

VERSION 2.0 WORK IN PROGRESS: Emergency Preparedness – What Have We Learned from Accredited Health Departments? December 2019



The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.



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This document summarizes what PHAB has learned about how health departments (HDs) participating in accreditation are addressing emergency preparedness-related activities. In particular, it focuses on the reasons that HDs struggled with measures that relate to preparedness. It also includes findings from Section II of accredited HDs' Annual Reports.

Below is a summary of the distribution of assessments for related measures. These data are for 179 HDs assessed under Version 1.0 and 146 HDs assessed under Version 1.5.

Measure	%Fully Demonstrated	%Largely Demonstrated	%Slightly Demonstrated	%Not Demonstrated	N
2.1.1	69.5%	22.2%	7.1%	1.2%	325
2.1.2 (ver 1.0)	60.9%	29.1%	8.9%	1.1%	179
2.1.2 (ver 1.5)	47.9%	27.4%	21.9%	2.7%	146
2.1.3	89.5%	4.6%	3.1%	2.8%	325
2.1.4	63.4%	28.6%	8.0%	0.0%	325
2.2.1	68.6%	22.2%	7.7%	1.5%	325
2.2.2	58.2%	25.5%	14.2%	2.2%	325
2.2.3	54.5%	37.8%	7.7%	0.0%	325
2.3.1	68.9%	28.0%	3.1%	0.0%	325
2.3.2	80.0%	17.2%	2.8%	0.0%	325
2.3.3	51.4%	37.2%	10.2%	1.2%	325
2.3.4	72.6%	23.7%	3.1%	0.6%	325
2.4.1	71.1%	25.8%	3.1%	0.0%	325
2.4.2	66.8%	28.3%	4.9%	0.0%	325
2.4.3	54.5%	39.1%	6.2%	0.3%	325
2.4.4	57.9%	39.5%	2.6%	0.0%	38
3.2.3 (ver 1.0)	91.1%	6.7%	2.2%	0.0%	179
3.2.4 (ver 1.5)	64.4%	28.1%	7.5%	0.0%	146
5.4.1	49.2%	40.9%	9.8%	0.0%	325
5.4.2 (ver 1.0)	51.4%	40.8%	7.8%	0.0%	179
5.4.2 (ver 1.5)	40.4%	50.0%	9.6%	0.0%	146
5.4.3	86.8%	10.5%	2.6%	0.0%	38

Data are presented separately for health departments assessed under Version 1.0 and Version 1.5 of the Standards & Measures if there was a substantive change in the requirements. If the two versions are substantively the same, the aggregate data are presented. The numbering of one of the measures changed between Version 1.0 and Version 1.5. (For example, Measure 3.2.3 in Version 1.0 changed to Measure 3.2.4 in Version 1.5.)

To better understand HDs' performance on these Measures, PHAB conducted an analysis of the conformity comments of HDs that were assessed as Slightly or Not Demonstrated (SD/ND) in at least 5% of the Site Visit Reports. The results of those analyses are shown below. For each Measure, the most common reasons for the assessment are listed, including the number of HDs for which that reason was indicated. One HD could have multiple reasons listed. The reasons are linked to specific required documentation (RD) listed in the PHAB Standards and Measures. For reference, please see:

https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf.

Measure 2.1.1: Protocols for investigation process

Of the 25 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1b: Inclusion of a timeline (11 HDs)
- RD1a: Assignment of responsibilities (10 HDs)
- Within the timeframe of 24 months (9 HDs)
- RD1b: Case investigation steps (8 HDs)
- RD1b: Reporting requirements (8 HDs)

Measure 2.1.2: Capacity to conduct an investigation of infectious disease

Of the 53 HDs assessed as SD/ND, the most common challenges were:

- Documentation did not align investigation reports with procedures (32 HDs)
- Lack of demonstration of HD's capacity to respond to outbreak (26 HDs)
- Documentation did not represent an audit or peer review of investigation reports (15 HDs)

For state HDs, the measure requires documentation of the capacity to conduct and/or support investigations of multiple diseases simultaneously. (Of the 5 state HDs that were assessed as SD/ND, 2 were cited for concerns related to simultaneous investigations.)

Measure 2.1.3: Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards

Of the 18 HDs assessed as SD/ND, the most common challenge was deficient documentation of the following:

- Completed investigation of a non-infectious health problem or hazard (9 HDs)

Measure 2.1.4: Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues

Of the 17 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1: Documentation of contracts/MOAs/MOUs/etc. that established partnerships for the investigation of outbreaks of disease, health care associated infections, or environmental public health concerns (7 HDs)
- Within appropriate timeframes (6 HDs)
- RD1: Appropriate partners within the HD's jurisdiction (5 HDs)
- RD1: Related to disease outbreak or environmental health investigations (5 HDs)
- RD2: Description of partner roles and responsibilities (5 HDs)

Measure 2.2.1: Protocols for containment/mitigation of public health problems and environmental public health hazards

Of the 25 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- Protocols that address prophylaxis/biologics (14 HDs)
- Protocols that address clinical management (12 HDs)

- Protocols that address disease-specific mitigation and containment (11 HDs)
- Protocols that address the process for exercising legal authority for disease control (11 HDs)
- Protocols that address contact management (11 HDs)

Measure 2.2.2: A process for determining when the All Hazards EOP will be implemented

Of the 50 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- Providing protocols that addressed All Hazards Emergency Operations Plan activation in the following circumstances:
 - RD1: Infectious disease outbreaks (25 HDs)
 - RD2: Environmental public health issues (25 HDs)
 - RD3: Cluster evaluations (22 HDs)
- Providing any protocols that addressed the following circumstances
 - RD2: Environmental public health issues (21 HDs)
 - RD3: Cluster evaluations (20 HDs)
 - RD1: Infectious disease outbreaks (15 HDs)

Measure 2.2.3: Complete After Action Reports (AARs)

Of the 20 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1: Documentation of a protocol describing the processes used to determine when events rise to the significance of requiring an AAR (11 HDs)
- RD2: List of events comprehensive of outbreaks and environmental public health risks (8 HDs)
- RD2: List of events including indication of which required an AAR (8 HDs)

Measure 2.3.3: Access to laboratory and other support personnel and infrastructure capable of providing surge capacity

Of the 36 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD2: Staffing lists indicating specific staffing needed for a surge response and how the HD will fill those needs (24 HDs)
- RD2: How staff will access that staffing list (22 HDs)
- RD1: Pre-identified support personnel to provide surge capacity (20 HDs)

Measure 2.4.3: Timely communication provided to the general public during public health emergencies

Of the 20 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1: Communication methods to communicate with members of the public requiring particular communication considerations (10 HDs)
- RD2: Communications through the media (7 HDs)
- RD2: Consideration of members of the public requiring particular communication considerations (7 HDs)

Measure 3.2.4: Risk Communication Plan (includes Measure 3.2.3 version 1.0)

Of the 18 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated the following:

- How information will be provided 24/7 (11 HDs)
- How message clearance will be expedited (11 HDs)
- Risk communication plan for a given situation (9 HDs)

- How information is disseminated in case technology is disrupted (9 HDs)
- How the HD will prevent public alarm by dealing with misconceptions/misinformation (8 HDs)

Measure 5.4.1: Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)

Of the 27 HDs assessed as SD/ND, the most common challenges were:

- RD3: Documentation provided represented a public health-specific EOP, not an All Hazards EOP (14 HDs)
- RD2: Documentation represented a department/public health-specific EOP, not an All Hazards EOP (8 HDs)
- RD2: Documentation did not clearly describe the HD's coordination of partners (6 HDs)
- RD3a: Documentation did not clearly describe a collaborative review of the All Hazards EOP (6 HDs)
- RD3: HD did not upload a revised EOP (6 HDs)

Measure 5.4.2: Public health emergency operations plan (EOP)

Of the 28 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD2a: Process for testing the EOP (20 HDs)
- RD3b: Updates/revisions to the EOP (11 HDs)
- RD3b: Revisions to the EOP based on an AAR (11 HDs)

Annual Reports

More than 90% of Annual Reports in 2018 indicated work related to preparedness. Examples of activities include:

- Revamped procedures for emergency/disaster shelters
- Conducted tabletop exercises/training drills
- Developed toolkits for Medical Countermeasures Point of Dispensing
- Provided trainings ("Stop the bleed," psychological first aid)
- Refined understanding of special needs during response
- Participated in collaboration to address barriers to response/recovery
- Developed highly infectious disease plan
- Pursued Project Public Health Ready recognition