

# Suggested Formatting and Examples Section C: Narrative Response of PPHR Re-recognition Application

In addition to meeting the three goals in the regular criteria, re-recognition applicants must also complete a matrix of significant changes made to the all-hazards, training, and exercise plans, as well as explain how these changes were identified, implemented, exercised, and evaluated.

The entire PPHR application process aligns with the continuous quality improvement (CQI) model. The narrative section in the re-recognition application is the culmination of the last activity in the CQI loop. The narrative section should be able to effectively and succinctly describe these changes. This document is specifically focusing on recommendations and best practices on successful Narrative Section Responses and formatting.

Applicants have some flexibility in the narrative section to describe how their plans and past responses to particular events relate to the CQI process. These narrative responses are more qualitative and subjective in nature, and thus require applicants to concisely articulate how their response relates to each criteria element and sub-element. NACCHO does not endorse any single response type, however a few examples from previous applications are provided to assist applicants with the layout and quality of response.

Keep in mind that you should be telling a story about the examples you provide demonstrate change including how it was identified, how change was implemented, how it has or will improve the response capability of the LHD and how this process ties into the overarching quality improvement process.



**EXAMPLE 1.** An identified best or promising practice for completing the narrative section is to create a separate word document containing all the responses to Section C, Questions 1-9. Insert hyperlinks inside this word document as warranted, but ensure any hyperlinks to external evidence for each sub measure are contained in the application itself. Be sure to include a hyperlink to the separate narrative document for each measure/sub measure in the application as well. Noted below is a specific example of how an applicant utilized a separate narrative document as a link within their application.

*Narrative Question 3: Significant additions/revisions to the workforce development plan*

Prior to the 2012 PPHR application, the BCDH (1) identified the need to plan for the mass prophylaxis of first responders. We see this as a priority in order to be able to perform the response functions required by a large scale MCM response. Research supports this planning priority, (2) as concern for self and family have been shown to be major reasons why people don't report to work during an emergency. This, combined with (2) changes in our medical countermeasures and mass dispensing procedures led Preparedness Program staff to develop a plan specifically for the mass prophylaxis of first responders. (1) Major changes to the first responder mass prophylaxis planning include the following:

- (3)Appendix to Annex G: As with the Closed POD Plan and POD Plan, the FRMP Plan was expanded and included as an appendix to Annex G rather than being included in the main body of the Annex.
- (3)First Responder Medication Cache: The BCDH changed its approach to maintaining a medication cache for the prophylaxis of first responders. Currently, a MOA with a local pharmacy includes the maintenance and deployment of the first responder medication cache rather than the BCDH maintaining this stockpile. These new procedures are addressed in the plan.
- (3/4)A tiered approach for medication distribution: The BCDH, in consultation with first responders, changed the process utilized for the distribution of MCMs to first responders. A tiered approach to moving the medication cache from storage to the individual first responder was the result of those planning efforts.
- (3/4)Logistics and communications: As a result of the tiered approach, the new plan includes updated logistics and communications procedures.
- (3) Agreements with Tier 1 First Responder PODs (FR-PODs): The BCDH conducted planning and outreach with first responder groups to identified locations to serve as Tier 1 FR-PODs. MOAs have been secured with all Tier 1 FR-PODs.
- (3)Program maintenance: The FRMP includes procedures for maintaining and expanding the program.

To develop this plan, Preparedness Program staff conducted research into best practices and planning requirements. Staff also conducted outreach to pharmaceutical partners and first responders and

→ (1) What was the change?—applicant clearly identifies changes made to specific plan

→ (2) Identified need for change: applicant clearly states that changes to MCM procedures + research were the impetus for planning changes

→ (3) Implementation of change: applicant details how each change was executed

→ (4) Skillset/knowledge area addressed: applicant outlines changes distribution procedures

→ (5) End paragraph clearly details the connection back to

<p>incorporated them into the planning process. (5) This collaborative planning process has strengthened our response relationships with our first responder and pharmaceutical response partners which are also aiding in continued planning and recruitment. We now have an established process to provide MCMs to first responder groups and a medication cache with an established maintenance and deployment process. The BCDH plans to test a component of the FRMP Plan via drill or exercise by 2020, the outcomes of which will be documented in an AAR-IP.</p>	<p><i>improving/sustaining response capability</i></p>
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**EXAMPLE 2.** Another example of promising practice may be to follow a similar format as outlined above, but instead of creating a comprehensive separate narrative document, rather insert this narrative response in the corresponding application criteria along with necessary hyperlinks for evidence. The example below shows how an applicant addressed each of the required elements within the application document.

<p><i>Describe how your current exercise plan has been informed by the exercises you have planning, conducted, and participated in. Include a description of how you incorporated evaluations of previous exercises into this plan, providing at least two examples.</i></p>	<p>→Two specific examples provided?—SEE RED HIGHLIGHT ‘Example 1 &amp; Example 2’ applicant uses clear formatting to indicate the two distinct examples</p> <p>→ (1) Do examples detail exercises LHD has planned, conducted or participated in since previous recognition?—each example clearly relates to past exercises</p> <p>→ (2) Identify how CURRENT exercise plan is informed by examples given—applicant clearly notes changes or anticipated changes to plan *Note—applicant refers to information given in a previous response. NACCHO recommends applicants include relevant information for EACH narrative question where appropriate.</p> <p>→ (3) Describe how evaluation of past exercises are incorporated into current exercise plan—applicant details how evaluation results are incorporated into subsequent exercises *Note—NACCHO recommends applicants include relevant information for EACH narrative question where appropriate.</p> <p>→ Overall this narrative is a strong response because it demonstrates the relationship between past exercises and the current and future exercises this LHD has planned.</p>
<p>ECPH’s exercise plan is always informed by the results of previous exercises, workforce development needs, and opportunities to partner with other OEMs to maximize testing capabilities. The two examples below highlight how previous exercises informed our current plan.</p> <p><u>Example 1:</u> ECPH (1) participated in a bi-regional, ten-county functional exercise in February 2016 called “Coughmonic.” Coughmonic was meant to test emergency operation coordination, information sharing, medical surge, and community recovery in response to a large-scale respiratory disease outbreak with a high rate of person-to-person transmission. ECPH’s Emergency Preparedness and Response program manager and staff planned the exercise with CDPHE and the South Central Healthcare Coalition. Exercise play included establishing incident command (IC), EOC activation, patient tracking and healthcare facility status, information sharing, and community health system recovery.</p> <p>The AAR for Coughmonic identified areas of improvement including for better communication among partners to create a common operating picture. (3) ECPH used the feedback from Coughmonic to improve communication among healthcare partners for the 2017 PHED-Ex full-scale exercise. Specifically, the Liaison Officer position was activated in PHED-Ex and those staff shared information with the Healthcare Coalition and other local public health agencies throughout the two-day exercise. The information shared was based on a situation report template created together by ECPH and the Healthcare Coalition. Also the IC used WebEOC to provide updates electronically to create a common operating picture among all agencies. The AAR from PHED-Ex indicated increased satisfaction among partners for information sharing, although it was noted that the volume of information needed likely called for additional staff to be activated in the Liaison Officer area to meet the unique needs of partners in El Paso County and the South Central Region partners. (3) The job action sheet for the Liaison Officer has been updated to include usage of the situation report template and methodologies for communication with partners, to include WebEOC, teleconferences, and distribution of health alert notices in a timely fashion. (2/3) These revised strategies will be incorporated into the next set of exercise plans in 2018 and beyond.</p> <p><u>Example 2:</u> El Paso County and Colorado Springs OEMs work together to create a multi-year calendar of exercise and training activities, primarily to meet their emergency preparedness responsibilities. (2) Since 2015, the ECPH was invited to attend the Training and Exercise Planning Workgroup (TEPW) meetings to assure that health and medical needs could be included in the calendar or inserted into existing exercises to better test our full capabilities as a community. As a result of joining the TEPW, (1) ECPH was able to test its FAC Annex capabilities during the City/County OEM 2016 “Skyfall” and 2017 “Freebird” exercises at the Colorado Springs Airport. Included in the Freebird training objectives were ESF#8 functions and FAC Annex plans for:</p> <ol style="list-style-type: none"> <li>1. Exercise notification procedures of airport incident</li> <li>2. Establish, in conjunction with the airline, ECPH and partner agencies, a fully functional FAC at Colorado Springs airport</li> <li>3. Establish and exercise procedures for allowing Red Cross workers on to a closed airport facility</li> <li>4. Establish and exercise procedures for Check In of Red Cross workers at the airport</li> <li>5. Establish and exercise procedures to assist airline with registering contact information of friends and family members</li> </ol> <p>(2*/3*) Opportunities for improvement from the Freebird AAR regarding the FAC is included in Question 1, Example 2. (2) ECPH also surveys our South Central Healthcare Coalition members each year prior to the TEPW so that we can better represent the training and exercise needs of our coalition partners. The needs of our partners are also represented in ECPH’s exercise plan.</p>	