PHEP Guidance Document

Budget Period 3: 2014-2015

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Five-Year Strategy

The Bureau of Community Health System's Preparedness Program has developed a five-year strategy to fully integrate the public health and healthcare preparedness capabilities into local, regional, and state-level planning efforts. Efforts will be focused on building three of the fifteen capabilities per year across the health and medical sector, which includes but is not limited to local health departments, healthcare organizations, and healthcare coalitions.

Kansas Healthcare Coalition Framework

Tier	Kansas Healthcare Coalition Framework description
1	The health and medical sector organization and its internal operating plans and procedures
2	The health and medical sector organization's partner organizations including networked facilities, contracted suppliers and regional mutual aid partners
3	The county's ESF 8 partners including county emergency management
4	The state's ESF 8 partners including state emergency management
5	FEMA and HHS Region VII ESF 8 partners and coordination
6	FEMA and HHS national ESF 8 coordination

Utilizing the Kansas Healthcare Coalition Framework will be one of the basic cornerstones of the Preparedness Program for the five-year project period. At the local and regional levels this will result in a focus of effort on Tiers 1, 2, and 3 to promote preparedness within individual organizations, mutual aid relationships, and overall coordination with county emergency management.

- Tier 1 represents each of the individual health and medical sector organizations and their preparedness activities within their organization. This includes how individual hospitals, health departments, EMS agencies, private providers, and others utilize preparedness resources and tools to further their internal organizational preparedness.
- Tier 2 represents how those Tier 1 organizations interact with their network and regional mutual aid partners and contracted suppliers. This includes defining the anticipated needs of the organization in times of emergencies and anticipated assistance or support those partners will be requested to provide.
- Tier 3 healthcare coalitions will utilize previously defined county jurisdictional boundaries in order to engage all ESF 8 health and medical partners in the planning process. As a result, this will reinforce activities undertaken by state and local emergency management.

During the five-year project period, the health and medical sector will address joint PHEP and HPP capabilities and will focus on three of the fifteen capabilities each year. Working together to address these capabilities will help promote coordination to the fullest extent possible between the two funding sources. For example, when Kansas addresses capability 10, all Kansas health and medical sector partners will address the functions outlined in both PHEP and HPP. The updated table below shows where KDHE has started state-level capability planning (Budget period 11: 2011-2012), and what has been built thus far as a precursor to the work outlined in the upcoming project period. As part of the five-year strategy, ESF 8 health and medical planning groups will be asked to address Capabilities 6: Information Sharing, 11: Non-pharmaceutical Interventions, and 12: Public Health Laboratory Testing during budget period three.

Grant Year	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
State Level Capabilities Work	1, 2, 3, 8, 9, 13	4, 10, 15	6, 11, 12	5, 7, 14	1, 2, 3	8, 9, 10, 13	4, 10, 15
Local and Regional Level Capabilities Work	8, 9, 13	1, 2, 3	4, 10, 15	6, 11, 12	5, 7, 14	1, 2, 3	8, 9, 10, 13
Exercises	8, 9, 13	Any capability	1, 2, 3	4, 10, 15, 8, 9, 13 (Vigilant Guard 2014)	6, 11, 12	5, 7, 14	1, 2, 3

Risk Assessments

KDHE Preparedness staff developed a risk assessment process that will be carried out prior to the start of each grant year for participating health departments with the first assessment being completed at the end of Budget Period 1. The assessment includes questions that relate to financial accountability, reporting deadlines, and work plan deliverable completion. Each question will receive a score. There will be three different phases associated with the risk assessment process; Phase 1 = Monitoring; Phase 2 = 50% Reduction in Preparedness Funding; Phase 3 = Preparedness Contract is Cancelled.

If a health department scores low in the assessment and are placed in Phase 1, they will receive notification via letter with a copy of the assessment. The health department will receive further technical assistance for the coming year. If in the following year the health department does not raise their score, they will receive a 50% reduction in their preparedness funding. If performance does not improve after a second year, their preparedness contract will be terminated.

If a health department gets a low score partially from not turning in work plan items, their score will not improve even if they eventually get the items turned in as the due date has passed.

If a health department enters Phase 1 one year, then improves performance and gets out of Phase one the following year, but then turns around and scores low the third year, they will be placed in Phase 1 again – not immediately into Phase 2.

If a health department enters Phase 2 and then they improve their performance and receive a higher score the following year, they will receive their full amount of funding again.

Note: Please remember, communication is important! If you stay in contact with KDHE to let us know if you are having difficulties and need assistance, we will help you! Let us know if you have extenuating circumstances going on at your health department that is keeping you from getting your reports and deliverables completed in time and we can grant an extension, if warranted.

Work Plan Documentation

There are several ways you can submit meeting related documentation.

1. Submit agendas, meeting minutes to preparedness@kdheks.gov.
2. Have participants register in KS-TRAIN for meetings where a roster of attendees will be kept. For partners that do not wish to use KS-TRAIN, Pat Behnke will be available to batch participants in.
3. If your county uses the Comprehensive Resource Management & Credentialing System (CRMCS), the easiest option would be to have all meeting participants scan their cards at the meeting and send the report to preparedness@kdheks.gov. This way the system gets utilized on a continuous basis.

Please make a note on your work plan which method was used.

PHEP Submission Requirements

Notice of Grant Award (NGA) will be sent on or around July 1.

The NGA will also provide information on contract deliverables for the year. This is the only item the health department will need to receive for preparedness as part of the Aid to Local contracting process. NGAs are sent out by Kevin Shaughnessy.

Affidavits of Expenditures and Work Plan Progress Reports Due:

Period 1 (July 1, 2014 – September 30, 2014) – due October 15, 2014
Period 2 (October 1, 2014 – December 31, 2014) – due January 15, 2015
Period 3 (January 1, 2015 – March 31, 2015) – due April 15, 2015
Period 4 (April 1, 2015 – June 30, 2015) – due July 15, 2015

Local health departments are asked to electronically submit an affidavit of expenditure to KShaughnessy@kdheks.gov. Work plan progress reports should be submitted to preparedness@kdheks.gov. KDHE will process the affidavits; ensure allowable items are being purchased, and the correct amount of funding is being used. Payments will be made by either electronic deposit or a check will be submitted and sent via standard mail.

If funding has been exhausted before the fourth reporting period, local health departments must still submit affidavits of expenditure each reporting period even if the fields are zero.

Resources

PHEP Grant Documents can be found at: http://www.kdheks.gov/cphp/lhd_resources.htm.

Contact Information

All preparedness program staff contact information is listed at: http://www.kdheks.gov/olrh/staff.htm.

Local Health Department Work Plan

1. *A local health department representative will attend healthcare coalition meetings at least quarterly. The Regional Public Health Preparedness Coordinator may attend in the local health department's place as its designee.*

   If a designation letter has already been submitted to KDHE in Budget Period 2, this will remain on file and another one will not need to be resubmitted unless there are changes in the designation. For example, a Regional Coordinator leaves and they are representing numerous local health departments. The designation letters for those health departments will need to be updated and sent to preparedness@kdheks.gov.

   Please note: Healthcare coalition meetings are open to all public health representatives that wish to participate regardless if individuals are not the ones who directly receive the invite from the hospital Regional Coordinator. For example, if the health department Administrator receives the invite, that does not limit the Emergency Preparedness contact for the health department from participating in those meetings as long as it is okay with their Administrator.

   The following is a list of the Healthcare Coalition Contacts:

   1. Kansas City Metro Healthcare Coalition
      Steve Hoeger shoeger@kumc.edu

2. North Central Healthcare Coalition
   Sue Cooper scooper@srhc.net

3. Northeast Healthcare Coalition
   Julie Schmidt Julie.schmidt@sclhs.net

4. Northwest Healthcare Coalition
   Tami Wood tami.wood@haysmed.com

5. South Central Healthcare Coalition
   Charlie Keeton charlie.keeton@HCAHealthcare.com

6. Southeast Healthcare Coalition
   Fred Rinne fred.rinne@viachristi.org

7. Southwest Healthcare Coalition
   Karen Luckett karenluckett@catholichealth.net

2. *Update the local Kansas Healthcare Capabilities Questionnaire by June 1, 2015 and submit it to preparedness@kdheks.gov.*

   This work plan deliverable will remain on the local work plans throughout the five-year project period. Please note, KDHE does not receive new performance measure implementation guidance until the summer months so required questions and due dates may change with this deliverable. If there is a change KDHE will communicate the change through the bi-weekly preparedness program update and the monthly statewide population health call. The revised questionnaire, if necessary, will be posted in place of the old one on the preparedness website.

3. *Participate in at least one annual exercise at the regional or county level as defined below:*

Budget Period	***Capability***	***Type***
BP 3 (2014-2015):	*Capability 4 or 10 and/or 15*	*Tabletop, Functional, or Full-Scale*
BP 4 (2015-2016):	*Capability 6 or 11 and/or 12*	*Tabletop, Functional, or Full-Scale*
BP 5 (2016-2017):	*Capability 5 or 7 and/or 14*	*Tabletop, Functional, or Full-Scale*

   CRI Counties (health department and hospitals) must participate in the full-scale exercise once during the five-year grant period. PHEP and HPP grantees (not within a CRI jurisdiction) must participate in a functional exercise once during the five-year grant period. The functional exercise should be planned and conducted in collaboration with hospitals and other community partners. Exercises must be HSEEP compliant and should focus on the progressive planning approach.

   At least one full-scale exercise must be conducted during the five-year project period (2012-2017) and must be a joint exercise with the hospital(s). To the extent possible, local health departments are encouraged to conduct and plan jointly with additional health and medical stakeholders/supporting organizations, emergency management, and other partners to meet community exercise requirements. Full-scale exercise must evaluate capabilities 3, 6, and 10, as well as Continuity of Operations (HPP Capability 1 – Function 3 and Capability 2 – Function 2) at a minimum. **ALL EXERCISES**

MUST ADDRESS THE NEEDS OF AT-RISK INDIVIDUALS to count for credit. This was made clear in the Budget Period3 continuation guidance.

To complete this requirement, an After Action Report/Improvement Plan (AAR/IP) for the exercise and a sign in sheet must be submitted to preparedness@kdheks.gov within 90 days following the exercise. The Budget Period3 (2014-2015) exercise must be completed by May 15, 2015. Real events may count for exercise credit as long as they are approved by KDHE prior to submission of an AAR/IP.

To coordinate with the state fiscal year end and requirement that funds expended by June 30th, May 15th has been noted as the exercise completion date.

Real events will count toward the exercise deliverable however; the health department must contact KDHE within a reasonable time frame to ensure the real event will meet appropriate requirements. To ensure the real event is eligible for the exercise deliverable, KDHE will require the following information:

1. What community partners were communicated with during the event such as emergency management, local health department, hospital, pharmacies, EMS, law enforcement, etc.?
2. What additional partners may need to be communicated with in a similar incident?
3. Will the AAR/IP reflect any action items or lessons learned regarding the participation of the local health department, hospitals, or other community partners involved?

If the answers meet the criteria the real event will count. Please contact the KDHE Exercise Coordinator at (785) 296-1984 to discuss real events.

4. *Ensure KS-HAN continues to be up-to-date with all relevant contacts. KS-HAN announcements are distributed twice per year as a reminder to update user profiles.*

We are addressing Capability 6: Information Sharing with this deliverable. All participating local health department staff members are expected to review and update their user profile twice during the grant year, participate in KS-HAN drills at least twice in the grant year, and provide contact information for the county MD Health Officer and/or Medical Consultant/Medical Director; whoever may be the county's chief medical contact. This information can be sent to preparedness@kdheks.gov. KDHE will take this information and first query KS-HAN to see if the person(s) provided are already registered in KS-HAN. If they are, KDHE will provide email confirmation to the local health department that they are registered. If they are not, KDHE will reach out to the MD Health Officer/Medical Consultant and provide them with a registration code to use in the system. The local health department's role in this will be to ensure the effort was made to get the MD Health Officer/Medical Consultant/Medical Director registered in KS-HAN. This could be contacting them and providing education about KS-HAN, what it's used for, and how the local health department uses it and benefits from it. Provide examples of what information is passed through KS-HAN and why it's vital to have the medical community registered to receive these alerts. Health departments will not be held responsible if the MD Health Officer/Medical Consultant/Medical Director does not register.

The KS-HAN drill requirement has been reduced from quarterly to twice per year to assist in easing work plan burden, however, local health departments may choose to continue participating in the quarterly drill or even drill more frequently on their own.

5. *Local health departments should utilize the communication matrix provided by KDHE to improve information sharing and situational awareness between community, regional, and state health and medical organizations. Local health departments will review who has access to these various systems and if the systems are applicable for preparedness efforts and will review the local ESF 8 plan to ensure the information sharing section is updated with all relevant and accessible systems.*

   This document is for information purposes only. It does not need to be turned back into KDHE at the end of the budget period rather; it is to be used to assist in reviewing ESF 8 plans to ensure the information sharing section is updated with all relevant and accessible systems. It should also assist local entities with reviewing internally who has access to the various systems and if the systems are applicable for preparedness efforts. This is not a tangible work plan item; it is similar to the K-SERV work plan deliverable from Budget Period 2, where local health departments reviewed and shared information among partners.

   This matrix was developed by a committee tasked with Capability 6 initiatives. It consisted of the Kansas Association of Local Health Departments (KALHD), the Kansas Hospital Education and Research Foundation (KHERF), the Kansas Division of Emergency Management (KDHE), KDHE, local community hospital and local health department representatives.

6. *Review and update local Community Disease Containment Standard Operating Guide (SOG).*

   An updated Community Disease Containment SOG will be provided on the preparedness website at http://www.kdheks.gov/cphp/operating_guides.htm. This SOG template was updated in Budget Period 2 to address recent changes to regulations and the updating of the Disease Information Guides (DIGs). The last time a template was provided was in 2006 so this was in desperate need of an update.

   Preparedness staff will review the SOGs and provide feedback within 30 days. They will create a review tool that is consistent with the tenants listed within the KDHE SOG template. Local health departments are welcome to use the KDHE-provided template or they can submit their own SOG as long as it has been updated with community specific planning and addresses changes in regulations.

   SOGs may be submitted via email to preparedness@kdheks.gov, or mailed in on a flash drive.

7. *Local health departments will continue to:*
   A. *Participate in periodic Regional Public Health Preparedness meetings.*
   B. *Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements.*
   C. *Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection*
   D. *Have available signed shared resource agreements.*
   E. *Maintain a public website where information can be posted and accessed by members of the public.*
   F. *Assure that annual fit testing for PPE for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29 CFR 1910.134, adopted April 8, 1998.*
   G. *Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years.*

H. *Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [Packaging and Shipping Division 6.2 Materials 2014, Course #1048174 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287]*
I. *Maintain an inventory control system for tracking capital equipment and electronic devices.*
J. *Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.*
K. *Annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a "No Update" letter to KDHE.*

Work plan item #7 details all tasks that should be continuing from year to year. Many of these items may be cross-cutting or administrative in nature yet are still important for ensuring the local health department is prepared and that they keep the proper documentation on hand in case of audit. A few things to note:

E – Some local health departments do not have dedicated IT staff that can help maintain the site. As long as there is a county website available which the local health department is connected to and, if needed during an emergency, a county employee could put a message on the website for the health department, the requirement is met. If there is access to a county owned site or if there is a work around available to disseminate emergency messages, that is acceptable.

H – Please note, packaging and shipping training is required to be taken every 24 months. Federal regulations are updated and reflected in new courses.

K – For the Mass Dispensing SOG update, if there are no changes to submit, the local health department should send a "No Update" letter or an email to KDHE. "No Update" emails can be sent to preparedness@kdheks.gov and will go into the county's folder.

Regional Public Health Work Plan

1. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:*
   a. *Assist local health department staff for the development, review, and updating of all local plans*
   b. *Provide general technical assistance and training to local health departments*
   c. *Work with local health departments and KDHE staff to identify training gaps at the local level*
   d. *Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc.*

This is a generalized work plan deliverable for regions. Much of this work already occurs on a continual basis, however, KDHE wants to ensure the technical assistance and means of outreach is documented in some form. Performance of these items would also greatly assist KDHE in identifying gaps, local issues, trainings needed, etc. so we can plan better at the state level to meet those needs.

This work can be accomplished however the regions deems appropriate but one best practice we have seen is when the region comes together during a regularly scheduled meeting for a work session whether it was to work as a group to update local COOP plans, take the same training, local exercise planning, etc.

This information could also be gathered from the regions during Regional Coordinator conference calls that take place if they would like for KDHE to participate.

2. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will attend healthcare coalition meetings at least quarterly. A regional representative may serve as a designee for any of the local health departments in the region. In doing so, they should include the local health department(s) they are representing on the meeting sign-in sheet. Regional designee will provide information from healthcare coalition meetings to public health preparedness region partners.*

   As a part of this deliverable, please ensure that if you are a designated attendee for any of your local health departments that you keep lines of communication open and share information between your local health departments and the coalition.

3. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will assist local health departments in making updates to the local Kansas Healthcare Capabilities Questionnaire and provide input to the healthcare coalition-level questionnaire.*

   This is a deliverable that can continue to be done during Regional Public Health meetings if you so choose or be available to provide assistance and answer questions regarding the questionnaire.

4. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at least one* ***annual*** *exercise as a facilitator, player, or evaluator by May 16, 2015. Serving in an observer role does not meet the participation requirement.*

   As stated, participation in an annual exercise as a facilitator, player, or evaluator prior to May 16, 2015, is required. The Regional Coordinator may assist with the AAR/IP write up, especially if doing a regional exercise.

5. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will ensure KS-HAN continues to be up to date. KS-HAN announcements are sent out twice per year as a reminder to update user profiles. Designee will:*
   a. *Validate their user profile in KS-HAN at least twice per year*
   b. *Participate in KS-HAN drills at least twice per year*
   c. *Provide assistance to local health departments in identifying critical members/stakeholders to be included in KS-HAN.*

   The KS-HAN profile information is for the Regional Coordinator or the designee only; not all of their health departments. The KS-HAN drill requirement has been reduced from quarterly to twice per year to assist in easing work plan burden, however, public health regions may choose to continue participating in the quarterly drill or even drill more frequently on their own. Work with the local health departments to ensure they have who they feel should be receiving those alerts in their community registered in KS-HAN.

6. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will assist local health departments with the review and update of the local Community Disease Containment Standard Operating Guides (SOGs).*

KDHE will be providing training on this template. Training could be provided during regional public health meetings, if desired. The regional coordinator or designee should be available to assist with questions on the template or general disease containment.

7. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will assure local health departments are aware of the Kansas Health & Environmental Laboratories (KHEL) sample management trainings.*

   Please ensure the local health departments understand the new structure of the packaging and shipping certification course. This course used to be updated every year by the KDHE Laboratories to ensure compliance with updated federal regulations. However, the CDC has their own online packaging and shipping course that also contains the needed updates. The expectation is now that the local health departments will take the federal course on KS-TRAIN as a prerequisite for the Kansas specific addendum course. The federal course is "Packaging and Shipping Division 6.2 Materials 2014", Course #1048174 & the KDHE Laboratories addendum course is "KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures", Course #1050287. These courses shall both be taken for initial certification and recertification.

8. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:*
   A. *Maintain their records regarding training attended.*
   B. *Have available signed shared resource agreements.*
   C. *Maintain an always-on high-speed internet connection.*
   D. *Maintain accurate information for a 24/7 calling tree and an updated Activation Protocol which describes who will be called and the events that will trigger activation levels for the region.*
   E. *Convene meetings of all the local health departments within the region periodically and maintain minutes of meetings and attendee list.*
   F. *Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years.*
   G. *Maintain a regional inventory control system for tracking capital equipment and electronic devices.*
   H. *Attend or monitor minutes of the regional Homeland Security Council meetings.*

   Work plan item #8 details all tasks that should be continuing year to year. Many of these items may be cross-cutting or administrative in nature but are still important for ensuring the Regional Coordinator or the designated subject matter expert(s) and their respective region is prepared and that they keep the proper documentation on hand in case of audit. The training records are for the individual Regional Coordinator only; not for all of their health departments. Regional meetings are flexible in terms of how often they are conducted and may be according to the needs of the region.