1

2

2017 HPP Performance Measures

Pre-Decisional Draft

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Preparedness and Response

Contents

2017 HPP Performance Measures Overview

- Performance Measures (PMs) are listed and grouped under six broad categories: Resources and Planning, Engagement, Coordination, Communication, Patient Care, and Continuous Learning. Each PM description includes:
  - *Operational Intent*—A brief description of the purpose of the measure
  - *Data Elements*—The data points that will be reported to inform the measure
  - *Source*—Who is providing the data for the measure (awardee or HCC) and whether the data is collected during an exercise or a communications drill
  - *Alignment to Capabilities*—List of the 2017-2022 Health Care System Preparedness and Response Capabilities to which the measure aligns.
- The Coalition Surge Test exercise will be required annually and the manual and evaluation tools are available online (http://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx). Data from the associated evaluation tool will inform the performance measures that have Coalition Surge Test exercise listed under the Source.

Coalition Surge Test Exercise Overview

- This Coalition Surge Test exercise assesses a coalition's ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of up to three inpatient patient care facilities.
- **The exercise is a low/no-notice exercise.** Low/no-notice exercising is important in ensuring that health care coalitions can transition quickly and efficiently into "disaster mode" and provide a more realistic picture of readiness than pre-announced exercises. At least one month in advance, the trusted insider will identify the assessment team and inform coalition members that an exercise will occur within a two-week window. Coalition members will not know the exact date and time, and they will not know whether they are playing the role of "evacuating" or "receiving" facility.
- **The exercise is designed to be challenging.** Some coalitions may not be able to launch and complete the tool in the allotted time. Struggling with a challenging drill may be more helpful in the long run than succeeding with an easier one.
- **The exercise is intended to improve health care system response readiness***.* Health care coalitions will select their own peer assessors who can provide tough, but constructive, feedback to improve response.
- **The exercise tests overall health care system response***.* Although the exercise simulates a health facility evacuation, it can reveal preparedness capabilities needed for a number of different scenarios. These capabilities may include emergency operations coordination, information sharing, and medical surge capacity.
- The entire exercise takes approximately four hours to complete and includes the following phases:

Phase 1: Functional Exercise (90 minutes)

- The exercise starts 60 minutes after the assessment team notifies one or more hospitals or other patient-care facilities that they need to stand up their facility command centers. Phase 1 ends when all patients are placed or after 90 minutes, whichever comes first.

Phase 2 & 3: Facilitated Discussion and Hotwash (2.5 hours)

- Ideally, these phases occur immediately after Phase 1, but **can be scheduled for a later date.**
- The next phase is devoted to a facilitated discussion that explores issues raised during Phase 1, which may include: patient transportation planning, receiving health care facility capacity, patient tracking and public information, the needs of vulnerable patients, and continuity of operations.
- A hotwash, or after action review, concludes the exercise and consists of an assessment of strengths and weaknesses and corrective action planning.

Category: Resources and Planning

PM1: **Percent of funding each HCC receives from the awardee, other federal sources, and other non-federal sources.**

Operational Intent

- Provides insight into the amount of funding each HCC receives to better enable linking HCC funding and program outcomes, as well as HCC sustainability (diversity of funding). This measure is not intended to collect information on in-kind goods or services provided to the HCC by any source.

Data Points

- Total HPP funding amount each HCC received from the awardee
- Total funding each HCC received from non-federal sources
- Total funding each HCC received from other-federal sources (e.g., PHEP, DHS funding) (HCC will be asked to identify funding source in open text)
- Total funding each HCC received from all sources

Source

- HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

PM2: **Number of calendar days from start of budget period for awardees to execute subawards with each HCC.**

Operational Intent

- Provides insight into administrative readiness and efficiency of awardees in executing subawards to HCCs in a timely basis.

Data Points

- Number of calendar days from start of budget period for awardee to execute subawards with each HCC.

Source

- Awardee

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

PM3: **Percent participation rate of HCC core (acute care Hospitals, EMS, Emergency Management, Public Health) and additional member organizations by member type.**

(See Capability 1, Objective 1, and Activity 2 for information about member types) (HPP will aim to have a new HPP/PHEP IT system that will require onetime data entry of HCC member organizations' type, legal name, and address to capture information on member names such as in the below data points.)

Operational Intent

- Determine if HCCs' membership is appropriate for the community it serves by assessing rate of participation of potential core and additional members, and track HCC membership trends over time.

Data Points

- Core member organizations participating in the HCC, disaggregated by member type (HCC)
- Total number of core member organizations within HCC boundaries, disaggregated by member type (Awardee)
- Additional member organizations participating in the HCC, disaggregated by member type (HCC)

- Total number of additional member organizations within HCC boundaries, disaggregated by member type (Awardee)

Source

- Awardee and HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

---

PM4: **Percent of HCCs that have a complete Preparedness Plan.**

Operational Intent

- Determine if HCCs have a Preparedness Plan approved by all member organizations as described in Capability 1, Objective 1, Activities 1-5 of the *2017-2022 Health Care Preparedness and Response Capabilities*. Specific requirements for the Preparedness Plan will be delineated in the 2017 HPP Funding Opportunity Announcement.

Data Points

- The HCC has a complete Preparedness Plan with the required components (required by the end of Budget Period 1) [Y/N]
- The HCC has a Preparedness Plan that has been approved and signed by its member organizations [Y/N]

Source

- HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness
- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

PM5: **Percent of HCCs that have a complete Response Plan.**

Operational Intent

- Determine if HCCs have a response plan approved by all member organizations as described in Capability 2, Objective 1, Activities 1 and 2 of the *2017-2022 Health Care Preparedness and Response Capabilities* for discussion of the key components of the Preparedness Plan, specific requirements for the response plan will be delineated in the 2017 HPP Funding Opportunity Announcement and/or subsequent budget years' Continuation Guidance.

Data Points

- The HCC has a complete Response Plan with the required components (required by the end of Budget Period 2) [Y/N]
- The HCC has a Response Plan that has been approved and signed by its member organizations [Y/N]

Source

- HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness
- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

PM6: **Percent of awardees and HCCs that obtain de-identified data from emPOWER at least once per quarter to identify populations with access and functional needs for planning purposes.**

Operational Intent

- Determine if awardees and HCCs have up-to-date data on populations with access and functional needs in their jurisdiction for planning purposes. Numbers of individuals with access and functional needs available in emPOWER represents a floor for potential population needs in an emergency; awardees and HCCs should at least plan for the populations needs based on emPOWER data, although actual needs of the population are certainly greater. For example, emPOWER data does not capture populations covered by Medicaid, including children.

Data Points

- The awardee obtains de-identified data from emPOWER at least once per quarter to identify populations with access and functional needs for floor planning purposes [Y/N]
- The awardee shares the emPOWER data with its partners at least quarterly to inform plans [Y/N]
- The HCC obtains de-identified emPOWER map data to understand numbers of persons with access and functional needs in their community at least once per quarter [Y/N]

Source

- Awardee
- HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

PM7: **Percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.**

Operational Intent

- Determine if awardees are connected with the Emergency Medical Services for Children (EMSC) program in their jurisdiction to foster coordination and planning for pediatric medical emergencies and incentivize relationships and initiatives with EDs that are able to stabilize and/or manage pediatric medical emergencies. **Joint measure with EMSC.**

Data Points

- The HPP awardee and the EMSC awardee within their jurisdiction provide a joint letter of support indicating that EMSC and HPP are linked at the awardee level [Y/N]
- (Hospitals with EDs that are able to stabilize and/or manage pediatric medical emergencies provided by EMSC.)

Source

- Awardee will provide the letter of support
- EMSC will provide the data on hospitals with EDs that are able to stabilize and/or manage pediatric medical emergencies. HPP awardees, HCCs, and hospitals do not need to provide any data to HPP for this component of the measure.

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness
- Capability 4 – Medical Surge

PM8: **Percent of awardees that have HCCs incorporated into the ESF-8 response plans.**

Operational Intent

- Assess whether HCCs are integrating with ESF-8.

Data Points

- The awardee has provided an opportunity for each HCC to review and provide updates to the awardee's ESF-8 response plan [Y/N]

Source

- Awardee

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

PM9: **Percent of HCCs engaged in their awardee's jurisdictional risk assessment.**

Operational Intent

- Assess extent to which HCCs participate in the development of their jurisdiction's risk assessment.

Data Points

- Each HCC has provided input into its awardee's jurisdictional risk assessment [Y/N]

Source

- HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

Category: Engagement

PM10: **Percent of HCC member organizations participating in the table top portion during the first 90 minutes of the Coalition Surge Test exercise.**

Operational Intent

- Gauge extent to which HCC member organizations are engaged in the coalition.

Data Points

- HCC core member organizations participating in the table top portion during the first 90 minutes of the Coalition Surge Test exercise
- HCC additional member organizations participating in the table top portion during the first 90 minutes of the Coalition Surge Test exercise

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

PM11: **Percent of HCC member organizations and their executives participating in a post Coalition Surge Test exercise lessons-learned event (facilitated discussion, hotwash) during the last 2.5 hours of the exercise.**

Operational Intent

- Provides insight into the extent to which HCC member organizations and their executives are engaged in the lessons-learned event after required surge exercise.

Data Points

- HCC core member organizations participating in a Coalition Surge Test exercise lessons-learned event (facilitated discussion, hotwash) during the last 2.5 hours of the exercise
- HCC additional member organizations participating in a Coalition Surge Test exercise lessons-learned event (facilitated discussion, hotwash) during the last 2.5 hours of the exercise
- Number of HCC core and additional member organizations with executives participating (in person or virtual) in a Coalition Surge Test exercise lessons-learned event (facilitated discussion, hotwash) during the last 2.5 hours of the exercise

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

PM12: **Percent of HCC member organizations that have shared lessons learned from facility-level drills or exercises with the HCC.**

Operational Intent

- HCC member organizations must meet various regulatory and accreditation requirements on preparedness that require exercises or drills. Member organizations should regularly share lessons learned at the facility-level with their coalition to inform coalition planning.

Data Points

- Number of HCC member organizations that shared lessons-learned from their facility's drills and exercises to inform coalition planning.

Source

- HCC member organizations

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

Category: Coordination

PM13: **Time [in minutes] for evacuating facilities in the HCC to report the total number of evacuating patients.**

Operational Intent

- Measures how quickly evacuating facilities are able to assess and communicate essential information across the HCC during an exercise as a proxy for response in a real emergency.

Data Points

- Number of minutes after start of the Coalition Surge Test exercise for the last evacuating facility to report the number of patients to be evacuated.

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery

PM14: **Time [in minutes] for receiving facilities in the HCC to report the total number of beds available to receive patients.**

Operational Intent

- Measures how quickly receiving facilities are able to assess and communicate essential information across the HCC during an exercise as a proxy for response in a real emergency.

Data Points

- Number of minutes after start of the Coalition Surge Test exercise for the last potential receiving facility (all facilities that are able to receive patients per the coalition plans) in the HCC to report the number of beds available to receive patients during the exercise.

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

PM15: **Time [in minutes] for the HCCs to identify a clinically appropriate and available transportation asset for each evacuating patient.**

Operational Intent

- Measures how quickly HCCs can coordinate between EMS, evacuating facilities, and other member organizations to identify appropriate transportation for evacuating patients in an exercise as a proxy for response in a real emergency.

Data Points

- Number of minutes after start of the Coalition Surge Test exercise for a clinically appropriate and available transportation asset to be identified for each evacuating patient in the exercise.

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery

Category: Communication

PM16: **Percent of HCCs that have exercised their redundant communications plans and systems and platforms at least biannually.**

Operational Intent

- Assess whether regular communications drills are taking place to help ensure that communications systems and plans and backup systems and plans are working when needed.

Data Points

- The HCC has exercised their redundant communications plans and systems and platforms at least biannually [Y/N]

Source

- HCC (drill)

Alignment to Capabilities

- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery

PM17: **Percent of HCC member organizations that responded during a communications drill by system and platform type used.**

Operational Intent

- Provide insight into how and how completely HCCs are able to reach their member organizations during a communications drill or exercise (see PM16).

Data Points

- Communication platforms used during the drill (Select all that apply)
  - Telephone
  - Satellite telephones
  - Electronic system
  - Radios
  - HAM radios
  - Incident management software
  - Bed and patient tracking systems
  - EMS information systems
  - Other (specify)
- Number of HCC member organizations who responded using each identified system/platform

Source

- HCC (drill)

Alignment to Capabilities

- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery

Category: Patient Care

PM18: **Percent of patients discharged to home from evacuating facilities in 90 minutes.**

Operational Intent

- Assess demonstrated ability to appropriately decompress in an exercise as a proxy for ability to surge in an emergency.

Data Points

- Number of patients discharged to home from the evacuating facility during a Coalition Surge Test exercise
- Total patients at evacuating facility (beginning of exercise)

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

PM19: **Percent of patients needing to be evacuated to another health care facility with a bed identified at a receiving facility in 90 minutes.**

Operational Intent

- Assess demonstrated ability to meet initial patient care needs in an exercise as a proxy for response in an emergency.

Data Points

- Total beds confirmed at receiving facilities (at the end of the functional portion of the exercise)
- Total patients all evacuating facilities need to evacuate (beginning of exercise, less discharge)

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

PM20: **Percent of patients with clinically appropriate transportation needs identified in 90 minutes.**

Operational Intent

- Assess demonstrated ability to meet patient transportation needs by finding transportation resources that match patient numbers and their needs in an exercise as a proxy for response in an emergency.

Data Points

- Total patients matched to confirmed and clinically appropriate vehicles for patient transport (at the end of the exercise)
- Total patients the evacuating facility needs to evacuate (beginning of exercise, less discharge)

Source

- HCC (Coalition Surge Test exercise)

Alignment to Capabilities

- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

Category: Continuous Learning

PM21: **Percent of HCCs where areas for improvement have been identified from exercises or real-world events and the preparedness strategy has been revised to reflect improvements.**

Operational Intent

- Assess the ability of HCCs to integrate continuous learning from exercises and events.

Data Points

- The HCC has identified areas for improvement from exercises or real-world events [Y/N]
- If yes, the HCC has revised its preparedness strategy to reflect improvements [Y/N]

Source

- HCC

Alignment to Capabilities

- Capability 1 – Foundation for Health Care and Medical Readiness

Glossary

Access and Functional Needs

- Access-based needs: All people must have access to certain resources, such as social services, accommodations, information, transportation, medications to maintain health, and so on.
- Function-based needs: Function-based needs refer to restrictions or limitations an individual may have that require assistance before, during, and/or after a disaster or public health emergency.[1]

Additional members

- Additional HCC members include, but are not limited to, the following:
  - Behavioral health services and organizations
  - Community Emergency Response Team (CERT)[2] and Medical Reserve Corps (MRC)[3]
  - Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks4
  - Federal facilities (e.g., U.S. Department of Veterans Affairs Medical Centers, Indian Health Services facilities, military treatment facilities)
  - Home health agencies (including home and community-based services)
  - Infrastructure companies (e.g., utility and communication companies)
  - Jurisdictional partners, including cities, counties, and tribes
  - Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
  - Local public safety agencies (e.g., law enforcement and fire services)
  - Medical and device manufacturers and distributors
  - Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disaster amateur radio operators, etc.)
  - Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs)[5], urgent care centers, free standing emergency rooms, stand-alone surgery centers)
  - Primary care providers, including pediatrics and women's health providers
  - Public or private payers (e.g., Medicare and insurance companies)
  - Schools and universities, including academic medical centers
  - Skilled nursing, nursing, and long-term care facilities
  - Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
  - Other (e.g., child care services, dental clinics, social work services, faith-based organizations)

Core HCC members

- Core HCC members must include, at least, the following:
  - Hospitals (e.g., acute care, trauma centers, burn centers, children's hospitals, rehabilitation hospitals)
  - EMS (including inter-facility and other non-EMS patient transport systems)
  - Emergency management organizations
  - Public health agencies

[1] "At Risk Individuals." *Public Health Emergency*, 8 Sept. 2016. Web. Accessed 16 Sept. 2016. Available online at http://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx

[2] "Community Emergency Response Teams." *FEMA*, 31 Aug. 2016. Web. Accessed 7 Sept. 2016. Available online at http://www.fema.gov/community-emergency-response-teams/.

[3] "Medical Reserve Corps." *MRC,* 6 Jul. 2016. Web. Accessed 7 Sept. 2016. Available online at https://www.medicalreservecorps.gov/HomePage.

[4] "ESRD Networks." *KCER*, 2016. Web. Accessed 7 Sept. 2016. Available online at http://kcercoalition.com/en/esrd-networks/

[5] "What are Federally qualified health centers?" *HRSA,* n.d. Web. Accessed 7 Sept. 2016. Available online at http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html.

Emergency Support Function-8 (ESF-8) – Public Health and Medical Services Annex

- ESF-8 (Public Health and Medical Services) provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the following:
  - Public health and medical care needs
  - Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA)
  - Potential or actual incidents of national significance
  - A developing potential health and medical situation[6]

Health Care Coalition(s) (HCC)

- A group of individual health care and response organizations (e.g., hospitals, emergency medical services (EMS), emergency management organizations, public health agencies, etc.) in a defined geographic location. HCCs play a critical role in developing health care delivery system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with ESF-8 activities in the context of incident command system (ICS) responsibilities.

Health Care Coalition (HCC) Member

- An HCC member is defined as an entity within the HCC's defined boundaries that actively contributes to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management.

Member Type

- A category of health care coalition (HCC) members that represents a type of facility or organization (e.g., all nursing facilities, all hospitals, or all emergency medical services (EMS) agencies within one HCC).

[6] "Emergency Support Functions" *Public Health Emergency,* 2 Jun. 2015. Web. Accessed 12 Sept. 2016. Available online at http://www.phe.gov/Preparedness/support/esf8/Pages/default.aspx#8.