



PHEP Operational Readiness Review Interim Guidance Overview

April 21, 2021

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Purpose

- Provide an overview of the expanded PHEP Operational Readiness Review (ORR) guidance for BP3 (July 1, 2021-June 30, 2022)
- Review PHEP required program requirements for BP3 (July 1, 2021-June 30, 2022)

Presenter



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Webinar Outline

- Describe three sections of the expanded PHEP Operational Readiness Review (ORR) guidance
- Familiarize recipients with data entry and reviewer guidance
- Define new concepts and terminology in the expanded PHEP ORR
- Review required measures for BP3 (July 1, 2021-June 30, 2022)
- Upcoming webinars

Introduction

- ORR evaluation is intended to identify strengths and challenges facing PHEP programs
- All 62 recipients and Cities Readiness Initiative local planning jurisdictions with funding are required to participate. Local evaluation will begin in Budget Period 4
- Interim guidance is divided into 3 sections
 - Descriptive and Demographic, Planning, Operations
- Valid PHAB accreditation and/or PPHR recognition can answer some of the ORR planning evaluation questions

Descriptive and Demographic Section

Descriptive and Demographic Section (dark blue band)

Element	Data Entry Guidance	Significance
<p>Standardized nomenclature is used to label each measure. Elements and sub-elements are uniquely labeled using the three-letter acronym of the form.</p> <ul style="list-style-type: none">• Jurisdictional Structure Sheet (JSS)• Jurisdictional Data Sheet (JDS)• Partner Planning Sheet (PPS)• Workforce Development and Training (WDT) <p>For example, "JSS2.a" refers to the Jurisdictional Structure Sheet, element 2, sub-element a.</p> <p>Note. The Critical Contact Sheet (CCS) collects contact information (name, phone, address, and email) about key staff and is not numbered since reference can easily be made to the person or position title.</p>	<p>Data entry guidance provides detail and clarifies expectations about what is measured.</p>	<p>The implication of the element is described.</p>

Descriptive and Demographic Section (light blue band)

Reviewer Guidance	Required Documentation	Submission frequency
Reviewer guidance provides detail and clarifies expectations about content components the reviewer must identify to deem the information acceptable as sufficient evidence.	<p>Required documentation provides examples about the type of information recipients can submit as evidence to substantiate responses to elements. The examples of required documentation are not exhaustive.</p> <p>Evidence must include a creation or revision date that is in the acceptable range for a given element's submission frequency (annual, three years, or five years). Draft documents, such as updates to plans or after-action-reports (AARs), are acceptable with written acknowledgement by the PHEP director, or proxy, that the evidence is valid and used to support the PHEP program. Draft plans that do not meet the criteria will be adjudicated by the reviewer as insufficient evidence in the ORR.</p>	<p>Submission frequency details when ORR data must be submitted for documentation and validation.</p> <p>Review means the data entered should be re-examined for accuracy. Update means any data that is no longer accurate should be edited. Validate means that supporting evidence must be routinely maintained and documents must have dates within the required range.</p>

New Concepts

Jurisdictional Structure Sheet (JSS)

- **Purpose:** confirm organizational, planning configuration for the state
- **Preparedness directors or their proxies** must complete and submit the JSS before any local ORRs can begin
- Only states complete this information

Planning Waiver

- Partial ORR credit can be granted for jurisdictions with valid accreditation from the Public Health Accreditation Board (PHAB) or from Project Public Health Ready (PPHR) recognition.
- PHAB: Current accreditation exempts recipients from review of planning measures for Capability 13
 - States have the option to exempt local planning jurisdictions with current PHAB accreditation from Capability 13 review
- PPHR: Local planning jurisdictions with current PPHR recognition may be exempt from Section 2: Evaluation of Plans (capability planning elements) of the ORR
 - States will designate any local exemptions via the JSS

Partner Planning Sheet (PPS)

- The PPS synthesizes information about how each reported partner supports public health preparedness and response
- Specifically documents which partners are involved in planning and operations

Evaluation of Plans – Capability Review

Capability Planning Section (dark blue band)

Element	Purpose	Significance
<p>Standardized nomenclature is used to label each measure. Elements and sub-elements are uniquely labeled based on which capability is referenced from the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health.</p> <p>For example, "CAP1.1a" refers to Capability 1: Community Preparedness, element 1, sub-element a.</p>	<p>The purpose of the measure is explained and reference made to each capability's applicable function, task, and resource from the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. The ORR does not measure every function, task, or resource element for each capability.</p>	<p>The implication of the measure is described.</p>

Capability Planning Section (light blue band)

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Capability Planning Section (page 21)

Element	Purpose	Significance
CAP1.1a <i>Date of the most recently conducted JRA or equivalent.</i>	<p>JRA identifies potential hazards, unique vulnerabilities, and community risk factors that could impact the jurisdiction's public health, medical, and mental/behavioral health infrastructure.</p> <p>Capability 1, Function 1: Determine risks to the health of the jurisdiction.</p> <p>Task 1: Conduct a public health JRA. Identify and prioritize jurisdictional risks, risk-reduction strategies, and risk-mitigation efforts in coordination with community partners and stakeholders.</p> <p>P1: (Priority) Procedures in place to identify at-risk populations that may be disproportionately impacted by incidents or events.</p>	<p>A JRA collates a multitude of inputs and yields an output that identifies contributing factors that might impact health outcomes in the jurisdiction. A collaborative and flexible risk assessment should include input from existing hazard and vulnerability analyses including those from emergency managers and community partners (health centers, faith-based groups, etc.). The identified threats and hazards are used by preparedness programs to strengthen planning and response protocols and capabilities.</p>

Capability Planning Section (page 22)

Reviewer Guidance	Required Documentation	Submission Frequency
CAP1.1a Evidence must document the jurisdiction's most recent JRA (or equivalent) was conducted within five years at the time of review. The evidence must demonstrate that relevant population estimates obtained from the U.S. Census Bureau or other relevant sources were used to estimate the jurisdictions' population size and demographic characteristics. Crosswalk evidence with PPS for inclusion of partners representing populations with access and functional needs.	<u>Acceptable Evidence</u> <ul style="list-style-type: none">Any risk assessment that includes a health component is acceptable.Documentation that the assessment was conducted within the last five years. Documentation must include month and year.Signature or acknowledgment by designated health official such as PHEP directors, emergency managers, or other authority responsible for conducting the risk assessment.	At a minimum, review annually and update as necessary; JRA or equivalent must be conducted, at a minimum, every five years.

Operational Activity – Program Requirements

Operations Section (top section of page 96)

Element	Data Entry Guidance	Significance
<p>Standardized nomenclature is used to label each measure. Elements and sub-element are uniquely labeled using the three-letter acronym of the form.</p> <p>For example, "OPS1.a" refers to operational submission, element 1, sub-element a.</p>	<p>Data entry guidance provides detail and clarifies expectations about what is measured.</p>	<p>The implication of the measure is described.</p>

Operations Section (middle section of page 96)

Reviewer Guidance	Required Documentation	Submission frequency
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Operations: Program Requirements

- Ops1.a-i (begins on pg. 97)
 - Description of the program (complete with every ops report)
- Ops2.a-u (begins on pg.99)
 - Select all program requirements submitted with this activity
 - 2a. EOC activation
 - 2b-e drills (FSD, SAD, SNA, DTD)
 - 2f-j Tabletop Exercises (TTX) Begins on p. 108
 - 2k. Annual PHEP exercise including partners (PAR1, PAR2) Begins on p.111
 - 2l. Joint functional exercise with EMA, HPP partners (PAR3)
 - 2m. Critical workforce group functional exercise (CWG)
 - 2n-o Dispensing and Distribution FSE
 - 2p. Pandemic FSE
 - 2q-u Laboratory performance measures currently collected in PERFORMS

Tentative Budget Period 3 Calendar

Required Budget Period 3 (BP3) ORR Submissions

- Who
 - PHEP recipients only
 - ORR submissions are waived for local planning jurisdictions
- Modified requirements
 - Descriptive
 - Jurisdictional Support Sheet (JSS) creates the profile for the jurisdictional participation in the ORR
 - Critical Contact Sheet (CCS) retained from MCM ORR
 - Partner Planning Sheet (PPS) List of partners to communicate (e.g., AFN) and share information
 - Workforce Development and Training (WDT) plan and former MYTEP
- Planning requirements (15 capabilities)
 - *Not required for Budget Period 3*

Required BP3 ORR Submissions: Operations

Emergency Operations Center Activation	Previously reported
Annual PHEP Exercise	Previously reported
Pandemic Influenza: Critical Workforce Group Functional Exercise	Previously reported
Pandemic Influenza Full-scale Exercise	Newly designed to accommodate COVID-19 response
Joint Functional Exercise with Emergency Management and Health Care Coalitions	Previously reported
LRN-B Biological Sample Testing	Benchmark previously reported in PERFORMS
LRN-C Chemical Sample Testing Using Core and Additional Methods	Benchmark previously reported in PERFORMS
LRN-C Lab Specimen Packaging and Shipping Exercise	Benchmark previously reported in PERFORMS

PHEP ORR Timeline for BP3 Training

Tentative topic areas and training dates

2021	June	July	August
<ul style="list-style-type: none">• ORR Updated Guidance w/appendices• JSS orientation• CCS orientation	June 23rd		
<ul style="list-style-type: none">• EOC Operations• Annual PHEP exercise• Joint exercise w/EMA, HPP• PPS• WDT		July 14th	
<ul style="list-style-type: none">• CWG – FE on vaccination of critical workforce• PAN – FSE (including COVID-19 response)			August 11th

Planned Appendices

Appendices

- References for each preparedness and response capability
- Noteworthy examples
- ORR elements compared with PHAB and PPHR standards
- 24/7 emergency contact (bidirectional) drill
- ORR status determination (algorithm)
- Key terms
- After-action report template (for responses or exercises not led by PHEP) and instructions

Highlighted Resource

- Access and functional needs toolkit

Questions



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Please send your suggestions for future webinar topics to:
preparedness@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

