Public Health Emergency Preparedness Cooperative Agreement

Budget Period 8 Performance Measures Definitions and Guidance

BP8 Version 1

December 26, 2007

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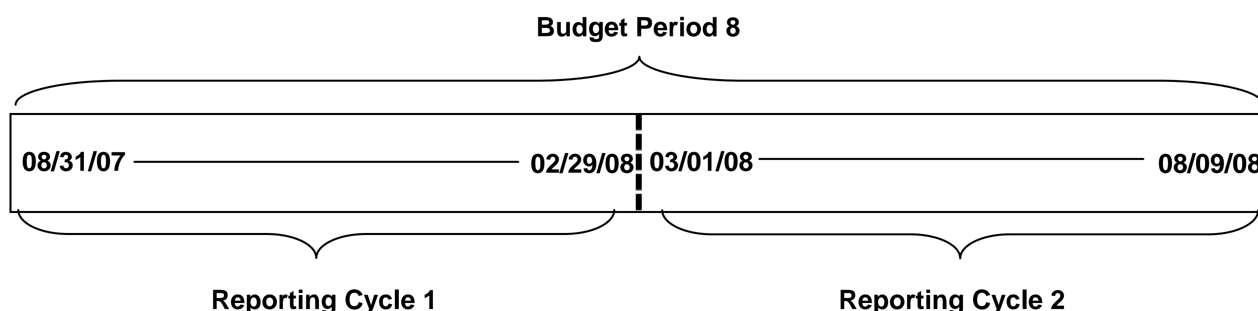
Introduction

This guidance document describes the Public Health Emergency Preparedness Cooperative Agreement performance measures for Budget Period 8, from August 31, 2007 to August 9, 2008. It includes the following measure components:

- measure definition
- intent
- public health capability
- jurisdiction
- target
- definitions and other guidance
- data collection and submission methods
- additional comments and clarifications
- examples

Budget Period 8 contains two reporting cycles for these measures:

Reporting Cycle 1 (Mid-Year): August 31, 2007 through February 29, 2008
Reporting Cycle 2 (End of Year): March 1, 2008 through August 9, 2008



Performance measures are an important tool for grantees to stress their routine urgent response systems and thereby demonstrate that they are building the capabilities necessary to respond to larger-scale incidents. Grantees are expected to report on each measure according to the detailed guidance in this document and are therefore strongly urged to familiarize themselves with all aspects of the guidance as well as the reporting template for each measure, contained in a companion document (*Budget Period 8 Performance Measures Data Reporting Template*[*]). As always, grantees are encouraged to request clarification from CDC where necessary.

The table on the next page lists each performance measure with its CDC preparedness goal and the public health capability that the measure represents:

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[*] Note that a separate data reporting template document will be released for each reporting cycle in Budget Period 8.

Performance Measure	Public Health Capability
CDC Preparedness Goal 2: DETECTION AND REPORTING	
2A: Percentage of Pulsed Field Gel Electrophoresis (PFGE) subtyping data results submitted to the PulseNet national database within 4 working days of receiving isolate at the PFGE laboratory.	Laboratory
CDC Preparedness Goal 6: CONTROL	
6A: Percentage of key response partners that the public health agency successfully contacts without using electric grid power and primary land-line telephone service.	Communication
6B: Time to notify all primary staff (secondary or tertiary staff as needed) with public health agency Incident Command System functional responsibilities that the public health agency's Emergency Operations Center is being activated.	Communication
6C: Time for primary staff (secondary or tertiary staff as needed) with public health agency Incident Command System functional responsibilities to report for duty at the public health agency's Emergency Operations Center.	Response
CDC Preparedness Goal 9: IMPROVE	
9A: Time to complete a draft of an After-Action Report/Improvement Plan.	Program Implementation
9B: Time to re-evaluate response following approval and completion of corrective action(s) identified in an After-Action Report/Improvement Plan.	Program Implementation

Contacting the Outcome Monitoring and Evaluation Branch (OMEB):

Please submit all questions, suggestions, and concerns regarding the performance measures or data entry into PERFORMS to OMEB (Division of State and Local Readiness, Coordinating Office for Terrorism Preparedness and Emergency Response, Centers for Disease Control and Prevention) at

OMEB@cdc.gov

This allows OMEB to track grantee issues about the performance measures.

Performance Measure Activity and Reporting Requirements

Grantees must report on all performance measures that pertain to them as follows:

- States: 6 measures
- Territories and Freely Associated States of the Pacific: 5 measures
- Washington, DC: 5 measures in Reporting Cycle 1; 6 measures in Reporting Cycle 2
- Other directly-funded localities (Chicago, Los Angeles, and New York City): 5 measures

The following guidelines describe activity and reporting requirements for the performance measures:

Performance measure 2A:

- Performance measure 2A is ***required only of states*** in Reporting Cycle 1. States and Washington, DC are required to report on 2A in Reporting Cycle 2.
- Territories, Freely Associated States of the Pacific, and directly-funded localities ***are not*** required to report data for 2A during Budget Period 8, except for Washington, DC, during Reporting Cycle 2.
- Grantees that report data for 2A are expected to report all *E. coli* O157:H7 and *L. monocytogenes* isolates ***received*** by the State public health PFGE laboratory. Grantees' performance is based on those isolates for which the State ***performed*** PFGE subtyping.

Performance measures 6A, 6B, 6C, 9A, and 9B:

- Performance measures 6A, 6B, 6C, 9A, and 9B are ***required of all grantees***: States (including territories and Freely Associated States of the Pacific) and directly-funded localities.
- For Budget Period 8, 08/31/2007 to 08/09/2008, grantees are expected to report at least 2 activities that meet the specific requirements of performance measures 6A, 6B, 6C, 9A, and 9B. These requirements may be met during a single 6-month reporting cycle. There is no minimum number of activities that must be completed in any single reporting cycle.
- Report all activities that meet each measure's requirements up to the reporting maximum during each reporting cycle (see table on the following page).
- These requirements are indicated in each measure's guidance and in the following table summarizing the kinds of activities that grantees may conduct and report for each measure:

Performance Measures 6A, 6B, 6C, 9A, and 9B: Summary of Activity and Reporting Requirements						
	Reporting requirements may be met through any of the following:			***Minimum number of activities to report*** 08/31/2007-08/09/2008	***Maximum number of activities to report*** 08/31/2007-08/09/2008	***Jurisdiction(s) responsible for reporting***
Measure	**Drill**	**Exercise**	**Real incident**			
6A	✓	✓ functional or full-scale		2	6 (3 per reporting cycle)	All*
6B	✓	✓ functional or full-scale	✓	2	12 (6 per reporting cycle)	All*
6C	✓	✓ functional or full-scale	✓	2	12 (6 per reporting cycle)	All*
9A		✓ table-top, functional, or full-scale	✓	2	12 (6 per reporting cycle)	All*
9B	✓	✓ table-top, functional, or full-scale	✓	2	12 (6 per reporting cycle)	All*

* “All” refers to States, territories, Freely Associated States of the Pacific, and directly-funded localities.

The examples on the following page show how two hypothetical grantees met some of the above reporting requirements.

Example 1:

- On 02/01/2008, Grantee A started conducting monthly communication drills without using electric grid power and primary land-line telephone service, recording the response times of its key state and local response partners.
- Grantee A reported the first drill in measure 6A for Reporting Cycle 1 (08/31/2007-02/29/2008).
- During Reporting Cycle 2 (03/01/2008-08/09/2008), Grantee A conducted 6 more of these drills, meeting the requirement of conducting at least 2 drills or exercises during Budget Period 8 (08/31/2007-08/09/2008).
- Measure 6A asks grantees to report ***all*** relevant drills or exercises conducted during each reporting cycle, up to a total of 3. Therefore, Grantee A selected and reported the 3 most recent of the 6 monthly drills conducted during Reporting Cycle 2 (03/01/2008-08/09/2008).
- All together, Grantee A reported 4 of the 7 drills conducted that met the requirements of measure 6A during Budget Period 8 (08/31/2007-08/09/2008).

Example 2:

- Grantee B responded to one real incident in which the public health EOC was activated on 10/01/2007, during Reporting Cycle 1 (08/31/2007-02/29/2008) and conducted a second EOC activation as part of a full-scale exercise on 06/28/2008, during Reporting Cycle 2 (03/01/2008-08/09/2008).
- In both cases, Grantee B recorded the following times:
  - notification of staff
  - acknowledgement of the notification
  - reporting for duty
- Grantee B has met the minimum requirement of 2 activities for both measures 6B and 6C for Budget Period 8, 08/31/2007-08/09/2008 (and if drafted by 08/09/2008, may also have an After Action Report/Improvement Plan on the full-scale exercise to report for 9A).

General Considerations

Grantees must implement methods, approaches, or systems to capture the required information accurately and report the information to CDC in PERFORMS. CDC may independently verify self-reported information to ensure validity and accuracy.

Although this guidance document specifies minimum performance measure requirements, grantees may opt to conduct a greater number of activities and design even more complex drills or exercises with more demanding scenarios.

Grantees are encouraged whenever possible to incorporate the activities associated with these measures into more comprehensive drills or exercises that may meet multiple objectives and requirements. However, grantees may conduct stand-alone drills and exercises for the sole purpose of reporting data on a particular performance measure if the required activities are not part of a previously defined exercise schedule.

Organization of the Guidance for Each Performance Measure

The guidance for each of the six performance measures on the pages that follow is organized in a measure definition matrix (see below). For certain measures, a graphic or table follows the definition matrix to illustrate key points about the measure. The data reporting template containing all questions to answer in PERFORMS is contained in a companion document (*Budget Period 8 Performance Measures Data Reporting Template*).

Each performance measure's definition matrix contains the following elements:

CDC Preparedness Goal	
Performance Measure	The specific public health emergency preparedness capability being measured.
Intent	The scientific or programmatic rationale for the measure.
Public Health Capability	The general public health capability represented by the measure. A public health capability is the combination of resources that provides the means to achieve a measurable preparedness outcome. It represents the ability to perform operations or actions that demonstrate preparedness for public health emergencies. In PHEP terms, capability is the sum of capacity and practice/expertise through testing, exercises, drills, and response to real incidents.
Jurisdiction	The grantee jurisdictional category(ies) responsible for reporting on this measure (e.g., state, territory, Freely Associated States of the Pacific, directly-funded locality).
Target	The expected level of performance for a budget period with regard to the specific public health emergency preparedness capability being measured.
Definitions and Other Guidance	Definitions and references for key terms, activity requirements, and reporting requirements.
Measurement Specifications	Data points for calculating the level of performance.
Data Collection and Submission Methods	Specific information to document and report for the measure.
Comments and Clarifications	Additional information or examples that further explain the requirements of the measure.

Performance Measure 2A

CDC Preparedness Goal 2: DETECTION AND REPORTING Decrease the time needed to identify health events that could result from terrorism or naturally-occurring events, in partnership with other agencies.	
Performance Measure	2A. Percentage of Pulsed Field Gel Electrophoresis (PFGE) subtyping data results submitted to the PulseNet national database within 4 working days of receiving isolate at the PFGE laboratory.
Intent	Grantees need to be able to inform local, state, and national laboratorians and epidemiologists of disease occurrences in a timely manner in order to determine the extent and scope of potential outbreaks and to minimize the effects of these outbreaks. Performing PFGE subtyping and submitting data results to the PulseNet electronic database in a timely manner indicates the public health laboratory's ability to sub-type specific bacteria and share results quickly.
Public Health Capability	Laboratory
Jurisdiction	State
Target	For each type of agent, 90% of PFGE subtyping data results during the budget period are submitted to the PulseNet database within 4 working days.
Definitions and Other Guidance	The start time is the date the isolate is received at the PFGE laboratory.
Measurement Specifications	**Numerator:** Number of reference or clinical isolates that were identified as *E. coli* O157:H7 and *L. monocytogenes* for PFGE subtyping and submitted to CDC's PulseNet database within 4 working days of receipt of isolate at the PFGE laboratory. **Denominator:** Total number of *E. coli* O157:H7 and *L. monocytogenes* reference or clinical isolates for which the State performed PFGE subtyping.
Data Collection and Submission Methods	Self-report data submitted semi-annually. Data submitted may be verified by an independent party during scheduled site visits. Grantees should keep paper and/or electronic log(s) or other documentation that contains the following: (1) name of agent (i.e. *E. coli* O157:H7 or *L. monocytogenes)*, (2) date isolate received at the PFGE laboratory, (3) date results obtained, (4) date results submitted to the PulseNet database, (5) number of working days from receipt of isolate at the PFGE laboratory to PulseNet results submission, and (6) name(s) of the laboratory or laboratories and the city and state where the State public health laboratory sent any isolates for PFGE subtyping.
Comments and Clarifications	▪ ***Definition of "working days":*** The target for this measure is 4 "working days." This term is equivalent to "business days."

Performance Measure 6A

CDC Preparedness Goal 6: CONTROL Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	
Performance Measure	6A. Percentage of key response partners that the public health agency successfully contacts without using electric grid power and primary land-line telephone service.
Intent	To decrease the time to provide countermeasures and health guidance, grantees need to be able to communicate with key response partners to exchange information for decision-making. Communications systems become inoperable in many circumstances. Grantees must be able to demonstrate two-way communications capabilities for rapidly contacting and exchanging information with key State (including territories or Freely Associated States of the Pacific), tribal, and local public health and emergency response partners in the event of a simultaneous failure of primary electric power and land-line telephone services.
Public Health Capability	Communication
Jurisdiction	State (including territories and Freely Associated States of the Pacific) and directly-funded locality
Target	Developmental target: Target to be developed for future guidance based on grantee data
Definitions and Other Guidance	Grantees should drill or exercise the notification/acknowledgment process for key response partners and be able to report response times in 15-minute increments. For States (including territories and Freely Associated States of the Pacific), key response partners are to be defined by the public health agency but should include, at a minimum, all key State-level and tribal response partners and all local public health agency response partners. For directly-funded localities, key response partners are to be defined by the public health agency but should include, at a minimum, all key local public health agency and tribal response partners and the State public health agency. Grantees are expected to report at least 2 drills or exercises from 08/31/2007 to 08/09/2008. If one or more relevant drills or exercises occurred during a reporting cycle (Reporting Cycle 1: 08/31/2007-02/29/2008; Reporting Cycle 2: 03/01/2008-08/09/2008), grantees should report all of them, up to a total of 3. If more than 3 drills or exercises occurred during a cycle, grantees should select 3 drills or exercises to report. Descriptions of drill and exercise types are available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>.

Measurement Specifications	**Numerator:** The number of partners who responded in each of the following categories: (a) 0:00 to 15:00 minutes, (b) 15:01 to 30:00 minutes, (c) 30:01 or more minutes. The number of partners who did not respond should also be reported. **Denominator:** Number of response partners to whom communication was sent.
Data Collection and Submission Methods	Self-report data submitted semi-annually. Data submitted may be verified by an independent party during scheduled site visits. Grantees should keep paper and/or electronic logs that document the drills or exercises conducted. Information for each drill or exercise should include (1) date drill or exercise ended; (2) a description of the communication system used, including whether notification was simultaneous or sequential or both; (3) whether the drill or exercise was conducted during or outside normal business hours; (4) whether or not the drill or exercise was unannounced; (5) type of drill or exercise: drill, functional, full-scale; (6) a list of key response partners by agency and position; (7) a log (paper or electronic) of response time category for each partner.
Comments and Clarifications	▪ ***Drills and exercises:*** Real incidents involving failure of electric grid power and land-line telephone service are likely to occur infrequently in most jurisdictions, and for this reason, grantees need to conduct drills and exercises in order to practice their communications capabilities. When real incidents do occur, grantees may need to focus primarily on the response itself rather than on documenting response times for the purpose of reporting data for this performance measure. Therefore, this measure is limited to drills and exercises, where grantees can collect data in a more consistent, standardized way. ▪ ***Key response partners:*** In order to test grantee capabilities in responding to a complex incident, measure 6A requires communication with key State (including territories or Freely Associated States of the Pacific), tribal, *and* local response partners. Key response partners are to be defined by the public health agency, but this list should represent *essential contacts* to be notified quickly during a complex incident that requires the public health agency to coordinate with partners at all levels. The list should be targeted so as not to include, for example, all 1,000 contacts in an agency's Health Alert Network database, but rather just those partners who are truly "key" to the response with whom the agency might be involved in two-way exchanges of information. ▪ ***Acceptable communication systems:*** The intent of this measure is to test grantee communications capabilities when the public health agency's electric grid power and primary land-line telephone, at a minimum, are unavailable. The primary land-line telephone refers to the primary telephone infrastructure routinely used. Any alternative communication system to the primary land-line telephone may be used to meet the requirements of this measure, including but not limited to satellite telephones, 800 MHz radios, amateur radios, and cellular telephones, as long as these technologies are not powered by the public health agency's electric power grid. This is not an exhaustive list of permissible technologies. Jurisdictions that have established an alternative telephone

Comments and Clarifications continued	infrastructure to be used when the primary land-line telephone infrastructure is non-functional may use that system as an acceptable means of communication for this drill, as long as it can be operated off the regular electric power grid, and this condition is met during any drill or exercise reported for this measure. ▪ ***Extent of the outage:*** The assumption is that all grantee facilities in the local area (e.g., the city where the grantee's public health agency is located) are affected and that grantees have a plan and infrastructure established for situations when alternative means of communication must be used. Depending on the drill or exercise scenario used, which is at the grantee's discretion, partner agency communication systems may or may not be similarly disrupted. ▪ ***Meeting all measure criteria:*** If a jurisdiction has tested its notification plan but not without using electric grid power and primary land-line telephone service, the exercise/drill ***does not meet*** the criteria of the measure. In this instance, the jurisdiction should indicate that they did not conduct a drill that meets these conditions and use the accompanying text box to describe what was done, so that OMEB can better understand how exercises are being conducted and if the criteria for the measure need to be better defined. ▪ ***Jurisdictional focus of measure 6A:*** For the current budget year, the intent is to measure the response of State (including territories and Freely Associated States of the Pacific) and directly-funded locality public health agencies. At this time, CDC does not require reporting of local health department performance (other than directly-funded localities) except to the extent that a measure, such as 6A, is based in part on the ability of local health departments to respond. ▪ ***Methods of notification and recording response times:*** Notification may be simultaneous or sequential, depending on the technology used. Some grantees have fully automated communications systems that can not only communicate via means other than the primary land-line telephone and off the electric power grid, but can also document notification and response times electronically. However, an automated system is not necessary to meet the requirements of this measure. For example, a grantee who uses battery-powered radios can manually record whether or not key response partners answer a call. All immediate responses to a radio call would be recorded in the "0:00 to 15:00 minutes" response category. Non-respondents may be recorded in the "number of partners who did not respond" category. Alternatively, the agency may repeat the call to non-respondents and once a response is received, record time elapsed since the initial call and report the data in the appropriate response time category. Whatever system is used, grantees should maintain documentation containing all of the required information to report for this measure.

Performance Measure 6B

CDC Preparedness Goal 6: CONTROL Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	
Performance Measure	6B. Time to notify all primary staff (secondary or tertiary staff as needed) with public health agency Incident Command System functional responsibilities that the public health agency's Emergency Operations Center is being activated.
Intent	To ensure timely and effective coordination within the public health agency and with key response partners in a complex incident, grantees must demonstrate the capability to rapidly notify staff to report for public health Emergency Operations Center (EOC) duty and track responses to ensure that all eight core Incident Command System (ICS) functional roles can be staffed with one staff person per position. This capability is critical to maintain even though not every incident requires full staffing of the ICS. Rapid notification of staff depends on maintaining accurate contact information for pre-identified public health agency staff to fill each Incident Command System functional role.
Public Health Capability	Communication
Jurisdiction	State (including territories and Freely Associated States of the Pacific) and directly-funded locality
Target	Mean* = 60 minutes from time that public health director or designated official begins notifying pre-identified primary staff (secondary or tertiary staff as needed). *Mean based on all reported drills, exercises and real incidents for the budget period
Definitions and Other Guidance	The public health agency should have a pre-identified list of primary, secondary, and tertiary personnel required to cover the following core ICS functional roles: • Incident Commander • Public Information Officer • Safety Officer • Liaison Officer • Operations Section Chief • Planning Section Chief • Logistics Section Chief • Finance/Administration Section Chief Detailed descriptions of the functional roles and ICS can be found in National Incident Management System, March 2004, available at <http://www.fema.gov/pdf/emergency/nims/nims_doc_full.pdf>. Grantees are expected to report at least 2 drills, exercises, or real incidents from 08/31/2007 to 08/09/2008. **At least 1 notification must be both unannounced and outside of normal business hours.** If one or more relevant drills, exercises, or real incidents occurred during a

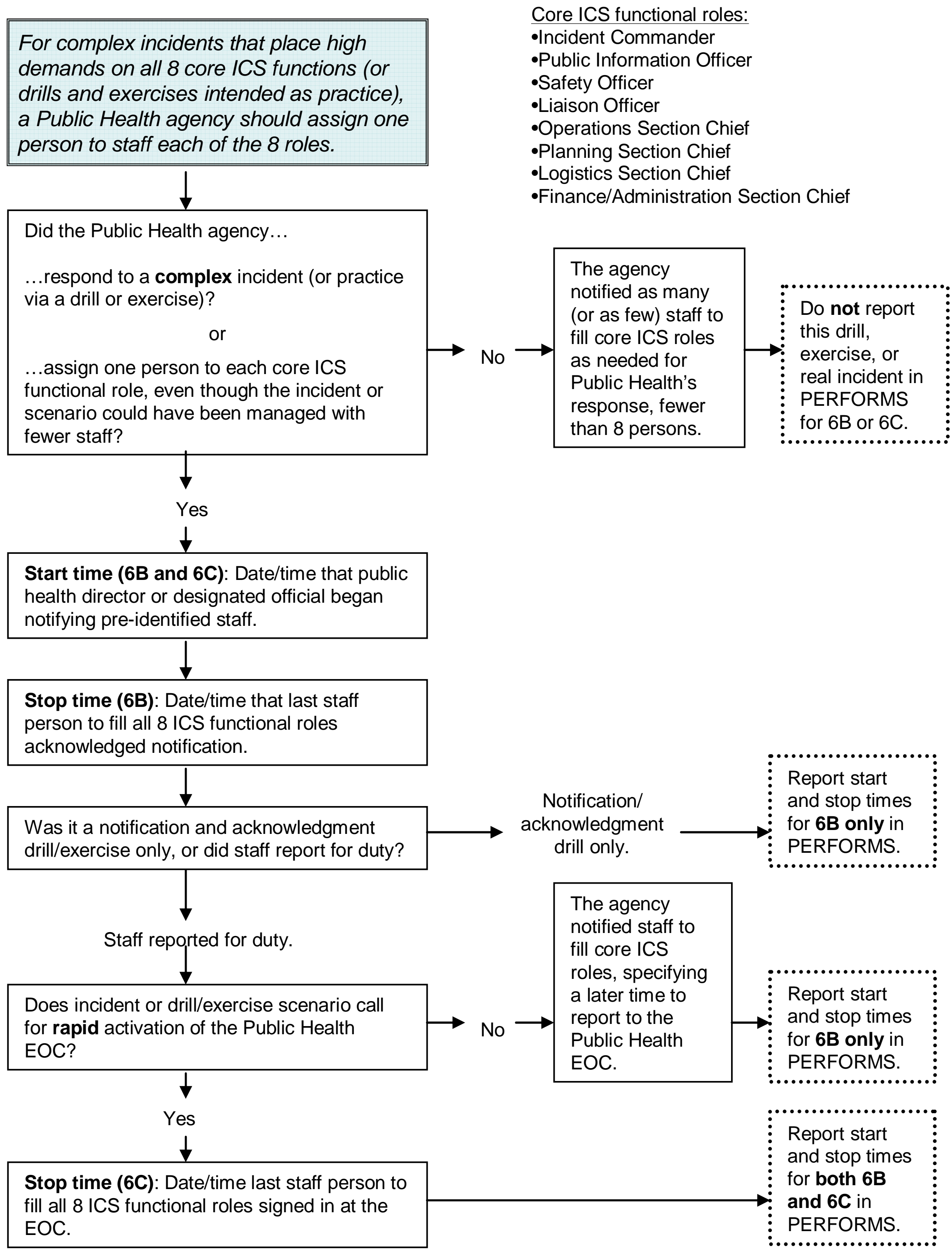
Definitions and Other Guidance continued	reporting cycle (Reporting Cycle 1: 08/31/2007-02/29/2008; Reporting Cycle 2: 03/01/2008-08/09/2008), grantees should report all of them, up to a total of 6. If more than 6 relevant drills, exercises, or real incidents occurred during a cycle, grantees should select 6 drills, exercises, or real incidents to report. Descriptions of drill and exercise types are available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>. The agency should notify staff to fill all 8 core ICS functional roles according to the agency's operating plan. Only the primary person or his/her backup (secondary or tertiary, if necessary) should be included in the personnel count. Although the number of persons required to staff ICS functional roles depends on the incident, the intent of this measure is to test response to a complex incident (or a drill or exercise intended as practice) by rapidly notifying staff for each functional area. For complex incidents, i.e., those that place high demands on all 8 core ICS functions (or drills and exercises intended as practice), a public health agency should assign one person to staff each of the 8 roles. This maximum staffing of core ICS functional roles for a complex incident may mean fewer than 8 persons to fill them, but ***only*** if the agency's standard operating procedure designates two ICS roles that one staff person always covers (e.g., one person always covers the Safety Officer and Liaison Officer roles, and therefore full coverage requires 7 persons instead of 8). Grantees may also choose to assign one person to each core ICS functional role even though the incident or scenario could have been managed with fewer staff.
Measurement Specifications	**Start time:** Date and time that public health director or designated official began notifying pre-identified primary staff (secondary or tertiary staff as needed). **Stop time:** Date and time that the last primary staff person (secondary or tertiary staff as needed) to fill all eight ICS functional roles acknowledged notification.
Data Collection and Submission Methods	Self-report data submitted semi-annually. Data submitted may be verified by an independent party during scheduled site visits. Grantees should keep paper and/or electronic log(s) or other documentation that contains the following: (1) whether the notification was the result of a drill, functional exercise, full-scale exercise, or real incident; (2) whether or not the notification was outside normal business hours; (3) whether or not the notification was unannounced; (4) date and time public health director or designated official began notifying staff; (5) date and time acknowledgement of notification was received from each person needed to staff all eight ICS functional roles; and (6) ICS functional role(s) for each person who acknowledged notification. Grantees should also keep a complete list of contact information for all primary, secondary, and tertiary staff with public health agency ICS functional responsibilities. Grantees should update this list at least once during each reporting cycle and record the date of most recent update.

Comments and Clarifications	▪ ***Unannounced, off-hours notification:*** Grantees must be able to demonstrate that all eight core ICS functional roles can be staffed rapidly outside of normal business hours without advance warning. ▪ ***Methods to record response times:*** Though a fully automated electronic system is an efficient means to notify staff and document response times, it is not necessary to meet the requirements of measures 6B and 6C. Grantees may manually record staff response times. Whatever system is used, grantees should maintain documentation containing all of the required information to report for this measure. ▪ ***Measures 6B and 6C flow chart:*** The graphical flow chart on the next page illustrates response and reporting activities for measures 6B and 6C.

Budget Period 8 Performance Measures 6B and 6C Flowchart

6B. Time to notify all primary staff (secondary or tertiary staff as needed) with public health agency Incident Command System functional responsibilities that the public health agency's Emergency Operations Center is being activated *(report at least 2 drills, exercises, or real incidents from 08/31/2007 to 08/09/2008)*

6C. Time for primary staff (secondary or tertiary staff as needed) with public health agency Incident Command System functional responsibilities to report for duty at the public health agency's Emergency Operations Center *(report at least 2 drills, exercises, or real incidents from 08/31/2007 to 08/09/2008)*



Performance Measure 6C

CDC Preparedness Goal 6: CONTROL Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	
Performance Measure	6C. Time for primary staff (secondary or tertiary staff as needed) with public health agency Incident Command System functional responsibilities to report for duty at the public health agency's Emergency Operations Center.
Intent	To ensure timely and effective coordination within the public health agency and with key response partners in a complex incident, grantees must demonstrate the capability to rapidly staff all eight core Incident Command System (ICS) functional roles in the public health Emergency Operations Center (EOC) with one staff person per position. This capability is critical to maintain even though not every incident requires full staffing of the Incident Command System. Rapidly staffing the public health agency's EOC requires that the agency pre-identify staff to fill these roles, and that staff can receive and acknowledge notifications and report immediately to the EOC.
Public Health Capability	Response
Jurisdiction	State (including territories and Freely Associated States of the Pacific) and directly-funded locality
Target	Mean* = 2 ½ hours from time that public health director or designated official begins notifying pre-identified primary staff (secondary or tertiary staff as needed) that the public health agency's EOC will be activated. * Mean based on all reported drills, exercises and real incidents for the budget period.
Definitions and Other Guidance	Departmental Operations Center (DOC) or other terms may be used instead of "EOC." See the National Incident Management System, March 2004, "Glossary of Key Terms" for a definition of "Emergency Operations Center," available at <http://www.fema.gov/pdf/emergency/nims/nims_doc_full.pdf>. The public health agency should have a list of pre-identified primary, secondary, and tertiary personnel required to staff its EOC according to core ICS functional roles: • Incident Commander • Public Information Officer • Safety Officer • Liaison Officer • Operations Section Chief • Planning Section Chief • Logistics Section Chief • Finance/Administration Section Chief Grantees are expected to report at least 2 drills, exercises, or real incidents from 08/31/2007 to 08/09/2008. **At least 1 activation must be unannounced.**

Definitions and Other Guidance continued	**Report *only* those drill or exercise scenarios or real incidents that call for *rapid* activation, i.e., those where staff are asked to report immediately to the public health EOC. Do not report activations where staff are asked to report to the public health EOC at a later time.** If one or more relevant drills, exercises, or real incidents occurred during a reporting cycle (Reporting Cycle 1: 08/31/2007-02/29/2008; Reporting Cycle 2: 03/01/2008-08/09/2008), grantees should report all of them, up to a total of 6. If more than 6 relevant drills, exercises, or real incidents occurred during a cycle, grantees should select 6 drills, exercises, or real incidents to report. Descriptions of drill and exercise types are available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>. The agency should staff all 8 core ICS functional roles in the public health agency's EOC according to the agency's operating plan. Only the primary person or his/her backup (secondary or tertiary, if necessary) should be included in the personnel count. The intent is to test response to a complex incident (or a drill or exercise intended as practice) by rapidly staffing each functional area, which may include reporting to duty at the public health agency's EOC or signing in virtually. For complex incidents that place high demands on all 8 core ICS functions (or drills and exercises intended as practice), a public health agency should assign one person to staff each of the 8 roles. This maximum staffing of core ICS functional roles may mean fewer than 8 persons to fill them, but ***only*** if the agency has designed its Incident Command System in such a way that one staff person always covers more than one role (e.g., one person always covers the Safety Officer and Liaison Officer roles, and therefore full coverage requires 7 persons instead of 8). Grantees may also choose to assign one person to each core ICS functional role even though the incident or scenario could have been managed with fewer staff.
Measurement Specifications	**Start time:** Date and time the public health director or designated official began notifying pre-identified primary staff (secondary or tertiary staff as needed) that the public health agency's EOC was being activated. **Stop time:** Date and time that the last primary staff person (secondary or tertiary staff as needed) to fill all eight ICS functional roles signed in at the EOC.
Data Collection and Submission Methods	Self-report data submitted semi-annually. Data submitted may be verified by an independent party during scheduled site visits. Grantees should keep paper and/or electronic log(s) or other documentation that contains the following: (1) whether or not the notification was unannounced; (2) description of each drill/exercise scenario and real incident; (3) date and time public health director or designated official began notifying pre-identified primary staff (secondary or tertiary staff as needed) that the public health agency's EOC was being activated; (4) date and time each person signed in at the public health agency's EOC; and (5) ICS functional role(s) for each person signed in.

Comments and Clarifications	▪ ***Unannounced rapid activation:*** Grantees must be able to demonstrate that all eight core ICS functional roles can be staffed rapidly without advance warning. ▪ ***Methods to record response times:*** Though a fully automated electronic system is an efficient means to notify staff and document time of notification and time of reporting for duty, it is not necessary to meet the requirements of measures 6B and 6C. Grantees may manually record staff response times. Whatever system is used, grantees should maintain documentation containing all of the required information to report for this measure. ▪ ***Scope of the stop time:*** The stop time for measure 6C captures only the time that the last primary staff person (secondary or tertiary staff as needed) to fill all eight ICS functional roles signed in at the EOC. Grantees are not expected to set up the EOC (e.g., turn on equipment, distribute materials, etc.) in drills or exercises conducted for this measure. ▪ ***Measures 6B and 6C flow chart:*** The graphical flow chart, included under measure 6B on p. 14 above, illustrates response and reporting activities for measures 6B and 6C.

Performance Measure 9A

CDC Preparedness Goal 9: IMPROVE Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.	
Performance Measure	9A. Time to complete a draft of an After-Action Report/Improvement Plan.
Intent	The systematic observation and assessment of response capabilities is critical to developing and maintaining emergency response readiness. Grantees must demonstrate through the use of after-action reporting the capability to analyze each response action (real or simulated), describe needed improvements, and prepare a plan for making improvements in a minimal amount of time. The report should include how response operations did and did not meet objectives, recommendations for correcting gaps or weaknesses, and a plan for improving response operations.
Public Health Capability	Program Implementation
Jurisdiction	State (including territories and Freely Associated States of the Pacific) and directly-funded locality
Target	Mean* = 60 calendar days from the end of the exercise or the end of public health emergency response operations as determined by the Incident Commander. * Mean based on all reported AAR/IPs
Definitions and Other Guidance	Report those After-Action Report/Improvement Plans (AAR/IPs) submitted for clearance within the public health agency during each reporting cycle ***(whether the exercise or real incident occurred before or during the current reporting cycle)*** when the public health agency responded in either a lead or assisting agency role for (1) table-top exercises, (2) functional exercises, (3) full-scale exercises, and (4) real incidents. Clearance refers to the process (whether formal or informal) that the public health agency uses to approve and finalize AAR/IPs. Descriptions of drill and exercise types are available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>. The AAR/IP is the unit that defines a single exercise or a real incident, regardless of how many political jurisdictions were involved in the exercise or real incident (see the National Incident Management System, March 2004, "Glossary of Key Terms" for a definition of "jurisdiction," available at <http://www.fema.gov/pdf/emergency/nims/nims_doc_full.pdf>). The AAR/IP should list the most important public health-related corrective actions. Grantees are expected to report at least 2 AAR/IPs submitted for clearance within the public health agency from 08/31/2007 to 08/09/2008.

Definitions and Other Guidance continued	If one or more relevant AAR/IPs were submitted for clearance within the public health agency during a reporting cycle (Reporting Cycle 1: 08/31/2007-02/29/2008; Reporting Cycle 2: 03/01/2008-08/09/2008), grantees should report all of them, up to a total of 6. If the public health agency submitted more than 6 AAR/IPs during a cycle, grantees should report the 6 AAR/IPs that contain the most important public health-related corrective actions (at grantee's discretion).
Measurement Specifications	**Start time:** Date of the day following the end of the exercise or the end of public health emergency response operations as determined by the Incident Commander. ***The exercise or real incident may have occurred before or during the reporting cycle for which data are being submitted.*** **Stop time:** Date draft of AAR/IP was submitted for clearance within the public health agency. ***This date must occur during the reporting cycle for which data are being submitted.***
Data Collection and Submission Methods	Self-report data submitted semi-annually. Data submitted may be verified by an independent party during scheduled site visits. The public health agency director or designated official should keep paper or electronic copies of AAR/IPs submitted during each reporting cycle for clearance within the public health agency. AAR/IP documentation should include the following: (1) description of exercise scenario or real incident, (2) name of the lead agency, (3) number of political jurisdictions involved, (4) date of the day following the end of the exercise or the end of public health emergency response operations as determined by the Incident Commander (whether before or during the current reporting cycle), (5) date draft of AAR/IP submitted for clearance within the public health agency, and (6) format of AAR/IP (HSEEP guidelines or other).
Comments and Clarifications	▪ ***Timing of measure 9A dates:*** Grantees should report those AAR/IPs submitted for clearance within the public health agency during a reporting cycle (whether the exercise or real incident occurred ***before or during*** that reporting cycle) when the public health agency responded in either a lead or assisting role for (1) table-top exercises, (2) functional exercises, (3) full scale exercises, and (4) real incidents. This measure is limited to AAR/IPs on exercises or real incidents because they typically have a greater scope—in terms of functions, agencies or jurisdictions involved, or response capabilities—than drills or workshops. ▪ ***Acting in a lead or assisting agency role:*** The public health agency may have been involved in an exercise or real incident in either a lead or assisting agency role. For example, if the grantee participated in an exercise led by the State (or territory or Freely Associated State of the Pacific) emergency management agency, and the grantee had responsibility for drafting either its own AAR/IP on the public-health related aspects of the exercise or a portion of a larger AAR/IP for the entire exercise, the public health agency's AAR/IP draft (or portion drafted

Comments and Clarifications continued	by the public health agency) can be reported for measure 9A as long as there is a written AAR/IP with public-health related content and documentation of the time submitted for clearance within the public health agency. ▪ ***Definition of "clearance":*** "Clearance" depends on accepted practice in the public health agency. It does not have to be a formalized process involving upper level management. For example, a sign off on the AAR/IP by an exercise director or emergency preparedness director would count as clearance, as long as there is a written AAR/IP and documentation of the date that person signs off on the AAR/IP. In this example, the stop time for measure 9A would be when the AAR/IP draft was submitted to the exercise director or preparedness director. If the person who clears the AAR/IP draft is the same person who drafts it, then the stop time is the time at which that person determines that the AAR/IP draft is complete. ▪ ***AAR/IPs on real incidents:*** The types of real incident responses to document in AAR/IPs are at grantees' discretion. ▪ ***Measure 9A summary table and graphic:*** The table and graphic on the next pages summarize reporting requirements and provide examples of response activities for measure 9A.

Performance Measure 9A Requirements Table

Time to complete a draft of an After-Action Report/Improvement Plan (AAR/IP)
(*report at least 2 AAR/IPs submitted for clearance within the public health agency from 08/31/2007 to 08/09/2008*)

	Start time	Stop time
Data elements to document and report	• Date (start time): Date of the day following the end of the exercise or the end of public health emergency response operations as determined by the Incident Commander • Description of exercise scenario or real incident • Name of lead response agency • Number of political jurisdictions involved • Type of exercise or real incident	• Date (stop time): Date draft of AAR/IP was submitted for clearance within the public health agency • AAR/IP format
Requirements	• May occur ***before or during*** the reporting cycle for which data are being submitted	• Must occur ***during*** the reporting cycle for which data are being submitted • AAR/IP must be based on an exercise or real incident

Performance Measure 9A: Only the Stop Time Must Occur During the Reporting Cycle for which Data Are Being Submitted

This set of examples for Reporting Cycle 1 is provided for illustration only; the same principles apply to Reporting Cycle 2. Specific activities conducted and their timing will vary greatly from grantee to grantee.

					Reporting Cycle 1: 08/31/2007 – 02/29/2008					
	May 07	**June 07**	**July 07**	**August 07**	**September 07**	**October 07**	**November 07**	**December 07**	**January 08**	**February 08**
Example #1	**Start time: 05/19/2007** Date of the day following the end of the exercise or the end of public health emergency response operations as determined by the Incident Commander	→	→	→	**Stop time: 09/22/2007** Date draft of AAR/IP was submitted for clearance within public health agency					
Example #2					**Start time: 09/29/2007** Date of the day following the end of the exercise or the end of public health emergency response operations as determined by the Incident Commander	→	**Stop time: 11/14/2007** Date draft of AAR/IP was submitted for clearance within public health agency			

Performance Measure 9B

CDC Preparedness Goal 9: IMPROVE Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.	
Performance Measure	9B. Time to re-evaluate response following approval and completion of corrective action(s) identified in an After-Action Report/Improvement Plan.
Intent	The systematic re-evaluation of response capabilities is critical for providing evidence that planned corrective actions have been effective in improving response capacity. Grantees must demonstrate the capability to implement a systematic process for developing, testing, adjusting, and re-evaluating response capabilities. Grantees must demonstrate the capability to implement corrective actions and to evaluate in a timely manner their effectiveness in order to improve public health emergency response.
Public Health Capability	Program Implementation
Jurisdiction	State (including territories and Freely Associated States of the Pacific) and directly-funded locality
Target	Developmental target: Target to be developed for future guidance based on grantee data
Definitions and Other Guidance	Corrective actions should be related to the public health agency's emergency response plan and/or operations. These corrective actions should be identified in After-Action Report/Improvement Plans (AAR/IPs) prepared following (1) table-top exercises, (2) functional exercises, (3) full-scale exercises, and (4) real incidents ***(whether these occurred before or during the reporting cycle for which data are being submitted)***. Re-evaluation may be accomplished through the public health agency's own drill or exercise, inclusion in another agency's drill or exercise, or during a real incident. Descriptions of drill and exercise types are available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>. Grantees are expected to report at least 2 re-evaluations conducted from 08/31/2007 to 08/09/2008. If one or more relevant re-evaluations were conducted during a reporting cycle (Reporting Cycle 1: 08/31/2007-02/29/2008; Reporting Cycle 2: 03/01/2008-08/09/2008), grantees should report all of them, up to a total of 6. If the public health agency conducted more than 6 re-evaluations during a cycle, grantees should report the 6 most important (determined at grantee's discretion) re-evaluations of public health response.
Measurement Specifications	**Start time:** Date public health agency approved public health corrective action(s) identified in the AAR/IP. ***The exercise or real incident may have occurred and the corrective action(s) may have been approved and completed before or during the***

Measurement Specifications continued	***reporting cycle for which data are being submitted.*** **Stop time:** Date drill or exercise was initiated, or a real incident began, that served to re-evaluate public health response following approval and completion of corrective action(s) identified in an AAR/IP. ***This date must occur during the reporting cycle for which data are being submitted.***
Data Collection and Submission Methods	Self-report data submitted semi-annually. Data submitted may be verified by an independent party during scheduled site visits. Grantees should keep paper and/or electronic documentation of all re-evaluation drills, exercises or real incidents that occurred during each reporting cycle. This documentation should include the date that the drill or exercise was initiated, or a real incident began, to re-evaluate public health response following approval and completion of corrective action(s) identified in an AAR/IP (this date must occur during the reporting cycle for which data are being submitted). Documentation from the AAR/IP identifying the corrective action(s) to be completed prior to the re-evaluation of public health response should include the following: (1) date of the day following the end of the exercise or the end of the public health emergency response operations (whether before or during the reporting cycle for which data are being submitted) as determined by the Incident Commander, that generated corrective action(s), (2) name of the lead response agency, (3) number of political jurisdictions involved, (4) description of exercise scenario or real incident, (5) description of the area of public health response needing improvement and the completed corrective action(s), (6) date public health agency approved public health corrective action(s) identified in the AAR/IP (whether before or during the reporting cycle for which data are being submitted).
Comments and Clarifications	▪ ***Exercises or real incidents that generated corrective action(s):*** This measure focuses on exercises or real incidents that generated corrective actions, because exercises and real incidents typically have a greater scope—in terms of functions, agencies or jurisdictions involved, or response capabilities—than drills or workshops. Note, however, that re-evaluation may be accomplished via drills, exercises, or real incidents. ▪ ***Timing of measure 9B dates:*** Performance measure 9B captures two dates that provide data necessary to determine the time taken to 're-evaluate response following approval and completion of corrective action(s) identified in an After-Action Report/Improvement Plan.' In addition, a third date helps OMEB understand the cycle of exercise/real incident response through re-evaluation. Below is an explanation of the relevant dates in the order they occur as you conduct your exercises: 1. *Date of the day following the end of the exercise or the end of the public health emergency response operations (whether before or during the current reporting cycle) as determined by the Incident Commander, that generated corrective action(s).* This refers to an exercise or real incident that resulted in the identification of needed improvements and corrective actions, *not* to an exercise or real

Comments and Clarifications continued	incident during which the re-evaluation takes place. *(Please note: this date may occur before or during the reporting cycle for which data are being reported).* 2. *Date public health agency approved public health corrective action(s) identified in the AAR/IP (whether before or during the current reporting cycle).* The AAR/IP is a result of the exercise or real incident referenced in item (1) above. *(Please note: this date may occur before or during the reporting cycle for which data are being submitted)*. 3. *Date drill or exercise was initiated, or a real incident began, that served to re-evaluate public health response following approval and completion of corrective action(s) identified in an AAR/IP (This date must occur during the reporting cycle for which data are being submitted: Reporting Cycle 1: 08/31/2007-02/29/2008; Reporting Cycle 2: 03/01/2008 to 08/09/2008).* This date refers to the re-evaluation of improvements resulting from the previous exercise or real incident (item [1]) and resulting AAR/IP (item [2]). The exercise or real incident that generated corrective actions to be taken and the AAR/IP that captures them must precede the re-evaluation. Therefore, the date entered for item (1) must precede the date for (2), and both of these dates must precede the date entered for item (3). ▪ ***Counting re-evaluations:*** Multiple areas of public health response that were addressed through multiple corrective actions can be re-evaluated in one drill, exercise, or real incident. Likewise, one exercise or real incident can lead to multiple re-evaluations. Re-evaluations of multiple areas of response needing improvement should be reported as separate re-evaluations. ▪ ***Acting in a lead or assisting agency role:*** The public health agency may have been involved in the exercise or real incident that generated corrective actions in either a lead or assisting agency role. For example, the grantee may have participated in an exercise led by the State (or territory or Freely Associated State of the Pacific) emergency management agency, and then drafted either its own AAR/IP on the public-health related aspects of the exercise or a portion of a larger AAR/IP for the entire exercise. ▪ ***Measure 9B summary table and graphic:*** The table and graphic on the next page summarize reporting requirements and provide examples of response activities for measure 9B.

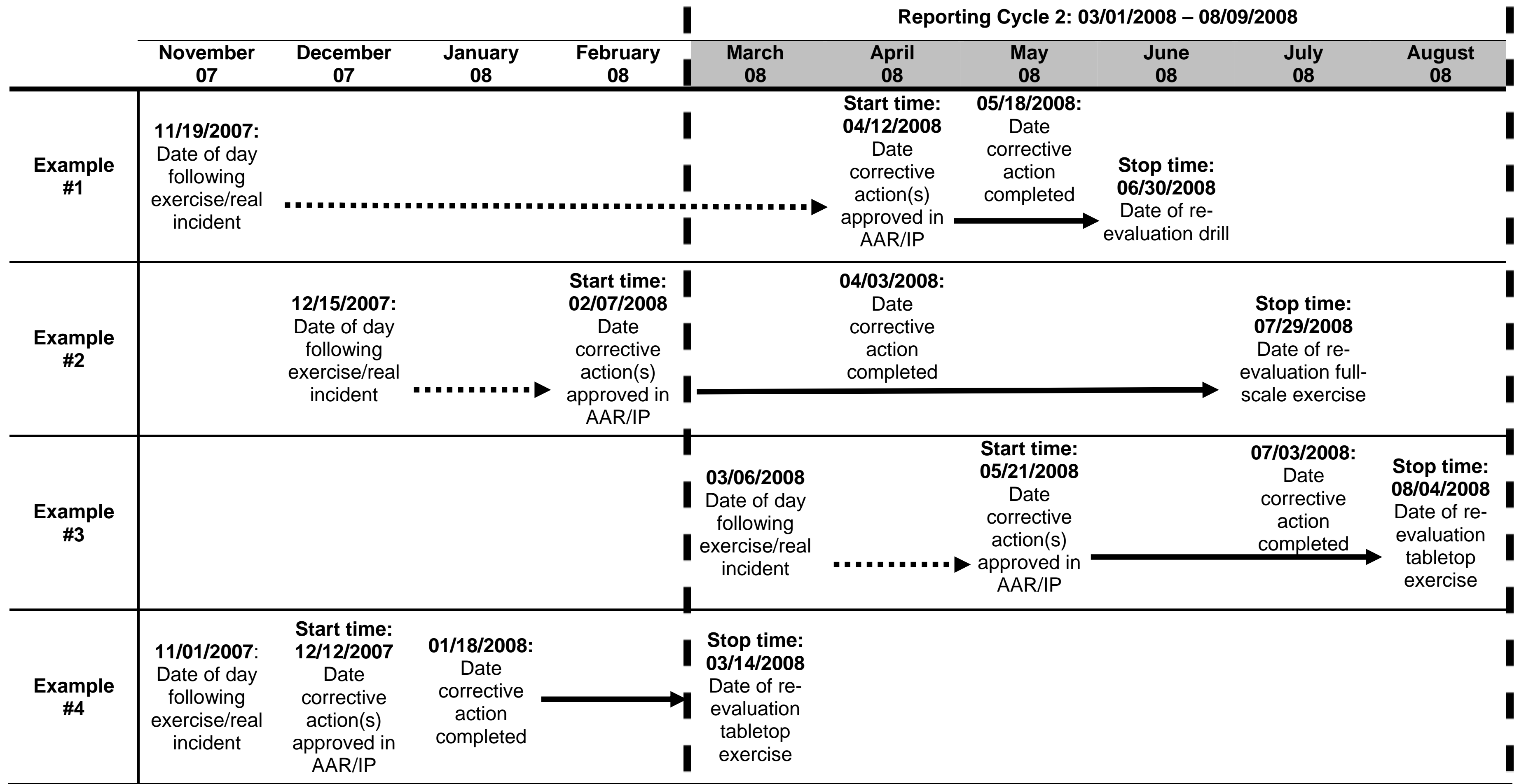
Performance Measure 9B Requirements Table

Time to re-evaluate response following approval and completion of corrective action(s) identified in an After-Action Report/Improvement Plan (AAR/IP)
(*report at least 2 re-evaluations from 08/31/2007 to 08/09/2008*)

	Exercise or real incident that generated corrective actions(s)	Start time	Corrective action(s) completed	Stop time
Data elements to document and report	• Date: Date of the day following the end of the exercise or the end of the public health emergency response operations as determined by the Incident Commander, that generated corrective action(s)	• Date (start time): Date public health agency approved public health corrective action(s) identified in an AAR/IP • Name of lead response agency • Number of political jurisdictions involved • Description of exercise scenario or real incident • Type of exercise or real incident	• Description of area(s) of public health response needing improvement • Description of completed corrective action(s)	• Date (stop time): Date drill or exercise was initiated, or a real incident began, that served to re-evaluate public health response following approval and completion of corrective action(s) identified in an AAR/IP
Requirements	• May occur ***before or during*** the reporting cycle for which data are being submitted • Must be an exercise or real incident	• May occur ***before or during*** the reporting cycle for which data are being submitted • AAR/IP must based on an exercise or real incident	• May occur ***before or during*** the reporting cycle for which data are being submitted	• **Must** occur ***during*** the reporting cycle for which data are being submitted • May be accomplished via drill, exercise, or real incident

Performance Measure 9B: Only the Stop Time Must Occur During the Reporting Cycle for which Data Are Being Reported

This set of examples for Reporting Cycle 2 is provided for illustration only; the same principles apply to Reporting Cycle 1. Specific activities conducted and their timing will vary greatly from grantee to grantee.



Providing Comments to OMEB within PERFORMS about Data Reported

Following the 6 performance measure data reporting templates in PERFORMS is an opportunity to provide OMEB with specific comments about the data you reported for a particular measure or measures. A separate link to this “Comments” text box can be found under the Assessment Tool Summary or by clicking the “Next” link at the end of performance measure 9B.

If you have comments of a more general nature about the performance measures or data entry in PERFORMS, please e-mail OMEB@cdc.gov.