

## FY 12 Hospital Preparedness Program (HPP) Performance Measures

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| <b>HPP 1.1:<br/>Healthcare System<br/>Preparedness</b> | <p><b>Percent of healthcare coalitions (HCCs) that have established formalized agreements and demonstrate their ability to function and execute the capabilities for healthcare preparedness, response, and recovery as defined in <i>Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness</i></b></p> <p><b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b></p>  |
| <b>Measurement Specifications</b>                      | <p><u>Numerator:</u> Number of healthcare coalitions that have established formalized agreements and demonstrate their ability to function and execute the capabilities for healthcare preparedness, response, and recovery as defined in the Healthcare Preparedness Capabilities Guidance</p> <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p> <hr style="border-top: 1px dashed #000;"/> <p>In order for a healthcare coalition to report a positive result for this measure, the coalition must answer ‘Yes’ to each data element.</p> <p>Calculate the awardee result as the average of all healthcare coalition results</p> <p>For the final measure result, take the average of all awardee results.</p>  |
| <b>Intent</b>  | To determine whether healthcare coalitions possess the capabilities defined in the Healthcare Preparedness Capabilities Guidance  |
| <b>Type</b>  | Program improvement; Planning   |
| <b>Reporting Criteria</b>                              | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the <b>healthcare coalition level</b> as appropriate for the question.</li> </ul>   |
| <b>Reported Data Elements</b>                          | <ul style="list-style-type: none"> <li>➤ Has the HCC successfully used formalized agreements and demonstrated the ability to function and execute the capabilities for healthcare preparedness, response, and recovery in an exercise or event within the past year?</li> <li>➤ Has the HCC successfully implemented “lessons learned” and corrective actions from an exercise or event within the past year?</li> <li>➤ Has the HCC conducted at least one exercise to test State, regional and facility-level healthcare disaster plans considering scenarios identified by a Hazard Vulnerability Assessment (HVA)?</li> <li>➤ Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, charters, or other supporting documents that define:</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• The member organizations of the HCC?</li> <li>• Agreement to aid coalition members and to share resources and information</li> <li>• Representation by subject matter experts (SMEs)?</li> <li>• Non-healthcare constituencies?</li> </ul> <p>➤ Please estimate the total percentage of the State population covered by each HCC within the State.</p> <p>➤ Does the HCC include emergency management and public health as integral partners?</p> <ul style="list-style-type: none"> <li>• Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?</li> </ul>   |
| <b>Alignment to Functions</b>                  | <p>Healthcare System Preparedness—Develop, refine, or sustain healthcare coalitions</p> <p>Healthcare System Preparedness—Coordinate healthcare planning to prepare the healthcare system for a disaster</p> <p>Healthcare System Preparedness—Identify and prioritize essential healthcare assets and services</p> <p>Healthcare System Preparedness—Improve healthcare response capabilities through coordinated exercise and evaluation</p>   |
| <b>Additional Guidance and Key Definitions</b> | <p>Healthcare preparedness is the ability of a community’s healthcare system to prepare for, withstand, and recover from public health and medical-related incidents and events in the short and long term. By engaging and coordinating with emergency management, public health, mental/behavioral health providers, community and faith-based partners, and state, local, territorial and tribal governments, the healthcare role in community preparedness is to:</p> <ul style="list-style-type: none"> <li>• Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to at-risk individuals in the community;</li> <li>• Provide timely monitoring, management, and distribution of resources;</li> <li>• Implement triggers that activate coordination and allocation of emergency medical care assets; and</li> <li>• Provide the essential information on the status of the healthcare system to key stakeholders.</li> </ul> <p>Collaborative healthcare coalitions can function as preparedness multipliers by providing leadership, organization, and sustainability for the purpose of regional healthcare preparedness and response activities. Coordination via a healthcare coalition can build upon and augment individual healthcare organization preparedness and promote regional Emergency Support Function #8, Situational Awareness and Resource Coordination.</p> <p><b>Key Definitions:</b><br/> <u>Healthcare Constituencies:</u> The people involved in or served by the healthcare coalition.<br/> <u>Memorandums of Understanding (MOUs)/Memorandums of Agreement (MOAs):</u> Documents that describe a bilateral or multilateral agreement between two or more parties. These documents express an intended common line of action, establish a scope of association, and define mutual responsibilities. They are often used in cases where parties do not wish to or cannot create a legally</p> |

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enforceable agreement.

Charter: A written instrument that creates or defines an organization and describes the organization's functions.

Hazard Vulnerability Assessment (HVA): A systematic approach to recognizing hazards that may affect demand for services or the ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. An HVA serves as a needs assessment and a strategy to identify those hazards that are most likely to have an impact on a facility and the surrounding community. The HVA process should involve community partners and be communicated to community emergency response agencies (DHHS, 2009).

After-Action Report (AAR): A retrospective analysis of an event or exercise that is used to assess performance and assist in improving future performance.

Healthcare Coalition: The Healthcare Coalition is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the Healthcare Coalition includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation. During response, Healthcare Coalitions should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.

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| <b>HPP 2.1:<br/>Healthcare System<br/>Recovery</b>  | <b>Percent of healthcare coalitions ( HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations</b>  |
| <b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b>  |   |
| <b>Measurement<br/>Specifications</b>   | <p><u>Numerator:</u> Number of healthcare coalitions that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations</p>   |
|   | <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p>   |
| <p>In order for a healthcare coalition to report a positive result for this measure, the healthcare coalition and its member healthcare organizations must answer ‘Yes’ to each data element.</p> |   |
| <p>Calculate the awardee result as the average of all healthcare coalition results.</p>   |   |
| <p>For the final measure result, take the average of all awardee results.</p>   |   |
| <b>Intent</b>   | <p>To determine whether healthcare coalitions and their membership have processes in place that will enable a smooth and rapid recovery after a disaster</p>  |
| <b>Type</b>   | <p>Process; Program improvement; Planning</p>   |
| <b>Reporting Criteria</b>   | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the <b>healthcare organization and/or healthcare coalition level</b> as appropriate for the question.</li> </ul>  |
| <b>Reported Data<br/>Elements</b>   | <ul style="list-style-type: none"> <li>➤ Has a risk-based regional/jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the last 3 years that identifies events and incidents that may impact the ability of HCC member hospitals and other healthcare organizations (HCOs) to deliver healthcare?</li> <li>➤ If yes:             <ul style="list-style-type: none"> <li>• Have those identified events or incidents been assessed as to their potential impacts on the hospital and other HCO members, such as power outages, water outages, road outages and supply chain disruptions?</li> <li>• Have healthcare recovery needs been identified and prioritized based on those potential impacts?</li> <li>• Have recovery processes been included in the hospital and other HCOs’ Emergency Operations Plans to meet healthcare recovery needs?</li> </ul> </li> <li>➤ Do the HCC’s hospitals and other HCO members implement and test</li> </ul> |

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|   | <p>plans for <i>hardening</i> facilities and processes for continuing and sustaining operations?</p> <ul style="list-style-type: none"> <li>➤ Do the HCC hospitals and other HCOs have a continuity of operations plan?</li> <li>➤ Has the state or HCC coordinated with the hospitals and other HCOs to develop a regional continuity of operations plan?</li> <li>➤ Do the HCC’s hospitals and other HCO members use Electronic Health Records and link their use in their continuity of operations plans?</li> <li>➤ Does the HCC have the tools and capabilities to communicate and coordinate with its member organizations when triggers activate a response?</li> <li>➤ Do HCC hospitals and other HCOs incorporate guidance on messaging to their workforce into their continuity of operations plans?</li> <li>➤ Can HCC hospitals and other HCOs maintain essential functions (e.g. continue to bill for payment with healthcare insurers) to sustain revenues to operate during and after an emergency?</li> <li>➤ Has the HCC successfully tested processes for short-term recovery of healthcare service delivery and continuity of business operations in an exercise or event within the past year?             <ul style="list-style-type: none"> <li>• If yes, has the HCC successfully implemented lessons learned and corrective actions from this exercise or event within the past year?</li> </ul> </li> </ul>                           |
| <p><b>Alignment to Functions</b></p>                  | <p>Healthcare System Recovery—Develop recovery processes for the healthcare delivery system<br/>             Healthcare System Recovery—Assist healthcare organizations to implement Continuity of Operations (COOP)</p>   |
| <p><b>Additional Guidance and Key Definitions</b></p> | <p>Successful healthcare system recovery is contingent on the resilience that is built through collaboration with community partners, (e.g., public health, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is on an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community. Recovery must be planned for as part of the preparedness process to facilitate an effective and efficient return to normal healthcare delivery operations.</p> <p><b>Key Definitions:</b><br/> <u>Hazard Vulnerability Assessment (HVA):</u> A systematic approach to recognizing hazards that may affect demand for services or the ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. An HVA serves as a needs assessment and a strategy to identify those hazards that are most likely to have an impact on a facility and the surrounding community. The HVA process should involve community partners and be communicated to community emergency response agencies.<br/> <u>Supply Chain:</u> A system of organizations, people, technology, activities,</p> |

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information, and resources involved in moving a product or service from supplier to customer.

Emergency Operations Plan (EOP): An ongoing plan for responding to a wide variety of potential hazards.

Recovery Processes: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents .

Continuity of Operations: An effort to ensure that primary mission-essential functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies. A continuity of operations plan is a document that describes PMEFs and the tasks, processes, and systems requirements to maintain PMEFs.

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| <b>HPP 3.1:<br/>Emergency<br/>Operations<br/>Coordination</b> | <b>Percent of healthcare coalitions (HCCs) that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among HCC organizations (including emergency management and public health) during disasters</b>  |
|   | <b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b>   |
| <b>Measurement<br/>Specifications</b>                         | <p><u>Numerator:</u> Number of healthcare coalitions that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among coalition organizations (including emergency management and public health) during in disasters</p>   |
|   | <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p>  |
|   | <p>In order for a healthcare coalition to report a positive result for this measure, the coalition must answer ‘Yes’ to each data element.</p>   |
|   | <p>Calculate the awardee result as the average of all healthcare coalition results.</p>  |
|   | <p>For the final measure result, take the average of all awardee results.</p>  |
| <b>Intent</b>   | To determine whether healthcare coalitions are organized around an integrated Incident Command Structure   |
| <b>Type</b>   | Program improvement; Process   |
| <b>Reporting Criteria</b>                                     | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the healthcare coalition level.</li> </ul>   |
| <b>Reported Data<br/>Elements</b>                             | <ul style="list-style-type: none"> <li>➤ Has the HCC successfully exercised protocols for notifying non-partner support agencies to activate mutual aid agreements for resource support within the last year?</li> <li>➤ Has the HCC planned with partner hospitals and other HCOs to identify each hospital and other HCO’s maximum patient capacity?</li> <li>➤ Has the HCC coordinated healthcare response operations with appropriate patient transport operations within the community, in an exercise or event, within the past year?             <ul style="list-style-type: none"> <li>• If yes, which of the following functions were successfully demonstrated by the HCC’s member hospitals and other HCOs in the coalition’s exercise or event?                 <ul style="list-style-type: none"> <li>○ Triage</li> <li>○ Treatment</li> <li>○ Transport</li> </ul> </li> </ul> </li> </ul> |

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|  | <ul style="list-style-type: none"> <li>○ Tracking of patients</li> <li>○ Documentation of care</li> <li>○ Off-loading</li> </ul> <ul style="list-style-type: none"> <li>➤ Are HCC members integrated into a HCC incident command structure, such that the members are included in HCC regional plans?</li> <li>➤ Have the HCC member triggered activation of the HCC incident response within the last year, in an event or exercise? Has the HCC successfully exercised notification protocols for its hospitals and other HCO members within the last year?</li> </ul>  |
| <b>Alignment to Functions</b>                  | <p>Emergency Operations Coordination — Healthcare organization multi-agency representation and coordination with emergency operations</p> <p>Emergency Operations Coordination — Assess and notify stakeholders of healthcare delivery status</p> <p>Emergency Operations Coordination— Support healthcare response efforts through coordination of resources</p>   |
| <b>Additional Guidance and Key Definitions</b> | <p>Emergency operations coordination is the ability to direct and support an 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 (NIMS).</p> <p>Key Definitions:</p> <p><u>Resource Support</u>: A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under NIMS includes mutual aid agreements and assistance agreements; the use of special Federal, State, Tribal, and local teams; and resource mobilization protocols.</p> <p><u>Exercise</u>: There can be several types of exercises that seek to test the competencies in which a healthcare organization must be proficient to perform critical tasks in an emergency situation.</p> |

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| <b>HPP 5.1:<br/>Fatality<br/>Management</b> | <b>Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.</b>  |
|   | <b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b>   |
| <b>Measurement<br/>Specifications</b>       | <p><u>Numerator:</u> Number of healthcare coalitions (including health departments, participating hospitals, emergency management, coroners and medical examiners, funeral directors and other awardee-defined response entities) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.</p> <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p> <hr/> <p>In order for a healthcare coalition to report a positive result for this measure, the healthcare coalition must answer ‘Yes’ to each data element.</p> <p>Calculate the awardee result as the average of all healthcare coalition results.</p> <p>For the final measure result, take the average of all awardee results.</p>   |
| <b>Intent</b>                               | Encourage local public health agencies and directly funded cities to coordinate with leaders/officials who manage fatalities, as well as other jurisdictional partners, to develop a shared understanding of roles and responsibilities related to fatality management.  |
| <b>Type</b>                                 | Planning, accountability, process  |
| <b>Reporting Criteria</b>                   | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all state awardees and directly-funded cities.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the <b>healthcare coalition level</b>.</li> </ul>   |
| <b>Reported Data<br/>Elements</b>           | <ul style="list-style-type: none"> <li>➤ Has the HCC identified the roles and responsibilities of member organizations and other key partners for managing mass fatalities, including but not limited to the following:             <ul style="list-style-type: none"> <li>• Identifying response actions of HCC members, including local health departments, local emergency management, hospitals, other HCOs, and other key partners (e.g. funeral directors, coroners, medical examiners)</li> <li>• Identifying who is responsible for each of the Fatality Management functions</li> <li>• Identifying legal/regulatory authority of member organizations and key partners that govern fatality management in the local jurisdiction, including any necessary waivers (e.g. determining cause of death,</li> </ul> </li> </ul> |

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|   | <p>identification and storage of remains, family notification, burial permits and vital records, etc.)</p> <ul style="list-style-type: none"> <li>➤ Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities, including but not limited to the following:             <ul style="list-style-type: none"> <li>• Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan</li> <li>• Identifying critical pathways/trigger points for response actions</li> <li>• Signing formal agreements to support fatality management activities in the jurisdiction</li> <li>• Providing training on fatality management coordination</li> <li>• Establishing communication systems among members and key partners, including mental/behavioral health professionals</li> <li>• Developing concepts of operations and standard operating procedures</li> </ul> </li> <li>➤ Has the HCC established systems and processes to manage a surge of concerned citizens requesting information about missing family members, including how to contact the responsible agency for family support, and protocols to ensure coalition member HCOs can connect with family assistance and/or family reception centers?</li> <li>➤ Has the HCC successfully tested its systems and processes for managing mass fatalities during an exercise or event within the past year?             <ul style="list-style-type: none"> <li>• Has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?</li> </ul> </li> </ul> |
| <p><b>Alignment to Functions</b></p>                  | <p>Fatality Management: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations</p> <p>Fatality Management: Coordinate surges of concerned citizens with community agencies responsible for family assistance</p> <p>Fatality Management: Mental/behavioral support at the healthcare organization level</p>  |
| <p><b>Additional Guidance and Key Definitions</b></p> | <p>Key local partners should be jointly determined by the members of the healthcare coalition.</p> <p>Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased</p> <p><b>Key Definitions:</b></p> <p><u>Family Assistance Center</u>: a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and deceased, and support the reunification of the missing or deceased with their loved ones.</p> <p><u>Trigger</u>: An event which initiates certain actions.</p> <p><u>Mental/behavioral health professional</u>: someone who offers services that have the effect of improving an individual's mental state, such as counselors, spiritual care</p>  |

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providers, hospice providers, translators, or embassy and Consulate  
representatives when international victims are involved.

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| <p><b>HPP 6.1:<br/>Information<br/>Sharing</b></p> | <p><b>Percent of healthcare coalitions (HCCs) that can continuously monitor Essential Elements of Information (EEIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture</b></p> <p><b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b></p>  |
| <p><b>Measurement Specifications</b></p>           | <p><u>Numerator:</u> Number of healthcare coalitions that can continuously monitor Essential Elements of Information (EEIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture</p> <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p> <hr/> <p>In order for a healthcare coalition to report a positive result for this measure, the healthcare coalition must answer ‘Yes’ to each data element.</p> <p>Calculate the awardee result as the average of all healthcare coalition results.</p> <p>For the final measure result, take the average of all awardee results.</p>   |
| <p><b>Intent</b></p>                               | <p>To determine whether healthcare coalitions have the capability to maintain a Common Operating Picture during surge operations</p>  |
| <p><b>Type</b></p>                                 | <p>Program improvement; Process</p>   |
| <p><b>Reporting Criteria</b></p>                   | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the <b>healthcare organization and/or healthcare coalition level</b> as appropriate for the question.</li> </ul>  |
| <p><b>Reported Data Elements</b></p>               | <ul style="list-style-type: none"> <li>➤ Has the HCC identified essential elements of information (EEIs) that the HCC members must report for specific types of events to inform the common operating procedure? Examples of EEI data include:             <ul style="list-style-type: none"> <li>• Facility operating status</li> <li>• Facility structural integrity</li> <li>• Status of evacuations/shelter in place operations</li> <li>• Critical medical services (e.g., critical care, trauma)</li> <li>• Critical service status (e.g., electric, water, sanitation, heating, ventilation, air conditioning)</li> <li>• Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supply and medical equipment)</li> <li>• Staffing status</li> <li>• Emergency Medical Services status involving patient transport, tracking and availability</li> <li>• Electronic patient tracking</li> </ul> </li> </ul> |

- Electronic bed tracking
- If EEI data has been identified, has the HCC defined data usage and access policies for the EEI data?
- Does the HCC have redundant systems and processes in place to electronically send and receive the EEI data?
- Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?
- Are the HCC members able to report the identified EEIs electronically within the timeframe requested as evidenced by performance during exercises or events?
  - If yes, have HCC members successfully implemented lessons learned and corrective action from this exercise or event within the past year?
- Is the HCC able to receive and quickly process the EEI data to provide timely, relevant, and actionable healthcare information to the common operating picture as evidenced by performance during exercises or events?
- Has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

**Alignment to Functions**

Information Sharing—Provide healthcare situational awareness that contributes to the incident common operating picture  
 Information Sharing—Develop, refine, and sustain redundant, interoperable communication systems

**Additional Guidance and Key Definitions**

Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of public health- and medical-related information and situational awareness data among Federal, State, local, territorial, and tribal levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to Federal, State, local, Territorial, and Tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. An effective information sharing system will provide durable, reliable, and effective information exchanges (both horizontally and vertically) between those responsible for gathering information and the analysts and consumers of threat/hazard-related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

**Key Definitions:**

Common Operating Picture: A single display or understanding of relevant operational information shared by more than one group, organization, or command.

Data Usage and Access Policies: Rules and guidelines specifying appropriate and inappropriate uses for different types of information, including legal, statutory, privacy, and intellectual property considerations, the types of information that can be shared and with whom, recommended data sharing frequency, and suggested or required data protections and information system security.

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| <b>HPP 10.1:<br/>Medical Surge</b> | <p><b>Percent of healthcare coalitions that have a coordinated mechanism established that supports their members’ ability both to deliver appropriate levels of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients), as well as to provide no less than 20% bed availability of staffed members’ beds, within 4 hours of a disaster</b></p> <p><b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b></p>   |
| <b>Measurement Specifications</b>  | <p><u>Numerator:</u> Number of healthcare coalitions that have a coordinated mechanism in place to provide an appropriate level of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients) that includes providing bed availability 20% above the daily census within 4 hours of a disaster</p> <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p> <hr/> <p>In order for a healthcare coalition to report a positive result for this measure, the healthcare coalition must answer ‘Yes’ to each data element.</p> <p>Calculate the awardee result as the average of all healthcare coalition results.</p> <p>For the final measure result, take the average of all awardee results.</p> |
| <b>Intent</b>                      | To determine whether healthcare coalitions are prepared to provide healthcare in the immediate aftermath of a disaster  |
| <b>Type</b>                        | Program improvement; Process  |
| <b>Reporting Criteria</b>          | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the <b>healthcare organization and/or healthcare coalition level</b> as appropriate for the question.</li> </ul>  |
| <b>Reported Data Elements</b>      | <ul style="list-style-type: none"> <li>➤ Do the surge plans of the HCC hospitals and other HCO members include the following:             <ul style="list-style-type: none"> <li>• Written clinical practice guidelines for Crisis Standards of Care for use in an incident?</li> <li>• Triggers that delineate shifts in the continuum of care from conventional to crisis standards of care.?</li> </ul> </li> <li>➤ Has the HCC successfully tested its coordinated mechanism to provide an appropriate level of care to all patients that includes immediate bed availability 20% above the daily bed census during a disaster in an exercise</li> </ul>  |

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- or event within the past year?
    - If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?
  - Has the HCC demonstrated the ability to communicate regional healthcare situational awareness during surge operations:
    - Inform patient transport services of hospitals and other HCOs' receiving status?
    - Inform hospitals and other HCOs of patient transport services status?
    - Inform hospitals and other HCOs of patient transport status?
    - Does the HCC have the ability to ascertain situational awareness on surge status?
  - Does the HCC have the ability to expand its coalition-wide surge capacity according to the scope and magnitude of the incident:
    - Medical/Surgical?
    - Critical Care—Pediatrics?
    - Critical Care—Adult?
    - Pediatrics?
    - Psychiatric?
    - Burn?
  - Does the HCC have the ability to communicate and coordinate support to its member organizations so that members can perform the following surge functions/resources:
    - Registration and Triage?
    - Emergency/Evaluation Services?
    - Laboratory and Radiological Services?
    - Durable Equipment?
    - Pharmaceuticals?
    - Consumable supplies?
    - Psychological Support?
    - Housekeeping?
    - Mortuary?
    - Nutrition?

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**Alignment to Functions**

Medical Surge—The healthcare coalition assists with the coordination of the healthcare organization response during incidents that require medical surge  
 Medical Surge—Assist healthcare organizations with surge capacity and capability  
 Medical Surge—Develop Crisis Standards of Care guidance

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**Additional Guidance and Key Definitions**

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

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**Key Definitions:**

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Trigger: An event which initiates certain actions.

Regional Surge Planning: Surge planning with a group of healthcare organizations located within a specified geographic region (see definitions of *Surge Capacity* and *Surge Capability* below).

Surge: The state in which the capacity (volume of patients and requirements) and capabilities (the ability to treat or manage a medical condition) of a healthcare entity are above baseline requirements.

Surge Capability: The ability to manage patients requiring unusual or very specialized medical evaluation and care. Requirements span the range of specialized medical and public health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed. It also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the healthcare organization.

Surge Capacity: The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity.

Requirements may extend beyond direct patient care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

Crisis Standards of Care: At the request of the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response, the Institute of Medicine convened the Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations to develop guidance that State and local public health officials can use to establish and implement standards of care that should apply in disaster situations—both naturally occurring and manmade—under scarce resource conditions.. The resulting guidance is referred to as 'Crisis Standards of Care.'

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| <b>HPP 14.1:<br/>Responder Safety<br/>and Health</b> | <b>Percent of healthcare coalitions that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees)</b>  |
|  | <b>Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</b>   |
| <b>Measurement Specifications</b>                    | <p><u>Numerator:</u> Number of healthcare coalitions that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees)</p>   |
|  | <p><u>Denominator:</u> Number of healthcare coalitions identified by awardees</p> <p>In order for a healthcare coalition to report a positive result for this measure, the healthcare coalition must answer ‘Yes’ to each data element.</p> <p>Calculate the awardee result as the average of all healthcare coalition results.</p> <p>For the final measure result, take the average of all awardee results.</p>  |
| <b>Intent</b>  | To determine whether healthcare organizations have access to sufficient protection to keep healthcare staff working effectively for the duration of a healthcare crisis  |
| <b>Type</b>  | Program improvement  |
| <b>Reporting Criteria</b>                            | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees.</li> <li>• Reporting for this measure is required annually.</li> <li>• Awardees should collect all data elements at the <b>healthcare organization and/or healthcare coalition level</b> as appropriate for the question.</li> </ul>   |
| <b>Reported Data Elements</b>                        | <ul style="list-style-type: none"> <li>➤ Has the HCC implemented an occupational safety and health program to protect employees of the organizations within the HCC and their families, based on a Hazard Vulnerability Analysis (HVA) conducted within the last 3 years?             <ul style="list-style-type: none"> <li>• If yes, do HCC member organizations have access to the elements of an occupational safety and health program that include:                 <ul style="list-style-type: none"> <li>○ Pharmaceutical caches</li> <li>○ PPE</li> <li>○ Medical countermeasures</li> <li>○ Risk communications</li> <li>○ Family member protections and considerations</li> <li>○ Social distancing protocols</li> <li>○ Behavioral health</li> <li>○ Security</li> </ul> </li> </ul> </li> </ul> |

- Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to protect all of the HCC member employees (including healthcare and non-healthcare employees) in an exercise or event within the past year?
  - If yes, has the HCC successfully implemented lessons learned and corrective actions from the exercise or event within the past year?

**Alignment to Functions**

Responder Safety and Health—Assist healthcare organizations with additional pharmaceutical protection for healthcare workers  
 Responder Safety and Health—Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response

**Additional Guidance and Key Definitions**

This capability involves the critical protocols and processes for equipment, training, and other resources needed to ensure that personnel are protected from all hazards, including:

- Fire (heat and products of combustion)
- Chemical, biological, radiological, nuclear, or explosive (CBRNE) hazardous materials
- Electrical hazards
- Collapsed structures and debris
- Acts of violence
- Others threats to responder safety and health

**Key Definitions:**

Pharmaceutical Cache: A collection of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an event. Prophylactic pharmaceutical caches can protect healthcare workers from illness, allowing them to continue delivering important healthcare services. In addition, providing prophylaxis to healthcare workers’ families enhances response by theoretically allowing the worker to remain on duty rather than care for an ill family member.

Healthcare Workers’ Families: Family members of healthcare workers who may benefit from prophylaxis or treatment theoretically allowing the worker to remain on duty rather than care for ill family members.

Prophylaxis: A medical or public health procedure undertaken to prevent, rather than treat or cure, a disease.

Post-exposure Prophylaxis: Treatment started immediately after exposure to a pathogen to prevent infection by the pathogen and the development of disease.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against infectious materials. PPE such as masks and gloves can protect healthcare workers from illness and injury allowing them to continue delivering important healthcare services. Ensuring a sufficient supply of PPE requires a number of steps be taken during emergency preparedness including: determining the PPE need, assessing in-facility stocks of PPE, comparing need and stock to identify any PPE gaps, and then developing procedures for obtaining the gap amount should you need it (e.g., a resource request via the ICS resource management system).

Surge: The state in which the capacity (volume of patients and requirements) and capabilities (the ability to treat or manage a medical condition) of a healthcare

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entity are above baseline requirements.

Surge Capability: The ability to manage patients requiring unusual or very specialized medical evaluation and care. Requirements span the range of specialized medical and public health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed. It also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the healthcare organization.

Surge Capacity: The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. Requirements may extend beyond direct patient care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

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| <b>HPP 15.1: Volunteer Management</b> |  | <b>Percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.</b>  |
| <b>Measurement Specifications</b>     | <u>Numerator:</u>  | <p>Number of healthcare coalitions (including health departments, participating hospitals, and other awardee-defined response entities) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.</p> <p>Number of healthcare coalitions identified by awardees</p> |
|                                       | <u>Denominator:</u>  | <p>In order for a healthcare coalition to report a positive result for this measure, the coalition must answer ‘Yes’ to each data element.</p> <p>Calculate the awardee result as the average of all healthcare coalition results.</p> <p>For the final measure result, take the average of all awardee results.</p>              |
| <b>Intent</b>                         | Ensure that the healthcare coalition have or have access to plans, processes, and procedures to manage volunteers, including rapid verification of credentials and affiliation with deploying entities.  |   |
| <b>Type</b>                           | Process  |   |
| <b>Reporting Criteria</b>             | <ul style="list-style-type: none"> <li>• Reporting for this measure is required for all awardees and directly-funded cities.</li> <li>• Reporting for this measure is required every other year.</li> </ul>  |   |
| <b>Reported Data Elements</b>         | <ul style="list-style-type: none"> <li>➤ Does the HCC have procedures for identifying the type and quantity of volunteers needed to support healthcare response?</li> <li>➤ Does the HCC have or have access to an electronic registration system for recording and managing volunteer information that is compliant with the current guidelines of the HHS ESAR-VHP program?</li> <li>➤ Does the HCC have plans, processes and procedures to manage volunteers that address the following areas:                             <ul style="list-style-type: none"> <li>• Receiving volunteers</li> <li>• Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers</li> <li>• Confirming volunteer credentials</li> <li>• Assigning roles and responsibilities to volunteers</li> <li>• Providing just in time training for volunteers</li> <li>• Tracking volunteers</li> </ul> </li> </ul> |   |

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| <b>Alignment to Functions</b>                  | <ul style="list-style-type: none"> <li>• Out-processing volunteers</li> <li>➤ Has the HCC successfully tested its plans, processes and procedures for managing volunteers during an exercise or event within the past year?             <ul style="list-style-type: none"> <li>• If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?</li> </ul> </li> </ul>   |
| <b>Additional Guidance and Key Definitions</b> | <p>Volunteer Management: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</p> <p>Volunteer Management : Volunteer notification for healthcare response needs</p> <p>Volunteer Management: Organization and assignment of volunteers</p> <hr/> <p>To meet the intent of this measure, response entities are encouraged to use resources/competencies/systems available through key partners to accomplish aspects of volunteer management (e.g. rapid verification of credentials) as long as the response entity's plans, processes and procedures clearly describe processes to do so.</p> <p><u>ESAR-VHP</u>: Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program created to support state, local, territorial and tribal governments in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The program, administered on the state level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations.</p> <p><u>Healthcare Coalition</u>: The Healthcare Coalition is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the Healthcare Coalition includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation. During response, Healthcare Coalitions should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.</p> |

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