A NATION PREPARED: THE HOSPITAL PREPAREDNESS PROGRAM (HPP)

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HPP's Updated Guiding Documents for 2017–2022

Health Care Preparedness and Response Capabilities

- Detail the high-level objectives that the health care delivery system should achieve in order to effectively prepare for, respond to, and recover from public health emergencies that require medical surge

Program Performance Measures

- Track program implementation to inform decision-making
- Objectively gauge program performance through exercises
- Enable better communication of program results to policy and congressional stakeholders

Funding Opportunity Announcement (FOA)

- Details program requirements for both HPP and CDC's Public Health Emergency and Preparedness (PHEP) program, as well as joint requirements, for the current five-year project period of July 2017–June 2022
- HPP requirements identify those for awardees, as well as those for HCCs

2017–2022 Health Care Preparedness and Response Capabilities

Process of Developing the 2017–2022 Health Care Preparedness and Response Capabilities

- Beginning in 2015, HPP initiated the process of developing new capabilities by:
  - conducting a Capabilities Needs Assessment;
  - hosting meetings and calls with the public and with subject matter experts;
  - holding a broader national engagement period; and
  - developing ASPR Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE)
- The Capabilities Needs Assessment and broader stakeholder input highlighted the following issues:
  - As written, some of the 2012–2017 capabilities, functions, and tasks are outside the scope of HCCs (e.g., Fatality Management and Volunteer Management)
  - The 2017–2022 capabilities need to clarify the different roles and responsibilities of health care and public health

Capability 1: Foundation for Health Care and Medical Readiness

- Define boundaries to include enough members to ensure adequate resources
- Establish a governance structure developed by HCC members
- Ensure the HCC includes core members (acute care hospitals, emergency medical services, **emergency management organizations**, and public health departments), and other members pertinent to their jurisdiction's preparedness and response

Photo credit: FEMA.gov

- Develop a comprehensive preparedness plan
- Conduct annual training and exercises based on identified preparedness and response gaps
- Engage health care executives, clinicians, and community leaders to communicate HCC value and promote sustainability

Capability 2: Health Care and Medical Response Coordination

- HCC response means information sharing, resources management, and response strategy coordination
- Develop an HCC response plan
- Track members' resource availability and needs, identify essential elements of information, and communicate information
- Develop information sharing procedures
- Develop an incident action plan (IAP) based on members' plans and integrate plans into jurisdiction's IAP
- Facilitate clinical knowledge sharing among health care providers and health care organizations during responses
- Assist with communication to the public during emergencies

Photo credit: FEMA.gov

Capability 3: Continuity of Health Care Service Delivery

- Develop an HCC continuity of operations plan (COOP)
- Collect and coordinate information on members' equipment, supplies, and pharmaceutical stores and needs
- Assist members with developing strategies to protect health care information systems and networks
- Protect responders, employees, and their families through promotion of regional personal protective equipment procurement, training and exercising, and developing health care worker resilience
- Coordinate the planning, exercising, and implementation of evaluation and relocation
- Monitor, facilitate, and coordinate health care delivery system recovery

Photo credit: FEMA.gov

Capability 4: Medical Surge

Photo credit: FEMA.gov

- Incorporate medical surge plans into an HCC response that include:
  - Activation and notification processes to initiate medical surge response coordination
  - Crisis standards of care plans
  - Strategies to track identified and unidentified patients
  - Processes for coordinated joint decision making about resource allocation
- Coordinate an approach to share information and resources for managing the following types of medical surge responses within the health care system:
  - In-patient medical surge
  - Out-of-hospital medical surge
  - Alternate care systems
  - Pediatric care
  - Exposure management to chemical or radiation
  - Burn care
  - Trauma care
  - Behavioral health
  - Infectious diseases
  - Medical countermeasures
  - Mass fatalities

2017–2022 HPP Performance Measures

2017–2022 HPP Performance Measures

- There are 28 measures (six apply only to territories and freely associated states)
- Allow HPP to objectively track trends in engagement, coordination, communication, patient care, and continuous learning
- Collect baseline in the first budget period
- 50% of the performance measures are exercise-based
  - Eight of the 28 measures can be captured during an approximately four-hour Coalition Surge Test exercise
  - Two measures can be captured during a communications exercise, defined in forthcoming technical documentation
  - Four measures that apply to territories and freely associated states only can be captured during the Hospital Surge Evaluation Tool exercise

Photo credit: FEMA.gov

HPP–PHEP Cooperative Agreement and 2017–2022 FOA

HPP and PHEP: Aligned but Distinct

- HPP and PHEP programs align and complement one other, but HPP and PHEP funds are not interchangeable
- Though funding flows through the same 62 state, local, and territorial awardees:
  - HPP builds resilience among health care delivery system entities by increasing their collective ability to maintain operations and expand health care capacity during a medical surge; primary sub-awardees are HCCs and individual health care facilities
  - The PHEP program builds capacity within state, local, territorial, and tribal public health agencies to assure that the nation's public health system is resilient and "response-ready" for any type of public health event or disaster

HPP Changes in the 2017–2022 Cooperative Agreement

- Awardees can only make sub-awards to HCCs that meet core membership requirements:
  - Hospitals (a minimum of two acute care hospitals)
  - Emergency medical services
  - **Emergency management organizations**
  - Public health agencies
- Each funded HCC must develop a preparedness plan by the end of 2017 (BP1)
- Each funded HCC must develop a response plan by the end of 2018 (BP2)
- HCCs must be engaged in response activities
- Each funded HCC must conduct an annual exercise using the Coalition Surge Tool Exercise
- Enhanced focus on infectious disease surge capability and capacity
  - Developed guidance to improve HCC infectious disease coordination among members and between health care and public health sectors
- Cooperative agreement funds must primarily support collaborative HCC development

Renewed Focus on Funding for HCCs

- HPP has re-examined the amount of awardee-level direct costs (ALDC) that awardees may retain for managing and monitoring the HPP cooperative agreement.
  - ALDC is calculated by summing the Personnel, Fringe, and Travel object class categories
  - The average ALDC across awardees for 2014–2015 was 21%
- Awardees may retain direct costs for managing and monitoring the HPP cooperative agreement during the 2017–2022 project period. HPP consulted with the Association of State and Territorial Health Officials, the American Hospital Association, and the Association of American Medical Colleges to develop the following guidance, which is included in the new FOA:
  - ALDC (excluding sub-awards to HCCs and health care entities) must be limited to no more than 18% of the HPP cooperative agreement award
  - By the end of 2021, ALDC (excluding sub-awards to HCCs and health care entities) must be no more than 15% of the HPP cooperative agreement award
- ASPR will consider requests for exemptions on a case-by-case basis

2017–2022 FOA Domain Strategy and HPP Capability Crosswalk

Strategy	2017–2022 Health Care Preparedness and Response Capabilities
1. Strengthen Community Resilience	• Capability 1: Foundation for Health Care and Medical Readiness
2. Strengthen Incident Management	• 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
3. Strengthen Information Management	• Capability 2: Health Care and Medical Response Coordination
4. Strengthen Countermeasures & Mitigation	• Capability 1: Foundation for Health Care and Medical Readiness • Capability 3: Continuity of Health Care Service Delivery
5. Strengthen Surge Management	• Capability 3: Continuity of Health Care Service Delivery • Capability 4: Medical Surge
6. Strengthen Biosurveillance	• N/A

Domain 1: Community Resilience

Domain Strategy: Strengthen Community Resilience

The ability of a community, through public health agencies and health care coalitions, to develop, maintain, and use collaborative relationships among government, private health care organizations, and community organizations to develop and use shared plans for responding to and recovering from disasters and emergencies.

Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
Partner with stakeholders by developing and maturing HCCs	Characterize probable risk of the jurisdiction and the HCC	Characterize populations at risk	Engage communities and health care systems	Operationalize response plans

Sample Outputs

- Risk assessments / Hazard Vulnerability Assessments (HVAs)
- HCC preparedness plan
- Plans with procedures/ processes in place to address community-specific needs and vulnerable populations

Domain 2: Incident Management

Domain Strategy: Strengthen Incident Management

The ability to establish and maintain a scalable operational structure with processes that appropriately engage all critical stakeholders and support the execution of core public health and health care capabilities and incident objectives.

Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
Coordinate emergency operations	Standardize incident command structures for public health	Establish incident command structures for health care organizations and HCC	Ensure HCC integration and collaboration with Emergency Support Function-8 (ESF-8)	Expedited fiscal procedures are in place for ensuring funding reaches impacted community during an emergency response

Sample Outputs

- Risk communication systems
- Emergency operation centers primary/alternate
- Incident management systems
- Response plans
- Continuity of operations plans (COOPs)
- Recovery plans

Domain 3: Information Management

Domain Strategy: Strengthen Information Management

The ability to 1) develop systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts and warnings using a whole community approach and 2) exchange health information and situational awareness with federal, state, local, territorial, and tribal levels of government, health care coalitions, and their individual members.

Activity 1	Activity 2	Activity 3
Share situational awareness across the health care and public health systems	Share emergency information and warnings across disciplines and jurisdictions and HCCs and their members	Conduct external communication with public

Sample Outputs

- Information sharing platforms for HCC members
- Defined essential elements of information
- Risk communication materials
- Health care situational awareness protocols and systems
- Trained risk communication staff

Domain 4: Countermeasures and Mitigation

Domain Strategy: Strengthen Countermeasures and Mitigation

The means to provide resources for awardees, as well as health care coalitions and their members, to increase their ability to store and deploy medical and pharmaceutical products that prevent and treat the effects of hazardous substances and infectious diseases, including pharmaceutical and non-pharmaceutical equipment (e.g., vaccines, prescription drugs, masks, gloves, and medical equipment) and the resources to guide an all-hazards approach to contain the spread of injury and exposure using mitigation strategies (e.g., isolation, closures, social distancing, and quarantines).

Activity 1

Manage access to and administration of pharmaceutical / non-pharmaceutical interventions

Activity 2

Ensure safety and health of responders

Activity 3

Operationalize response plans

Sample Outputs

- Storage and distribution centers
- Inventory management systems
- Points of dispensing/alternate nodes
- Trained POD staff
- Safety and “just-in-time” trainings

Domain 5: Surge Management

Domain Strategy: Strengthen Countermeasures and Mitigation

The ability to coordinate health care, medical, and support staff volunteers; share resources, staff, and patients, as necessary and appropriate, across a health care coalition so that each member health care organization can effectively manage surge incidents by creating additional direct patient care capacity across a community; use and coordinate the expertise of the public health, health care, and emergency management disciplines to ensure the public has access to high-quality direct patient care and mass care during emergencies; and prevent and manage injuries and fatalities during and after a response to an emergency or incident of health significance.

To Manage Public Health Surge:

Activity 1	Activity 2	Activity 3	Activity 4
Address mass care needs: e.g., shelter monitoring	Address surge needs: e.g., family reunification	Coordinate volunteers	Prevent/ mitigate injuries, and fatalities

To Manage Medical Surge:

Activity 5	Activity 6	Activity 7	Activity 8
Plan for health care facility evacuations	Address emergency department and inpatient surge	Develop alternate care systems	Address specialty surge: peds, chem / rad, burn / trauma, behavioral health, infectious diseases

Sample Outputs

- Electronic volunteer registry systems
- Patient tracking systems
- Medical surge plans at the system level
- Coordinated patient distribution and movement based on patient needs

Domain 6: Biosurveillance

Domain Strategy: Strengthen Biosurveillance

The means to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor through active and passive surveillance, threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

Activity 1	Activity 2	Activity 3
Conduct epidemiological surveillance and investigation	Detect emerging threats/injury	Conduct laboratory testing

Sample Outputs

- Electronic disease surveillance systems
- Laboratory response networks
- Laboratory testing capability
- Integrated laboratory and epidemiology systems

Domain Strategy Outcomes

Outcomes		Impact
Earliest possible identification and investigation of an incident	Reduced exposure to risk	Prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health and health care systems
Timely implementation of intervention and control measures	Established public health recommendations and control measures in place for All-Hazards	
Timely communication of situational awareness and risk information	Prioritized emergency public health and health care services and resources sustained throughout all phases of emergencies and public health and medical incidents	
Continuity of emergency operations throughout the surge of an emergency or incident	Continuity of routine public health & health care services and supply chain during an emergency response and recovery	Earliest possible recovery and return of the public health and health care systems to pre-incident levels or improved functioning
Timely coordination and support of response activities with health care and other partners	Sustainable health care coalitions	
Coordinated review of lessons learned during an incident or exercise	Immediate care for incoming patients and continuity of care for existing patients during an incident	

Resources and Opportunities for HCCs

HCC Response Leadership Course Overview

- Three-day course developed by ASPR's Division of National Healthcare Preparedness Programs and the Federal Emergency Management Agency's Center for Domestic Preparedness (CDP)
- Held at CDP in Anniston, Alabama
- Course provides instruction and practical experience in preparing and responding to emergencies as an HCC leadership team
- Target audience includes leaders in health care, public health, emergency medical services, and emergency medical management
- Classes include three coalitions with nine (9) participants each, for a total of 27 participants.
- Travel, lodging, and meals will be provided for non-federal participants who are registered through CDP for the course.
- **NEW** for 2018:
  - Continuing Nursing Education and Continuing Medical Education Credits will be available for each course
  - To participate, HCCs must still have nine participants, but the ninth representative may be from any coalition member organization. See course syllabus for more details.

Health Care Coalition Surge Test

- Helps HCCs identify gaps in surge and response readiness
- Uses a low- to no-notice exercise based on a real-world health care system disaster challenge, i.e. the evacuation of patients from a hospital or other patient care facility
- Tests capabilities needed for a number of different scenarios, including emergency operations coordination, information-sharing, and medical surge capacity
- Incorporates lessons learned from pilot tests with HCCs in Michigan, South Dakota, Texas, and Wyoming

The Health Care Coalition Surge Test improves health care system response readiness by assessing a coalition's surge planning and response capabilities.

Hospital Surge Evaluation Tool

- Helps hospitals evaluate their level of preparedness for mass-casualty incidents
- Uses an essentially no-notice drill to replicate real-life considerations of health care delivery in acute care settings
- Intended for use by hospital emergency managers, hospital administrators, and clinical staff to assess and improve their hospital's surge plans
- Includes two components: one for triaging patients in the emergency department and one for the hospital incident command center
- Concludes with an after action debrief, or "hotwash," to discuss feedback and review qualitative and quantitative metrics

The Hospital Surge Evaluation Tool helps make recurring preparedness exercises a reality by providing a fully developed tabletop exercise.

HPP Partner Community Quarterly Meetings

- A significant component of HPP's Impact Project is to strategically engage external stakeholders, including awardees, to develop an HPP Partner Community to ensure an exchange and collaboration of ideas and demonstrate mutual relationship value
- NHPP developed a registry of external organizations and individuals within these organizations with the greatest potential to influence and impact HPP's success in communicating its value to key audiences
- External stakeholders include national trade associations representing health care providers and public health, foundations, academic institutions, and other nonprofits whose missions align with HPP's preparedness, response, and recovery efforts

Consistent Messaging and Engagement =

Fewer Messages and **More Messengers**

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HPP External Partner Community

- Alliance for Biosecurity
- American Academy of Ambulatory Care
- American Academy of Emergency Medicine
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Association of Critical Care Nurses
- American Burn Association
- American College of Emergency Physicians
- American College of Health Care Administrators
- American College of Health Care Executives
- American College of Preventive Medicine
- American College of Surgeons
- American Health Care Association
- American Hospital Association
- American Medical Association
- American Nurses Association
- American Psychological Association
- American Public Health Association
- American Society for Microbiology
- American Trauma Society
- Association for Professionals in Infection Control and Epidemiology
- Association of American Medical Colleges
- Association of Health Care Emergency Preparedness Professionals
- Association of Public Health Laboratories
- Association of State and Territorial Health Officials
- Biotechnology Innovation Organization
- Children's Hospital Association
- Coalition for Health Funding
- Council of State and Territorial Epidemiologists
- Emergency Nurses Association
- Emory University
- Health Care Ready
- Health Industry Distributors Association
- Infectious Diseases Society of America
- International Association of Emergency Managers
- International Enviro Guard
- International Safety Equipment Association
- Johns Hopkins Bloomberg School of Public Health Center for Health Security
- MedStar Washington Hospital Center
- Medxcel Facilities Management
- National Association of Accountable Care Organizations
- National Association of Community Health Centers
- National Association of County and City Health Officials
- National Association of State EMS Officials
- National Association of EMS Physicians
- National Association of EMTs
- National Association of Home Care and Hospice
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors
- National Business Group on Health
- National Council for Behavioral Health
- National Emergency Management Association
- National Governors Association
- National Homeland Security Association
- National Public Health Information Coalition
- National Rural Health Association
- Pacific Island Health Officers Association
- Pharmaceutical Research Manufacturers of America
- Society for Health Care Epidemiology of America
- Trauma Center Association of America
- Trust for America's Health
- Urgent Care Association of America

Messaging HPP's Impact

- HPP has impact messaging resources available for your consideration:
  - **HPP educational outreach template** to present local examples of program impact
  - **Narrative impact stories** about successful exercises, responses, and preparation that demonstrate HPP's impact in a tangible, easy-to-understand way; communicate best practices; and recognize program success:
    1) Email a short description of a member's story to HPP@hhs.gov
    2) HPP will schedule a quick phone call to gain more context and will draft the story, ensuring the member's approval
    3) HPP will disseminate the story through various channels, including on PHE.gov

Email HPP@hhs.gov for more information

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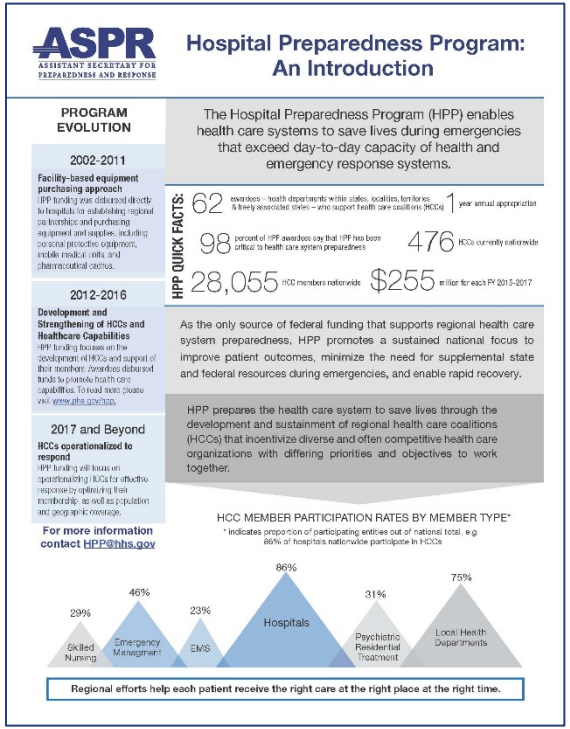
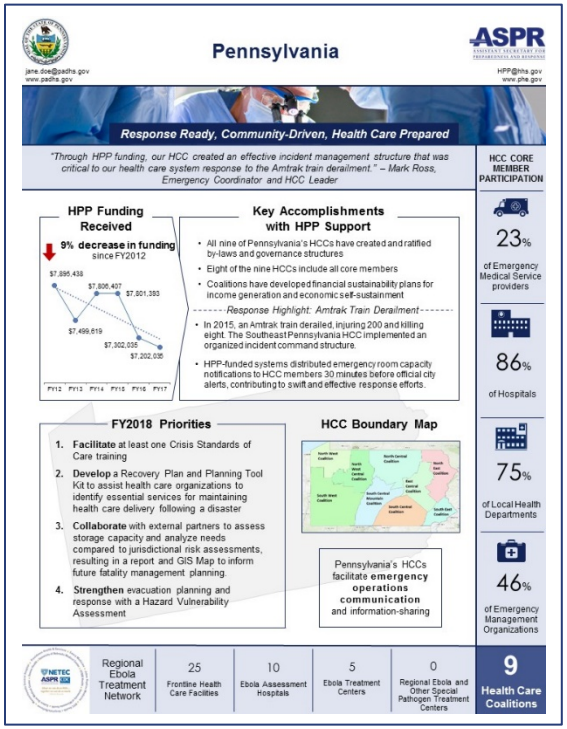
HPP Educational Outreach Template





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Questions?