Healthcare Preparedness Deliverables

BP2
Budget Year 2013-2014

Tier Definitions[1]

Tier I:
Hospitals with 24/7 Emergency Department, and Burn Care Hospitals, Specialty Hospitals

Tier II:
Community Health Centers
IHS Clinics

Tier III:
Associations and Others

PROGRAM REQUIREMENTS:

National Incident Management System Training (NIMS)
Maintain NIMS activities as outlined in the Implementation Activities for Healthcare Organizations, and submit progress reports, as requested to ADHS.
> *Note: Hospitals shall be 100% NIMS compliant. Funding will not be released until the completion and approval of the budget spend plan and documentation of NIMS compliance.*

Health Care Coalition Development *(Western, Northern, Central, and Southern Regions)*
The designated preparedness coordinator or representative will attend regional Healthcare Coalition meetings. These meetings will provide an opportunity for collaboration with healthcare facilities, county, state, tribal, and other response partners. Partnerships/coalitions shall continue to plan and develop memoranda of understanding (MOU) to share assets, personnel and information. Partnerships/coalitions shall develop plans to unify ESF-8 management of healthcare during a public health emergency, and integrate communication with jurisdictional command in the area. Only facilities participating in a HCC are eligible for HPP grant funding.

Reporting
Progress on these deliverables (Table 1), performance measures, and activities conducted with funds from this grant will be reported in a timely manner for the Mid-Year and End-of-Year progress reports. These documents will be submitted to ADHS.

Financial Requirements
Performance
> Failure to meet the performance measures described in the Grant Guidance may result in withholding from subsequent awards.

Inventory
> Provide annually a completed Inventory List to include all capital equipment (dollar amount above $5000). Inventory list will be provided to ADHS.

Budget Spend Plan
> Budget spend plans will be completed and submitted to ADHS after contractor signature. Your budget spend plan needs to be reviewed and approved by ADHS before funding is released. Submit annual expenditure report with supporting documentation.

Match
> The HPP requires a 10% "in-kind" or "soft" match from all the grant participants. Each recipient must include in their budget submission the format they will use to cover the match. Failure to include the match formula will preclude funding.

Grant Activity Oversight
> Cooperate with ADHS coordination in completing on-site visits pursuant to, and in compliance with Standard Operating Procedures for Monitoring.

Interest-bearing Accounts
> According to 45 CFR 74.22 from the United States Government Printing Office, recipients shall maintain advances of federal funds in interest-bearing accounts unless the recipient receives less than $120,000 per year in Federal awards or the best, reasonably available interest rate would not earn at least $250 per year or the minimum balance of the depository would be so high that it would not be a reliable resource for funding; and
> When there is interest accrued, the hospital is required to submit an annual plan outlining what will be done with the interest accrued. Recipients receiving $120,000 or more per year in Federal Funds under the HPP award will receive a site visit from ADHS annually. Interest earned in excess of $250 shall be reported to ADHS annually for potential return.

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Exercises

1.) Participate in statewide exercise.

2.) Participate in ADHS Training & Exercise Planning Workshop and submit facility training and exercise plans and schedules by September 6, 2013.

3.) Participate in a discussion or operational based HPP exercise with local jurisdictional partners to address a facility or jurisdictional gap relevant to HPP capability. Develop after action report and improvement plan following an operations-based exercise and submit a copy within 60 days to ADHS.

To qualify as an acceptable exercise, each HPP exercise must meet the following criteria:
   - Exercises must be a sub-state regional or statewide functional or full-scale exercise
   - HPP exercises must test/evaluate capabilities
   - Include participation by any of the following: other hospitals, healthcare coalition partners, and/or other organizations

For more information, refer to BP2 FOA, Appendix 7 Training, and Exercise Requirements.

Note: Real world event and exercises conducted by other preparedness grant programs with similar requirements "may" be used to full-fill exercise requirements ("if" HPP capabilities are tested/evaluated).

Training

Ensure key response staff participate in at least one (1) training opportunity within their jurisdiction or community based on regional risks/hazards, or other training opportunity related to Public Health Emergency Preparedness.

Planning

Develop or update emergency response/disaster plans to integrate a comprehensive, all-hazards approach to incident response incorporating lessons learned from Hazard Vulnerability Analysis (HVA).

Burn Care Hospitals

Participate in Burn-Care Network sponsored activities;

Maintain and rotate burn care supplies as appropriate keeping ninety percent (90%) of recommended supplies available at all times;

Maintain Telemedicine and Burn-Care-trained personnel at the specified contractual level of two (2) physicians and seven (7) nurses;

Include in semi-annual/annual reports, progress and activity associated with the burn care network; and

Participate in Burn Center – Telemedicine drills.

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CAPABILITIES:

Capability 1: Healthcare System Preparedness
Definition: Healthcare system preparedness is the ability of community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local and territorial governments.

Budget Period Short Term Goals:

Goal 1: The healthcare coalitions in the central and southeast regions will solidify member participation and their structure to move from Stage 1 to Stage 2.

Goal 2: The coalitions in the western and northern regions will provide ADHS with appropriate documentation establishing member participation.

Goal 3: Enhance and expand planning for at-risk individuals as well as those with functional and access needs by increasing participation of Arizona Statewide Independent Living Council (AzSILC), Arizona Healthcare Association (AzHCA), and other Subject Matter Experts (SMEs) in coalition meetings.

Capability 2: Healthcare System Recovery
Definition: Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health business, and education) to develop efficient processes 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 an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Budget Period Short Term Goals:

Goal 1: Establish a statewide baseline for post-incident recovery and make recommendations for systemic improvement for the state of Arizona HPP stakeholders by developing an assessment tool in order to evaluate health care system recovery needs, behavioral health care, along with resource availability. The consolidated results will be received back by end of BP2.

Capability 3: Emergency Operations Coordination
Definition: Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community.

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Budget Period Short Term Goals:

Goal 1: During BP2, ADHS will develop a plan to determine how multi-agency coordination and representation of healthcare organizations will be established and integrated into local and state emergency operations during a response. The plan will be developed through coalition expansion. Response partners such as local health departments, mental/behavioral health, state, and local emergency management will be part of the coalition planning process. Non-governmental organizations such as the American Red Cross as well as non-profit organizations will also be included. In an effort to engage the "whole community" healthcare associations and those organizations, devoted to at-risk populations will also be included in planning.

Goal 2: Evaluate an incident's impact on the health care delivery system at the local level. This short-term goal will be measured by the HEOC receiving situational awareness reports.

Capability 5: Fatality Management
Definition: is the ability to coordinate with organizations 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 deaths at healthcare organizations during an incident.

Budget Period Short Term Goals:

Goal 1. Identify specific roles and support functions between Arizona Department of Health, healthcare organizations, law enforcement, medical examiners, and private sector partners during a Fatality Management response.

Goal 2. Coordinate between internal and external partners to facilitate access to resources when demand on local organizations exceeds capacity to support fatalities from an incident. Ensure resource request are in accordance with public health jurisdictional standards and practices and as requested by lead jurisdictional authority.

Capability 6: Information Sharing
Definition: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector.

Budget Period Short Term Goals:

Goal 1: In BP2, share public health and medical related information to effectively prepare for and respond to an event of public health significance. This short-term goal will be measured by increasing the number of health alerts recipients by 10%.

Goal 2: Increase utilization of existing communications technology infrastructure to achieve a common operating picture. In BP2, ensure healthcare organizations and healthcare coalitions are knowledgeable and well versed in all interoperable systems available statewide. This short-term goal will be measured by obtaining at least 80% participation in bi-monthly communications drills.

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Capability 10: Medical Surge

Definition: Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Budget Period Short Term Goals:

Goal 1: Develop a process for regional coalitions to identify their ability to surge to 20% additional bed capacity without increasing staff or incurring additional costs.

Goal 2: By the end of BP2, develop a comprehensive Crisis Standards of Care (CSC) plan for the state of Arizona.

Capability 14: Responder Safety and Health

Definition: The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. These includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury, are adequately protected from all hazards during response and recovery operations.

Budget Period Short Term Goals:

Goal 1: Conducted a gap assessment to determine the 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 non-health care).

Capability 15: Volunteer Management

Definition: is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support the healthcare organizations with the medical preparedness and response to incident and events.

Budget Period Short Term Goals:

Goal 1: Enhance the Volunteer Response Program for the members of the Healthcare Coalitions and volunteer organizations by developing updated plans, guidelines, forms and training as well as promote the utilization of the State Volunteer Management System (ESAR-VHP) at the local level and grow the credentialed volunteer database by 8%. The outcome will be measured by increased revised/updated plans, new standard operating procedures, and forms for healthcare coalitions, ESF 8 partners, and local volunteer organizations for volunteer management and increased utilization of the AZ ESAR-VHP database for all volunteer organizations in Arizona.

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PERFORMANCE MEASURES AND BENCHMARKS:

Report on the following performance measures and benchmarks in the Mid-Year and End-of-Year progress reports.

Participate in HAvBED drill/exercise as required by ADHS, designed to test awardees' ability to meet the associated performance measures. Awardees will be notified of logistical details by the HAvBED systems manager prior to the drill/exercise. A report summary will be disseminated to awardees following the completion of the drill/exercise.

EMResource
Use state-provided patient tracking and communications systems as required during drills and exercises;

Participate in a Hospital Available Beds for Emergency and Disasters (HAvBED) poll as required by ADHS;

Participate in communication drills with their local Emergency Operations Center (EOC), Tier-2 partners, and ADHS. The drill will involve sustained 2-way communication with local partners and redundant communication systems such as the Health Alert Network, radios where available, SIREN Email, EMSystem, and telephones.

Update contact information on EMSystem on a quarterly basis.

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Table 1: HPP DELIVERABLES "At A Glance"

	PROGRAM REQUIREMENTS	Tier 1	Tier 2	Tier 3
1	**Maintain 100% NIMS Compliance**	X	X	X
2	**Health Care Coalition:** Participate and actively support Regional Meetings	X	X	X
3	**Reporting:** Mid-Year and End-of-Year Progress Reports	X	X	X
4	**Financial Requirements**: Performance, Match Requirement, Inventory, and Budget Spend Plan and expenditure report with appropriate supporting documentation	X	X	Submit according to contract
5	**Exercise:** Participate in statewide exercise	X	X	According to contract
6	**Exercise:** Participate in ADHS Training and Exercise Plan Workshop	X	X	X
7	**Exercise:** Submit facility training and exercise plans by September 6, 2013	X	X	
8	**Exercise:** Participate in a discussion or operations-based exercise with local jurisdictional partners to address a facility or jurisdictional gap. Real world events or exercises conducted by other preparedness grant programs may substitute for the required exercise; however, must include the required resource elements, follow HSEEP be submitted for approval to ADHS.	X	X	According to contract
9	**Exercise:** - Develop after action report and improvement plan following an operations-based exercise and submit a copy within 60 days to ADHS.	X	X	Submit according to contract
10	**Training**: Key response staff will participate in at least one (1) training opportunity within their jurisdiction or community based on regional risks/hazards, or other training opportunity related to Public Health Emergency Preparedness.	X	X	X
11	**Planning:** Develop/update emergency response/disaster plans	X	X	X
	CAPABILITY REQUIREMENTS	**Tier 1**	**Tier 2**	**Tier 3**
1	**Healthcare System Preparedness**: Solidify coalition member participation structure – advance to next stage	X	X	X
2	**Healthcare System Recovery:** Complete ADHS Healthcare System Recovery Assessment Tool	X	X	
3	**Emergency Operations Coordination:** Provide ADHS HEOC situational reports during exercises	X	X	
	Emergency Operations Coordination: Develop a plan for coordination of information for sharing resources	X	X	
	Create a process for reporting immediate bed availability to provide no less than 20% availability of staffed members' beds within 4 hours of a disaster/exercise.	X		

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			Tier 1	Tier 2	Tier 3
5	**Fatality Management:** Complete ADHS Fatality Management Training survey		X	X	
6	**Information Sharing:** Maintain access to Notification System		X	X	
	Information Sharing: Update Notification System contact information and participate in system tests		X	X	
10	**Medical Surge:** Develop a plan for coordination of information sharing and medical surge resources		X	X	
	Medical Surge: Review/evaluate discharge plans in support of medical surge		X		
14	**Responder Safety and Health:** Complete ADHS Gap Assessment Survey		X	X	
15	**Volunteer Management:** Complete ADHS Volunteer Needs Assessment		X	X	
	BENCHMARKS		**Tier 1**	**Tier 2**	**Tier 3**
1	Submit timely and complete data for the midyear report, end-of-year report, and the final financial expenditure report.		X	X	X
2	Participate in HAvBED drill/exercise		X		
3	Communications drills with local Emergency Operations Center		X	X	

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