-2013 Public Health and Health Care Preparedness Strategic Plan](#).

We are asking our public health and health care stakeholders for input on these proposed measures. Included in this guide are:

- instructions on providing input
- background on developing the proposed performance measurement system
- a glossary
- an index of proposed performance measures for each PHHP objective
- detailed descriptions of the PHHP goals, objectives, strategies, proposed measures and measurement details
- links to the validation surveys

Stakeholders may complete the validation survey for all objectives or may choose to complete only the validation survey for those objectives for which the stakeholder has specific interest or expertise. Suggestions for stakeholder review and input are included in the index in **red font**, as well as, at the end of each PHHP goals/objectives/strategies definitions section.

These documents are also available on the Department of Health, Bureau of Preparedness and Response website at http://www.doh.state.fl.us/demo/bpr/performance_measures.html.

Review/Input Instructions:

Thank you for choosing to provide feedback. The review period will remain open until **November 10, 2011**. The following steps are recommended for completing the review:

1. Read the Performance Measurement System Measures Introduction
2. Review PHHP Strategic Plan and select capabilities for which you will provide feedback
3. Review Measure Index for selected capabilities
4. Review Measure Detail for selected capabilities
5. Complete Validation Survey for selected capabilities

If you have questions regarding the performance measurement reference guide or proposed measures, or need assistance with the validation survey, please contact the Bureau of Preparedness and Response via email at BureauofPrep&Resp@doh.state.fl.us.



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Introduction

Background:

Florida faces many threats with the potential for large-scale health consequences, including disease outbreaks, natural disasters and terrorist attacks. Preparing for and responding to these threats require the commitment of and cooperation among all segments of society. Florida's vision of "working together for a safe and secure future" is embodied in the *Florida Domestic Security Strategy*. The Florida Public Health and Health Care Preparedness (PHHP) Strategic Plan supports the Florida Domestic Security Strategy, and serves as a guide for all partners committed to *minimizing loss of life, illness and injury from natural or man-made disasters*.

The 2011-2013 Public Health and Health Care Preparedness Strategic Plan was developed using a variety of national resources and customized to meet the specific needs of Florida. The plan guides our state's implementation of the principles and priorities delineated in the 2009 *National Health Security Strategy* (NHSS). The NHSS provides a vision of health security, founded on community resilience and made possible through strong and sustainable public health, health care, and emergency response systems. The strategic plan is organized into goal areas and is supported by a number of objectives representing the critical capabilities necessary to achieve a strong and sustainable system. These PHHP-related capabilities are based on the Department of Homeland Security's 2007 National Target Capabilities. The strategies for each objective were identified through consensus using a gap analysis and prioritization process. The PHHP Strategic Plan provides a roadmap for achieving community resilience and strong public health, health care and emergency management systems. The plan focuses on building specific capabilities, with successful implementation requiring commitment to four cross cutting themes: (1) meeting the needs of our vulnerable populations, (2) developing a competent and trained workforce, (3) building sustainable processes and (4) *monitoring and measuring progress*.

During the past nine years, the Florida Department of Health, Bureau of Preparedness and Response (BPR), has used multiple methods to measure preparedness capabilities and performance. These methods include monitoring and reporting compliance with all federal cooperative agreement performance measures, internal self-assessments against the health-related target capabilities, participation in state level, interdisciplinary capabilities assessments, and the annual county health department preparedness assessment.

We understand that measuring and analyzing performance is critical for quantifying our level of readiness and for allocating resources effectively. We also know that establishing a comprehensive performance measurement system is a repetitious process that requires a long-term commitment to excellence. An internal workgroup was charged with developing a performance measurement system that provides relevant, actionable data and information to inform public health and health care preparedness and response decision-making at the strategic and operational levels. The workgroup used the Baldrige/Sterling methodology for development of a performance measurement system, including these major process steps:



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- Select and validate relevant performance measures
- Identify and/or develop collection methodologies
- Align measures (identify correlations among measures, review and recognize unintended consequences, and establish return on investment)
- Integrate (identify and train appropriate individuals on roles/responsibilities, including data collection/reporting, analysis, prioritization of improvement opportunities, and action planning)

The performance measurement reference guide outlines proposed outcome, process and capability/capacity performance measures for each of the 22 objectives in the PHHP Strategic Plan. In developing these measures, we were guided by the following assumptions:

- We will not identify performance measures based on data already available or easily collected, but instead will focus on identifying relevant and actionable data and information to inform strategic and operational decision-making
- We cannot expect to perform better in an emergency than we can perform every day
- We will not let the pursuit of perfection stand in the way of meaningful progress
- Some performance measures are required by our federal funding partners and are noted in **blue font**. The 2011-2012 Centers for Disease Control and Prevention, Public Health Emergency Preparedness performance measures are still draft and are expected to be released soon.
- Not all performance measures will be required by all jurisdictions
- The input and buy-in from our PHHP stakeholders and partners are vital to successful implementation of performance measurement. Stakeholders will be asked for input at each step of the process



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Glossary

AAR: After Action Report

ACAMS: Automated Critical Asset Management System

AHCA: Agency for Health Care Administration

ALS: Advanced Life Support

ASPR / HPP: Assistant Secretary for Preparedness & Response, Hospital Preparedness Program

BRFSS: Behavioral Risk Factor Surveillance Survey System

BLS: Basic Life Support

BOE: Bureau of Epidemiology (DOH)

BOL: Bureau of Laboratories (DOH)

BPR: Bureau of Preparedness and Response (DOH)

CAPABILITY/CAPACITY MEASURE: Measures what can be done and how much can be done.

CEMP: Comprehensive Emergency Management Plan

CERC: Crisis and Emergency Risk Communications

CBRNE: Chemical, Biological, Radiological, Nuclear, Explosive

CDC: Centers for Disease Control & Prevention

CHD: County Health Department

CLRP: Comprehensive Laboratory Response Plan

COMPASS: Comprehensive Assessment, Strategic Success (DOH Community Health Assessment Data)

CRI: Cities Readiness Initiative

DOACS: Florida Department of Agriculture and Consumer Services

DATA SOURCE/REPORTING ENTITY: Where/how data is collected, entity responsible for analyzing/reporting data

DEO: CDC Drill/Exercise Official



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DOH: Florida Department of Health

EH: Environmental Health (DOH)

EMS: Emergency Medical Services

EM CONSTELLATION: Florida's electronic Emergency Management tracking system for assistance/mission requests

EMSTARS: Florida's EMS Data System

EMSYSTEMS: Proprietary application for electronic healthcare resource and patient tracking

ENTITY(IES) BEING MEASURED: Entity being measured and the level at which data are being reported (e.g., county, state). The reporting entity; may also be responsible for collecting/reporting data (see data source)

EOC: Emergency Operations Center

EOP: Emergency Operations Plan

ESAR-VHP: Emergency System for Advanced Registration of Volunteer Health Professionals (a national requirement for registering health responders and volunteers)

ESF8: Emergency Support Function 8 (Health and Medical)

ESS: Emergency Status System (Florida's facility reporting system)

ESSENCE: Electronic Surveillance System for the Early Notification of Community-based Epidemics (Florida's electronic syndromic surveillance system)

FAC: Family Assistance Center

FDLE: Florida Department of Law Enforcement

FEMA: Federal Emergency Management Agency

FEMORS: Florida Emergency Mortuary Operations Response System

FHA: Florida Hospital Association

FQHC: Federally Qualified Healthcare Center

FREQUENCY: Frequency data are reported (e.g. monthly, quarterly, annually)

FSR: Financial Status Report



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FWVSS: Foodborne, Waterborne, and Vectorborne Surveillance System

GIS: Geographical Information System

HAvBED: Hospital Available Beds for Emergencies and Disasters (a national/federal hospital bed reporting system)

HCC: Health Care Coalition

HFASI: Hospital Fire Alarm System Integrity

HHS U.S. Department of Health and Human Services

HHS SOC: U.S. Department of Health and Human Services, Secretary's Operations Center

HLS: Homeland Security

HPE: DOH Health Performance Evaluation

HPP: Hospital Preparedness Program

HICS: Hospital Incident Command System

HLS-CAM: Homeland Security Comprehensive Assessment Model

H/M: Health and Medical

HP2020: Healthy People

HSEEP: Homeland Security Exercise Evaluation Program

HVA: Hazard Vulnerability Assessment

IAP: Incident Action Plan

I/Q: Isolation/Quarantine

IS or ICS: Incident Command System

JIC: Joint Information Centers

JIS: Joint Information Systems

LRN: Laboratory Response Network



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Glossary

LRN-B: Biological

LRN-C: Chemical

LTC: Long-Term Care

MEASURE: Performance Measure

MEASURE SPECIFICATIONS: Details on reporting (e.g., data points, formula, description, references)

MEC: Medical Executive Committee

MERLIN: Florida's Reportable Disease Data System

MRC: Medical Reserve Corp

MYTEP: Multi-Year Training and Exercise Plan

NEPP: Neighborhood Emergency Preparedness Program

NIMS: National Incident Management System

OCVMRC: Office of the Civilian Volunteer Medical Reserve Corps

OUTCOME MEASURE: A measure of the result of a system relative to the aim. An outcome measure is used to measure the success of a system.

PFGE: Pulsed-Field Gel Electrophoresis

PHEP: Public Health Emergency Preparedness

PHHP: Public Health and Health Care Preparedness

PIO: Public Information Officer

PM#: Performance Measure number aligns to Objective #

POD: Point of Dispensing/Distribution

PPE: Personal Protective Equipment

PPHR: Project Public Health Ready



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Glossary

PROCESS MEASURE: Measures the performance of a process. Process measures provide real time feedback that can be acted on quickly, and can identify when a process is not performing as expected.

PulseNet: National network of public health and food regulatory agency laboratories

REPORTING ENTITY: Entity for which data is reported

REPORTING LEVEL(S): Level at which data is reported (e.g., institution, county, region, state)

REPORTING PERIOD: Period data covers (e.g., grant period)

SATISFACTION MEASURE: Measures beliefs or feelings of a specific group or groups such as customers, employees. May also be considered a lagging indicator

SEOC: State Emergency Operations Center

SERV FL: State Emergency Responder and Volunteers of Florida, a web-based registration system for health and medical responders and volunteers

SME: Subject matter expert

SNS: Strategic National Stockpile

SOP: Standard Operating Procedure

SPR: State Preparedness Report

TARGET: What is the target/desired performance level

TBD: To Be Determined

TCL: National Target Capabilities List (Department of Homeland Security)

TARGET SOURCE: Who set the target, and why?

TJC: The Joint Commission

TFAH: Trust For America's Health

TYPE: Type of measure – outcome, process, capability/capacity, satisfaction



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Index

Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Goal 1: PREPARE the public health and health care system for all hazards, natural or man-made. This goal encompasses the Risk Management Capability, the Planning Capability, the Training and Exercises Component, and the Information Sharing and Dissemination Capability.			
Objective 1.1 Risk Management Capability: Risk Management is integrated as a planning construct for effective prioritization and oversight of all homeland security investments.			
1.1-1	# of deaths, injuries, illnesses	All Stakeholders BPR/County/State	41
1.1-2	% of capabilities achieved	All Stakeholders BPR/County/State	41
1.1-3	% projects showing green	All Stakeholders BPR/County/State	41
1.1-4	Number of days in response	All Stakeholders BPR/County/State	41
1.1-5	Public Health and Healthcare Preparedness Funding Per Capita	All Stakeholders BPR/State	41
1.1-6	State maintained or increased funding for (all) public health programs from previous fiscal year	All Stakeholders BPR/State	41
1.1-7	% of maximum allowable grant funding obtained	All Stakeholders BPR/State	41
1.1-8	% grant applications submitted on time; accepted	All Stakeholders BPR/State	41
1.1-9	% mid-year and end of year reports and FSR completed on time; accepted	All Stakeholders BPR/State	42
1.1-10	% funds expended within performance (grant) period	All Stakeholders BPR/State	42
1.1-11	% stakeholder satisfaction with PHHP Strategic Plan	All Stakeholders BPR/State	42
1.1-12	% stakeholder satisfaction with communication of risk strategy	All Stakeholders BPR/State	42
All 1.1 Measures	Link to Objective 1.1 Validation Survey:	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 1.2 Planning Capability: Plans incorporate an accurate threat analysis and risk assessment and ensure that capabilities required to prevent, protect against, respond to, and recover from all hazards events are available when and where they are needed.			
1.2-1	% CHDs with PPHR certification	All Stakeholders State	44
1.2-2	% public health and health care plans reviewed within required time frames	All Stakeholders Facility/Agency/County/State	44
1.2-3	% of CHDs whose EOPS meet expectations	All Stakeholders State	44
1.2-4	% of counties whose CEMP meets expectations for mass care and medical support and is NIMS compliant	All Stakeholders State	44
1.2-5	% of CHDs meeting expectation in participation in regional health and medical meetings	All Stakeholders State	45
1.2-6	% of county health and medical profiles updated annually	All Stakeholders State	45
1.2-7	% of DOH entities whose emergency call-down list was updated quarterly	All Stakeholders State	45
1.2-8	% of health/medical planners trained in planning system	All Stakeholders State	45
1.2-9	% stakeholder satisfaction with planning system, tools and resources	All Stakeholders State	46
All 1.2 Measures	Link to Objective 1.2 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 1.3 Training and Exercises: Training and exercises are targeted to close priority gaps in readiness.			
1.3-1	% of exercises that are HSEEP compliant.	All Stakeholders Institution/Agency/County/State	48
1.3-2	CHD's training/exercise program meets HSEEP standards	All Stakeholders Institution/Agency/County/State	48
1.3-3	CHD's mass care and medical support services exercised within past 12 months	All Stakeholders Institution/Agency/County/State	48
1.3-4	% of health/medical training/exercise leads trained in training/exercise system	All Stakeholders Institution/Agency/County/State	49
1.3-5	% of health/medical stakeholder satisfaction with priorities established in MYTEP	All Stakeholders Institution/Agency/County/State	49
1.3-6	% stakeholder satisfaction with exercise system, tools and resources	All Stakeholders Institution/Agency/County/State	49
All 1.3 Measures	Link to Objective 1.3 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 1.4 Information Sharing and Dissemination Capability: Effective and timely sharing of information and intelligence occurs across federal, state, local, tribal, territorial, regional and private sector entities to achieve coordinated awareness of, prevention of, protection against and response to a threatened or actual domestic terrorist attack, major disaster, or other emergency.			
1.4-1	% public satisfaction with public information provided during an event	All Stakeholders County, State	51
1.4-2	Time to issue a state risk communication message for dissemination to the public	All Stakeholders State	51
1.4-3	Time to issue a local risk communication message for dissemination to the public	All Stakeholders Local ESF8	51
1.4-4	% CHDs with an integrated system to disseminate appropriate and timely public information and address medical needs in collaboration with response partners	All Stakeholders County, State	51
1.4-5	% of health/medical PIOs trained in crisis risk communication	All Stakeholders County, State	52
1.4-6	% of health/medical stakeholder satisfaction with communication system, tools and resources	All Stakeholders Institution/Agency/County/State	52
All 1.4 Measures	Link to Objective 1.4 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
<p>GOAL 2: INCIDENT MANAGEMENT ensures that systems and personnel are available to effectively manage all hazards. This goal encompasses the Emergency Operations Center (EOC) management capability and the interoperable voice and data communications capability.</p>			
<p>Objective 2.1 - Emergency Support Function #8 (ESF8) Capability: The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event</p>			
2.1-1	Time for pre-identified state staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty	All Stakeholders State	54
2.1-2	Time for pre-identified local staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty	All Stakeholders Local ESF8	54
2.1-3	Production of the approved State Incident Action Plan before the start of the second operational period	All Stakeholders State	55
2.1-4	Production of the approved Local Incident Action Plan before the start of the second operational period	All Stakeholders Local ESF8	56
2.1-5	Time to complete a draft State After Action Report and Improvement Plan	All Stakeholders State	56
2.1-6	Time to complete a draft Local After Action Report and Improvement Plan	All Stakeholders Local ESF8	57
2.1-7	SEOC can electronically report available beds for at least 75% of participating health care entities according to HAvBED definitions to the HHS SOC within 4 hours or less of a request during an incident or exercise at least once during project period	All Stakeholders State	58
2.1-8	% of SEOC ESF8 roles at least 3 deep	All Stakeholders State	59
2.1-9	% of CHDs meeting expectations in employees with response requirements documented in position descriptions	All Stakeholders County, State	59
2.1-10	% of CHDs meeting expectations with employees serving on response teams	All Stakeholders County, State	59
2.1-11	Frequency with which improvement plan actions are monitored	All Stakeholders County, State	59



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Measure Index**

Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 2.1 - Emergency Support Function #8 (ESF8) Capability: The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event			
2.1-12	% of resources are tracked throughout incident	All Stakeholders County, State	59
2.1-13	% public health staff who have taken IS 100, 700	All Stakeholders County, State	60
2.1-14	% stakeholders (local ESF8s, other health/medical providers, e.g., hospitals) satisfaction with SEOC, ESF8	All Stakeholders County, State	60
All 2.1 Measures	Link to Objective 2.1 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 2.2 - Interoperable Voice and Data Communications Capability: A continuous flow of critical information is maintained as needed among multi-jurisdictional and multidisciplinary emergency responders, command posts, agencies and the governmental officials for the duration of the emergency response operation			
2.2-1	% health and medical stakeholder satisfaction with voice and data communications	All Stakeholders State, County	62
2.2-2	% of patients tracked	All Stakeholders State, County	62
2.2-3	% CHDs achieving 90% of key stakeholders registered in FDENS	All Stakeholders State, County	62
2.2-4	% of users alerted who confirm alert during test and real events	All Stakeholders State, County	62
2.2-5	% of components of EMS systems operational across counties/regions	All Stakeholders State, Region, County	62
2.2-6	State currently sends and receives electronic health information to health care providers and community health centers	All Stakeholders State	63
2.2-7	% of disaster recovery time objectives met	All Stakeholders State	63
All 2.2 Measures	Link to Objective 2.2 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
GOAL #3: SURGE MANAGEMENT ensures surge capacity to meet the needs of all hazards events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.			
Objective 3.1 - Emergency Triage and Pre-Hospital Treatment Capability: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.			
3.1-1	% of Mass Casualty Transported Patients That Have No Deterioration In Patient Status From Initial Triage To Patient Arrival At Destination Facility	EMS, Fire/Rescue, Hospitals, ESF8 County, State	65
3.1-2	% of Florida counties that employ EMS personnel at a rate of at least 3 EMS professionals per 1,000 population	EMS, Fire/Rescue, Hospitals, ESF8 County, State	65
3.1-3	% of EMS agencies with written disaster protocols for an all hazards approach for assessment, triage, transport and tracking of patients during a event	EMS, Fire/Rescue, Hospitals, ESF8 County, State	66
3.1-4	% of EMS agencies that have written mutual aid agreements specific to disaster response	EMS, Fire/Rescue, Hospitals, ESF8 County, State	66
3.1-5	% of EMS providers that train their staff annually on local and regional disaster plans	EMS, Fire/Rescue, Hospitals, ESF8 County, State	66
3.1-6	% of agencies that include the local, regional and state disaster response plans as part of orientation	EMS, Fire/Rescue, Hospitals, ESF8 County, State	67
3.1-7	% of EMS providers that provide refresher training annually on their local at-risk population plans	EMS, Fire/Rescue, Hospitals, ESF8 County, State	67
3.1-8	% of EMS providers that train their staff annually on at least a Level "C" PPE	EMS, Fire/Rescue, Hospitals, ESF8 County, State	67
3.1-9	% of EMS providers that train their staff annually on nerve agent antidotes and cyanokits	EMS, Fire/Rescue, Hospitals, ESF8 County, State	67
3.1-10	% of EMS providers that train their staff annually on CBRNE detection systems, notification, verification and response procedures	EMS, Fire/Rescue, Hospitals, ESF8 County, State	68
3.1-11	% of public safety answering points/dispatch centers that train their staff annually on local and regional disaster plans	EMS, Fire/Rescue, Hospitals, ESF8 County, State	68
3.1-12	% of public safety answering points/dispatch centers that include local, regional and state disaster response plans as part of orientation	EMS, Fire/Rescue, Hospitals, ESF8 County, State	69



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.1 - Emergency Triage and Pre-Hospital Treatment Capability: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.			
3.1-13	% of public safety answering points/dispatch centers that provider refresher training annually on their local at-risk population	EMS, Fire/Rescue, Hospitals, ESF8 County, State	69
3.1-14	% of public safety answering points/dispatch centers that train their staff annually on CBRNE detection systems, notification, verification and response procedures	EMS, Fire/Rescue, Hospitals, ESF8 County, State	70
3.1-15	Time it takes for medical coordination of on-scene EMS system personnel and other health resources.	EMS, Fire/Rescue, Hospitals, ESF8 County, State	70
3.1-16	Average response time in which recall and mutual aid agreements with state and local partners are executed	EMS, Fire/Rescue, Hospitals, ESF8 County, State	71
3.1-17	Time in which all responding EMS units are notified and dispatched toward the scene of a mass casualty incident	EMS, Fire/Rescue, Hospitals, ESF8 County, State	71
3.1-18	Time in which triage of ill/injured patients is initiated	EMS, Fire/Rescue, Hospitals, ESF8 County, State	72
3.1-19	Time in which ill/injured patients receive initial treatment by appropriately credentialed on-scene medical personnel (ALS or BLS based on protocol)	EMS, Fire/Rescue, Hospitals, ESF8 County, State	72
3.1-20	Time in which mass casualty patients are transported to a receiving facility	EMS, Fire/Rescue, Hospitals, ESF8 County, State	73
3.1-21	Time in which EMS agencies are restored to normal or original operations	EMS, Fire/Rescue, Hospitals, ESF8 County, State	73
All 3.1 Measures	Link to Objective 3.1 Validation Survey	EMS, Fire/Rescue, Hospitals, ESF8	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.2 - Medical Surge Capability: Injured or ill from the event are rapidly and appropriately cared for, while continuity of care is maintained for non-incident related illness or injury			
3.2-1	% of patients receiving treatment appropriate to the nature of the incident and number of injured/ill	Hospitals, ESF8 Facility, County, Region, State	75
3.2-2	% of hospitals surge capacity in impacted area	Hospitals, ESF8 Facility, County, Region, State	75
3.2-3	% of hospitals that are TJC accredited (meeting TJC Emergency Management standards)	Hospitals, ESF8 Facility, County, Region, State	75
3.2-4	Capacity to triage, treat and stabilize patients with symptoms of acute infectious diseases	Hospitals, ESF8 Facility, County, Region, State	75
3.2-5	Capacity to triage, treat and stabilize patients with symptoms of acute botulinum intoxication, acute chemical poisoning, and nerve agent exposure	Hospitals, ESF8 Facility, County, Region, State	75
3.2-6	Capacity to triage, treat and stabilize patients suffering burns	Hospitals, ESF8 Facility, County, Region, State	76
3.2-7	Capacity to triage, treat and stabilize patients suffering trauma	Hospitals, ESF8 Facility, County, Region, State	76
3.2-8	% of hospital emergency departments have negative pressure isolation capability	Hospitals, ESF8 Facility, County, Region, State	76
3.2-9	Number of staffed beds per 100,000 population	Hospitals, ESF8 Facility, County, Region, State	76
3.2-10	Number of certified trauma centers per 100,000 population	Hospitals, ESF8 Facility, County, Region, State	76
3.2-11	Time to notify hospitals participating in syndromic surveillance (ESSENCE) of alerts for cases	Hospitals, ESF8 Facility, County, Region, State	77
3.2-12	Time for HICS team to assume incident management	Hospitals, ESF8 Facility, County, Region, State	77
3.2-13	Time to report bed availability in HAvBED and ESS	Hospitals, ESF8 Facility, County, Region, State	77
3.2-14	Time to initiate call-back procedures for surge staff	Hospitals, ESF8 Facility, County, Region, State	77
3.2-15	Time for surge staff to arrive	Hospitals, ESF8 Facility, County, Region, State	77



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Objective 3.2 - Medical Surge Capability: Injured or ill from the event are rapidly and appropriately cared for, while continuity of care is maintained for non-incident related illness or injury			
3.2-16	Time in which patients to discharge are notified	Hospitals, ESF8 Facility, County, Region, State	77
3.2-17	Time to set up surge areas, including supplies	Hospitals, ESF8 Facility, County, Region, State	77
3.2-18	Time to initiate pedestrian and vehicular access control	Hospitals, ESF8 Facility, County, Region, State	78
3.2-19	Time to surge security personnel	Hospitals, ESF8 Facility, County, Region, State	78
3.2-20	Time to set up family notification center	Hospitals, ESF8 Facility, County, Region, State	78
3.2-21	Time to set up morgue surge space	Hospitals, ESF8 Facility, County, Region, State	78
3.2-22	Time to set up and staff triage areas	Hospitals, ESF8 Facility, County, Region, State	78
3.2-23	Time to consult/access internal and external SME resources (radiation safety officer, infection prevention practitioner, etc.)	Hospitals, ESF8 Facility, County, Region, State	78
3.2-24	Time to notify external authorities and request needed resources	Hospitals, ESF8 Facility, County, Region, State	78
3.2-25	Time to place patients in negative pressure isolation	Hospitals, ESF8 Facility, County, Region, State	79
3.2-26	Number of patients that can be decontaminated within a 3 hour period per 100,000 population	Hospitals, ESF8 Facility, County, Region, State	79
3.2-27	% of hospitals that have participated in a statewide or regional exercise	Hospitals, ESF8 Facility, County, Region, State	79
3.2-28	% improvement plans developed based on after action reports	Hospitals, ESF8 Facility, County, Region, State	79
3.2-29	% of appropriate hospital responders completing ICS 100, 200, 700, 800 or equivalent courses	Hospitals, ESF8 Facility, County, Region, State	79
3.2-30	% of hospitals participating in interagency mutual aid and/or assistance agreements	Hospitals, ESF8 Facility, County, Region, State	80



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.2 - Medical Surge Capability: Injured or ill from the event are rapidly and appropriately cared for, while continuity of care is maintained for non-incident related illness or injury			
3.2-31	% of hospitals demonstrating dedicated, redundant interoperable communications	Hospitals, ESF8 Facility, County, Region, State	80
3.2-32	Time to allocate surge ventilators	Hospitals, ESF8 Facility, County, Region, State	80
3.2-33	Time to initiate decontamination	Hospitals, ESF8 Facility, County, Region, State	80
3.2-34	Time to decontaminate patients	Hospitals, ESF8 Facility, County, Region, State	80
3.2-35	Time to identify agent and treatment protocol using available resources	Hospitals, ESF8 Facility, County, Region, State	80
3.2-36	Time to administer antidotes / countermeasures for exposures (chemical, biological, radiation)	Hospitals, ESF8 Facility, County, Region, State	81
3.2-37	Time to generate hourly patient tracking summary of patients from arrival at health care system through duration of medical care	Hospitals, ESF8 Facility, County, Region, State	81
3.2-38	Time to set up staffed and supplied alternate care sites	Hospitals, ESF8 Facility, County, Region, State	81
3.2-39	Time to sustain facility on general support	Hospitals, ESF8 Facility, County, Region, State	81
3.2-40	Time to sustain medical gases	Hospitals, ESF8 Facility, County, Region, State	81
3.2-41	Time to access backup vacuum and suction	Hospitals, ESF8 Facility, County, Region, State	81
3.2-42	Time for PIO to set up staff hotline	Hospitals, ESF8 Facility, County, Region, State	82
3.2-43	Time for PIO to work with JIC on joint press release	Hospitals, ESF8 Facility, County, Region, State	82
3.2-44	% hospitals satisfied with BPR communication, support	Hospitals, ESF8 Facility, County, Region, State	82
3.2-45	% of health departments with documented relationships and roles with emergency response health care coalitions	Hospitals, CHDs County, Region, State	82



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.2 - Medical Surge Capability: Injured or ill from the event are rapidly and appropriately cared for, while continuity of care is maintained for non-incident related illness or injury			
3.2-46	Proportion of health-related information requests from emergency response HCCs fulfilled by health departments	Hospitals, CHDs County, Region, State	82
3.2-47	Time for a health department to establish communications links with emergency response health care coalition(s) after the onset of an incident/exercise requiring medical surge attention	Hospitals, CHDs County, Region, State	83
3.2-48	Time it takes for health departments to communicate the IAP to their emergency response HCCs after the onset of an incident/exercise requiring medical surge activities	Hospitals, CHDs County, Region, State	83
3.2-49	Time for a health departments to disseminate health-related information to the emergency response HCCs during an incident/exercise requiring medical surge activation	Hospitals, CHDs County, Region, State	83
All 3.2 Measures	Link to Objective 3.2 Validation Survey	Hospitals, CHDs	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.3 - Medical Logistics Capability: Critical medical supplies and equipment are appropriately secured, managed, distributed and restocked in a timeframe appropriate to the incident.			
3.3-1	Composite Strategic National Stockpile Score	Local ESF8s, CHDs, Hospitals, EMS CRI, County, State	87
3.3-2	% of requests for medical supplies filled (on time and accurate)	Local ESF8s, CHDs, Hospitals, EMS CRI, County, State	87
3.3-3	% stakeholder satisfaction with SEOC medical logistical support	Local ESF8s, CHDs, Hospitals, EMS County, State	87
All 3.3 Measures	Link to Objective 3.3 Validation Survey	Local ESF8s, CHDs, Hospitals, EMS	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.4 - Volunteer Management Capability: The positive effect of using volunteers and donations is maximized to augment incident operations			
3.4-1	Time to query ESAR-VHP system to generate a list of potential health professionals, by discipline and credential level	ESF8, MRCs County, State	89
3.4-2	% of volunteer health care requests met	ESF8, MRCs County, State	89
3.4-3	Number of new MRC volunteers	ESF8, MRCs County, State	89
3.4-4	% of MRC volunteers with an active SERV FL account	ESF8, MRCs County, State	89
3.4-5	% of volunteers who meet ESAR-VHP requirements	ESF8, MRCs County, State	89
3.4-6	% satisfaction with caliber of volunteers	ESF8, MRCs County, State	89
3.4-7	% satisfaction with volunteer management system	ESF8, MRCs County, State	89
All 3.4 Measures	Link to Objective 3.4 Validation Survey	ESF8, MRCs	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.5 - Fatality Management Capability: Complete recovery and documentation of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains).			
3.5-1	% of recovered remains identified	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-2	% of remains tracked through morgue	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-3	% of personal effects tracked with appropriate set of remains	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-4	% of complete and accurate records following quality control procedures	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-5	% of deceased individuals for whom death certificate is issued	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-6	% of FEMORS team members who participate in FEMORS training/exercise every 2 years	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-7	Time in which suitable facilities for fatality management activities are located	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	91
3.5-8	Time in which functional morgue facilities are set up	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	92
3.5-9	Time in which surge resources and personnel are operational	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	92
3.5-10	Time in which initial scene survey is completed	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	92



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 3.5 - Fatality Management Capability: Complete recovery and documentation of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains).			
3.5-11	Time in which appropriate refrigerated storage units arrive on scene	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	92
3.5-12	Time in which a communications system is activated for the general public to report missing persons	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	92
3.5-13	Time in which first public announcement is made of missing persons reporting	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	93
3.5-14	Time in which jurisdictional Medical Examiner/Coroner participates in family assistance center	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	93
3.5-15	Time in which the ante mortem information collection process is activated and staffed	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	93
3.5-16	Time in which the repository/library is ready to receive ante mortem victims' records from establishment of FAC	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	93
All 3.5 Measures	Link to Objective 3.5 Validation Survey	Medical Examiners, Hospitals, Local EOC, Vital Statistics, State	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
GOAL #4: COUNTERMEASURES AND MITIGATION ensures that appropriate and effective countermeasures are available to mitigate the health consequences of any event. This goal encompasses the Responder Safety and Health Capability, Mass Prophylaxis Capability and Isolation and Quarantine Capability.			
Objective 4.1 - Responder Safety and Health: No illnesses or injury to any first responder, first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure.			
4.1-1	% of responders injured or falling ill in response to incident	ESF8, CHDs, Hospitals, EMS, MRCs County, State	95
4.1-2	% of CHDs with Responder Safety & Health program	ESF8, CHDs, Hospitals, EMS, MRCs County, State	95
4.1-3	% of health care entities with employee health plan	ESF8, CHDs, Hospitals, EMS, MRCs County, State	95
4.1-4	% of responders with PPE, training and medical clearance appropriate for assigned response roles	ESF8, CHDs, Hospitals, EMS, MRCs County, State	95
4.1-5	Time in which an initial incident safety analysis is completed	ESF8, CHDs, Hospitals, EMS, MRCs County, State	95
4.1-6	% of workers responding to an incident who are provided incident specific safety /health risk and protection training or information prior to beginning response role	ESF8, CHDs, Hospitals, EMS, MRCs County, State	96
4.1-7	% of responders receiving immunizations related to job-specific risk during deployment	ESF8, CHDs, Hospitals, EMS, MRCs County, State	96
4.1-8	% of affected personnel who receive appropriate medical treatment for injuries or illnesses	ESF8, CHDs, Hospitals, EMS, MRCs County, State	96
4.1-9	% of responders who receive behavioral health assessment/resources (out processing)	ESF8, CHDs, Hospitals, EMS, MRCs County, State	96
4.1-10	% of responders satisfied with health/safety program	ESF8, CHDs, Hospitals, EMS, MRCs County, State	96
All 4.1 Measures	Link to Objective 4.1 Validation Survey	ESF8, CHDs, Hospitals, EMS, MRCs	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 4.2 - Mass Prophylaxis Capability: Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals			
4.2-1	Composite Strategic National Stockpile Program Score	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	98
4.2-2	% of at-risk population that was successfully provided initial prophylaxis within 48 hours of state/local decision to provide prophylaxis	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	98
4.2-3	Rate of adverse events	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	98
4.2-4	% of PODs opened and fully operational within 3 hours of decision to open	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	98
4.2-5	% of POD staff, first responders, other personnel and families given prophylaxis prior to POD opening to general public (if recommended by CDC)	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	99
4.2-6	% of patients receiving instructions for adverse event reaction	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	99
4.2-7	% satisfaction with mass prophylaxis/POD	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics CHDs, CRI, State	99
All 4.2 Measures	Link to Objective 4.2 Validation Survey	CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 4.3 - Isolation and Quarantine Capability: Individuals who are ill, exposed or likely to be exposed are separated, movement is restricted, basic necessities of life are available, and their health is monitored in order to limit the spread of a newly introduced contagious disease.			
4.3-1	Degree of transmission of contagion, infection	CHDs, Hospitals CHDs, County, State	101
4.3-2	% compliance with public health issued I/Q orders	CHDs, Hospitals CHDs, County, State	101
4.3-3	% caregivers who become infected in public health issued I/Q situations	CHDs, Hospitals CHDs, County, State	101
4.3-4	% of persons in I/Q who receive medical care and non-medical support	CHDs, Hospitals CHDs, County, State	101
4.3-5	Time in which I/Q order is issued	CHDs, Hospitals CHDs, County, State	101
4.3-6	Time in which educational information is provided for release to the public	CHDs, Hospitals CHDs, County, State	101
4.3-7	Time in which communications with public health officials and CDC are established to communicate I/Q measures specific to agents of concern (specify these e.g., select agents, novel agents)	CHDs, Hospitals CHDs, County, State	101
4.3-8	Time in which isolation and quarantine units are stood up when congregate isolation or quarantine sites are established	CHDs, Hospitals CHDs, County, State	102
4.3-9	Time in which personnel are deployed to traveler screening locations	CHDs, Hospitals CHDs, County, State	102
4.3-10	Time in which restriction guidelines and treatment protocols are disseminated to all medical care providers	CHDs, Hospitals CHDs, County, State	102
4.3-11	Frequency with which updates to tracking system are provided from I/Q individuals while under mandatory I/Q	CHDs, Hospitals CHDs, County, State	102
4.3-12	% of persons and caregivers who receive infection control precautions while under mandatory I/Q	CHDs, Hospitals CHDs, County, State	102
4.3-13	% of caregivers using correct infection control precautions while under mandatory I/Q	CHDs, Hospitals CHDs, County, State	103
4.3-14	% of I/Q persons receiving daily monitoring and compliance contact	CHDs, Hospitals CHDs, County, State	103



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Measure Index**

Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 4.3 - Isolation and Quarantine Capability: Individuals who are ill, exposed or likely to be exposed are separated, movement is restricted, basic necessities of life are available, and their health is monitored in order to limit the spread of a newly introduced contagious disease.			
4.3-15	Time in which I/Q facilities are restored to pre-incident operations if congregate sites are utilized	CHDs, Hospitals CHDs, County, State	103
4.3-16	% of individuals in I/Q satisfied with medical and non-medical support	CHDs, Hospitals CHDs, County, State	103
All 4.3 Measures	Link to Objective 4.3 Validation Survey	CHDs, Hospitals	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
<p>Goal #5: DETECTION, SURVEILLANCE AND INVESTIGATION ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Epidemiological Surveillance and Investigation Capability, the Laboratory Testing Capability, the CBRNE Detection Capability and the Environmental Health Capability.</p>			
<p>Objective 5.1 - Epidemiological Surveillance and Investigation Capability: Potential exposure to disease is identified rapidly by determining exposure, mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases.</p>			
5.1-1	Degree of transmission of contagion, infection	CHDs, Hospitals, Bureau of Labs CHDs, County, State	106
5.1-2	Proportion of reports of selected reportable diseases received by a public health agency within the state's required timeframe	CHDs, Hospitals, Bureau of Labs CHDs, County, State	106
5.1-3	% of infectious disease outbreak investigations that generate reports	CHDs, Hospitals, Bureau of Labs CHDs, County, State	106
5.1-4	% of infectious disease outbreak investigation reports that contain all minimal elements	CHDs, Hospitals, Bureau of Labs CHDs, County, State	107
5.1-5	Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within appropriate timeframe	CHDs, Hospitals, Bureau of Labs CHDs, County, State	107
5.1-6	Time in which a knowledgeable public health professional answered a call of urgent public health consequence 24/7/365 (15 minutes from call)	CHDs, Hospitals, Bureau of Labs CHDs, County, State	107
5.1-7	% of reports of selected reportable diseases reported to the CHD or Bureau of Epidemiology within 14 days	CHDs, Hospitals, Bureau of Labs CHDs, County, State	108
5.1-8	% of reports of selected reportable diseases missing or unknown values for select variables	CHDs, Hospitals, Bureau of Labs CHDs, County, State	108
5.1-9	Participation in grand rounds and bi-weekly epidemiology conference calls or regional epidemiology calls	CHDs, Hospitals, Bureau of Labs CHDs, County, State	109
5.1-10	% of weeks where county influenza activity code was reported during influenza season (weeks 40-52 or 53 and weeks 1-20)	CHDs, Hospitals, Bureau of Labs CHDs, County, State	109
5.1-11	Effectiveness of initiation of public health control measures	CHDs, Hospitals, Bureau of Labs CHDs, County, State	109



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 5.1 - Epidemiological Surveillance and Investigation Capability: Potential exposure to disease is identified rapidly by determining exposure, mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases.			
5.1-12	Ratio of epidemiologist to population	CHDs, Hospitals, Bureau of Labs CHDs, County, State	109
5.1-13	% satisfaction of health care providers with epidemiology	CHDs, Hospitals, Bureau of Labs CHDs, County, State	109
All 5.1 Measures	Link to Objective 5.1 Validation Survey	CHDs, Hospitals, Bureau of Labs (BOL)	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 5.2 - Laboratory Testing Capability: Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent, interrupting transmission to contain the spread of the event and reducing number of cases.			
5.2-1	Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the CDC PHEP funded Laboratory Response Network biological (LRN-B) laboratory	BOL, CHDs, Hospitals, Bureau of Epidemiology (BOE) BOL, State	112
5.2-2	Time for initial laboratorian to report for duty at the CDC PHEP-funded laboratory	BOL, CHDs, Hospitals, BOE BOL, State	112
5.2-3	% of LRN clinical specimens without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories.	BOL, CHDs, Hospitals, BOE BOL, State	112
5.2-4	% of LRN non-clinical samples without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from first responders.	BOL, CHDs, Hospitals, BOE BOL, State	112
5.2-5	Ability of the CDC PHEP-funded LRN chemical (LRN-C) laboratories to collect relevant samples for clinical chemical analysis, package and ship those samples.	BOL, CHDs, Hospitals, BOE BOL, State	113
5.2-6	Proportion of LRN-C proficiency tests (core methods) successfully passed by CDC PHEP-funded laboratories	BOL, CHDs, Hospitals, BOE BOL, State	113
5.2-7	Proportion of LRN-C proficiency tests (additional methods) successfully passed by CDC PHEP-funded laboratories	BOL, CHDs, Hospitals, BOE BOL, State	113
5.2-8	Proportion of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratories	BOL, CHDs, Hospitals, BOE BOL, State	114
5.2-9	Time to complete notification between CDC, on-call laboratorian, and on-call epidemiologist	BOL, CHDs, Hospitals, BOE BOL, State	114
5.2-10	Time to complete notification between CDC, on-call epidemiologist and on-call laboratorian	BOL, CHDs, Hospitals, BOE BOL, State	114
5.2-11	% of pulsed field gel electrophoresis (PFGE) sub typing data results for E. coli 0157LH7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory	BOL, CHDs, Hospitals, BOE BOL, State	115
5.2-12	% of PFGE subtyping data results for Listeria monocytogenes submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.	BOL, CHDs, Hospitals, BOE BOL, State	115



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 5.2 - Laboratory Testing Capability: Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent, interrupting transmission to contain the spread of the event and reducing number of cases.			
5.2-13	Time to submit PFGE subtyping data results for Salmonella to the PulseNet national database upon receipt of Isolate at the PFGE laboratory	BOL, CHDs, Hospitals, BOE BOL, State	115
5.2-14	Time for CDC PHEP-funded laboratory to notify public health partners of significant laboratory results.	BOL, CHDs, Hospitals, BOE BOL, State	116
5.2-15	PH laboratory workforce to population ratio	BOL, CHDs, Hospitals, BOE BOL, State	116
5.2-16	% satisfaction with BOL services	BOL, CHDs, Hospitals, BOE BOL, State	116
All 5.2 Measures	Link to Objective 5.2 Validation Survey	BOL, CHDs, Hospitals, BOE	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 5.3 - CBRNE Detection Capability: Chemical, biological, radiological, nuclear, and/or explosive (CBRNE) materials are rapidly detected and characterized at borders and ports of entry, critical locations, events and incidents.			
5.3-1	% of CBRNE materials that are correctly identified as either a threat or non-threat	CHDs, Hospitals, BOE, BOL CHDs, County, State	118
5.3-2	Time in which technical assistance, consultation, and support to hazardous materials responders is initiated	CHDs, Hospitals, BOE, BOL CHDs, County, State	118
5.3-3	% samples successfully sent to partners laboratories for assessment (DOH, DOACS, FDLE, etc.)	CHDs, Hospitals, BOE, BOL CHDs, County, State	118
5.3-4	Time in which material detection information is characterized and communicated to appropriate personnel.	CHDs, Hospitals, BOE, BOL CHDs, County, State	118
5.3-5	Time in which response is initiated after a notification to the Bureau of Radiation Control Hotline	CHDs, Hospitals, BOE, BOL CHDs, County, State	118
5.3-6	Time in which a regulated radiation source is located upon notification of missing materials	CHDs, Hospitals, BOE, BOL CHDs, County, State	118
5.3-7	Time to initiate an epidemiologic investigation of a chemical and/or radiological epi investigation that may be of urgent public health consequences.	CHDs, Hospitals, BOE, BOL CHDs, County, State	119
5.3-8	% of required personnel trained to meet jurisdictional CBRNE detection requirements	CHDs, Hospitals, BOE, BOL CHDs, County, State	119
All 5.3 Measures	Link to Objective 5.3 Validation Survey	CHDs, Hospitals, BOE, BOL	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 5.4 - Environmental Health Capability: After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards, including exposure to infectious diseases that are secondary to the primary event as well as secondary transmission modes.			
5.4-1	% of time that state and local drinking water regulations are met for drinking water at point of use or entry into the distribution system	CHDs, ESF8, BOE, BOL CHDs, County, State	121
5.4-2	% of time that state and local waste water regulations are met	CHDs, ESF8, BOE, BOL CHDs, County, State	121
5.4-3	% vectors mitigated	CHDs, ESF8, BOE, BOL CHDs, County, State	121
5.4-4	% of acute environmental exposure investigations that generate reports	CHDs, ESF8, BOE, BOL CHDs, County, State	121
5.4-5	% of acute environmental exposure reports that contain all minimal elements	CHDs, ESF8, BOE, BOL CHDs, County, State	121
5.4-6	Time in which EH spatial elements are presented to Planning section	CHDs, ESF8, BOE, BOL CHDs, County, State	121
5.4-7	Time in which EH assessments are prioritized and appropriate actions are operationalized	CHDs, ESF8, BOE, BOL CHDs, County, State	122
5.4-8	Time in which environmental health data from partner agencies is incorporated into FWVSS and used to assist responders	CHDs, ESF8, BOE, BOL CHDs, County, State	122
5.4-9	Time in which EH assessments are electronically reviewed and uploaded to EH Preparedness database for follow-ups.	CHDs, ESF8, BOE, BOL CHDs, County, State	122
5.4-10	% Satisfaction with EH response	CHDs, ESF8, BOE, BOL CHDs, County, State	122
All 5.4 Measures	Link to Objective 5.4 Validation Survey	CHDs, ESF8, BOE, BOL	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
<p>Goal #6: COMMUNITY RESILIENCE requires an informed, empowered and resilient public, and a prepared health care system. This goal encompasses Community Health Care System Resilience Capability, the Community Preparedness and Participation Capability, the Mass Care Capability and the Critical Infrastructure Protection Capability.</p>			
<p>Objective 6.1 - Community Health Care System Resilience Capability: Community health care systems are prepared for and can recover quickly from all hazards.</p>			
6.1-1	Time for health care system and mental health system to return to normal operations following event	All Stakeholders ESF8, County, State	124
6.1-2	Median number of community sectors that engaged in local public health, medical and/or mental/behavioral health recovery operations following a major disaster incident	All Stakeholders ESF8, County, State	124
6.1-3	% of health care facilities that have received disaster training	All Stakeholders ESF8, County, State	124
6.1-4	% of health care facilities with COOP plans	All Stakeholders ESF8, County, State	124
6.1-5	% of health care facilities who have exercised COOP plans within past 12 months	All Stakeholders ESF8, County, State	124
6.1-6	% of licensed child care facilities with multi-hazard written evacuation and relocation plan	All Stakeholders ESF8, County, State	124
6.1-7	% health care facilities satisfied with ESF8 partnership	All Stakeholders ESF8, County, State	125
All 6.1 Measures	Link to Objective 6.1 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 6.2 - Community Preparedness and Participation Capability: An informed, empowered and resilient public.			
6.2-1	% of population responding to official instructions and providing self care and bystander care	All stakeholders CHDs, County/State	127
6.2-2	Median number of community sectors in which local health departments identified key organizations to participate in public health related emergency preparedness efforts	All stakeholders CHDs, County/State	127
6.2-3	Median number of community sectors that local health departments engaged in activities related to the determination of local hazards, vulnerabilities and risks that may impact public health	All stakeholders CHDs, County/State	127
6.2-4	The proportion of key organizations that participated in a significant public health emergency preparedness activity	All stakeholders CHDs, County/State	127
6.2-5	The median number of community sectors that participated in developing and/or reviewing community recovery plans related to locally identified hazards, vulnerabilities and risks that may impact public health	All stakeholders CHDs, County/State	128
6.2-6	Increase in number of new Neighborhood Emergency Preparedness Program (NEPP) communities	All stakeholders NEPP, County/State	128
6.2-7	% of new NEPP with preparedness plans	All stakeholders NEPP, County/State	129
6.2-8	% of annual increase in number of citizens educated and trained in NEPP community preparedness plan	All stakeholders NEPP, County/State	129
6.2-9	% stakeholder engagement/satisfaction in preparedness planning	All stakeholders NEPP, County/State	129
All 6.2 Measures	Link to Objective 6.2 Validation Survey	All Stakeholders	



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Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 6.3 - Mass Care Capability: Mass care services, including sheltering, feeding, and appropriate health care services, are rapidly provided for the population and companion animals within the affected area.			
6.3-1	% of citizens with disabilities or special needs (requiring 24 hour care and/or equipment) who had access to life sustaining resources during emergency situations	ESF8 County, State	131
6.3-2	% of mass shelters ADA compliant	ESF8 County, State	131
6.3-3	% of requested special needs shelters are ready for operation related to staffing and equipment needs	ESF8 County, State	131
6.3-4	% of special needs shelter asset typed teams completing training	ESF8 County, State	131
6.3-5	Time in which shelters are opened	ESF8 County, State	131
6.3-6	% of shelters with 72 hour self-sufficiency	ESF8 County, State	131
6.3-7	% of shelter population registered within 24 hours of residing in shelter	ESF8 County, State	132
6.3-8	% of shelters reporting shelter population every 24 hours	ESF8 County, State	132
6.3-9	% of companion animals sheltered and/or referred to appropriate responsible authority	ESF8 County, State	132
6.3-10	Time in which initial food is provided	ESF8 County, State	132
6.3-11	% of special needs population pre-registered	ESF8 County, State	132
6.3-12	% satisfaction with special needs shelter	ESF8 County, State	132
All 6.3 Measures	Link to Objective 6.3 Validation Survey	All Stakeholders	



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Index

Measure Number	Measure Name	Suggested Review/Input by Reporting Entity/Reporting Level	Measure Page #
Objective 6.4 - Critical Infrastructure Protection Capability: The risk to, vulnerability of, and consequence of an attack on critical infrastructure are reduced or eliminated.			
6.4-1	# of hospitals where protections fail	Hospitals, ESF8 County, State	134
6.4-2	% of hospitals completing annual review of HVA	Hospitals, ESF8 County, State	134
6.4-3	% of hospitals for which modifications to address HVA findings have been implemented	Hospitals, ESF8 County, State	134
6.4-4	% of hospitals conducting exercises to test effectiveness of protective measures	Hospitals, ESF8 County, State	134
All 6.4 Measures	Link to Objective 6.4 Validation Survey	All Stakeholders	



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL 1: PREPARE the public health and health care system for all hazards, natural or man-made. This goal encompasses the Risk Management Capability, the Planning Capability, the Training and Exercises Component, and the Information Sharing and Dissemination Capability.

Objective 1.1 - Risk Management Capability: Risk Management is integrated as a planning construct for effective prioritization and oversight of all homeland security investments.

Capability Definition: Risk Management is the ongoing process of risk analysis and subsequent decisions and actions to accept exposure or to reduce vulnerabilities by either mitigating the risks or applying cost effective controls.

Strategy 1.1.1: Develop, implement and disseminate Florida's PHHP Strategic Plan as the framework for public health and health care capability development

Strategy 1.1.2: Conduct Hazard Vulnerability Analysis to identify, assess and prioritize risks for negative health outcomes due to natural or man-made disasters.

Strategy 1.1.3: Mitigate risks through implementation of risk reduction solutions and allocate resources to the highest priority risks. Sustain solutions, measure progress toward reducing risks and undertake corrective actions based on the evaluative process.

Strategy 1.1.4: Communicate risks through a process that includes educating and engaging the public and policymakers about the risks we face, the value of establishing priorities, allocating resources and establishing acceptable levels of risk.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: All Stakeholders



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
1.1-1 Outcome	BPR County State	# of deaths, injuries, illnesses	Deaths, injuries, illnesses reported related to an event Will need to develop process to analyze; identify which deaths PHHP capabilities could have impacted; identify changes to capability needed)	Per Event (activation period)	0	County Emergency Management
1.1-2 Outcome	BPR County State	% of Capabilities Achieved	Long Range Program Plan (LRPP) Measure	Annual	TBD	Capabilities Assessment
1.1-3 Process	BPR State Program	% of projects showing green	Project Health Report % Projects Green	Grant Period Quarterly	TBD	DAPTIV
1.1-4 Outcome	BPR County, State	# of days in response	# activations Total # of days activated Total # of employees activated	Event	TBD	EMConstellation
1.1-5 Capacity	BPR State	PHHP Funding Per Capita	CDC PHEP dollars/ASPR HPP dollars divided by population	Grant Period Annual	TBD	BPR
1.1-6 Capacity	BPR State	State maintained or increased funding for (all) public health programs from previous FY	TFAH indicator Annual DOH budget	FY Annual	TBD	BPR
1.1-7 Process	BPR State	% maximum allowable grant funding obtained	Total %/dollar reduction (withheld) per benchmark (CDC) Withholdings based on failure to achieve grant benchmarks	Grant periods Annually	100% BPR	CDC/ASPR
1.1-8 Process	BPR State	% grant applications submitted on	Grant applications submitted on time Restrictions due to incorrect/inadequate information	Grant periods Annually	100% BPR	CDC/ASPR



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		time; accepted				
1.1-9 Process	BPR State	% mid-year and end-of-year reports and FSR completed on time; accepted	Mid-year and end-of-year reports completed on time # of Resubmissions per report FY 11 HPP Benchmark S4.1	Grant periods Annually	100% BPR	CDC/ASPR
1.1-10 Process	BPR State	% funds expended within performance (grant) period	Grant Award minus dollars spent or encumbered by June 30 th for ASPR/ August 9 for CDC	Grant periods Biannual	90% BPR / Grants Management Staff	CDC/ASPR FSR
1.1-11 Satisfaction	BPR State	% stakeholder satisfaction with PHHP strategic plan	Response rate % strongly agree/agree responses re satisfaction with strategic plan	Grant Period Annually	TBD	Internal (survey)
1.1-12 Satisfaction	Stakeholders State	% stakeholder satisfaction with communication of risk strategy	Response rate % strongly agree/agree responses related to communication (establishing priorities, allocating resources, establishing acceptable levels of risk)	Grant Period Annually	TBD	Internal (survey)

[Survey Link for Objective 1.1-Risk Management:](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL 1: PREPARE the public health and health care system for all hazards, natural or man-made. This goal encompasses the Risk Management Capability, the Planning Capability, the Training and Exercises Component, and the Information Sharing and Dissemination Capability.

Objective 1.2 – Planning Capability: Plans incorporate an accurate threat analysis and risk assessment and ensure that capabilities required to prevent, protect against, respond to, and recover from all-hazards events are available when and where they are needed.

Capability Definition: The PHHP planning component provides for a systematic framework to develop, implement, evaluate and improve plans across the entire emergency management cycle. Effective planning translates law, policy, strategy, protocols and capabilities into specific tasks and courses of action to minimize death, injury and illness. Plans are vertically and horizontally integrated with appropriate departments, agencies and jurisdictions.

Strategy 1.2.1: Maintain a competent, trained and credentialed planning workforce with the tools and resources to work with local and regional subject matter experts to write, evaluate and improve operational plans.

Strategy 1.2.2: Identify, communicate and integrate planning priorities into the Multi-Year Training and Exercise Plan.

Strategy 1.2.3: Achieve Project Public Health Ready criteria for Florida's 67 county health departments and achieve the criteria for State Project Public Health Ready.

Strategy 1.2.4: Ensure the Florida PHHP Strategic Plan aligns to and supports operational priorities for other Florida health care system strategic plans, including the Florida Emergency Medical Services (EMS) Advisory Council Strategic Plan and the Florida Trauma System Strategic Plan.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: All Stakeholders



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
1.2-1 Process	BPR State	% CHDs with PPHR certification	# of CHDs (out of 67 counties) currently certified	Annually	TBD (need stakeholder input)	NACCHO
1.2-2 Process	BPR Facility/ Agency County State	% PHHP Plans reviewed within required time frame	TCL – FEMA SPR Denominator: # of plans Numerator: # of plans reviewed within required time frames	Annually	FEMA (Every 12 Months)	BPR – Planning Capability Team
1.2-3 Process	CHDs State, County	% of CHDs whose EOPs meet expectations	CHD Preparedness Expectations Two measures CHD EOP addresses identified key factors: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation CHD EOP has been exercised during the past 12 months. 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	TBD	BPR (survey)
1.2-4 Process	CHDs State, County	% of counties whose CEMP meets expectations for mass care and medical support	CHD Preparedness Expectations (self-assessment) 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation	Annually	TBD	BPR (survey)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		and is NIMS compliant	1 – No progress in meeting expectation			
1.2-5 Process	CHDs State, County	% of CHDs meeting expectation in participation in regional health and medical meetings	CHD Preparedness Expectations (self-assessment) CHD senior leaders participate in regional health and medical meetings: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	TBD	BPR (survey)
1.2-6 Process	CHDs State, County	% of county health & medical profiles updated annually	CHD Preparedness Expectations (self-assessment) County health and medical profile updated within past 12 months: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	TBD	BPR (survey)
1.2-7 Process	DOH Entities	% of DOH entities whose emergency call down list are updated quarterly	# DOH entities # who updated list quarterly		100%	BPR – Planning Capability Team
1.2-8 Capability	H/M Planners State	% of health/medical planners trained in planning	# of planners trained in planning system Total # of planners	Annually	TBD	BPR – Planning Capability Team



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
1.2-9 Satisfaction	Stakeholders State	system % stakeholder satisfaction with planning system, tools and resources	% strongly agree/agree with questions related to planning system tools, resources	Annually	TBD	BPR (survey)

[Survey link for Objective 1.2 Planning](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL 1: PREPARE the public health and health care system for all hazards, natural or man-made. This goal encompasses the Risk Management Capability, the Planning Capability, the Training and Exercises Component, and the Information Sharing and Dissemination Capability.

Objective 1.3 – Training and Exercises: Training and exercises are targeted to close priority gaps in readiness.

Capability Definition: The PHHP training and exercise objective establishes the infrastructure for a comprehensive and efficient training and exercise system to ensure public health and health care workforce readiness for response to natural and man-made disasters.

Strategy 1.3.1: Maintain a competent trained and credentialed workforce capable of implementing public health and health care capabilities. Continue to develop the Learning Management System, including associated processes; improve Trak-It to support the business processes; and integrate health care system partner information.

Strategy 1.3.2: Maintain the Multi-Year Training and Exercise Plan (MYTEP). Link training and exercises to public health and health care planning priorities, document in the MYTEP and evaluate effectiveness of training and exercise for building capabilities.

Strategy 1.3.3: Support the preparedness cycle through sustainment of the Tier 1 and 2 training and exercise review process ensuring alignment of training and exercise with the MYTEP. Ensure Homeland Security Exercise and Evaluation Program (HSEEP) compliance for exercises.

Strategy 1.3.4: Sustain, evaluate and improve existing training and exercise tools to support a public health and health care preparedness training and exercise system. Develop additional tools to meet training and exercise priorities and maximize use of funding.

PHEP Requirement #9: [Conduct at least one preparedness exercise annually developed in accordance with HSEEP standards](#)

FY 11 HPP Benchmark S3.1, 2, 3

Total # of statewide and regional exercises conducted that incorporate NIMS concepts and principles during the current project period

Recommended Reviewers: All Stakeholders



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
1.3-1 Process	Entities conducting PHHP-funded exercises Institution/ agency County State	% of exercises that are HSEEP compliant	<p>FY 11 HPP Benchmark S3.1, 2, 3</p> <p>Total # of statewide and regional exercises conducted that incorporate NIMS concepts and principles during the current project period Numerator: The number of statewide and regional exercises conducted by the state that incorporate NIMS concepts and principles and includes health care entities during the current project period</p> <p>Denominator: The number of statewide and regional exercises conducted during current project period</p> <p>PHEP Requirement #9: Conduct at least one preparedness exercise annually developed in accordance with HSEEP standards</p>	Grant period Annual	100%	BPR
1.3-2 Process	BPR County, State	CHD training/ exercise program meets HSEEP standards	<p>CHD Preparedness Expectations (self-assessment)</p> <p>5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p>	Annually	TBD	BPR (survey)
1.3-3 Process	BPR County, State	CHD mass care and medical support services exercised within	<p>CHD Preparedness Expectations (self-assessment)</p> <p>5 – Completely meets expectation 4 – Substantial progress in meeting expectation</p>	Annually	TBD	BPR (survey)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		past 12 months	3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation			
1.3-4 Capability	H/M Training/ Exercise Leads Institution/ Agency County State	% of health/medical training/exercise leads trained in training/exercise system	# of H/M training/exercise leads trained in training/exercise system Total # of H/M training/exercise leads	Annually	TBD	BPR – TEST
1.3-5 Satisfaction	H/M Stakeholders Institution/ Agency County State	% of health/medical stakeholder satisfaction with priorities established in MYTEP	Satisfaction rate (% of strongly/agree responses)	Annually	TBD	BPR (survey)
1.3-6 Satisfaction	Stakeholders State	% stakeholder satisfaction with exercise system, tools and resources	Satisfaction rate (% of strongly/agree responses)	Annually	TBD	Internal (survey)

[Survey link for Objective 1.3 Training and Exercises](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL1: PREPARE the public health and health care system for all hazards, natural or man-made. This goal encompasses the Risk Management Capability, the Planning Capability, the Training and Exercises Component, and the Information Sharing and Dissemination Capability.

Objective 1.4 - Information Sharing and Dissemination Capability: Effective and timely sharing of information and intelligence occurs across federal, state, local, tribal, territorial, regional and private sector entities to achieve coordinated awareness of, prevention of, protection against and response to a threatened or actual domestic terrorist attack, major disaster, or other emergency.

Capability Definition: The information sharing and dissemination capability includes developing, coordinating and disseminating prompt, useful, reliable and timely public health and health care information to the public, responders and stakeholders across all jurisdictions and disciplines.

Strategy 1.4.1: Maintain a competent, trained and credentialed public information workforce capable of performing public information and spokesperson roles.

Strategy 1.4.2: Sustain, evaluate and improve Crisis and Emergency Risk Communication (CERC) annexes and resources. Ensure alignment and integration with partner efforts through local collaboration and participation in the State Working Group (SWG) for Preparedness.

Strategy 1.4.3: Create, maintain, distribute and evaluate scenario-specific messages to ensure timely availability to decision-makers, responders and the public.

Strategy 1.4.4: Establish formal public health and health care rumor control processes and procedures that link to existing emergency management processes, specifically ESF14 (Public Information) and Joint Information Centers/Joint Information Systems (JIC/JIS)

PHEP Capability 4: Emergency Public Information and Warning

Definition: Emergency public information and warning is the ability to develop, coordinate and disseminate information, alerts, warnings and notifications to the public and incident management responders.

Function 1: Activate the emergency public information system

Function 2: Determine the need for a joint public information system

Function 3: Establish and participate in information system operations

Function 4: Establish avenues for public interaction and information exchange

Function 5: Issue public information alerts, warnings and notifications

Measure 1: Time to issue a risk communications message for dissemination to the public

Recommended Reviewers: All Stakeholders



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
1.4-1 Outcome	BPR County, State	% public satisfaction with public information provided during an event	Public survey	Event	TBD	TBD
1.4-2 Process	BPR State	Time to issue a risk communication s message for dissemination to the public	PHEP measure (also HP2020) Start time: Date and time that a designated official requested that the first risk communication message be developed. Stop time: Date and time that a designated official approved the first risk communication message for dissemination Best demonstration	Grant Period Annually	60 minutes	BPR
1.4-3 Process	BPR Local ESF8	Time to issue a risk communications message for dissemination to the public	Based on PHEP measure for the State (also HP2020) Start time: Date and time that a designated official requested that the first risk communication message be developed. Stop time: Date and time that a designated official approved the first risk communication message for dissemination	Grant Period Annually	None	TBD
1.4-4 Process	CHDs State, County	% CHDs with integrated system to disseminate appropriate and timely public information and address media needs in	CHD Preparedness Expectations (self-assessment) 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	TBD	BPR (survey)



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		collaboration with response partners				
1.4 -5 Capability	H/M PIOs Institution/ agency County State	% of health/ medical PIOs trained in crisis risk communication	# of PIOs trained in CERC Total # of H/M PIOs	Annually	TBD	BPR – Information Dissemina-tion Team
1.4-6	H/M Stakeholders Institution/ agency County State	% of health/medical stakeholder satisfaction with crisis risk communication system, tools, resources	% of strongly/agree	Annually	TBD	BPR (survey)

[Survey link for Objective 1.4 Information Sharing and Dissemination](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL 2: INCIDENT MANAGEMENT ensures that systems and personnel are available to effectively manage all hazards. This goal encompasses the Emergency Operations Center (EOC) management capability and the interoperable voice and data communications capability.

Objective 2.1 - Emergency Support Function #8 (ESF8) Capability: The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event.

Capability Definition: The ESF8 capability coordinates and supports operations to prepare for, respond to and recover from an all-hazards impact on a local public health and health care system. These operations begin with local actions taken to protect vulnerable populations in health care facilities and in the general population.

Strategy 2.1.1: Maintain a competent, trained and credentialed ESF8 response workforce capable of implementing an Incident Management Team using Incident Command System principles and practices.

Strategy 2.1.2: Sustain, evaluate and improve ESF8 operations plans which align across local, state, regional, interstate and federal levels.

Strategy 2.1.3: Maintain asset typing infrastructure (policy, procedures and standards) for public health and health care. Integrate public health and health care asset typing into Florida National Incident Management System Resource Typing maintained by the Division of Emergency Management.

Strategy 2.1.4: Ensure that operational plans and systems are available to fully address the needs of catastrophic events.

PHEP Capability #3: Emergency Operations Coordination

Definition: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National incident Management System.

Function 1: Conduct preliminary assessment to determine need for public activation

Function 2: Active public health emergency operations

Measure 1: Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance target: 60 minutes or less

Function 3: Develop incident response strategy

Measure 1: Production of the approved Incident Action Plan before the start of the second operational period

Function 4: Management and sustain the public health response.



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Function 5: Demobilize and evaluate public health emergency operations

Measure 1: Time to complete a draft of an After Action Report and Improvement Plan

Recommended Reviewers: All Stakeholders

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
2.1-1 Process	BPR	Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty.	<p>PHEP Performance Measure & High Priority Goal</p> <p>Start time: Date and time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead roles</p> <p>Stop time: Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty</p> <p>Report data from a drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency</p> <p>Report one quickest demonstration of the Priority Goal during reporting period</p> <p>Staff assembly MUST be:</p> <ul style="list-style-type: none"> - unannounced AND immediate - Performed by awardee health department staff <p>Report for duty can occur at a physical location or virtual location (web-based interface such as Web EOC, conference call) or a combination of both</p> <p><u>Quickest demonstration (report twice a year)</u></p>	Grant period Mid-year and annual report	60 minutes or less (also HP2020 & TFAH indicator)	Collected internally by BPR Response Section from all State EOC ESF8 activations or exercises
2.1-2 Process	Local ESF8	Time for pre-identified staff covering activated public	<p>Based on State PHEP Performance Measure & High Priority Goal</p> <p>Start time: Date and time that a designated official began notifying staff to report for</p>	Grant period Mid-year and annual report	60 minutes or less Based on	Provide reporting tool/ procedure to local ESF8s



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		health agency incident management lead roles (or equivalent lead roles) to report for immediate duty.	immediate duty to cover activated incident management lead roles Stop time: Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty Report data from a drill, functional exercise, full-scale exercise, or real incident during which the county served as the lead agency or actively participated as assisting agency Staff assembly MUST be: - unannounced AND immediate - Performed by county health department staff Report for duty can occur at a physical location or virtual location (web-based interface such as Web EOC, conference call) or a combination of both		PHEP performance measure	
2.1-3 Process	BPR State	Production of the approved Incident Action Plan (IAP) before the start of the second operational period	Was a written IAP approved before the start of the second operational period: Yes or No Best demonstration Report data from a drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency Must submit one best demonstration for reporting period Exercise of real incident must include the following: - continue over two or more operational periods - Command and general staff (not necessarily all) are activated	Grant Period Annually	None	BPR



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
			<p>IAP is comprised of: ICS Form 202 "Incident Objectives" ICS Form 203 "Organizational Assignment List" ICS Form 204 "Assignment List" ICS Form 215a (Hazard Risk Analysis" or equivalent documents</p>			
2.1-4 Process	Local ESF8	Production of the approved Incident Action Plan (IAP) before the start of the second operational period	<p>Was a written IAP approved before the start of the second operational period: Yes or No Best demonstration Report data from a drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency Must submit one best demonstration for reporting period Exercise of real incident must include the following:</p> <ul style="list-style-type: none"> - continue over two or more operational periods - Command and general staff (not necessarily all) are activated <p>IAP is comprised of: ICS Form 202 "Incident Objectives" ICS Form 203 "Organizational Assignment List" ICS Form 204 "Assignment List" ICS Form 215a (Hazard Risk Analysis" or equivalent documents</p>	Grant Period Annually	None	BPR
2.1-5 Process	BPR State	Time to Complete a draft After Action Report (AAR) and	<p>PHEP Grant Measures Also HP2020 Measure Start time: Date exercise or public health emergency operations completed (e.g., in response, the time the EOC IMT is demobilized;</p>	Grant period Annually	PHEP: No target HP202: 41	BPR



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		Improvement Plan (IP)	<p>or in exercise official end time) in exercise or response may have commenced before or during the budget period for which data are being submitted)</p> <p>Stop time: Date the draft AAR and IP were submitted for clearance within the public health agency (this date must fall within the budget period for which data are being submitted)</p> <p>PHEP Performance Measure Best demonstration annually</p> <p>Report data from a tabletop exercise, drill, functional exercise, full-scale exercise or real incident during which the awardee served as the lead agency or actively participated as assisting agency</p>		<p>Days</p> <p>FEMA SPR: Within 30 Days from development of record of deficiencies</p> <p>TFAH: 60 days</p> <p>HSEEP: draft AAR due in 30, final due and distributed in 60 days – BPR will use this as target</p>	
2.1-6 Process	Local ESF8	Time to Complete a draft After Action Report (AAR) and Improvement Plan (IP)	<p>PHEP Grant Measures Also HP2020 Measure</p> <p>Start time: Date exercise or public health emergency operations completed (e.g., in response, the time the EOC IMT is demobilized ; or in exercise official end time) in exercise or response may have commenced before or during the budget period for which data are being submitted)</p> <p>Stop time: Date the draft AAR and IP were</p>	Grant period Annually	<p>PHEP: No target HP202: 41 Days FEMA SPR: Within 30 Days from development of record of</p>	BPR



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
			submitted for clearance within the public health agency (this date must fall within the budget period for which data are being submitted) PHEP Performance Measure Best demonstration annually Report data from a tabletop exercise, drill, functional exercise, full-scale exercise or real incident during which the awardee served as the lead agency or actively participated as assisting agency		deficiencies TFAH: 60 days HSEEP: draft AAR due in 30, final due and distributed in 60 days – BPR will use this as target	
2.1-7 Process	BPR SEOC ESF8	The SEOC can electronically report available beds for at least 75% of participating health care entities, according to HAvBED definitions to the HHS SOC within 4 hours or less of a request, during an incident or exercise at least once	FY 11 HPP Benchmark S1.1 & S1.2 Report in number of hours how much time it took to electronically report available beds according to HAvBED definitions for at least 75% of participating health care entities, to the HHS SOC	Grant period Annually	75%	HAvBED



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		during project period				
2.1-8 Capacity	BPR State	% of SEOC ESF8 roles at least 3 deep	# of SEOC ESF8 roles with three individuals with demonstrated competencies As outlined to meet the functions in the SOPs for each IM section	Annually	100%	BPR
2.1-9 Capacity	CHDs State, County	% CHDs meeting expectations in employees with response requirements documented in position description	CHD Preparedness Expectations (Self-Assessment) 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	100%	Self-Assessment (Survey)
2.1-10 Capacity	CHDs State, County	% of CHDs meeting expectations with employees serving on response teams	CHD Preparedness Expectations Self-Assessment CHD employees serving on response teams: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	100%	BPR Survey
2.1-11 Process	Local & State ESF8 County, State	Frequency with which improvement plan actions are monitored for implementation	TCL/FEMA State Preparedness Report		Every 3 months	HSEEP
2.1-12 Process	Local & State ESF8	% of resources tracked	TCL / FEMA SPR # resources assigned		100%	EMConstellation



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
	County, State	throughout incident	# resources tracked through end of incident			
2.1-13 Capability	Local ESF8 County, State	% of public health staff take ICS 100, 700	# trained in ICS 100, 700 # public health staff	Annually	100%	Trak-It?
2.1-14 Satisfaction	BPR State, County	% stakeholder (local ESF8s, other health/medical – e.g., hospitals) satisfaction with SEOC ESF8	Strongly agree/agree responses	Per Event	Look at 2008 data – set improvement target	BPR (survey)

[Survey link for Objective 2.1 Emergency Support Function #8 \(ESF8\)](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL 2: INCIDENT MANAGEMENT ensures that systems and personnel are available to effectively manage all hazards. This goal encompasses the Emergency Operations Center (EOC) management capability and the interoperable voice and data communications capability.

Objective 2.2 - Interoperable Voice and Data Communications Capability: A continuous flow of critical information is maintained as needed among multi-jurisdictional and multidisciplinary emergency responders, command posts, agencies and the governmental officials for the duration of the emergency response operation.

Capability Definition: Communications interoperability is the ability of public safety agencies (police, fire and EMS) and service agencies (public works, transportation, hospitals, etc.) to talk within and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data and/or video with one another on demand, in real time when needed, and when authorized. It is essential that public safety has the interagency operability it needs and that it builds its systems toward interoperability.

Strategy 2.2.1: Sustain, evaluate and improve alert and notification processes, procedures and systems to ensure key public health and health care partners receive accurate and timely notification of event specific information.

Strategy 2.2.2: Sustain, evaluate, and improve existing voice, data and video communications systems.

Strategy 2.2.3. Integrate voice, data and video communications across all disciplines, including law enforcement, emergency management, pre-hospital, hospital, and public health, to ensure connectivity and access to key information during an event.

Strategy 2.2.4: Enhance statewide capacity to provide near real-time health care system indicator data to ensure a common operating picture and situational awareness of the status of the health care delivery system during an event.

Strategy 2.2.5: Implement a patient tracking system that can be rapidly implemented anywhere in the state during an event.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: All Stakeholders



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
2.2-1 Satisfaction	BPR State	% health and medical stakeholder satisfaction with voice and data communications	Satisfaction Rate (% who respond strongly agree/agree)	Per Event	TBD	BPR (survey)
2.2-2 Outcome	BPR State, County	% of patients tracked	# patients # tracked from event through disposition	Per Event	100%	EMSystem
2.2-3 Process	CHDs State, County	% CHDs achieving 90% of key stakeholders registered in FDENS	CHD Preparedness Expectations (self-assessment) All key health and medical stakeholders registered on FDENS: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annually	TBD	BPR (survey)
2.2-4 Process	BPR & CHDs State, County	% of users alerted who confirm alert during test and real events	CHD Preparedness Expectations Score 90-100% - completely meets 60-89% - significant progress 40-59% - moderate progress 29-39% - limited progress 0-19% - no progress	Annually	90%	FDENS
2.2-5 Process	BPR State, Region, County	% of components of EMSystem operational across counties /regions	# components in EMSystem # components implemented by region/county	Annually	TBD	EMSystem



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
2.2-6 Process	DOH State	State currently sends and receives electronic health information to health care providers and community health centers	TFAH Indicator (Health Information Exchange is a requirement of health care Reform) Yes/No	Annual	Yes	HPE
2.2-7 Process	DOH IT State	% of disaster recovery time objectives met	Established by DOH Division of IT (based on federal requirements) Application Priority Level 1 - - Mission Critical – 1 day Application Priority Level 2 – Mission Essential – 1 week Application Priority Level 3 – Business Unit Essential – 1 month Application Priority Level 4 – not recovered during COOP activation	Event		DOH IT

[Survey link for Objective 2.2 Interoperable Voice and Data Communications](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #3: SURGE MANAGEMENT ensures surge capacity to meet the needs of all hazards events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.

Objective 3.1 - Emergency Triage and Pre-Hospital Treatment Capability: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.

Capability Definition: Emergency triage and pre-hospital treatment is the capability to appropriately dispatch EMS resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en route to an appropriate receiving facility; and to track patients to a treatment facility.

Strategy 3.1.1: Maintain a competent, trained and credentialed EMS workforce capable of performing triage, treatment, transport, tracking of patients and documentation of care appropriate to the incident.

Strategy 3.1.2: Sustain, evaluate and improve EMS plans and protocols which support the triage and pre-hospital capability.

Strategy 3.1.3: Ensure availability of pre-hospital medical direction and consultation to first responders.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: EMS Agencies, Fire/Rescue, Hospitals, ESF8



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-1 Outcome	EMS County, State	% of mass casualty transported patients that have no deterioration in patient status from initial triage to patient arrival at destination facility	<p>Description: The count of overall pre-hospital incident level records that indicate no decrease in total rapid emergency medicine score (REMS).</p> <p>Exclusions: All records that do not equal incident/patient disposition E20_10 of treated/transported and mass casualty (E08_06) not equal to yes</p>	Post-Event And Annual	Baseline (Based On Daily Operational Data)	EMSTARS
3.1-2 Capability	EMS County/State	% of Florida counties that employ EMS personnel at a rate of at least 3 EMS professionals per 1,000 population	<p># of licensed EMS providers within a county divided by total county population) x 1,000 = EMS personnel per 1,000 population</p> <p>Statewide example: (59,931 licensed EMT/paramedics ÷ 18,801,310 state population) x 1,000 = 3.19 EMS personnel per 1,000 population</p> <p>Licensee county of employment determined by COMPAS records that include a "practice location" county or in absence of practice location default to licensee county of residence.</p>	Annual	TBD	DOH customer oriented medical practitioner administration system (COMPAS)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-3 Capability	EMS County/State	% of EMS agencies with written disaster protocols for an all hazards approach for assessment, triage, transport and tracking of patients during an event	TCL, FEMA SPR Number of EMS services that have disaster protocols addressing all hazards during biennial inspections	Biennial via EMS inspection forms	TBD	EMS Inspection Forms
3.1-4 Capability	EMS County/State	% of EMS agencies that have written mutual aid agreements specific to disaster response	TCL, FEMA SPR Number of EMS services that answer yes to the survey question "does your agency have written mutual aid agreements that are specific to a disaster response?" Divided by total number of EMS services	Annual survey	TBD	Annual Survey
3.1-5 Process	EMS County, State	% of EMS providers that train their staff annually on local and regional disaster plans	TCL, FEMA SPR Number of EMS services that answer yes to the survey question "does your agency train staff annually on local and regional disaster plans?" divided by total number of EMS services	Annual survey	TBD	Annual Survey



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-6 Process	EMS County, state	% of agencies that include the local, regional and state disaster response plans as part of orientation	Number of EMS services that answer yes to the survey question "does your agency include the local, regional and state disaster response plans as part of orientation?" divided by total number of EMS services	Annual survey	TBD	Annual survey
3.1-7 Process	EMS County, state	% of EMS providers that provide refresher training annually on their local at-risk population plans	Number of EMS services that answer yes to the survey question "does your agency provide refresher training annually on local at-risk population plans?" divided by total number of EMS services	Annual survey	TBD	Annual survey
3.1-8 Process	EMS County, state	% of EMS providers that train their staff annually on at least a Level "C" PPE	Number of EMS services that answer yes to the survey question "does your agency train staff annually on at least a Level "C" PPE?" divided by total number of EMS services	Annual survey	TBD	Annual survey
3.1-9 Process	EMS County, state	% of EMS providers that train their staff annually on nerve agent antidotes and cyanokits	Number of EMS services that answer yes to the survey question "does your agency train staff annually on nerve agent antidotes and cyanokits" divided by total number of EMS services	Annual survey	TBD	Annual survey



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-10 Process	EMS County, state	% of EMS providers that train their staff annually on CBRNE detection systems, notification, verification and response procedures	Number of EMS services that answer yes to the survey question “does your agency train staff annually on CBRNE detection systems, notification, verification and response procedures?” divided by total number of EMS services	Annual survey	TBD	Annual survey
3.1-11 Process	EMS County, state	% of public safety answering points/dispatch centers that train their staff annually on local and regional disaster plans	TCL, FEMA SPR Number of public safety answering points/dispatch centers that answer yes to the survey question “does your agency train staff annually on local and regional disaster plans?” divided by total number of public safety answering points/dispatch centers	Annual survey	TBD	Annual survey



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-12 Process	EMS County, state	% of public safety answering points/dispatch centers that include local, regional and state disaster response plans as part of orientation	Number of public safety answering points/dispatch centers that answer yes to the survey question "does your agency include local, regional and state disaster response plans as part of orientation?" divided by total number of public safety answering points/dispatch centers	Annual survey	TBD	Annual survey
3.1-13 Process	EMS County, state	% of public safety answering points/dispatch centers that provider refresher training annually on their local at-risk population	TCL, FEMA SPR Number of public safety answering points/dispatch centers that answer yes to the survey question "does your agency provide refresher training annually on local at-risk population plans?" divided by total number of public safety answering points/dispatch centers	Annual survey	TBD	Annual survey



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-14 Process	EMS County, state	% of public safety answering points/dispatch centers that train their staff annually on CBRNE detection systems, notification, verification and response procedures	Number of public safety answering points/dispatch centers that answer yes to the survey question "does your agency train staff annually on CBRNE detection systems, notification, verification and response procedures?" divided by total number of public safety answering points/dispatch centers	Annual survey	TBD	Annual survey
3.1-15 Process	EMS County, state	Time in which medical coordination of on-scene EMS system personnel and other health resources is coordinated	TCL, FEMA SPR Time to initiate medical coordination	Per Event / Exercise	Within 30 minutes from initial units arrival on scene	EMSTARS



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-16 Process	EMS County, state	Average response time in which recall and mutual aid agreements with state and local partners are executed	TCL, FEMA SPR The following specification will provide the response time for an EMS event where a mutual aid request was made. This time is limited to local mutual aid agreements between EMS agencies. Where the type of service requested (e02_04) = mutual aid: unit arrived on scene date/time (e05_06) – unit notified by dispatch (e05_04) = mutual aid response time Display as mean of total	Per Event / Exercise	Within 60 minutes from initial request for additional resources	EMSTARS
3.1-17 Process	EMS County, state	Time in which all responding EMS units are notified and dispatched toward the scene of a mass casualty incident	TCL, FEMA SPR The following specification will provide the response time of EMS units to events that have been classified as a “mass casualty incident”. Where mass casualty incident (e08_06) = yes: unit notified by dispatch date/time (e05_04) – psap call date/time (e05_02) Where e05_02 psap call date/time does not exist, the following specification is to be used: Where mass casualty incident (e08_06) = yes: unit notified by dispatch date/time (e05_03) – dispatch notified date/time (e05_03) Show as a mean of total	Per Event / Exercise	Within 10 minutes of 911 receipt of initial call	EMSTARS



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-18 Process	EMS County, state	Time in which triage of ill/injured patients is initiated	TCL, FEMA SPR This following specification will provide the time from which the event occurred to the time of the patient's primary assessment. Where mass casualty incident (e08_06) = yes: initial date/time vital signs taken (e14_01) - incident or onset date/time (e05_01)	Per Event/ Exercise	Within 30 minutes from receipt of call	EMSTARS
3.1-19 Process	EMS County, state	Time in which ill/injured patients receive initial treatment by appropriately credentialed on-scene medical personnel (ALS or BLS based on protocol)	TCL, FEMA SPR Currently, this information is not available on a statewide EMS incident level. This would require a modification to the EMSTARS database to capture this information correctly. If the EMSTARS database is amended to include as represented in the new NEMSIS 3.0 data dictionary, this could be determined by that new field	Per Event / Exercise	Within 30 minutes from initial units arrival on scene	Future EMSTARS modification



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.1-20 Process	EMS County, state	Time in which mass casualty patients are transported to a receiving facility	TCL, FEMA SPR Where mass casualty incident (e08_06) = yes: patient arrived at destination date/time (05_10) - psap call date/time (e05_02) Where e05_02 psap call date/time does not exist, the following specification is to be used: Where mass casualty incident (e08_06) = yes: patient arrived at destination date/time (05_10) – dispatch notified date/time (e05_03)	Per Event / Exercise	Within 2 hours from initial units arrival on scene	EMSTARS
3.1-21 Process	EMS County, state	Time in which EMS agencies are restored to normal or original operations	TCL, FEMA SPR Specification to be determined	Per Event/Exercise	Within 12 hours from start of demobilization	TBD

[Survey link for Objective 3.1 Emergency Triage and Pre-Hospital Treatment](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #3: SURGE MANAGEMENT ensures surge capacity to meet the needs of all hazards events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.

Objective 3.2 - Medical Surge Capability: Injured or ill from the event are rapidly and appropriately cared for, while continuity of care is maintained for non-incident related illness or injury.

Capability Definition: Medical Surge is the capability to rapidly expand the capacity of the existing health care system in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day medical capacity.

Strategy 3.2.1: Maintain a competent, trained and credentialed health and medical surge workforce who are knowledgeable about roles and responsibilities during a response.

Strategy 3.2.2: Sustain, evaluate and improve health care system surge capacity equipment and supplies. This includes assessing current levels of equipment and supplies, as well as replacement and preventative maintenance of expiring disaster supplies/equipment.

Strategy 3.2.3: Sustain, evaluate and improve plans to ensure the capability of delivering care in non-traditional settings during an event.

Strategy 3.2.4: Enhance health care system planning by ensuring partnerships, mutual aid and linkages to emergency management are established. Provide funding, tools and resources to sustain, evaluate and improve health care system plans for medical surge capability.

Strategy 3.2.5: Enhance supplies and equipment for rural critical access hospitals.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: Hospitals, ESF8, CHDs



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.2-1 Outcome	Hospitals County, Region, State	% of patients receiving treatment appropriate to the nature of the incident and number of injured/ill	TCL, FEMA SPR Will need to identify using allocation of scarce resource guidelines	Per Event/Exercise	100%	TBD
3.2-2 Capacity	Hospitals County, Region, State	% of hospital surge capacity in impacted area	Numerator: Licensed Daily Bed Capacity Denominator: # surge beds	Per Event/Exercise	20% (ASPR)	HAVaBED
3.2-3 Process	Hospitals County, Region, State	% of hospitals that are TJC accredited (meeting TJC Emergency Management standards)	# hospitals # with TJC accreditation	Annual	100%	FHA
3.2-4 Capacity	Hospitals County, Region, State	Capacity to triage, treat and stabilize patients with symptoms of acute infectious diseases	ASPR, TCL-FEMA SPR Population divided by bed type (isolation)	Annual	500 cases per million population	HAVaBED
3.2-5 Capacity	Hospitals County, Region, State	Capacity to triage, treat and stabilize patients with symptoms of acute	ASPR, TCL-FEMA SPR Population divided by bed type	Annual	50 cases per million population	HAVaBED



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		botulinum intoxication, acute chemical poisoning, and nerve agent exposure				
3.2-6 Capacity	Hospitals County, Region, State	Capacity to triage, treat and stabilize patients suffering burns	ASPR, TCL-FEMA SPR Population divided by bed type (burn)	Annual	50 cases per million population	HAVaBED
3.2-7 Capacity	Hospitals County, Region, State	Capacity to triage, treat and stabilize patients suffering trauma	ASPR, TCL-FEMA SPR Population divided by bed type (trauma)	Annual	50 cases per million population	HAVaBED
3.2-8 Capacity	Hospitals County, Region, State	% of hospital emergency departments have negative pressure isolation capability	HHS ASPR HPP State Report 2011 # hospital EDs # hospital ED with negative pressure isolation capability	Annual	100%	HAVaBED
3.2-9 Capacity	Hospitals County, Region, State	Number of staffed beds per 100,000 population	Florida Hospital Association (FHA) Measure – see FHA Measurement Specification	Annually	TBD	FHA
3.2-10 Capacity	Hospitals County, Region, State	Number of certified trauma centers per 100,000	See FHA Measurement Specification	Annually	TBD	FHA



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		population				
3.2-11 Process	Hospitals State, Region, County	Time to notify hospitals participating in syndromic surveillance (ESSENCE) of alerts for cases	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-12 Process	Hospitals State, Region, County	Time for HICS team to assume incident management	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-13 Process	Hospitals State, Region, County	Time to report bed availability in HAvBED and ESS	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-14 Process	Hospitals State, Region, County	Time to initiate call-back procedures for surge staff	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-15 Process	Hospitals State, Region, County	Time for surge staff to arrive	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-16 Process	Hospitals State, Region, County	Time in which patients to discharge are notified	See FHA Measurement Specification	Per Event/Exercise	Within 2 hours of notification of requirement to move patients	FHA
3.2-17 Process	Hospitals State, Region,	Time to set up surge areas,	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
	County	including supplies				
3.2-18 Process	Hospitals State, Region, County	Time to initiate pedestrian and vehicular access control	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-19 Process	Hospitals State, Region, County	Time to surge security personnel	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-20 Process	Hospitals State, Region, County	Time to set up family notification center	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-21 Process	Hospitals State, Region, County	Time to set up morgue surge space	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-22 Process	Hospitals State, Region, County	Time to set up and staff triage areas	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-23 Process	Hospitals State, Region, County	Time to consult/access internal and external SME resources (radiation safety officer, infection prevention practitioner, etc.)	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-24 Process	Hospitals State, Region,	Time to notify external	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
	County	authorities and request needed resources				
3.2-25 Process	Hospitals State, Region, County	Time to place patients in negative pressure isolation	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-26 Process	Hospitals County, Region, State	Number of patients that can be decontaminated within a 3 hour period per 100,000 population	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-27 Process	Hospitals State, Region, County	% of hospitals that have participated in a statewide or regional exercise	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-28 Process	Hospitals State, Region, County	% improvement plans developed based on after action reports	ASPR HPP State Report 2011	Per Event/Exercise	100%	FHA
3.2-29 Process	Hospitals State, Region, County	% of appropriate hospital responders completing ICS	See FHA Measurement Specification	Annual	TBD	FHA



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		100, 200, 700, 800 or equivalent courses				
3.2-30 Process Operational	Hospitals State, Region, County	% of hospitals participating in interagency mutual aid and/or assistance agreements	See FHA Measurement Specification	Annual	TBD	FHA
3.2-31 Process	Hospitals State, Region, County	% of hospitals demonstrating dedicated, redundant interoperable communications	See FHA Measurement Specification	Annual	TBD	FHA
3.2-32 Process	Hospitals County, Region, State	Time to allocate surge ventilators	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-33 Process	Hospitals County, Region, State	Time to initiate decontamination	See FHA Measurement Specification Set-up of decon tent, alpha/bravo decon teams	Per Event/Exercise	30 minutes	FHA
3.2-34 Process	Hospitals County, Region, State	Time to decontaminate patients	See FHA Measurement Specification Segment by ambulatory and non-ambulatory patients	Per Event/Exercise	TBD	FHA
3.2-35 Process	Hospitals County, Region, State	Time to identify agent and treatment protocol using	See FHA Measurement Specification e.g. chemical, biological, radiation	Per Event/Exercise	TBD	FHA



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		available resources				
3.2-36 Process	Hospitals County, Region, State	Time to administer antidotes/counter-measures for exposures (chemical, biological, radiation)	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-37 Process	Hospitals County, Region, State	Time to generate hourly patient tracking summary of patients from arrival at health care system through duration of medical care	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-38 Process	Hospitals County, Region, State	Time to set up staffed and supplied alternate care sites	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-39 Process	Hospitals County, Region, State	Time to sustain facility on general support	See FHA Measurement Specification	Per Event/Exercise	96 hours	FHA
3.2-40 Process	Hospitals County, Region, State	Time to sustain medical gases	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-41	Hospitals	Time to access	See FHA Measurement Specification	Per	TBD	FHA



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
Process	County, Region, State	backup vacuum and suction		Event/Exercise		
3.2-42 Process	Hospitals County, Region, State	Time for PIO to set up staff hotline	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-43 Process	Hospitals County, Region, State	Time for PIO to work with JIC on joint press release	See FHA Measurement Specification	Per Event/Exercise	TBD	FHA
3.2-44	Hospitals State, Region, County	% hospitals satisfied with BPR communication, support	Satisfaction rate	Annual	TBD	BPR Survey
3.2-45	CHDs State, Region, County	Definition of health department relationships and roles with emergency response health care coalitions	Proposed PHEP Measure Has the health department established relationships and defined its roles and responsibilities with emergency response health care coalitions within its jurisdiction (Yes/No) In order to answer yes, CHD must have written documentation for: >processes for how the health department will engage in or engage with emergency response HCCs and other response partners in supporting medical surge operations >plans that describe the role the CHD will assume to support medical surge operations	Annual	TBD	TBD
3.2-46	CHDs State, Region, County	Proportion of health-related information requests from emergency	Proposed PHEP Measure Numerator: number of health-related information requests from HCCs fulfilled by health departments Denominator: Total number of health-related	Annual	TBD	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		response HCCs fulfilled by health departments	requests for information form HCCs received by health departments			
3.2-47	CHDs State, Region, County	Time for a health department to establish communication s links with emergency response health care coalition(s) after the onset of an incident/exercise requiring medical surge attention	Proposed PHEP Measure Start time: Date/time that a designated official within the health department is notified of the onset of an incident Stop time: Date/time that a designated official within the emergency response health care coalition acknowledges communications links have been established with the health department	Annual	TBD	TBD
3.2-48	CHDs State, Region, County	Time for health department to communicate the IAP to their emergency response HCCs after the onset of an incident/exercise requiring medical surge activities	Proposed PHEP Measure Start time: date/time that the first IAP is approved by the health department Stop time: Date/time a designated official within the emergency response health care coalition acknowledges receipt of the IAP from the health department	Annual	TBD	TBD
3.2-49	CHDs State, Region, County	Time for a health department to disseminate health-related	Proposed PHEP Measure: Start time: date/time that a designated official within the health department receives a request	Annual	TBD	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		information to the emergency response HCCs during an incident/exercise requiring medical surge activation	for health-related data Stop time: date/time that a designated official within the emergency response health care coalition acknowledges receipt of requested information from the health department			

[Survey link for Objective 3.2 Medical Surge](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #3: SURGE MANAGEMENT ensures surge capacity to meet the needs of all hazards events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.

Objective 3.3 - Medical Logistics Capability: Critical medical supplies and equipment are appropriately secured, managed, distributed and restocked in a timeframe appropriate to the incident.

Capability Definition: Medical logistics capability is to identify, procure, store, inventory, dispatch, mobilize, transport, demobilize, recover and recondition all critical resources throughout all incident management phases. Critical resources are personnel and materials necessary to preserve the life, safety and health of an impacted population.

Strategy 3.3.1: Maintain a competent, trained and credentialed logistics workforce capable of performing logistics functions including procurement, storage, maintenance, deployment and demobilization for critical resources.

Strategy 3.3.2: Sustain, evaluate and improve medical logistics plans to ensure critical resources are available for any event. Integrate medical logistics plans with other federal, state and local logistics plans.

Strategy 3.3.3: Sustain, evaluate and improve medical resource caches, including pharmaceuticals, supplies and equipment. Implement inventory management system for all medical resource caches. Prioritize sustainment of caches to support response to hazards and vulnerabilities which have the highest risk for negative health outcomes due to natural or man-made disasters.

PHEP Capability 9: Medical Materiel Management and Distribution

Definition: Medical materiel management and distribution is the ability to acquire, maintain (e.g. cold chain storage or other storage protocol), transport, distribute and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recovery and account for unused medical materiel, as necessary, after an incident.

Function 1: Direct and activate medical materiel management and distribution

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 2: Acquire medical materiel



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 3: Maintain updated inventory management and reporting system

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 4: Establish and maintain security

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 5: Distribute medical materiel

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 6: Recovery medical materiel and demobilize distribution operations

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Recommended Reviewers: Local ESF8s, CHDs, Hospitals, EMS



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.3-1 Outcome	BPR, CHDs CRI, County, State	Composite SNS Score	PHEP Measure: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response Measurement specification details will be provided by CDC	Annual	TBD	CDC
3.3-2 Outcome	Local & State ESF8 County, State	% of requests for medical supplies filled (on time and accurate)	# requests # requests filled on time and complete	Per Event/Exercise	TBD	EMConst-ellation
3.3-3 Outcome Strategic	Local & State ESF8 State, County	% stakeholder satisfaction with SEOC medical logistical support	Satisfaction Rate	Annually	TBD	Survey

[Survey link for Objective 3.3 Medical Logistics](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #3: SURGE MANAGEMENT ensures surge capacity to meet the needs of all hazards events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.

Objective 3.4 - Volunteer Management Capability: The positive effect of using volunteers and donations is maximized to augment incident operations

Capability Definition: Volunteer management capability incorporates volunteers into the health and health care response system. Volunteer capabilities include enabling community resiliency through increased understanding of existing volunteer organizations and engaging volunteers in local emergency preparedness planning and readiness initiatives.

Strategy 3.4.1: Sustain, evaluate and improve Medical Reserve Corps (MRC) capabilities and integrate into local response through consistency of standards for all local MRC units, partnerships with other state and local volunteer agencies and continue to test capabilities.

Strategy 3.4.2: Sustain, evaluate and improve statewide State Emergency Responders and Volunteers of Florida (SERVFL) system for managing volunteer and responder assets so as to identify and roster manpower to effectively fulfill mission requests.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: ESF8, Medical Reserve Corps



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.4-1 Process	BPR State	Time to query ESAR-VHP system to generate a list of potential health professionals, by discipline and credential level	FY 11 HPP Benchmark S2.1 and 2.2 State demonstrates the ability to query their ESAR-VHP System during a functional drill, exercise or actual event to generate a list of potential volunteer health professionals, by discipline and credential level, within 2 hours or less of a request being issued by a requesting body or HHS SOC during the current project period	Grant period	Within 2 hours	BPR
3.4-2 Outcome	MRCs County, State	% of volunteer health care requests met	# mission requests # mission requests filled	Per Event/Exercise	TBD	EMConstellation
3.4-3 Capacity	MRCs County, State	Number of new MRC volunteers	# new volunteers	Annual	25% increase annually	Quarterly site reports, SERV FL reports, national OCVMRC website
3.4-4 Capacity	MRCs County, State	% of MRC volunteers with an active SERV FL account	HHS-ASPR HPP State Report # volunteers # SERV FL accounts	Quarterly	10% increase quarterly	Quarterly site reports, SERV FL reports, national OCVMRC website
3.4-5 Capability	MRCs County, State	% of Volunteers who meet ESAR-VHP requirements	# of volunteers # of volunteers who meet ESAR-VHP training requirements, have completed background checks	Quarterly	100%	Quarterly site reports, SERV FL reports, national OCVMRC website
3.4-6	Local ESF8 County, State	% satisfaction with caliber of volunteers	Satisfaction rate	Per Event/Exercise	TBD	Survey
3.4-7	MRCs County, State	% satisfaction with VM system	Satisfaction rate with recruitment, training, deployment)	Annual	TBD	Survey

[Survey link for Objective 3.4 Volunteer Management](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #3: SURGE MANAGEMENT ensures surge capacity to meet the needs of all hazards events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.

Objective 3.5 - Fatality Management Capability: Complete recovery and documentation of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains).

Capability Definition: Fatality management capability ensures complete documentation and recovery of human remains and items of evidence where: remains receive surface decontamination (if indicated) and are examined, identified and released to the next-of-kin's funeral home with a complete certified death certificate; reports of missing persons and ante-mortem data are efficiently collected; victims' family members receive updated information prior to the media release; all hazardous material regulations are reviewed and any restrictions on the transportation and disposition of remains are made clear by those with the authority and responsibility to establish the standards; law enforcement agencies are given all information needed to investigate and prosecute the case successfully; and families are provided incident specific support services.

Strategy 3.5.1: Sustain, evaluate and improve the Florida Comprehensive Emergency Management Plan Mass Fatality Annex through coordination with a Medical Examiner Commission (MEC) standing committee to oversee emergency operations plan maintenance.

Strategy 3.5.2: Sustain, evaluate and improve the Florida Emergency Mortuary Operations Response System (FEMORS) capability including response team readiness, equipment and supplies maintenance.

Strategy 3.5.3: Enhance district and health care plans, ensuring partnerships, mutual aid and linkages to Emergency Management are established. Provide training, tools and resources to sustain, evaluate and improve district and health care fatality plans.

Strategy 3.5.4: Develop plan for state level CBRNE Human Remains Decontamination Team.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: Medical Examiners, Hospitals, Local EOC, HPE, Vital Statistics



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
3.5-1 Outcome	Medical Examiners State	% of recovered remains identified	TCL, FEMA SPR Numerator: # remains recovered Denominator: # identified	Per Event/Exercise	100%	TBD
3.5-2 Process	Medical Examiners State	% of remains tracked through morgue	TCL, FEMA SPR # decreased # tracked through morgue	Per Event/Exercise	100%	TBD
3.5-3 Outcome	Medical Examiners State	% of personal effects tracked with appropriate set of remains	TCL, FEMA SPR # deceased # personal effect tracked	Per Event/Exercise	100%	TBD
3.5-4 Outcome	Medical Examiners State	% of complete and accurate records following quality control procedures	TCL, FEMA SPR # records # accurate/complete	Per Event/Exercise	100%	TBD
3.5-5 Outcome	Medical Examiners State	% of deceased individuals for whom death certificate is issued	TCL, FEMA SPR # deceased # death certificates issues	Per Event/Exercise	100%	Vital Statistics
3.5-6 Process	FEMORS State	% of FEMORS team members who participate in FEMORS training/ exercise every 2 years	TCL, FEMA SPR # team members # participating in training/exercise every 2 years	Every 2 years (for State team, alternating with exercise years)	100%	FEMORS
3.5-7	Medical Examiners	Time in which suitable facilities for fatality	TCL, FEMA SPR	Per Event/Exercise	Within 4 hours from report of	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
Process	State	management activities are located	Number of hours between first report of deaths and time of decision by local emergency operations center to secure adequate facilities for incident morgue operations.		deceased victims	
3.5-8 Process	Medical Examiners State	Time in which functional morgue facilities are set up	TCL, FEMA SPR Number of hours between first report of deaths and time of completion of incident morgue set up.	Per Event/Exercise	Within 24 hours from arrival on-scene	TBD
3.5-9 Process	Medical Examiners State	Time in which surge resources and personnel are operational	TCL, FEMA SPR Number of hours between first report of deaths and the time when recovered human remains can be accepted at the incident morgue.	Per Event/Exercise	Within 12 hours from callout	TBD
3.5-10 Process	Medical Examiners State	Time in which initial scene survey is completed	TCL, FEMA SPR Number of hours between first report of deaths and the time when medical examiner is notified by competent authority of the assessed scope of the event.	Per Event/Exercise	Within 2 hours from notification	TBD
3.5-11 Process	Medical Examiners State	Time in which appropriate refrigerated storage units arrive on scene	TCL, FEMA SPR Number of hours between first report of deaths and the time when refrigerated storage capability is active at the incident morgue.	Per Event/Exercise	Within 48 hours from notification	TBD
3.5-12 Process	Medical Examiners State	Time in which a communications system is activated for the general public to	TCL, FEMA SPR Number of hours between first report of deaths and the time when local emergency	Per Event/Exercise	Within 60 minutes from incident	TBD



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		report missing persons	operations center secures adequate telephone agreements and the installation is completed to establish a call center for reporting missing persons.			
3.5-13 Process	Medical Examiners State	Time in which first public announcement is made of missing persons reporting	TCL, FEMA SPR Number of hours between first report of deaths and the time when Incident Command Information Officer issues a press release identifying a phone number for the public to contact.	Per Event/Exercise	Within 4 hours from incident	TBD
3.5-14 Process	Medical Examiners State	Time in which jurisdictional Medical Examiner/ Coroner participates in family assistance center	TCL, FEMA SPR Number of hours between first report of deaths and the time when Medical Examiner coordinates with local emergency operations center to secure adequate facilities for gathering ante mortem data.	Per Event/Exercise	Within 2 hours from FAC establishments	TBD
3.5-15 Process	Medical Examiners State	Time in which the ante mortem information collection process is activated and staffed	TCL, FEMA SPR Number of hours between first report of deaths and the time when the first family reports a missing person to the facility established for gathering ante mortem data.	Per Event/Exercise	Within 48 hours from incident	TBD
3.5-16 Process	Medical Examiners State	Time in which the repository/library is ready to receive ante mortem victims' records from establishment of FAC	TCL, FEMA SPR Number of hours between first report of deaths and time of completion of Victim Information Center computer network set up and staff are on site.	Per Event/Exercise	Within 48 hours from incident	TBD

[Survey link for Objective 3.5 Fatality Management](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #4: COUNTERMEASURES AND MITIGATION ensures that appropriate and effective countermeasures are available to mitigate the health consequences of any event. This goal encompasses the Responder Safety and Health Capability, Mass Prophylaxis Capability and Isolation and Quarantine Capability.

Objective 4.1 - Responder Safety and Health: No illnesses or injury to any first responder, first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure.

Capability Definition: Responder Safety and Health (RSH) capability ensures that plans, personnel, equipment and systems are in place to protect the safety and health of responders.

Strategy 4.1.1: Maintain competent, trained and credentialed Incident Command System Safety Officers to serve on an Incident Management Team during a response.

Strategy 4.1.2: Sustain health care responders Level "C" Personal Protective Equipment (PPE), chemical, radiological, and other prophylaxis measures to ensure RSH programs statewide.

Strategy 4.1.3: Assess level of RSH programs and provide resources to implement best practices.

Strategy 4.1.4: Ensure health care facilities and responders have easy access to protective measures for all hazards, including chemical and radiological events.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: CHDs, Hospitals, EMS, MRCs



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
4.1-1 Outcome	ESF8 County, State	% of responders injured or falling ill in response to incident	FEMA, SPR # responders # responders ill/injured Segment by type of injury / illness	Per operational period in an event or incident	0%	Workman's Compensation
4.1-2 Capability	CHDs County, State	% of CHDs with Responder Safety & Health program	CHD Preparedness Expectation (self-assessment) 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation	Annual	TBD	BPR (Survey)
4.1-3 Process	Other Health Care Entities (Hospitals, EMS, MRCs)	% of Health Care Entities with employee health plan	Plan includes provision of safety/health training, encourages development of personal/family plan, includes respiratory protection program, includes work relief schedule	Annual	TBD	TBD
4.1-4 Process	All Health care Entities County, State	% of responders with PPE, training and medical clearance appropriate for assigned response roles	TCL, FEMA SPR # responders # with PPE training/medical clearance appropriate for assigned response role	Annual	100%	TBD
4.1-5 Process	ESF8 County, State	Time in which an initial incident safety analysis is completed	TCL, FEMA SPR Start time: Time incident began Stop time: Time initial incident safety analysis completed	Per Event/ Exercise	Within 1 hour from designation of safety officer	IAP



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
4.1-6 Process	ESF8 County, State	% of workers responding to an incident who are provided incident specific safety/health risk and protection training or information prior to beginning response role.	TCL, FEMA SPR # responders # provided special safety/health risk and protection training prior to beginning response role	Per Event/ Exercise	100%	ESF8/ Demobilization Out processing
4.1-7	ESF8 County, State	% of responders receive immunizations related to job-specific risk during deployment	TCL, FEMA SPR # responders # immunized appropriate to specific risks	Per Event/Exer cise	100%	TBD
4.1-8 Process	ESF8 County, State	% of affected personnel who receive appropriate medical treatment for injuries or illnesses	TCL, FEMA SPR # responders with known exposure or contamination # responders who receive appropriate medical treatment	Per Event/ Exercise	100%	
4.1-9	ESF8 County, State	% of responders who receive behavioral health assessment/resources (out processing)	# responders # who receive behavioral health assessment/resources during out processing	Per Event/ Exercise	100%	ESF8 / Demobilization Out processing
4.1-10 Satisfaction	ESF8 County, State	% of responders satisfied with health/safety program	Satisfaction rate	Annual	TBD	Survey

[Survey link for Objective 4.1 Responder Safety and Health](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #4: COUNTERMEASURES AND MITIGATION ensures that appropriate and effective countermeasures are available to mitigate the health consequences of any event. This goal encompasses the Responder Safety and Health Capability, Mass Prophylaxis Capability and Isolation and Quarantine Capability.

Objective 4.2 - Mass Prophylaxis Capability: Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.

Capability Definition: Mass prophylaxis is the capability to protect the health of the population through the administration of critical interventions to prevent the development of disease among those who are exposed or potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

Strategy 4.2.1: Sustain, evaluate and improve the ability to execute the distribution and dispensing of countermeasures to an affected population, demonstrated through exercises and/or real-world response activities.

Strategy 4.2.2: Sustain established relationship with the Florida Poison Control Centers to support surge for all hazards emergency call centers to meet demand for medical and pharmaceutical expertise.

PHEP Capability 8: Medical Countermeasure Dispensing

Definition: Medical countermeasures dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and recommendations.

Function 1: Identify and initiate medical countermeasure dispensing strategies

Function 2: Receive medical countermeasures

Function 3: Activate dispensing modalities

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 4: Dispense medical countermeasures to identified population

Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 5: Report adverse events



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Recommended Reviewers: CHDs, Hospitals, Bureau of Statewide Pharmacy Services, BPR Medical Logistics, CRI

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
4.2-1 Outcome	BPR, CHDs CRI, County, State	Composite SNS Score	PHEP Measure: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response Measurement specification details will be provided by DC	Annual	TBD	CDC
4.2-2 Outcome	CHDs CRI, County, State	% of at-risk population that was successfully provided initial prophylaxis within 48 hours of state/local decision to provide prophylaxis	Population at risk Population provided prophylaxis within 48 hours	Per Event/Exercise	100%	TBD
4.2-3 Outcome	CHDs CRI, County, State	Rate of adverse events	# who received countermeasures # adverse events	Per Event/Exercise	100%	TBD
4.2-4 Process	CHDs CRI, County, State	POD opened and fully operational within 3 hours of decision to open	TCL, FEMA SPR Yes / No	Per Event/Exercise	Yes	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
4.2-5 Process	CHDs CRI, County, State	% of POD staff, first responders, other personnel and families given prophylaxis prior to POD opening to general public (if recommended by CDC)	TCL, FEMA SPR # POD staff, first responders, other personnel and families # receiving prophylaxis prior to POD opening (if recommended by CDC)	Per Event/Exercise	100%	TBD
4.2-6 Process	CHDs CRI, County, State	% of patients receiving instructions for adverse event reaction	TCL, FEMA SPR # patients # receiving instructions	Per Event/Exercise	100%	TBD
4.2-7 Satisfaction	CHDs CRI, County, State	% satisfaction with mass prophylaxis/ POD	Satisfaction rate	Per Event/Exercise	TBD	Survey

[Survey link for Objective 4.2 Mass Prophylaxis](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

GOAL #4: COUNTERMEASURES AND MITIGATION ensures that appropriate and effective countermeasures are available to mitigate the health consequences of any event. This goal encompasses the Responder Safety and Health Capability, Mass Prophylaxis Capability and Isolation and Quarantine Capability.

Objective 4.3 - Isolation and Quarantine Capability: Individuals who are ill, exposed or likely to be exposed are separated, movement is restricted, basic necessities of life are available, and their health is monitored in order to limit the spread of a newly introduced contagious disease (e.g., pandemic influenza).

Capability Definition: Isolation and quarantine is the capability to protect the health of the population through the use of isolation and/or quarantine measures in order to contain the spread of disease. Isolation of ill individuals may occur in homes, hospitals, designated health care facilities, or alternate facilities. Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and may become infectious. Successful implementation will require that sufficient legal authority, logistical, and informational support exist to maintain these measures. Most experts feel that isolation and quarantine will not stop the outbreak and that if used, the focus will be on cases that might introduce the disease into the state or other geographic area.

Strategy 4.3.1: Sustain, evaluate and improve the Isolation Quarantine Annex of the Department of Health Emergency Operations Plan.

Strategy 4.3.2: Develop technical assistance for operational protocols to local communities to accomplish the requirements in the Isolation and Quarantine Annex.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: CHDs, Hospitals



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
4.3-1 Outcome	CHDs County, State	Degree of transmission of contagion, infection	TBD	Per Event	TBD	TBD
4.3-2 Outcome	CHDs County, State	% compliance with public health issued I/Q orders	TBD	Per Event	TBD	TBD
4.3-3 Outcome	CHDs County, State	% caregivers who become infected in public health issued I/Q situations	TBD	Per Event	TBD	TBD
4.3-4 Outcome	CHDs County, State	% of persons in I/Q who receive medical care and non-medical support	TCL, FEMA SPR # persons in I/Q # persons receiving needed medical care and non-medical support	Per Event	100%	TBD
4.3-5 Process	CHDs County, State	Time in which I/Q order is issued	TBD	Per Event	TBD	TBD
4.3-6 Process	CHDs County, State	Time in which educational information is provided for release to the public	TCL, FEMA SPR TBD	Per Event	TBD	TBD
4.3-7 Process	CHDs County, State	Time in which communications with public health officials and CDC are established to communicate I/Q measures specific to	TCL, FEMA SPR Start time: decision to implement I/Q Stop time: communication established	Per Event	Within 30 minutes from decision to implement I/Q	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
		agents of concern (e.g., select agents, novel agents)				
4.3-8 Process	CHDs County, State	Time in which isolation and quarantine units are stood up when congregate isolation or quarantine sites are established.	TCL, FEMA SPR Start time: Decision to establish congregate I/Q site Stop time: Time when units are operational	Per Event/Exercise	Within 24 hours from decision to implement I/Q	TBD
4.3-9 Process	CHDs County, State	Time in which personnel are deployed to traveler screening locations	TCL, FEMA S PR Start time: time screening locations are identified Stop time: time personnel are deployed	Per Event/Exercise	Within 2 hours from identifying screening locations	TBD
4.3-10 Process	CHDs County, State	Time in which restriction guidelines and treatment protocols are disseminated to all medical care providers	TCL, FEMA SPR Start time: time I/Q order is issued Stop time: time restriction guidelines and treatment protocols are disseminated to medical care providers	Per Event/Exercise	Within 2 hours from I/Q order being issued	TBD
4.3-11 Process	CHDs County, State	Frequency with which updates to tracking system are provided from I/Q individuals while under mandatory I/Q	TCL, FEMA SPR Updates every 24 hours	Per Event	Every 24 hours	TBD
4.3-12 Process	CHDs County, State	% of persons and caregivers who receive infection control precautions while under mandatory I/Q	TCL, FEMA SPR # persons/caregivers in I/Q # receiving infection control precautions	Per Event	100%	TBD



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
4.3-13 Process	CHDs County, State	% of caregivers using correct infection control precautions while under mandatory I/Q	TCL, FEMA SPR TBD	Per Event	100%	TBD
4.3-14 Process	CHDs County, State	% of I/Q persons receiving daily monitoring and compliance contact	TCL, FEMA SPR # persons in I/Q # persons receiving daily monitoring/contacts	Per Event	100%	TBD
4.3-15 Process	CHDs County, State	Time in which I/Q facilities are restored to pre-incident operations if congregate sites are utilized	TCL, FEMA SPR Start time: time I/Q order lifted Stop time: time I/Q facilities are restored to normal operations	Per Event	Within 7 days from I/Q order being lifted	TBD
4.3-16 Satisfaction	CHDs County, State	% of individuals in isolation/ quarantine satisfied with medical and non-medical support	Satisfaction Rate	Per Event	TBD	Survey

[Survey Link for Objective 4.3 Isolation and Quarantine](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #5: DETECTION, SURVEILLANCE AND INVESTIGATION ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Epidemiological Surveillance and Investigation Capability, the Laboratory Testing Capability, the CBRNE Detection Capability and the Environmental Health Capability

Objective 5.1 - Epidemiological Surveillance and Investigation Capability: Potential exposure to disease is identified rapidly by determining exposure, mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases.

Capability Definition: The epidemiological surveillance and investigation capability is the ability to rapidly conduct epidemiological investigations in the context of a naturally occurring or intentionally caused incident. It includes exposure measurement; disease detection; rapid implementation or enhancement of appropriate surveillance methods; maintenance of ongoing surveillance activities; epidemiologic investigation and analysis; and communication with the public and providers about reporting procedures, disease risk, mitigation, prevention and recommendations regarding control measures.

Strategy 5.1.1: Maintain competent, trained and credentialed epidemiology workforce capable of conducting epidemiologic investigations and providing surge capacity for large outbreaks or other public health emergencies.

Strategy 5.1.2: Sustain, evaluate and improve protocols, procedures and systems to support investigations. This includes existing surveillance systems such as MERLIN, ESSENCE and the Poison Information Center Network. Maintaining standard protocols and procedures includes maintaining contact lists of key partners, case report forms and definitions, a communications methodology to inform those with a need to know of changes in standard protocols and procedures, and a review procedure to evaluate and update existing protocols and procedures.

Strategy 5.1.3: Develop plans, protocols and procedures for enhanced surveillance and real-time data reporting during an event.

PHEP Capability #13: Public Health Surveillance and Epidemiological Investigation

Definition: Public health surveillance and epidemiological investigation is the ability to create, maintain, support and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Function 1: Conduct public health surveillance and detection.



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Measure 1: Proportion of reports of selected reportable diseases received by a public health agency within the jurisdiction-required timeframe

Function 2: Conduct public health and epidemiological investigations

Measure 1: Percentage of infectious disease outbreak investigations that generate reports

Measure 2: Percentage of infectious disease outbreak investigation reports that contain all minimal elements

Measure 3: Percentage of acute environmental exposure investigations that generate reports

Measure 4: Percentage of acute environmental exposure reports that contain all minimal elements

Function 3: Recommend, monitor, and analyze mitigation actions

Measure 1: Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame.

Function 4: Improve public health surveillance and epidemiological investigation systems

Recommended Reviewers: CHDs, hospitals, Bureau of Labs



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY TO COMPLETE MEASURE	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.1-1 Outcome	CHDs County, State	Degree of transmission of contagion, infection	TBD	Per Event	TBD	TBD
5.1-2 Process	CHDs County, State	Proportion of reports of selected reportable diseases received by a public health agency within the state's required timeframe	<p>PHEP performance measure</p> <p>Numerator: # of reports of selected reportable disease received by a public health agency within state's required time frame</p> <p>Denominator: # of reports of selected reportable disease received by a public health agency</p> <p>Diseases: Botulism (confirmed) Tularemia (all reports) Shiga-tox producing E.coli (all reports) Hepatitis A, acute (confirmed) Measles (all reports) Meningococcal disease (confirmed)</p> <p>Florida will also measure: Salmonellosis (all reports) Shigellosis (all reports)</p>	Annual	TBD	Bureau of Epidemiology
5.1-3 Process	CHDs County, State	% of infectious disease outbreak investigations that generate reports	<p>PHEP performance measure</p> <p>Numerator: # of infectious disease outbreak investigation reports generated</p> <p>Denominator: # of infectious disease outbreak investigation reports investigated</p>	Annual	TBD	Bureau of Epidemiology



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY TO COMPLETE MEASURE	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.1-4 Process	CHDs County, State	% of infectious disease outbreak investigation reports that contain all minimal elements	<p>PHEP Measure:</p> <p>Numerator: # of infectious disease outbreak investigation reports generated containing all minimal elements</p> <p>Denominator: Total # of infectious disease outbreak investigation reports generated</p>	Annual	TBD	Bureau of Epidemiology
5.1-5 Process	CHDs County, State	Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within appropriate timeframe	<p>PHEP Measure:</p> <p>Numerator: Number of reports of selected reportable diseases for which public health control measure(s) were initiated within an appropriate time frame</p> <p>Denominator: Number of reports of selected reportable diseases received by a public health agency</p>	Annual	TBD	Bureau of Epidemiology
5.1-6 Process	CHD County, State	Time in which knowledgeable public health professional answered a call of urgent public health consequence 24/7/365 (15 minutes from call)	<p>CHD Preparedness Expectation (two sets of after hours phone drills)</p> <p>Pass (CHD obtained 6 of 8 points)</p> <p>Fail (5 or less of 8 points)</p>	Annual	Pass	Bureau of Epidemiology



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY TO COMPLETE MEASURE	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.1-7 Process	CHDs County, State	% of reports of selected reportable diseases reported to the CHDs or Bureau of Epidemiology within 14 days	CHDs Preparedness Expectation Numerator: number of reports of selected reportable diseases received by the CHD or Bureau of Epidemiology within 14 days Denominator: number of reports of selected reportable diseases reported to CHD or Bureau of Epidemiology Pass (75% or higher) Fail (lower than 75%)	Annual	Pass	Bureau of Epidemiology
5.1-8 Process	CHDs County, State	% of reports of selected reportable diseases missing or unknown values for select variables	CHDs Preparedness Expectation Numerator: number of reports of selected reportable diseases with at least one unknown value for selected reportable diseases Denominator: number of reports of selected reportable diseases Pass (30% or lower) Fail (higher than 30%)	Annual	Pass	Bureau of Epidemiology



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY TO COMPLETE MEASURE	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.1-9 Process	CHDs County, State	Participation in grand rounds and bi-weekly epidemiology conference calls or regional epidemiology calls	CHD Preparedness Expectation Counties with more than 100,000 population (at least 20 bi-weekly Epi calls and 3 grand round presentations annually) Counties with less than 100,000 population (at least 12 bi-weekly Epi calls and 3 grand round presentations annually) Pass/Fail	Annual	Pass	Bureau of Epidemiology
5.1-10 Process	CHDs County, State	% of weeks where county influenza activity code was reported during influenza season (weeks 40-52 or 53 and weeks 1-20)	CHD Preparedness Expectation Numerator: number of weeks where county influenza activity code was reported Denominator: number of weeks in influenza season (32 or 33, depending on year) Pass (75% or higher) Fail (lower than 75%)	Annual	Pass	Bureau of Epidemiology
5.1-11 Process	CHDs County, State	Effectiveness of initiation of public health control measures	CHD Preparedness Expectation Pilot measure – gathering baseline data for 2010; plan to implement in 2012	Annual	TBD	Bureau of Epidemiology
5.1-12 Capacity	CHDs County, State	Ratio of epidemiologist to population	TBD	Annual	TBD	Bureau of Epidemiology
5.1-13 Satisfaction	CHDs County, State	% satisfaction of health care providers with epidemiology	TBD	Annual	TBD	Survey

[Survey Link for Objective 5.1 Epidemiological Surveillance and Investigation](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #5: DETECTION, SURVEILLANCE AND INVESTIGATION ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Epidemiological Surveillance and Investigation Capability, the Laboratory Testing Capability, the CBRNE Detection Capability and the Environmental Health Capability

Objective 5.2 - Laboratory Testing Capability: Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent, interrupting transmission to contain the spread of the event and reducing number of cases.

Capability Definition: Laboratory testing capability is the ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support and laboratory networking to address exposure or potential exposure to all-hazards, which includes chemical, radiological and biological agents in all matrices (e.g., clinical specimens, food samples, and environmental samples).

Strategy 5.2.1: Maintain competent, trained and credentialed laboratory workforce capable of conducting laboratory testing for chemical, radiological and biological agents.

Strategy 5.2.2: Sustain, evaluate and improve plans, procedures and systems to meet requirements and standards of the Laboratory Response Network. This includes the biological and chemical capability.

Strategy 5.2.3: Sustain, evaluate and improve the State of Florida Comprehensive Laboratory Response Plan (CLRP).

Strategy 5.2.4: Sustain, evaluate and improve the Laboratory Information Management System.

Strategy 5.2.5: Monitor federal direction related to Laboratory Response Network standards for radiological testing.

PHEP Capability #12: Public Health Laboratory Testing

Definition: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Hazards include chemical, radiological and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g. water, air and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

Function 1: management laboratory activities



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Measure 1: Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the CDC PHEP funded Laboratory Response Network biological (LRN-B) laboratory

Measure 2: Time for initial laboratorian to report for duty at the CDC PHEP-funded laboratory

Function 2: Perform sample management

Measure 1: Percentage of LRN clinical specimens without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories.

Measure 2: Percentage of LRN non-clinical samples without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from first responders.

Measure 3: Ability of the CDC PHEP-funded LRN chemical (LRN-C) laboratories to collect relevant samples for clinical chemical analysis, package and ship those samples.

Function 3: Conduct testing and analysis for routine and surge capacity.

Measure 1; Proportion of LRN-C proficiency tests (core methods) successfully passed by CDC PHEP-funded laboratories

Measure 2: Proportion of LRN-C proficiency tests (additional methods) successfully passed by CDC PHEP-funded laboratories

Measure 3: Proportion of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratories

Function 4: Support public health investigations

Measure 1: Time to complete notification between CDC, on-call laboratorian, and on-call epidemiologist

Measure 2: Time to complete notification between CDC, on-call epidemiologist, and on-call laboratorian

Function 5: Report results

Measure 1: Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for E. coli 0157LH7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory

Measure 2: Percentage of PFGE subtyping data results for Listeria monocytogenes submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.

Measure 3: Time to submit PFGE subtyping data results for Salmonella to the PulseNet national database upon receipt of Isolate at the PFGE laboratory

Measure 4: Time for CDC PHEP-funded laboratory to notify public health partners of significant laboratory results.

Recommended Reviewers: Bureau of Labs, CHDs, Hospitals, Bureau of Epi



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.2-1 Process	BOL State	Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the CDC PHEP funded Laboratory Response Network biological (LRN-B) laboratory	<p>PHEP Grant Measure</p> <p>Start time: Time CDC PHEP-funded laboratory sends urgent message to first sentinel clinical laboratory.</p> <p>Intermediate stop time: Time at least 50% of sentinel clinical laboratories acknowledged receipt of urgent message.</p> <p>Stop time: Time last sentinel laboratory acknowledged receipt of urgent message.</p>	Grant Period Annually	CDC to determine	BOL
5.2-2 Process	BOL State	Time for initial laboratorian to report for duty at the CDC PHEP-funded laboratory	<p>Start time: Date and time that a public health designated official began notifying on-call laboratorian(s) to report for duty at the CDC PHEP funded laboratory</p> <p>Stop time: Date and time that the initial laboratorian reported for duty at the CDC PHEP funded laboratory</p>	Grant Period Annually	CDC to determine	BOL
5.2-3 Process	BOL State	% of LRN clinical specimens without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories.	<p>PHEP Grant Measure</p> <p>Numerator: Number of LRN clinical specimens without any adverse quality assurance events at the CDC PHEP-funded laboratory for confirmation or rule-out testing from sentinel clinical laboratories.</p> <p>Denominator: Total number of LRN clinical specimens received at CDC PHEP-funded laboratory for confirmation or rule-out testing from sentinel laboratories.</p>	Grant Period Annually	CDC to determine	BOL
5.2-4	BOL	% of LRN non-clinical samples	PHEP Grant Measure	Grant Period	CDC to	BOL



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
Process	State	without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from first responders.	<p>Numerator: Number of LRN non-clinical samples without any adverse quality assurance events received at CDC PHEP-funded laboratory for rule-out testing from first responders.</p> <p>Denominator: Total number of LRN non-clinical samples received at CDC PHEP-funded laboratory for confirmation or rule-out testing from first responders.</p>	Annually	determine	
5.2-5 Process	BOL State	Ability of the CDC PHEP-funded LRN chemical (LRN-C) laboratories to collect relevant samples for clinical chemical analysis, package and ship those samples.	<p>PHEP Grant Measure</p> <p>Sample Collection, Packing and Shipping Exercise Results (pass/did not pass)</p>	Grant Period Annually	CDC to determine	BOL
5.2-6 Process	BOL State	Proportion of LRN-C proficiency tests (core methods) successfully passed by CDC PHEP-funded laboratories	<p>PHEP Grant Measure (and HP2020)</p> <p>Numerator: Number of LRN-C core methods successfully proficiency tested by CDC PHEP-funded laboratory</p> <p>Denominator: Total number of LRN-C core methods for which the CDC PHEP-funded laboratory is qualified to test.</p>	Grant Period Annually	95%	BOL
5.2-7 Process	BOL State	Proportion of LRN-C proficiency tests (additional methods) successfully passed by CDC PHEP-funded laboratories	<p>PHEP Grant Measure</p> <p>Numerator: Number of LRN-C additional methods successfully proficiency tested by CDC PHEP-funded laboratory</p>	Grant Period Annually	CDC to determine	BOL



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
			Denominator: Total number of LRN-C additional methods for which the CDC PHEP-funded laboratory is trained to test.			
5.2-8 Process	BOL State	Proportion of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratories	<p>PHEP Grant Measure (and HP2020)</p> <p>Numerator: Number of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratory</p> <p>Denominator: Total number of LRN-B proficiency tests participated in by the CDC PHEP-funded laboratory</p>	Grant Period Annually	95%	BOL
5.2-9 Process	BOL State	Time to complete notification between CDC, on-call laboratorian, and on-call epidemiologist	<p>PHEP Grant Measure</p> <p>Start time: Date and time that CDC DEO official began notification of on-call laboratorian</p> <p>Stop time: ate and time on-call epidemiologist (after receiving notification from on-call laboratorian) notifies CDC DEO that notification drill is complete</p>	Grant Period Annually	15 Minutes	BOL
5.2-10 Process	BOL State	Time to complete notification between CDC, on-call epidemiologist and on-call laboratorian	<p>PHEP Grant</p> <p>Start time: Date and time that CDC DEO official began notification of on-call epidemiologist</p> <p>Stop time: ate and time on-call laboratorian (after receiving notification from on-call epidemiologist) notifies CDC DEO that notification drill is complete</p>	Grant Period Annually	15 Minutes	BOL



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.2-11 Process	BOL State	% of pulsed field gel electrophoresis (PFGE) subtyping data results for E. coli 0157LH7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory	<p>PHEP Grant Measure (and TFAH Indicator)</p> <p>Numerator: Number of reference or clinical isolates that were identified as E. coli 0157:H7 for PFGE subtyping and submitted to CDC's PulseNet database within 4 working days of receipt of isolate at the PFGE laboratory.</p> <p>Denominator: Total number of E. coli 0157:H7 reference or clinical isolates for which the state performed PFGE subtyping</p>	Grant Period Annually	90%	BOL
5.2-12 Process	BOL State	% of PFGE subtyping data results for Listeria monocytogenes submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.	<p>PHEP Grant Measure</p> <p>Numerator: Number of reference or clinical isolates that were identified as Listeria monocytogenes for PFGE subtyping and submitted to CDC's PulseNet database within 4 working days of receipt of isolate at the PFGE laboratory.</p> <p>Denominator: Total number of Listeria monocytogenes reference or clinical isolates for which the state performed PFGE subtyping</p>	Grant Period Annually	90%	BOL
5.2-13 Process	BOL State	Time to submit PFGE subtyping data results for Salmonella to the PulseNet national database upon receipt of Isolate at the PFGE laboratory	<p>PHEP Grant Measure</p> <p>Minimum time: least amount of time (in working days) from receipt of Salmonella isolate to submission of Salmonella PFGE subtyping results to PulseNet</p> <p>Median time: Median amount of time (in working</p>	Grant Period Annually		BOL



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
			<p>days) from receipt of Salmonella isolate to submission of Salmonella PFGE subtyping results to PulseNet</p> <p>Maximum time: Greatest amount of time (in working days) from receipt of Salmonella isolate to submission of Salmonella PFGE subtyping results to PulseNet</p>			
5.2-14 Process	BOL State	Time for CDC PHEP-funded laboratory to notify public health partners of significant laboratory results.	<p>PHEP Grant Measure</p> <p>Start time: Time CDC PHEP-funded laboratory obtains a significant laboratory results</p> <p>Stop time: Time CDC PHEP-funded laboratory completes notification of public health partners or significant laboratory results (i.e., time when last public health partners was notified, if partners were not notified simultaneously)</p>	Grant Period Annually	CDC to determine	BOL
5.2-15 Capacity	BOL State	PH laboratory workforce to population ratio	<p>TFAH Indicator (Does the state have the necessary lab workforce staffing to work five 12-hour days for six to eight weeks in response to an infectious disease outbreak such as novel influenza AH1N1?)</p> <p>Specification TBD</p>	TBD	TBD	TBD
5.2-16	BOL State	% Satisfaction with BOL services	Satisfaction rate from users of PH laboratory	TBD	TBD	Survey

[Survey Link for Objective 5.2 Laboratory Testing](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #5: DETECTION, SURVEILLANCE AND INVESTIGATION ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Epidemiological Surveillance and Investigation Capability, the Laboratory Testing Capability, the CBRNE Detection Capability and the Environmental Health Capability

Objective 5.3 - CBRNE Detection Capability: Chemical, biological, radiological, nuclear, and/or explosive (CBRNE) materials are rapidly detected and characterized at borders and ports of entry, critical locations, events and incidents.

Capability Definition: The CBRNE Detection capability includes the capacity for Florida to recognize potential CBRNE threats through equipment, surveillance, education and effective protocols. Planning, coordination and identification of resources are the essential ingredients to the successful "all hazards" readiness for the CBRNE capability in order to align agency preparedness strategies and resources to support and inform response efforts.

Strategy 5.3.1: Integrate public health and health care components into state CBRNE detection initiatives. The strategy will include review and recommendation of technology standards, plans, protocols and procedures for CBRNE detection, designing and delivering responder training.

Strategy 5.3.2: Sustain, evaluate and improve surveillance, monitoring systems, recovery planning and remote locations for CBRNE detection and identification. This includes BioWatch and other environmental monitors, chemical, radiological and nuclear detection and prevention activities, and surveillance for hazardous substances.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: Bureau of Labs, CHDs, Hospitals, Bureau of Epi



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.3-1 Outcome	CHDs County, State	% of CBRNE materials that are correctly identified as either a threat or non-threat	TBD	Per Event	100%	TBD
5.3-2 Process	CHDs County, State	Time in which technical assistance, consultation, and support to hazardous materials responders is initiated	Start time: Time incident begins Stop time: Time technical assistance, consultation, support is provided	Per Event/Exercise	Within 24 hours from incident	TBD
5.3-3 Process	CHDs County, State	% samples successfully sent to partners laboratories for assessment (DOH, DOACS, FDLE, etc.)	# samples # samples successfully received	Per Event/Exercise	100%	EH
5.3-4 Process	CHDs County, State	Time in which material detection information is characterized and communicated to appropriate personnel.	TCL, FEMA SPR Start time: Incident start time Stop time: Material identified, communicated to appropriate personnel	Per Event/Exercise	Within 24 hours from incident	TBD
5.3-5 Process	CHDs County, State	Time in which response is initiated after a notification to the Bureau of Radiation Control Hotline	TCL, FEMA SPR Start time: Notification to Bureau of Radiation Control Hotline Stop time: Response initiated	Per Event/Exercise	Less 12 hours	TBD
5.3-6 Process	CHDs County, State	Time in which a regulated radiation source is located upon notification of missing materials	TCL, FEMA SPR Start time: Notification of missing materials Stop time: Radiation source is located	Per Event/Exercise	Less 12 hours	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.3-7 Process	CHDs County, State	Time to initiate an epidemiologic investigation of a chemical and/or radiological epi investigation that may be of urgent public health consequences.	TCL, FEMA SPR Start time: incident beginning Stop time: initiation of investigation	Per Event/Exercise	Within 24 hours	TBD
5.3-8 Capability	CHDs County, State	% of required personnel trained to meet jurisdictional CBRNE detection requirements	TCL, FEMA SPR Numerator: # personnel requiring training Denominator: # personnel receiving CBRNE detection training	Annually	100%	TBD

[Survey Link for Objective 5.3 CBRNE Detection](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #5: DETECTION, SURVEILLANCE AND INVESTIGATION ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Epidemiological Surveillance and Investigation Capability, the Laboratory Testing Capability, the CBRNE Detection Capability and the Environmental Health Capability

Objective 5.4 - Environmental Health Capability: After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards, including exposure to infectious diseases that are secondary to the primary event as well as secondary transmission modes.

Capability Definition: Assess the Environmental Health (EH) scale of the emergency and respond effectively; address the detection and environmental aspects of infectious diseases; prepare for the long-term health impacts of environmental exposures; control exposure to biomedical waste; promote personal hygiene; inspect facilities for proper sanitary practices and equipment; ensure the proper functioning of onsite sewage treatment and disposal systems; protect drinking water wells from contamination; investigate the cause of food and waterborne disease outbreaks; protect the public from zoonotic and vector-borne diseases; conduct assessments in response to public health needs; and work to detect and protect human health against unnecessary radiological, chemical and biological agents and hazardous materials.

Strategy 5.4.1: Maintain competent, trained and credentialed Environmental Health workforce capable of conducting environmental health services and support during natural or man-made disasters.

Strategy 5.4.2: Sustain, evaluate and improve plans, protocols and ongoing surveillance activities for environmental health issues. This capability includes communication with all partners regarding EH disease risk, mitigation and prevention.

Strategy 5.4.3: Sustain, evaluate and improve the Geographic Information Systems (GIS) capacity to store, access and utilize current health and health care system data to support situational awareness and planning for disasters. Integrate public health and health care GIS with federal, state and local capabilities.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: CHDs, ESF8, Bureau of Epi, Bureau of Labs



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.4-1 Outcome	CHDs County, State	% of time that state and local drinking water regulations are met for driving water at point of use or entry into the distribution system	TBD	Per Event/Exercise	100%	TBD
5.4-2 Outcome	CHDs County, State	% of time that state and local waste water regulations are met	TBD	Per Event/Exercise	100%	TBD
5.4-3 Outcome	CHDs County, State	% vectors mitigated	TBD	Per Event/Exercise	100%	TBD
5.4-4 Process	CHDs County, State	% of acute environmental exposure investigations that general reports	PHEP Performance Measure Numerator: # of acute environmental exposure investigation reports generated Denominator: # of acute environmental exposures investigated	Per Event/Exercise	TBD	TBD
5.4-5 Process	CHDs County, State	% of acute environmental exposure reports that contain all minimal elements	PHEP Performance Measure Numerator: # of acute environmental exposure reports generated containing all minimal elements Denominator: # of acute environmental exposures generated	Per Event/Exercise	TBD	TBD
5.4-6 Process	CHDs County, State	Time in which EH spatial elements are presented to Planning section	TCL, FEMA SPR Start time: Incident begins Stop time: EH spatial elements presented to planning section	Per Event/Exercise	Within 12 hours of incident	EH GIS response files, HSEEP exercise AA Reports



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
5.4-7 Process	CHDs County, State	Time in which EH assessments are prioritized and appropriate actions are operationalized	Start time: Incident begins Stop time: EH assessments prioritized, appropriate actions initiated	Per Event/Exercise	Within 24 hours of incident	EH Emergency Assessment Reports (under development)
5.4-8 Process	CHDs County, State	Time in which environmental health data from partner agencies is incorporated into FWVSS and used to assist responders	Start time: Incident begins Stop time: EH data incorporated into FWVSS	Per Event/Exercise	Within one week of incident	EH
5.4-9 Process	CHDs County, State	Time in which EH assessments are electronically reviewed and uploaded to EH Preparedness database for follow-ups.	Start time: Assessment completed Stop time: EH assessments reviewed/uploaded	Per Event/Exercise	Within 12 hours of assessment completed	EH
5.4-10	CHDs County, State	% satisfaction with EH response	Satisfaction rate (from facilities, with strike teams)	Per Event	TBD	Survey

[Survey Link for Objective 5.4 Environmental Health](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #6: COMMUNITY RESILIENCE requires an informed, empowered and resilient public, and a prepared health care system. This goal encompasses Community Health Care System Resilience Capability, the Community Preparedness and Participation Capability, the Mass Care Capability and the Critical Infrastructure Protection Capability.

Objective 6.1 - Community Health Care System Resilience Capability: Community health care systems are prepared for and can recover quickly from all hazards.

Capability Definition: Community health care system resilience relies on the ability to ensure access to culturally informed, timely and high-quality health care and a robust public health system.

Strategy 6.1.1: Sustain, evaluate and improve plans, training, and exercises to ensure the health care system, including primary care providers, Federally Qualified Health Care Centers (FQHC), outpatient and urgent care centers, long-term care facilities and other community-based programs are prepared for their roles and responsibilities in a disaster. These roles include evacuation, continuity of operations, and plans for re-entry.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: All stakeholders



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
6.1-1 Outcome	ESF8 County, State	Time for health care system and mental health system to return to normal operations following event	TBD	Per Event	TBD	TBD
6.1-2	ESF8 County, State	Median number of community sectors that engaged in local public health, medical and/or mental/ behavioral health recovery operations following a major disaster incident	Proposed PHEP Measure (not finalized) The median number of community sectors that engaged in local public health, medical and/or mental/behavioral health recovery operations using local health department's best demonstration from one incident during the budget period	Annually	TBD	TBD
6.1-3 Process	ESF8 County, State	% of health care facilities that have received disaster training	# of facilities identified # receiving training Note: begin with FQHCs, LTC facilities	Annually	TBD	TBD
6.1-4 Process	ESF8 County, State	% of health care facilities with COOP plans	# of facilities identified # with COOP plans Note: begin with FQHCs, LTC facilities	Annually	TBD	TBD
6.1-5 Process	ESF8 County, State	% of health care facilities who have exercised COOP plans within past 12 months	# of facilities with COOP plans # facilities exercising COOP plans within past 12 months Note: begin with FQHCs, LTC facilities	Annually	TBD	TBD
6.1-6	ESF8 County, State	% of licensed child care facilities with multi-hazard written evacuation and relocation plan	TFAH Indicator: Does the state require all licensed child care facilities to have a multi-hazard written evacuation and relocation plan? # licensed child care facilities # with written evacuation/relocation plan	Annually	TBD	TBD



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
6.1-7	ESF8 County, State	% health care facilities satisfied with ESF8 partnership	Satisfaction rate	Annually	TBD	Survey

[Survey Link for Objective 6.1 Community Health Care System Resilience](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #6: COMMUNITY RESILIENCE requires an informed, empowered and resilient public, and a prepared health care system. This goal encompasses Community Health Care System Resilience Capability, the Community Preparedness and Participation Capability, the Mass Care Capability and the Critical Infrastructure Protection Capability.

Objective 6.2 - Community Preparedness and Participation Capability: An informed, empowered and resilient public.

Capability Definition: There is a structure and a process for ongoing collaboration between governmental and nongovernmental resources at all levels; volunteers and nongovernmental resources are incorporated in plans and exercises; the public is educated and trained in the four mission areas of preparedness; citizens participate in volunteer programs and provide surge capacity support; nongovernmental resources are managed effectively in disasters; and there is a process to evaluate progress.

Strategy 6.2.1: Sustain, evaluate and improve efforts to integrate the needs of vulnerable populations into preparedness planning, training and exercises. Assess community outreach efforts to vulnerable populations at the state, regional and local levels. Develop and disseminate resources and tools which support the needs of vulnerable populations to providers of care and responders.

Strategy 6.2.2: Integrate health and medical information into all-hazards preparedness training and education for residents and visitors. This will be accomplished through partnerships with state and local emergency management, state and local governmental non-emergency services agencies, community-based organizations, governmental and non-governmental entities serving vulnerable populations and other non-governmental organizations (NGOs).

Strategy 6.2.3: Establish protocols for long-term health and behavioral health monitoring of the population following chemical, radiological or nuclear events.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: All stakeholders



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
6.2-1 Outcome	CHDs County, State	% of population responding to official instructions and providing self care and bystander care	FEMA SPR Add measures to BRFSS: <ul style="list-style-type: none"> • Do you have a personal preparedness plan • Do you have enough food/water/medications to last you and your family 3 days • Would you evacuate if told to evacuate? • Are you trained in CPR? 	Per Event	100%	BRFSS
6.2-2 Process	CHDs County, State	Median number of community sectors in which local health departments identified key organizations to participate in public health related emergency preparedness efforts	Proposed PHEP Measure Median number of community sectors in which local health department identified key organizations to participation in public health related emergency preparedness efforts	TBD	TBD	TBD
6.2-3 Process	CHDs County, State	Median number of community sectors that local health departments engaged in activities related to the determination of local hazards, vulnerabilities and risks that may impact public health	Proposed PHEP Measure Median number of community sectors that local health department engaged in activities related to the determination local hazards, vulnerabilities, risks that may impact public health	TBD	TBD	TBD
6.2-4 Process	CHDs County, State	The proportion of key organizations that participated in a significant public health emergency preparedness activity	Proposed PHEP Measure The proportion of key organizations that participated in a significant public health emergency preparedness activity	TBD	TBD	TBD



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
			<p>A: development of key organization's own strategies, emergency operations plans, and/or emergency response operations related to public health emergency preparedness</p> <p>B. Jurisdiction-wide exercises (sponsored by local health department or emergency management) with a public health focus or component</p> <p>C. Competency-based training on public health preparedness and response</p> <p>D. Education of their own constituency groups regarding plans for addressing public health preparedness and response</p> <p>Numerator: Number of key organizations that participated in one or more of the</p> <p>Denominator: Total number of key organizations identified by local health department (as specified in CP1)</p>			
6.2-5 Process	CHDs County, State	The median number of community sectors that participated in developing and/or reviewing community recovery plans related to locally identified hazards, vulnerabilities and risks that may impact public health	Proposed PHEP Measure The median number of community sectors that participated in developing and/or reviewing disaster recovery plans related to locally identified hazards, vulnerabilities or risk that may impact public health	TBD	TBD	TBD
6.2-6 Process	NEPP County, State	Increase in number of new Neighborhood Emergency Preparedness Program (NEPP) communities	Approved funding agreements in place before release of schedule C funds MOA established between each participating	Annual	12 new annually	CHD/ State NEPP Coordinators



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
			community and CHD			
6.2-7 Process	NEPP County, State	% of new NEPP with preparedness plans	# new NEPP # with preparedness plans	Annual	100%	CHD / State NEPP Coordinators
6.2-8 Process	NEPP County, State	% of annual increase in number of citizens educated and trained in NEPP community preparedness plan	# citizens in NEPP communities # citizens trained in NEPP community preparedness plan	Annual	80%	CHD / State NEPP Coordinators
6.2-9 Satisfaction	NEPP County, State	% stakeholder engagement/ satisfaction in preparedness planning	Satisfaction rate of NEPP communities	Annual	TBD	Survey

[Survey Link for Objective 6.2 Community Preparedness and Participation](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #6: COMMUNITY RESILIENCE requires an informed, empowered and resilient public, and a prepared health care system. This goal encompasses Community Health Care System Resilience Capability, the Community Preparedness and Participation Capability, the Mass Care Capability and the Critical Infrastructure Protection Capability.

Objective 6.3 - Mass Care Capability: Mass care services, including sheltering, feeding, and appropriate health care services, are rapidly provided for the population and companion animals within the affected area.

Capability Definition: Mass care is the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items and related services to persons affected by a large-scale incident. This capability includes special needs shelter management and delivery of public health and health care services for populations at risk for a poor health outcome due to a disaster who are located in a mass care or community stabilization setting.

Strategy 6.3.1: Sustain, evaluate and improve plans, protocols, and procedures to provide public health and health care services in mass care settings. This includes annual review and revision of the state and county special needs shelter plans, training and exercising, and the integration of MRC and discharge planning teams.

Strategy 6.3.2: Maintain partnerships that support sheltering of persons with special needs, including pre-registration and discharge planning. Key partnerships include the Florida Department of Elder Affairs, the Florida Division of Emergency Management, county health departments and local emergency managers.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: local and state ESF8



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
6.3-1 Outcome	ESF8 County, State	% of citizens with disabilities or special needs (requiring 24 hour care and/or equipment) who had access to life sustaining resources during emergency situations	FEMA SPR TBD	Per Event	100%	Interagency Committee
6.3-2 Process	ESF8 County, State	% of mass shelters ADA compliant	# shelters # shelters that meet ADA requirements	Per Event	100%	TBD
6.3-3 Process	Regional special needs consultants County, state	% of requested special needs shelters are ready for operation related to staffing and equipment needs	FEMA SPR Annual SpNS assessment conducted Pass/Fail	Annual	100%	Regional SpNS Quarterly Report
6.3-4 Capability	ESF8 County, state	% of special needs shelter asset typed teams completing training	Type I-IV SpNS Asset typed teams: Type I: incident mgmt team 7 people Type II: SpNS operational team 8 people Type III: medical and logistical augmentation team: 20 people Type IV: logistics augmentation team: 10 people All members complete all trainings	Annual (prior to hurricane season)	100%	Regional SpNS Quarterly Report
6.3-5 Process	ESF8 County, state	Time in which shelters are opened	TCL, FEMA SPR Start time: Activation of mass care plan Stop time: Time shelter opens	Per Event	Within 6 Hours	TBD
6.3-6 Process	ESF8 County, State	% of shelters with 72 hour self-sufficiency	TCL FEMA SPR # shelters # shelters with 72 hour self-sufficiency	Per Event	100%	TBD



**Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement
Measure Detail**

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
6.3-7 Process	ESF8 County, State	% of shelter population registered within 24 hours of residing in shelter	TCL FEMA SPR # individuals in shelter # registered within 24 hours	Per Event	100%	TBD
6.3-8 Process	ESF8 County, State	% of shelters reporting shelter population every 24 hours	TCL FEMA SPR # shelters # reporting shelter population every 24 hours	Per Event	100%	TBD
6.3-9 Process	ESF8 County, State	% of companion animals sheltered and/or referred to appropriate responsible authority	TCL FEMA SPR # individuals with companion animals # companion animals sheltered and/or referred for sheltering	Per Event	100%	TBD
6.3-10 Process	ESF8 County, State	Time in which initial food is provided	TCL FEMA SPR Time shelter opens Time initial food is provided	Per Event	Within 6 hours from activation	TBD
6.3-11 Process	ESF8 County, State	% of special needs population pre-registered	Identified special needs populations # pre-registered for special needs shelter	Annual	100%	Special Needs Shelter Registry
6.3-12 Satisfaction	ESF8 County, State	% satisfaction with special needs shelter	Satisfaction Rate	Annual	TBD	Survey

[Survey Link for Objective 6.3 Mass Care](#)



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

Public Health and Health Care Preparedness Strategic Plan Reference

Goal #6: COMMUNITY RESILIENCE requires an informed, empowered and resilient public, and a prepared health care system. This goal encompasses Community Health Care System Resilience Capability, the Community Preparedness and Participation Capability, the Mass Care Capability and the Critical Infrastructure Protection Capability.

Objective 6.4 - Critical Infrastructure Protection Capability: The risk to, vulnerability of, and consequence of an attack on critical infrastructure are reduced or eliminated.

Capability Definition: The Critical Infrastructure Protection (CIP) capability enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue and mitigate deliberate efforts to destroy, incapacitate or exploit Florida's critical infrastructure and key resources. Strategy 6.4.1: Continue integration of health care sector critical infrastructure and key resources into State Critical Infrastructure Program.

Strategy 6.4.2: Sustain, evaluate and expand the number of hazard vulnerability assessments (HVAs) for health care sector critical infrastructure and key resources integrated into the Florida Critical Infrastructure Program.

Strategy 6.4.3: Ensure Critical Infrastructure HVA data are integrated into planning, training, exercising and equipping priorities.

There are no related CDC PHEP capabilities/measures for this Objective

Recommended Reviewers: Hospitals, ESF8



Florida Public Health and Health Care Preparedness (PHHP) Performance Measurement Measure Detail

PM# / TYPE	REPORTING ENTITY REPORTING LEVEL	MEASURE	MEASURE SPECIFICATIONS	REPORTING PERIOD / FREQUENCY	TARGET AND TARGET SOURCE	DATA SOURCE
6.4-1 Outcome	Hospitals County, State	# of hospitals where protections fail	National Infrastructure Plan Protection failure definitions include campus control, unauthorized access, ability to successfully lock down, back up generator, etc.	Per Event	0	TBD
6.4-2 Process	Hospitals County, State	% of hospitals completing annual review of HVA	TCL, FEMA SPR hospitals # completing annual HVA review	Annual	100%	HFASI. ACAMS, HLS CAM, After Action Reports and Corrective Action Plans from annual exercises
6.4-3 Process	Hospitals County, State	% of hospitals for which modifications to address HVA findings have been implemented	TCL, FEMA SPR # hospitals with HVA findings # hospitals implementing modifications to address HVA findings	Annual	100%	HFASI. ACAMS, HLS CAM, After Action Reports and Corrective Action Plans from annual exercises
6.4-4 Process	Hospitals County, State	% of hospitals conducting exercises to test effectiveness of protective measures	TCL, FEMA SPR # hospitals # conducting TJC required two exercises per year to test effectiveness of protective measures	Annual	100%	ACHA Hospital Data, DOH Contract Data and Exercise After Action Reports

[Survey Link for Objective 6.4 Critical Infrastructure Protection](#)