



Ebola Preparedness

2015

Hospital Preparedness
Program (HPP)

Measurement
Implementation
Guidance

*Hospital Preparedness Program (HPP)
Ebola Preparedness and Response Activities
CFDA # 93.817*

VERSION 7.0

– This Page Intentionally Left Blank –



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE



Hospital Preparedness Program (HPP) Measure Manual: Implementation Guidance for Ebola Preparedness Measures

July 2015

The *Hospital Preparedness Program (HPP) Measure Manual, Implementation Guidance for the HPP Ebola Preparedness Measures* (hereafter referred to as *Ebola Measures Manual*) is a highly iterative document. Subsequent versions will be subject to ongoing updates and changes as reflected in HPP policies and direction.

Introduction

Beginning in March of 2014, West Africa experienced the largest Ebola outbreak on record. Unlike many smaller preceding outbreaks of Ebola virus disease (Ebola), this particular outbreak spread to multiple African countries and caused (as of July 2015) more than 27,000 suspected human cases. In August 2014, the first American citizen with Ebola was flown to the United States (U.S.) for treatment. Additional patients have subsequently been medically-evacuated to the U.S. and two returned travelers were diagnosed and treated in Dallas, Texas and New York City, New York. These experiences, as well as the secondary infections of two health care workers in a Dallas hospital, identified opportunities to improve preparedness for and treatment of suspected and confirmed patients with Ebola. In response, Congress appropriated emergency funding, in part to ensure that the health care system is adequately prepared to respond to future patients infected with Ebola. In doing so, Congress directed the Department of Health and Human Services (HHS) to develop a regional approach to caring for future patients with Ebola.

The funding provided through the *Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities* is intended to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. While the focus will be on preparedness for Ebola, it is likely that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. Assuring that patients with Ebola are safely and well cared for in the U.S. health care system and that frontline providers are protected and trained to recognize and isolate a person with suspected Ebola are the cornerstones of the HPP funding opportunity announcement (FOA).

Experience with patients with Ebola in the U.S. has shown that care of such individuals is clinically complex, requiring highly skilled health care providers and technologically-advanced care. This has led Congress, experts, and stakeholder groups to suggest that, to the extent possible, care of patients with Ebola should be concentrated in a small number of facilities. At the same time, however, the nation's hospitals must be prepared to handle one or more simultaneous clusters of Ebola. Further, all hospitals must be able to identify, diagnose, and treat a patient with suspected Ebola until they can be transferred to a facility that can provide definitive care. Ultimately, the HPP funding aims to ensure the health care system is well prepared in the event of future Ebola or other special pathogen outbreaks.

Preface: How to Use This Manual

The Hospital Preparedness Program (HPP) created this manual as a resource for HPP awardees to clarify the meaning of the Ebola measures and assess outcomes. HPP expects that awardees will use the manual as a reference tool. The Ebola measures were designed to demonstrate achievement or progress towards accomplishing the relevant goals described in the *Ebola Preparedness and Response Activities* Funding Opportunity Announcement (FOA). Although most of the Ebola or other special pathogens capabilities are intended to be addressed in the first year of funding, these capabilities will continue to be built and maintained over the remaining four years.

All awardees receiving funds for the *HPP Ebola Preparedness and Response Activities* should understand that the federal government requires program measures. The Ebola measures aim to describe and illustrate an awardee's progress toward meeting Part A and Part B (applicable only for Part B awardees) goals described in the *HPP Ebola Preparedness and Response Activities* Funding Opportunity Announcement. It is the responsibility of the awardees to provide performance information through the Ebola measures. Ebola performance information will be collected in an Excel template, annually in May, for the next five years to monitor progress. This information will allow the HPP to assess both the awardee and its effectiveness in implementing the Program's goals. This manual provides:

Performance Measures
Reporting Element
Data Source
Metrics
Goals
Definitions

The Ebola Measures

There are 26 core Ebola measures outlined in this document that address both Part A (18 measures) and Part B (8 measures). The data to support these measures will be collected by the awardee, coalitions, Ebola treatment centers (ETCs), and assessment hospitals for Part A, and the awardee and the regional Ebola and other special pathogen treatment center for Part B. While the measures primarily aim to address health care workforce training and patient care, much of the data will be collected during training, exercises, and real-world events. Per the FOA, the awardee, coalitions, ETCs, and assessment hospitals must conduct annual exercises, and regional Ebola and other special pathogen treatment centers must conduct quarterly exercises. To ensure these exercises allow each entity to collect sufficient data to collect the measures, the National Ebola Training and Education Center (NETEC) will be developing exercise templates. HPP will provide templates to awardees, coalitions, and individual health care facilities to use to facilitate and conduct exercises to capture the required metrics. Awardees will be expected to provide a mid-year and end-of-year report on their level of performance (guidance on mid-year reporting is forthcoming).

There are also eight additional measures developed to better illustrate impact. These impact measures are both quantitative and qualitative. Four impact measures will ask awardees to rate their levels of preparedness for an Ebola or special pathogen event both pre- and post-funding on a 5-point Likert scale (1= Not Prepared and 5= Very Prepared). The remaining four open-ended qualitative questions will highlight the most prominent perceived impacts and gaps.

Sufficient Documentation

Awardees and sub-recipients should maintain appropriate documentation for all data reported on the HPP Ebola Measures. Documentation should contain sufficient information to substantiate HPP Ebola measure data submitted to ASPR. ASPR may request documentation to clarify or verify information submitted by awardees. Awardees are responsible for documenting their program measure data.

HPP Ebola Preparedness Measures

Number	Part	Activity	Measure	Source
Develop A Concept of Operations				
1	A	A	Time, in minutes, it takes from an assessment hospital's notification to the health department of the need for an inter-facility transfer of a patient with confirmed Ebola to the arrival of a staffed and equipped EMS/inter-facility transport unit, as evidenced by a no-notice exercise (Goal: Within 240 minutes or 4 hours).	Coalition or AH exercise or real event
Assure readiness of Ebola Treatment Centers				
2	A	B	Proportion of rostered staff that are trained in safely donning and doffing personal protective equipment (PPE) (Goal: 100%).	ETC measure
3	A	B	Time it takes for all rostered staff, upon notification of a patient with Ebola at the regional Ebola and other special pathogen treatment center, to receive just-in-time (JIT) training (Goal: Within 72 hours).	ETC exercise or real event
4	A	B	Time until an Ebola treatment center is ready to admit a patient with Ebola as evidenced by an exercise or actual patient transfer (Goal: Within 72 hours of confirmation of an Ebola patient at a regional center).	ETC exercise or real event
5	A	B	Proportion of rostered staff contacted by hospital within 4 hours of a patient with confirmed Ebola's admission to a regional Ebola and other special pathogen treatment center (Goal: 100%).	ETC exercise or real event
6	A	B	Proportion of rostered staff contacted that indicated they are able to report to fulfill Ebola-related staffing needs within 72 hours (Goal: 100%).	ETC exercise or real event
7	A	B	Proportion of Ebola Treatment Centers (ETCs) that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of patient with suspected Ebola transfer notification or upon the patient's arrival (if no notification) (Goal: 100%).	ETC exercise or real event
Assure Readiness of Assessment Hospitals				
8	A	B	Time, in seconds, from active monitoring/direct active monitoring (AM/DAM) patient's arrival to placement in isolation at assessment hospital (Goal: = <60 seconds).	AH exercise or real event
9	A	B	Time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola or other highly infectious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage, as evidenced by a real-world case or no-notice exercise (Goal: Within 5 minutes).	AH exercise or coalition exercise, or real world event
10	A	B	Proportion of health care and emergency medical services (EMS) workers in PPE that an AM/DAM suspected Ebola patient under investigation (PUI) makes contact with after health department notification to the assessment hospital or ETC (Goal: 100%).	AH exercise or real event
11	A	B	Number of health care and EMS workers in PPE that an AM/DAM suspected Ebola patient makes contact with after health department notification until isolation (Goal: =<3).	AH exercise or real event
12	A	B	Proportion of emergency department staff trained at least annually in infection control and safety (Goal: 100%).	AH measure
13	A	B	Proportion of intensive care unit staff trained at least annually in infection control and safety (Goal: 100%).	AH measure
14	A	B	Proportion of assessment hospitals that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of a patient with suspected Ebola transfer notification or arrival, if no notification (Goal: 100%).	AH exercise
Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients				
15	A	C	Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation's (PUI) arrival at a coalition member facility (Goal: 100%).	Coalition exercise
16	A	C	Proportion of frontline facilities that have received coalition-funded training (Goal: 75%).	Coalition measure
17	A	C	Proportion of EMS agencies that are required to execute the awardee's CONOPs that are in engaged in all phases of the Ebola and other special pathogen preparedness process (Goal: 100%).	Coalition and awardee measure

18	A	C	Proportion of coalitions within an awardee's jurisdiction that participate in the Health care-Associated Infection (HAI)/Infection Control advisory group (Goal: 80%).	Awardee measure
Supporting Regional planning for the development of a regional network for Ebola Patient care				
19	B	A	Time from confirmation of Ebola patient at assessment hospital or ETC to notification by the health department and/or transferring hospital (assessment hospital or ETC) to the health department in the state/jurisdiction where the regional Ebola and other special pathogen treatment center is located about the need for patient transfer (Goal: Within 30 minutes).	AH or ETC exercise
20	B	A	Proportion of member states/jurisdictions in the region that have participated in the development of the regional CONOPS (Goal: 100%).	Part B awardee measure
21	B	A	Proportion of states/jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals or ETCs to the regional Ebola and other special pathogen treatment center (Goal: 100%).	Part B awardee measure
22	B	A	Proportion of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise (Goal: 100%).	Part B awardee measure
Developing, supporting and maintaining regional Ebola and other special pathogen treatment centers				
23	B	B	Proportion of rostered staff at the regional Ebola and other special pathogen treatment center that received quarterly training in infection control and safety, and patient care for a patient with Ebola (Goal: 100%).	Regional ETC or other special pathogen treatment center measure
24	B	B	Time it takes for the on-call team to report to the unit upon notification of an incoming patient with Ebola, as evidenced by a real-world event or no-notice exercise (Goal: 4 hours).	Part B exercise or real event
25	B	B	Proportion of rostered staff contacted by the regional Ebola and other special pathogen treatment center within 4 hours upon notification of an incoming patient with Ebola, as evidenced by a real-world event or no-notice exercise (Goal: 100%).	Part B exercise or real event
26	B	B	Time until a regional Ebola and other special pathogen treatment center is ready to admit a patient with confirmed Ebola (adult or pediatric patient), as evidenced by an exercise or actual patient transfer (Goal: Within 8 hours of notification).	Part B exercise or actual patient transfer

Ebola Measures:
PART A

Number	1
Part	A
Activity	Activity A: Develop a Concept of Operations.
Measure	Time, in minutes, it takes from an assessment hospital's notification to the health department of the need for an inter-facility transfer of a patient with confirmed Ebola to the arrival of a staffed and equipped EMS/inter-facility transport unit, as evidenced by a no-notice exercise or real-world event.
Reporting Element	Assessment Hospital
Data Source	Coalition or Assessment Hospital Exercise or Real-World Event
Metrics	Start Time: Time the health department was notified by the assessment hospital of the need for an inter-facility transfer. Stop Time: Time of arrival of a staffed and equipped EMS/ inter-facility transport unit.
Goal	Within 240 minutes or 4 hours
Definitions	Assessment Hospital: Pre-designated facilities that are prepared to receive and isolate a patient under investigation (PUI) for Ebola and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed. EMS/ Inter-facility transport unit: EMS agencies are those identified in the awardee's CONOPS to transport an actively monitored or directly actively monitored (AM/DAM) patient to an Ebola assessment facility or to provide inter-facility transport (i.e., from a frontline facility to an Ebola assessment/treatment facility or from an Ebola assessment facility to an Ebola treatment facility).

Number	2
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of rostered staff that are trained in safely donning and doffing personal protective equipment (PPE).
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center
Metrics	Numerator: Total number of rostered staff that completed training. Denominator: Total number of rostered staff.
Goal	100% of rostered staff
Definitions	Rostered Staff: Individuals that have been pre-identified to provide patient care to patients with confirmed Ebola. Donning: The administration or act of putting on PPE. Doffing: The removal of used PPE; this is a high-risk process that requires a structured procedure, a trained observer, and a designated area for removal to ensure protection. Trained: Individuals who have completed Ebola/infection control and

	<p>safety training to specifically include proper donning (putting on PPE) and doffing (taking off PPE) methods. (http://www.cdc.gov/vhf/ebola/hcp/ppe-training/) PPE: Devices or equipment designated to provide protection while providing care for a confirmed or suspected patient with Ebola.</p>
--	---

Number	3
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Time it takes for all rostered staff, upon notification of a patient with Ebola at the regional Ebola and other special pathogen treatment center, to receive just-in-time (JIT) training.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Start Time: Time of notification (in hours and minutes) of a patient with Ebola at the regional Ebola and other special pathogen treatment center. Stop Time: Time all rostered staff completed JIT training (in hours and minutes).
Goal	Within 72 hours
Definitions	Notification: The ETC receives notification from the health department that the regional Ebola and other special pathogen treatment facility in their region received a confirmed patient. Rostered Staff: Individuals that have been pre-identified to provide patient care to a patient with confirmed Ebola. Just-In-Time (JIT) training: Training that is conducted as a refresher to prepare for a patient with Ebola, including donning and doffing, facility-specific protocols and procedures, and care/treatment protocols.

Number	4
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Time until an Ebola treatment center is ready to admit a patient with Ebola as evidenced by an exercise or actual patient transfer.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Start Time: Time the ETC was notified (in hours and minutes) that a patient with confirmed Ebola was admitted to the regional Ebola and other special pathogen treatment center in their region. Stop Time: Time ETC is ready to admit a patient with Ebola (in hours and minutes).
Goal	Within 72 hours (upon confirmation of an Ebola patient at a regional Ebola and other special pathogen treatment centers)
Definitions	Notification: The ETC receives notification from the health department that the regional Ebola and other special pathogen treatment center in their region received a confirmed patient.

Number	5
---------------	---

Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of rostered staff contacted by hospital within 4 hours of a patient with confirmed Ebola's admission to a regional Ebola and other special pathogen treatment center.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Numerator: Number of rostered staff contacted within 4 hours of notification of a patient with confirmed Ebola at the regional Ebola and other special pathogens treatment center. Denominator: Total number of rostered staff.
Goal	100% of rostered staff
Definitions	Rostered Staff: Individuals that have been pre-identified to provide patient care to confirmed Ebola patient. Confirmation: Laboratory-confirmed diagnostic evidence of Ebola virus infection. Contact: The hospital successfully contacted the staff members (and received a response) by phone, email, or automated call-back system.

Number	6
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of rostered staff contacted that indicated they are able to report to fulfill Ebola-related staffing needs within 72 hours.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Numerator: Number of rostered staff able to report within 72 hours to fulfill Ebola-related staffing needs. Denominator: Total number of rostered staff contacted.
Goal	100% of contacted rostered staff
Definitions	Rostered staff: Individuals pre-identified to provide patient care for patients with confirmed Ebola. Contact: The hospital successfully contacted the staff members (and received a response) by phone, email, or automated call-back system.

Number	7
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of Ebola Treatment Centers (ETCs) that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of patient with suspected Ebola transfer notification or upon the patient's arrival (if no notification).
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Numerator: Number of ETCs that can access their PPE supply within 10 minutes of patient with suspected Ebola transfer notification or upon the

	patient's arrival (if no notification). Denominator: All ETCs in an awardee's jurisdiction.
Goal	100% of Ebola Treatment Centers
Definitions	Notification: The ETC receives notification from the health department, assessment hospital, or EMS of a suspected patient transfer. PPE Access: The ability to identify the location and have sufficient quantity of unexpired supply of PPE at the patient care location (e.g., emergency department, intensive care unit, Ebola treatment unit). Sufficient: The extent to which the availability of PPE supplies meets the pre-identified needs (i.e., CDC guidelines , needs assessment, CONOPS).

Number	8
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Time, in seconds, from active monitoring/direct active monitoring (AM/DAM) patient's arrival to placement in isolation at assessment hospital.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Real-World Event
Metrics	Start Time: Time in minutes and seconds of AM/DAM patient's arrival at assessment hospital. Stop Time: Time in minutes and seconds of AM/DAM patient's placement in isolation at assessment hospital.
Goal	Less than or equal to 60 seconds
Definitions	AM/DAM: Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation. Isolation: Precautions that are taken in a health care facility to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons. Isolation practices can include placement in a private room or with a select roommate, the use of protective barriers such as masks, gowns and gloves, a special emphasis on handwashing (which is always very important), and special handling of contaminated articles.

Number	9
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola or other highly infectious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage, as evidenced by a

	real-world case or no-notice exercise.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Coalition Exercise, or Real-World Event
Metrics	Start Time: Time of the initiation of an emergency room triage in minutes and seconds. Stop Time: Time the patient is placed in isolation in minutes and seconds.
Goal	Less than or equal to 5 minutes
Definitions	No-notice exercise: Exercise that is given unannounced.

Number	10
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of health care and emergency medical services (EMS) workers in PPE that an AM/DAM suspected Ebola patient under investigation (PUI) makes contact with after health department notification to the assessment hospital or ETC.
Reporting Element	Assessment Hospital or ETC
Data Source	Assessment Hospital Exercise or Real-World Event
Metrics	Numerator: The number of health care and EMS workers in PPE while in contact with an AM/DAM Ebola patient after notification to an EMS agency, assessment hospital, or ETC. Denominator: The total number of health care and EMS workers in contact with an actively monitored or direct actively monitored Ebola patient after notification to an EMS agency, assessment hospital, or ETC.
Goal	100% of health care and EMS workers
Definitions	AM/DAM: Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation. Notification: Communication of a PUI to an assessment hospital or ETC. <i>*Note that the goal is for no health care or EMS worker to be without PPE while in contact with an AM/DAM suspected Ebola patient after notification.</i>

Number	11
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Number of health care and EMS workers in PPE that an AM/DAM suspected Ebola patient makes contact with after health department notification until isolation.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Real-World Event
Metrics	Number of health care and EMS workers in PPE that make contact with an

	AM/DAM suspected patient between the time of notification and isolation.
Goal	Less than or equal to 3
Definitions	<p>AM/DAM patients: Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation.</p> <p>Isolation: Precautions that are taken in a health care facility to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons. Isolation practices can include placement in a private room or with a select roommate, the use of protective barriers such as masks, gowns and gloves, a special emphasis on handwashing (which is always very important), and special handling of contaminated articles.</p> <p><i>* Note: Health care and EMS involve all hospital or EMS personnel in the facility or transport unit in either clinical or non-clinical roles</i></p>

Number	12
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of emergency department staff trained at least annually in infection control and safety.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital
Measure	Numerator: Number of emergency department staff trained at least annually in infection control and safety. Denominator: Total number of emergency department staff.
Goal	100% of emergency department staff
Definitions	Infection control and safety: Policies used to minimize the risk of spreading infections, especially in health care facilities, and procedures used to minimize the risk of spreading infections.

Number	13
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of intensive care unit staff trained at least annually in infection control and safety.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital
Metrics	Numerator: Number of intensive care unit staff trained at least annually in infection control and safety. Denominator: Total number of intensive care unit staff.
Goal	100% of intensive care unit staff
Definitions	Infection control and safety: Policies used to minimize the risk of spreading infections, especially in health care facilities, and procedures used to minimize the risk of spreading infections.

Number	14
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of assessment hospitals that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of a patient with suspected Ebola transfer notification or arrival, if no notification.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise
Metrics	Numerator: Number of assessment hospitals that can access their PPE supply within 10 minutes of a patient with suspected Ebola transfer notification or arrival, if no notification. Denominator: Number of assessment hospitals in the awardee's jurisdiction.
Goal	100% of Assessment Hospitals

Definitions	<p>Assessment Hospital: Pre-designated facilities that are prepared to receive and isolate a PUI for EVD and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed.</p> <p>Notification: The Assessment Hospital receives notification from the health department or EMS of a suspected patient transfer.</p> <p>PPE Access: The ability to identify the location and have sufficient quantity of unexpired supply of PPE at the patient care location (e.g. emergency department, intensive care unit, Ebola treatment unit).</p> <p>Sufficient: The extent to which the availability of PPE supplies can meet the pre-identified needs (i.e., CDC guidelines, needs assessment, CONOPS).</p>
--------------------	---

Number	15
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure	Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation's (PUI) arrival at a coalition member facility.
Reporting Element	Frontline Facility
Data Source	Coalition Exercise
Metrics	<p>Numerator: Number of frontline facilities that receive information about PPE quantities and locations of PPE from their coalition within 8 hours of a patient under investigation's (PUI) arrival at a coalition member's facility.</p> <p>Denominator: Total number of frontline facilities in the coalition.</p>
Goal	100% of frontline facilities
Definitions	Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.

Number	16
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure	Proportion of frontline facilities that have received coalition-funded training.
Reporting Element	Coalition
Data Source	Coalition
Metrics	<p>Numerator: Total number of frontline facilities that received coalition-funded training.</p> <p>Denominator: Total number of frontline facilities in the coalition.</p>
Goal	75% of frontline facilities received coalition-funded training

Definitions	Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.
--------------------	---

Number	17
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure	Proportion of EMS agencies that are required to execute the awardee's CONOPs that are engaged in all phases of the Ebola and other special pathogen preparedness process.
Reporting Element	Coalition
Data Source	Coalitions and awardee
Metrics	Numerator: Number of EMS agencies that are required to execute the awardee's CONOPs that are engaged in all phases of Ebola and other special pathogen preparedness process. Denominator: Number of EMS agencies that are required to execute the awardees CONOPs
Goal	100% of EMS agencies
Definitions	EMS agencies required to execute the awardee's CONOPs: EMS agencies that will provide 9-1-1 emergency medical services to suspect Ebola patients' homes or other locations; inter-facility EMS agencies that will transport suspect or confirmed patients with Ebola between frontline health care facilities, assessment hospitals, Ebola treatment centers, regional Ebola and other special pathogen treatment centers, and airports. All Phases of the Ebola and Other Special Pathogen Preparedness Process: All Phases includes planning, training, exercising, and responding with other Ebola preparedness partners.

Number	18
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure	Proportion of coalitions within an awardee's jurisdiction that participate in the Health care-Associated Infection (HAI)/Infection Control advisory group
Reporting Element	Coalition
Data Source	Awardee
Metrics	Numerator: Number of coalitions participating in the HAI Advisory group. Denominator: Number of coalitions within an Awardees jurisdiction.
Goal	80% of coalitions participate in HAI Advisory Group
Definitions	HAI Advisory Group: An advisory committee charged with making recommendations on the prevention of health care-associated infections.

PART B

Number	19
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.
Measure	Time from confirmation of Ebola patient at assessment hospital or ETC to notification by the health department and/or transferring hospital (assessment hospital or ETC) to the health department in the state/jurisdiction where the regional Ebola and other special pathogen treatment center is located about the need for patient transfer.
Reporting Element	Part B awardee
Data Source	Assessment Hospital or Ebola Treatment Center Exercise
Metrics	Start Time: Time of confirmation of patient with confirmed Ebola in minutes and seconds. End Time: Time of notification by the Health Department and/or transferring hospital (assessment hospital or ETC) to the health department in the state/jurisdiction where the regional Ebola and other special pathogen treatment center is located about the need for patient transfer (in minutes and seconds).
Goal	Within 30 minutes
Definitions	Confirmation: Laboratory-confirmed diagnostic evidence of Ebola virus infection.

Number	20
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.
Measure	Proportion of member states/jurisdictions in the region that have participated in the development of the regional CONOPS.
Reporting Element	Part B awardee
Data Source	Part B awardee
Metrics	Numerator: Number of states/jurisdictions within a region that participated in the development of the regional CONOPS. Denominator: Number of states/jurisdictions in the region.
Goal	100% of states/jurisdictions in the region
Definitions	Participation: The involvement in the development, implementation, exercising, and sustainment of the regional CONOPS.

Number	21
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.
Measure	Proportion of states/jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals or ETCs to the regional Ebola and other special pathogen treatment center.

Reporting Element	Part B awardee
Data Source	Part B awardee
Metrics	Numerator: Number of States/jurisdictions with a current written and signed transfer agreement. Denominator: Number of states/jurisdictions in the HHS region.
Goal	100% of states/jurisdictions
Definitions	Transfer Agreement: Written, signed document that denotes a formal willingness to transfer patients from assessment hospitals or ETCs to regional Ebola and other special pathogen treatment centers.

Number	22
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.
Measure	Proportion of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise.
Reporting Element	Part B awardee
Data Source	Part B Exercise or Real-World Event
Metrics	Numerator: Number of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air to a regional Ebola and other special pathogen treatment center, in a real-world event or exercise (tabletop exercise, at a minimum). Denominator: Number of states/jurisdictions in the HHS region.
Goal	100% of states/jurisdictions
Definitions	Not applicable.

Number	23
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Proportion of rostered staff at the regional Ebola and other special pathogen treatment center that received quarterly training in infection control and safety, and patient care for a patient with Ebola.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Regional Ebola and other special pathogen treatment center
Metrics	Numerator: Number of rostered staff that received quarterly training in infection control and safety, and patient care for a patient with Ebola. Denominator: Number of rostered staff.
Goal	100% of rostered staff
Definitions	Rostered staff: Individuals pre-identified to provide patient care for patients with confirmed Ebola. Infection control and safety: Policies and procedures used to minimize

	the risk of spreading infections, especially health care facilities, and procedures used to minimize the risk of spreading infections.
--	--

Number	24
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Time it takes for the on-call team to report to the unit upon notification of an incoming patient with Ebola, as evidenced by a real-world event or no-notice exercise.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Part B Exercise or Real-World Event
Metrics	Start Time: Time (in hours and minutes) of notification of on-call team that a confirmed patient with Ebola is being transferred to their facility in a real-world event or no-notice exercise. Stop Time: Time (in hours and minutes) for the on-call team to report to the unit.
Goal	4 hours
Definitions	On-call team: Group of individuals that are pre-designated to staff the Ebola treatment unit at the time of the patient's scheduled arrival. Notification: The regional Ebola and other special pathogen treatment center receives notification from the health department or another health care facility that a patient with confirmed Ebola is being transferred to their facility.

Number	25
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Proportion of rostered staff contacted by the regional Ebola and other special pathogen treatment center within 4 hours upon notification of an incoming patient with Ebola, as evidenced by a real-world event or no-notice exercise.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Part B Exercise or Real-World Event
Metrics	Numerator: Number of rostered staff contacted by the regional Ebola and other special pathogen treatment center within 4 hours upon notification of an incoming patient with Ebola. Denominator: Total number of rostered staff at the regional Ebola and other special pathogen treatment center.
Goal	100% of rostered staff
Definitions	Notification: The regional Ebola and other special pathogen treatment center receives notification from the health department or another health care facility that a confirmed patient with Ebola is being transferred to their facility. Rostered staff: Individuals pre-identified to provide patient care for

	patients with confirmed Ebola. Contact: The hospital successfully contacted the staff member (and received a response) by phone, email, or automated call-back system.
--	---

Number	26
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Time until a regional Ebola and other special pathogen treatment center is ready to admit a patient with confirmed Ebola (adult or pediatric patient), as evidenced by an exercise or actual patient transfer.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Part B Exercise or actual patient transfer
Metrics	Start Time: Time (in hours and minutes) that the regional Ebola and other special pathogen treatment center is notified of the need to transfer and admit a patient with confirmed Ebola. Stop Time: Time (in hours and minutes) when the regional Ebola and other special pathogen treatment center is ready to admit the patient.
Goals	Within 8 hours of notification
Definitions	Not applicable.

PART A: IMPACT

Number	27a
Part	A
Activity	Impact
Measure	<p>Please rate your level of agreement with each of the following statements:</p> <p>A. My state/jurisdiction, including coalitions, frontline health facilities, and inter-facility transport providers, was prepared for an Ebola event in or before July 2014.</p>
Reporting Element	Awardee
Data Source	Awardee
Goal	N/A
Metrics	<p>1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared</p>
Definitions	<p>Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program. Inter-facility transport providers: Staff that supports the transport between two entities, for example, between an assessment hospital and an ETC.</p>

Number	27b
Part	A
Activity	Impact
Measure	<p>Please rate your level of agreement with each of the following statements:</p> <p>B. My state/jurisdiction, including coalitions, frontline health facilities, and inter-facility transport providers, is prepared for an Ebola event after July 2014</p>
Reporting Element	Awardee
Data Source	Awardee
Goal	Mean above 4.0 or 100% of awardees are Adequately Prepared or Very Prepared
Metrics	<p>1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared</p>

	5 - Very prepared
Definitions	<p>Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.</p> <p>Inter-facility transport providers: Staff that supports the transport between two entities, for example, between an assessment hospital and an ETC.</p>

Number	28a
Part	A
Activity	Impact
Measure	<p>Please provide a written response in 250 words or less:</p> <p>A. Describe the impact of the Hospital Preparedness Program (<i>Ebola Preparedness and Response Activities</i> Funding) on the overall preparedness of your state/jurisdiction for an Ebola or other special pathogen event. This may include capabilities developed as a result of funding or guidance from this program or other synergies you experienced. In addition, describe any impacts translate to all-hazards preparedness.</p>
Reporting Element	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	Not Applicable
Definitions	Not Applicable

Number	28b
Part	A
Activity	Impact
Measure	<p>Please provide a written response in 250 words or less:</p> <p>B. Describe any remaining gaps in the overall preparedness of your state/jurisdiction for an Ebola or other special pathogen event. Note: Gaps are not limited to the existing capabilities.</p>
Reporting	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	Not Applicable
Definitions	Not Applicable

PART B: IMPACT

Number	29a
Part	B
Activity	Impact
Measure	Please rate your level of agreement with each of the following statements: A. My region was prepared for an Ebola event in July 2014.
Reporting Element	Awardee
Data Source	Awardee
Metrics	1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared
Goal	N/A
Definitions	Not Applicable

Number	29b
Part	B
Activity	Impact
Measure	Please rate your level of agreement with each of the following statements: B. My region is now prepared for an Ebola event.
Reporting Element	Awardee
Data Source	Awardee
Metrics	1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared
Goal	Mean above 4.0 or 100% of awardees Adequately Prepared or Very Prepared
Definitions	Not Applicable

Number	30a
Part	B
Activity	Impact
Measure	Please provide a written response in 250 words or less: A. Describe the impact of the Hospital Preparedness Program (<i>Ebola Preparedness and Response Activities Funding</i>) on the overall preparedness of your region for an Ebola or other special pathogen event. This may include capabilities developed as a result of funding or guidance from this program or other synergies you experienced. In

	addition, describe any impacts translate to all hazards preparedness.
Reporting	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	N/A
Definitions	Not Applicable

Number	30b
Part	B
Activity	Impact
Measure	Please provide a written response in 250 words or less: Describe any remaining gaps in the overall preparedness of your region for an Ebola or other special pathogen event. Note: Gaps are not limited to existing capabilities.
Reporting Element	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	N/A
Definitions	Not Applicable

Glossary

All Phases of the Ebola and Other Special Pathogen Preparedness Process: All Phases includes planning, training, exercising, and responding with other Ebola preparedness partners.

Actively monitored or directly actively monitored (AM/DAM): Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation.

Assessment Hospital: Pre-designated facilities that are prepared to receive and isolate a PUI for EVD and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed.

Confirmation: Laboratory-confirmed diagnostic evidence of Ebola virus infection.

Contact: The hospital successfully contacted the staff member (and received a response) by phone, email, or automated call-back system.

Doffing: The removal of used PPE; this is a high-risk process that requires a structured procedure, a trained observer, and a designated area for removal to ensure protection.

Donning: The administration or act of putting on PPE.

EMS agencies required to execute the awardee's CONOPS: EMS agencies that will provide 9-1-1 emergency medical services to suspect Ebola patients' homes or other locations; inter-facility EMS agencies that will transport suspect or confirmed patients with Ebola between frontline health care facilities, assessment hospitals, Ebola treatment centers, regional Ebola and other special pathogen treatment centers, and airports.

EMS/ Inter-facility transport unit: EMS agencies are those identified in the awardee's CONOPS to transport an actively monitored or directly actively monitored (AM/DAM) patient to an Ebola assessment facility or to provide inter-facility transport (i.e., from a frontline facility to an Ebola assessment/treatment facility or from an Ebola assessment facility to an Ebola treatment facility).

Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.

Health care Associated Infection (HAI)/Infection Control Advisory Group: An advisory committee charged with making recommendations on the prevention of health care-associated infections.

Infection control and safety: Policies and procedures used to minimize the risk of spreading infections, especially health care facilities, and procedures used to minimize the risk of spreading infections.

Inter-facility transport providers: Staff that supports the transport between two entities, for example, between an assessment hospital and an ETC.

Isolation: Precautions that are taken in a health care facility to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons. Isolation practices can include placement in a private room or with a select roommate, the use of protective barriers such as masks, gowns and gloves, a special emphasis on handwashing (which is always very important), and special handling of contaminated articles.

Just-In-Time (JIT) training: Training that is conducted to as a refresher to prepare for a patient with Ebola, including donning and doffing, facility-specific protocols and procedures, and care/treatment protocols.

No-notice exercise: Exercise that is given unannounced.

Notification: The definition of notification may vary relative to the context of the measure.

On-call team: Group of individuals that are pre-designated to staff the Ebola treatment unit at the time of the patient's scheduled arrival.

Participation: The involvement in the development, implementation, or sustainment of the regional CONOPS.

PPE: Devices or equipment designated to provide protection while providing care for a confirmed or suspected patient with Ebola.

PPE Access: The ability to identify the location and have sufficient quantity of unexpired supply of PPE at the patient care location (e.g., emergency department, intensive care unit, Ebola treatment unit).

Sufficient: The extent to which the availability of PPE supplies meets the pre-identified needs (i.e., [CDC guidelines](#), needs assessment, CONOPS).

Rostered staff: Individuals pre-identified to provide patient care for patients with confirmed Ebola.

Trained: Individuals who have completed Ebola/infection control and safety training to specifically include proper donning (putting on PPE) and doffing (taking off PPE) methods. (<http://www.cdc.gov/vhf/ebola/hcp/ppe-training/>)

Transfer Agreement: Written, signed document that denotes a formal willingness to transfer patients from assessment hospitals or ETCs to regional Ebola and other special pathogen treatment centers.