ASPR

U.S. Department of Health & Human Services
Administration for Strategic Preparedness & Response

2024-2028 Hospital Preparedness Program Performance Measures Implementation Guidance

Administration for Strategic Preparedness and Response

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Contents

Acronyms

AAR	After Action Report
ABA	American Burn Association
ASPR	Administration for Strategic Preparedness and Response
BP	Budget Period
CAAMP	Cooperative Agreement Accountability and Management Platform
CAT	Coalition Assessment Tool
CISA	Cybersecurity and Infrastructure Security Agency
CISO	Chief Information Security Officer
CMS	Centers for Medicare & Medicaid Services
COE	Center of Excellence
ED	Emergency Department
EMS	Emergency Medical Services
EMSC	Emergency Medical Services for Children
ESF-#8	Emergency Support Function #8
FCC	Federal Coordination Center
FPO	Field Project Officer
FY	Fiscal Year
HCC	Health Care Coalition
HHS	U.S. Department of Health and Human Services
HPP	Hospital Preparedness Program
HRSA	Health Resources and Services Administration
IP	Improvement Plan
MOA	Memoranda of Agreement
MOCCs	Medical Operations Coordination Centers
MRC	Medical Reserve Corps

MRSE	Medical Response and Surge Exercise
NDMS	National Disaster Medical System
NETEC	National Emerging Special Pathogens Training and Education Center
NOFO	Notice of Funding Opportunity
OHCR	Office of Health Care Readiness
PHEP	Public Health Emergency Preparedness
PM	Performance Measure
RDHRS	Regional Disaster Health Response System
RESPTC	Regional Emerging Special Pathogen Treatment Center
SNS	Strategic National Stockpile
USDA	United States Department of Agriculture

Background

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR's Hospital Preparedness Program (HPP) is a cooperative agreement program that, through its support for health care coalitions (HCCs), prepares the health care delivery system to save lives during emergencies that exceed the day-to-day capacity of health care and emergency response systems. HPP is the primary source of federal funding for health care delivery system preparedness and response. HPP enables the formation of public-private partnerships among multiple types of health care, public health, emergency management, and response organizations, empowering health care entities across the nation to save lives during disasters and emergencies. ASPR requires HPP recipients to invest in HCCs, providing a foundation for health care readiness. An HCC is a network of individual public and private health care and response organizations in a defined geographic location that partner to conduct preparedness activities and collaborate to ensure that each member has what it needs to respond to disasters and emergencies.

Fiscal Year 2024 – 2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity

In 2024, ASPR released the Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity (NOFO) #EP-U3R-24-001. This NOFO provides updates to the program but maintains performance measures and standards for measurement of recipient and HCC compliance. The budget period (BP) dates for the fiscal year (FY) 2024 – 2028 HPP cooperative agreement are July 1 through June 30.

2024 – 2028 Hospital Preparedness Program Outcomes

For the FY 2024 – 2028 HPP cooperative agreement, performance measures were designed to align to key program outcomes specified in the NOFO. These program outcomes are:

- **Establish and act on multi-year priorities.** Outcomes include:
    - *Outcome 1*: Health care delivery system readiness to respond to a shifting threat landscape and community needs over multiple years.
    - *Outcome 2*: Continuous program and administrative improvement on multi-year priorities.
- **Enhance and sustain HCCs.** Outcomes include:

    - *Outcome 3*: HCC governance, management, and operations that reflect community partnerships.
- **Coordination.** Outcomes include:
    - *Outcome 4*: Coordinated planning and decision-making among health care delivery system partners.
    - *Outcome 5:* State, local, tribal, and territorial agencies, HCCs and other partners provide integrated health care response incident management (Emergency Support Function #8 [ESF #8] – Public Health and Medical Services).
- **Continuity of health care service delivery.** Outcomes include:
    - *Outcome 6*: A resilient health care workforce able to safely meet response and recovery demands.
    - *Outcome 7*: Sufficient space, systems, staff, and resources to support patient movement and patient care delivery during response and recovery.

2024 – 2028 Hospital Preparedness Program Data Reporting

For the FY 2024 – 2028 HPP cooperative agreement, recipients and HCCs will enter performance measure data into the HPP Cooperative Agreement Community within the ASPR Cooperative Agreement and Management Platform (CAAMP). CAAMP is a Salesforce-based system that ASPR developed to support data collection and performance measurement for the Office of Health Care Readiness (OHCR). The system replaces the previously used PERFORMS platform and the Coalition Assessment Tool (CAT). It includes web-based forms for completing work plans, budget templates, the Medical Response and Surge Exercise (MRSE) reporting tool, and recipient and HCC performance measure (PM) reporting, alongside other features to support recipients and HCCs to carry out the activities of the HPP cooperative agreement.

Introduction to the 2024-2028 HPP Performance Measures Implementation Guidance

ASPR created the HPP PMs through a collaborative development process, collecting feedback from OHCR staff, HPP recipients, and evaluation subject matter experts. The PMs were developed to align to key program outcomes in the NOFO, to evaluate program performance, and to track program progress. Performance measurement is a component of a comprehensive program evaluation strategy that includes program monitoring and supplemental ad hoc evaluations. PMs enable ASPR to communicate program results to elected officials and various internal and external partners, as well as to inform continuous program improvement.

To measure HPP performance, a variety of measures were developed at the outcome-level. While the HPP PMs have historically focused on program activities and outputs, these focus upon outcomes wherever possible. PMs provide information regarding the preparedness of the nation's healthcare delivery system to ASPR leadership, Congress, and the public. The measures help program leaders and staff assess program effectiveness, use of funding, and opportunities to continually improve the nation's preparedness. The measures also enable recipients, HCCs, and HCC members to examine their own performance and to assess growth and opportunities for improvement.

Using this Document

This document is arranged into four sections to help guide recipients and HCCs through the new PMs and their alignment with program outcomes. The document also provides detailed information on each PM.

Section 1: Performance Measure Alignment to Program Outcomes

This section contains information regarding PM alignment to the program outcomes identified in the 2024 – 2028 HPP NOFO.

Section 2: Performance Measures One through Nine

This section includes PMs one to nine that gauge recipient and HCC progress towards meeting program outcomes across several cooperative agreement activities. These PMs draw from activities that are required during the FY 2024 – 2028 HPP period of performance. Below is a summary of each activity.

- **Establish Governance:** Recipients and HCCs are required to work together to complete governance activities. While many of these activities take place at the coalition level, they require input from the recipient. Governance structures, assessments, planning, and exercises are mutually dependent. As new gaps or priorities are identified through assessments, recipients and HCCs must use those insights to inform governance structures and activities, and the other way around.
- **Assess Readiness:** Recipients and HCCs are required to work together to complete assessments. While each of these assessments, except for the Risk Assessment, take place at the coalition level, they all require input from the recipient. Assessments, planning, and exercises are mutually dependent. As new gaps or priorities are identified through assessments, recipients and HCCs must use those insights to inform planning and exercises, as well as other future assessments.
- **Plan and Implement:** Recipients and HCCs must develop, submit, and implement plans that address preparedness, response, and recovery. Plans from the FY 2019 –

2023 period of performance may be used as a baseline and must be updated to meet the new requirements for the FY 2024 – 2028 period of performance. Assessments, plans, and exercises are mutually dependent. As new gaps or priorities are identified through assessments or exercises, recipients and HCCs should use those insights to inform planning, and the other way around. As recipients and HCCs work to develop these plans, note that the recipient is responsible for providing resources that sit outside their jurisdictions to support the plans' implementation.

- **Exercise and Improve:** Recipients and HCCs must exercise and improve the activities described in their plans. As available, recipients and HCCs must review the completed assessments from the 'Assess Readiness' activities to inform the scenarios, objectives, and desired outcomes for the exercises. After exercises are conducted or real-world scenarios are responded to, recipients and HCCs must update assessments and plans to reflect any relevant new findings or insights.

Recipients are responsible for working with HCCs so that all activities enhance jurisdiction-level preparedness, response, and recovery efforts. To build on progress from the FY 2019 – 2023 period of performance, recipients and HCCs may use current versions of materials, if available and relevant, as a starting point. Please refer to the FY 2024 – 2028 HPP NOFO for further details and context on the activities required to be completed throughout the period of performance, alongside HPP Continuation Guidance documents.

Section 3: Medical Response and Surge Exercise (MRSE) Performance Measures 10 through 19

This section contains PMs 10 to 19, which use data HCCs produce while conducting the MRSE. These performance measures assess the extent to which HCCs can coordinate to meet their needs during a medical surge incident. The ten performance measures assess participation in the MRSE and the ability of HCCs to coordinate patient load-sharing and resource-sharing across their coalitions. **Please note, PMs 10 – 11 and 13 – 18 are existing MRSE measures from the FY 2019 – 2023 HPP period of performance.**

Section 4: Joint Performance Measure

This section contains the joint performance measure with the Emergency Medical Services for Children (EMSC) program (performance measure 20). Recipients and HCCs will not report data on this PM to HPP. EMSC will collect this information as part of their grant. Please note, this is an existing Joint HPP-EMSC measure from the FY 2019 – 2023 HPP period of performance.

Performance Measure Guidance

For each HPP PM, this document contains a full description of the measure and instructions on how to collect the relevant data. With the exception of the EMSC joint measure (PM 20), the guidance for each includes the following:

- **Performance Measure:** The section provides the PM number and language.
- **Goal or Target:** This section outlines the ideal or recommended result based on baseline data, benchmarks, or program requirements.
- **Operational Intent:** The operational intent provides a brief description of the purpose of the measure and its link to program priorities.
- **Data Reporting:** This section describes how recipients and HCCs will report data, alongside how each performance measure is supported by specific data inputs and organizational roles.
    - **Responding Entity:** This indicates the organization(s) providing the data for the measure (recipient or HCC).
    - **NOFO Activity Grouping:** This indicates the performance measure alignment with NOFO activities.
    - **Data Points:** This section describes the individual data points that are reported to calculate the measure.
- **Definitions and Interpretation:** Specific language throughout the PM guidance is linked to a detailed definition within that section. These definitions and interpretations provide guidance on how to interpret key terms and phrases within the context of the PM.

ASPR encourages recipients and HCCs to consult their OHCR field project officer (FPO) as needed to receive technical assistance and resources for reporting these measures.

Baseline and Target/Goal Setting

ASPR uses data reported across three fiscal years to establish a baseline for recipients and HCCs, unless otherwise noted in the Goal or Target section of the PM. Additional targets and goals will be set by ASPR based on baseline data, benchmarks, and/or program requirements. Achievement in future budget years will be determined by comparing the program, recipient, and HCC performance against previously reported data. Recipients and HCC may also be compared to their peers or a subset of their peers, such as those sharing similar demographics, resources, and risk profiles, among other characteristics.

HPP Performance Measure Requirements

The following HPP PM requirements apply to all recipients, HCCs, and select U.S. Territories and Freely Associated States. This includes state health departments of all 50 states, the District of Columbia, the nation's three largest municipalities (New York City, Chicago, and Los Angeles County), U.S. Territories (the Commonwealths of Puerto Rico and the Northern Mariana Islands, the territories of American Samoa, Guam, and the United States Virgin Islands) and Freely Associated States (Federated States of Micronesia, Republic of Palau and Republic of the Marshall Islands).

Annual Requirement to Exercise the MRSE

All HCCs, U.S. Territories, Freely Associated States that receive HPP funding are required to conduct the MRSE annually. Data from the MRSE are used to respond to PMs 10 to 19. Once an HCC has completed the MRSE, performance measures results will be calculated in the MRSE Reporting Tool found in ASPR CAAMP. The detailed MRSE Supplemental Guidance and Evaluation Plan can be accessed online in HPP Cooperative Agreement Community within ASPR CAAMP in the Resources section.

In the event that an HCC has a real-world incident which meets the performance requirements and objectives of the MRSE, the HCC may be eligible to use the data from the real-world response to complete the reporting tool. At a minimum, the HCC must be able to successfully report on all ten performance measures. HCCs who wish to utilize a real-world event in lieu of conducting the MRSE must seek prior approval from both their recipient and ASPR FPO before completing the MRSE reporting tool. It is recommended that HCCs submit a completed After-Action Report (AAR) for the incident with their request.

Optimized HCCs Capabilities through Organization Membership

HCCs should strive to make strategic membership decisions based on the expertise needed to accomplish the following: carry out the core functions, address readiness gaps, and meet the needs of communities served, including communities most impacted by disasters. HCCs are required to include members who provide clinical and non-clinical expertise necessary to carry out core functions and advance outcomes. HCCs must, at a minimum, include membership of leaders of organizations from the following categories:

- Health care (e.g., hospitals, health systems, health care facilities).
- Emergency management, including the ESF #8 lead agency coordinating health care response incident management. Note: Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.

- Emergency medical services (EMS) and patient transport services.
- Public Health.

HCCs should include additional members such as health care critical infrastructure partners (e.g., utilities), and supply chain partners (e.g., manufacturers, distributors), as well as partners with expertise in areas such as cybersecurity (e.g., chief information security officers [CISOs]), specialty care delivery, mental and behavioral health, long-term care, and culturally and linguistically appropriate health care services.

Health care readiness requires collaboration with partners at the local, state, regional, and national levels, from the public and private sectors, and from specific organizations and networks that support emergency preparedness and response. HCCs are encouraged to work with partners that can strengthen state or jurisdiction readiness. Please refer to Appendix 1 for examples of relevant health care partners.

Section 1: Performance Measure Alignment to Program Outcomes

This section contains the PMs aligned to program outcomes of the 2024 NOFO, along with the responding entity. These program outcomes are:

- **Establish and act on multi-year priorities.** Outcomes include:
  - *Outcome 1*: Health care delivery system readiness to respond to a shifting threat landscape and community needs over multiple years.
  - *Outcome 2*: Continuous program and administrative improvement on multi-year priorities.
- **Enhance and sustain HCCs.** Outcomes include:
  - *Outcome 3*: HCC governance, management, and operations that reflect community partnerships.
- **Coordination.** Outcomes include:
  - *Outcome 4*: Coordinated planning and decision-making among health care delivery system partners.
  - *Outcome 5:* State, local, tribal, and territorial agencies, HCCs and other partners provide integrated health care response incident management (Emergency Support Function #8 [ESF #8]) – Public Health and Medical Services).
- **Continuity of health care service delivery.** Outcomes include:
  - *Outcome 6*: A resilient health care workforce able to safely meet response and recovery demands.
  - *Outcome 7*: Sufficient space, systems, staff, and resources to support patient movement and patient care delivery during response and recovery.

Performance Measure	Responding Entity	Outcome(s)
PM One: Percent of HCCs with one or more members serving each of the communities most impacted by disasters within their jurisdiction.	HCC	Outcome 1, Outcome 3
PM Two: Percent of HCCs planning to meet the needs of communities most impacted by disasters during an emergency or disaster.	HCC	Outcome 1
PM Three: Percent of HCCs involved in an emergency response this budget period that took action to meet the needs of a community/communities most impacted by disasters.	HCC	Outcome 1
PM Four: Percent of recipients taking action to address the top three risks in their jurisdiction.	Recipient	Outcome 1, Outcome 2
PM Five: Percent of HCCs taking action to address their top three areas of improvement.	HCC	Outcome 1, Outcome 2
PM Six: Percent of recipients that worked with their HCCs to address supply chain gaps based on their Supply Chain Integrity Assessment.	Recipient	Outcome 1, Outcome 7
PM Seven: Percent of recipients with HCCs that collaborate with their jurisdiction's ESF #8 lead agency for health care.	Recipient	Outcome 5
PM Eight: Percent of recipients that have a patient movement plan accounting for Incident Management, Transfer Agreements, Medical Coordination, EMS Plans, Community Medical Transport Needs, and Federal Patient Movement.	Recipient	Outcome 4, Outcome 6
PM Nine: Percent of recipients that conducted an exercise to address their most important strategic priorities during the five-year period of performance.	Recipient	Outcome 2

Performance Measure	Responding Entity	Outcome(s)
PM Ten: Percent of HCC members and health care partners that demonstrated readiness to respond to HCC emergency notifications.	HCC	Outcome 4, Outcome 7
PM Eleven: Percent of HCC members and health care partners that demonstrated readiness to respond to HCC information requests.	HCC	Outcome 4, Outcome 7
PM Twelve: Percent of HCC members and health care partners that demonstrated readiness to respond to HCC information requests through backup communication systems.	HCC	Outcome 4, Outcome 7
PM Thirteen: Percent of emergency personnel needs fulfilled by HCC members and health care partners during a simulated medical surge.	HCC	Outcome 6, Outcome 7
PM Fourteen: Percent of critical resource needs (e.g., supplies, equipment) fulfilled by HCC members and health care partners during a simulated medical surge.	HCC	Outcome 7
PM Fifteen: Percent of critical Emergency Medical Services (EMS) needs fulfilled by HCC members and health care partners during a simulated medical surge.	HCC	Outcome 4, Outcome 7
PM Sixteen: Percent of patients provided care by HCC members and health care partners to reduce morbidity and mortality during a simulated medical surge.	HCC	Outcome 7
PM Seventeen: Percent of HCC members and health care partners with at least one executive that participated in the MRSE After-Action Review.	HCC	Outcome 3, Outcome 4
PM Eighteen: Percent of HCC members and health care partners that participated in the MRSE.	HCC	Outcome 4, Outcome 5, Outcome 7
PM Nineteen: Number of HCC programmatic improvements made based upon weaknesses	HCC	Outcome 2

Performance Measure	Responding Entity	Outcome(s)
identified in the previous budget period's MRSE.		
Joint Hospital Preparedness Program (HPP)- Emergency Medical Services for Children (EMSC) PM Twenty: Percent of hospitals with an Emergency Department recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.	EMSC	Outcome 5, Outcome 7

Section 2: Performance Measures One through Nine

Performance Measure 1

Percent of HCCs with one or more members serving each of the communities most impacted by disasters within their jurisdiction.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial fiscal years (FYs), which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate a coalition's ability to serve all members of their community. HCCs should strive to make strategic membership decisions that provide the clinical and non-clinical expertise necessary to carry out HCC core functions and advance outcomes, address readiness gaps, and meet the needs of communities most impacted by disasters. This measure provides insight into how HCCs are establishing and acting on multi-year priorities to respond to a shifting threat landscape and serve all members of their community needs over multiple years. This measure also sheds light on HCC governance, management, and operations that reflect community partnerships as a coalition serves communities most impacted by disasters.

Data Reporting

Each HCC should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Establish Governance

- **Data Point(s)**
    - **PM 1.1:** For which communities most impacted by disasters did your HCC make specific efforts to advance preparedness?
        - **Response Type:** Multi-select picklist (select all that apply) for each of the communities most impacted by disasters, then Open Response to specify a particular population/community.
            - Individuals that are impacted due to their geographic location, such as those in rural, frontier, or otherwise isolated areas
            - Children, pregnant individuals, older adults, immunocompromised individuals, and those with chronic physical or behavioral health conditions
            - Individuals and groups who may be impacted by the specific risk profile of a disaster or emergency
            - Other populations impacted by disasters in your jurisdiction, identified through data collection or assessments (Free response)
    - **PM 1.2:** Please provide a list of all HCC members that serve the communities selected in Data Point – PM 1.1.
        - **Response Type:** Free response – provide the HCC member name by the community(s) identified in Data Point – PM 1.1 that they serve.

Definitions and Interpretation

- **Serve:** Provide support, resources, services, or assistance to a specific community or population, especially in the context of preparedness, response, and recovery from disasters or public health emergencies.

Performance Measure 2

Percent of HCCs planning to meet the needs of communities most impacted by disasters[1] during an emergency or disaster.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate the response activities that coalitions planned to support communities most impacted by disasters. This measure provides insight into the extent to

[1] HCCs will be required to exercise response actions identified in BPs 1 through 4 during the BP 5 MRSE.

which HCCs are implementing response capabilities when supporting communities most impacted by disasters during an emergency or disaster.

Data Reporting

Each HCC should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Plan and Implement
- **Data Point(s)**
    - **PM 2.1:** Did you include specific actions in your Response Plan to meet the health care needs of your communities most impacted by disasters?
        - **Response Type:** Picklist – Yes, No, In Progress
    - **PM 2.2:** If yes, please provide one example response action per community identified that you incorporated into your Response Plan.
        - **Response Type:** Free response – one per community most impacted by disasters; up to three

Definitions and Interpretation

- **Meet:** Successfully acquire or satisfy a need.
- **Response plan:** A response plan meets the required components identified in the NOFO. An HCC Response Plan describes HCC operations that support strategic planning, information sharing, and resource management. The plan also describes the integration of these functions with the ESF #8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF #8 assistance.

Performance Measure 3

Percent of HCCs involved in an emergency response this budget period that took action to meet the needs of a community/communities most impacted by disasters.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate the response actions that coalitions took during an emergency or disaster to support communities most impacted by disasters. [2] This measure provides insight into the extent to which HCCs are responding when supporting communities most impacted by disasters.

Data Reporting

Each HCC should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Plan and Implement
- **Data Point(s)**
    - **PM 3.1:** Did you conduct specific response actions during an emergency or disaster response to meet the health care needs of your communities most impacted by disasters?
        - **Response Type:** Picklist – Yes, No, In Progress
    - **PM 3.2:** If yes, please select the HCC health care partners that supported in the emergency response, alongside the response actions that were undertaken.
        - **Response Type:** Multi-select picklist for HCC health care partner(s); Free response to provide details on response action(s)
            - Health care (e.g., hospitals, health systems, health care facilities)
            - Emergency management, including the ESF #8 lead agency coordinating health care response incident management
            - Emergency medical services (EMS) and patient transport services
            - Public health departments
            - Health care critical infrastructure partners (e.g., utilities), and supply chain partners (e.g., manufacturers, distributors)
            - Specialty care delivery organizations
            - Mental and behavioral health organizations
            - Long-term care organizations
            - Linguistically appropriate health care services organizations
            - *Other (Free response)*

[2] Please note, HCCs are only required to respond 'Yes' or 'In Progress' for PM 3 data point 3.1 if they were involved in an emergency response any given budget period. Trainings, workshops, and exercises would not qualify as a proxy for an emergency response. As such, HCCs should not view a 'No' response negatively. ASPR is looking to measure the number of emergency responses conducted, alongside the associated response actions.

Definitions and Interpretation

- **Meet:** Successfully acquire or satisfy a need.
- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Response action:** Specific, organized steps or measures taken to address immediate needs for communities most impacted by disasters.
- **ESF #8 lead agency:** ESF #8 language distinguishes between lead and supporting agencies to conduct an emergency response. Within the context of Emergency Support Functions (ESF), lead agencies have significant authorities, roles, resources, and capabilities for a particular function within an ESF.

Performance Measure 4

Percent of recipients taking action to address the top three risks in their jurisdiction.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate recipient activities to enhance readiness and provides insight into the extent to which recipients are identifying gaps and risks to respond to a shifting threat landscape. The measure also seeks to track recipient completion of activities to address identified risks and gaps to promote programmatic and administrative improvements on multi-year priorities.

Data Reporting

Each recipient should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** Recipient
- **NOFO Activity Grouping:** Assess Readiness
- **Data Point(s)**
    - **PM 4.1:** Did you complete the Risk Assessment this budget period?
        - **Response Type:** Picklist – Yes, No
            - If no, in which budget period are you planning to complete the Risk Assessment?
                - **Response Type:** Single-select picklist
                    - Budget Period 2 (July 1, 2025 – June 30, 2026)
                    - Budget Period 3 (July 1, 2026 – June 30, 2027)

- Budget Period 4 (July 1, 2027 – June 30, 2028)
- Budget Period 5 (July 1, 2028 – June 30, 2029)

- **PM 4.2:** What are the top three risks you identified through your Risk Assessment?
  - **Response Type:** Free response – up to three risks to be reported
- **PM 4.3:** Did you conduct activities to address any of the risks you identified this budget period?
  - **Response Type:** Picklist – Yes, No
    - **PM 4.3.1:** If no, in which budget period are you planning to conduct activities to address the identified risks?
      - **Response Type:** Single-select picklist
        - Budget Period 2 (July 1, 2025 – June 30, 2026)
        - Budget Period 3 (July 1, 2026 – June 30, 2027)
        - Budget Period 4 (July 1, 2027 – June 30, 2028)
        - Budget Period 5 (July 1, 2028 – June 30, 2029)
    - **PM 4.3.2:** If yes, please select the HPP activities you conducted to address the risks you identified:
      - **Response Type:** Multi-select picklist, select all that apply
        - Updated the Strategic Plan for FY 2024-2028 in Budget Period 2 (BP2)[3]
        - Collaborated with HCCs to update HCC Readiness Plans
        - Collaborated with HCCs to update HCC Response Plans
        - Collaborated with HCCs to update Continuity and Recovery Plans
        - Collaborated with HCCs to update assessments
        - Collaborated with Regional Emerging Special Pathogen Treatment Centers (RESPTCs) in your region to provide training and resources
        - Gathered and/or shared information on promising practices with health care partners or other HPP recipients
        - Acquired necessary supplies and/or equipment
        - Trained recipient personnel

[3] Recipients are expected to submit the Strategic Plan for FY 2024-2028 by December 31, 2025. After submission, recipients are required to review and update (as needed) the Strategic Plan for FY 2024-2028 each BP. The language for this picklist option will change after BP2.

- Provided or organized training for HCCs and their members
- Incorporated risks into exercise scenarios
- Other (free response)

Definitions and Interpretation

- **Address:** To take appropriate action regarding a particular risk identified and implement measures to manage or resolve it.
- **Response plan:** A response plan meets the required components identified in the NOFO. An HCC Response Plan describes HCC operations that support strategic planning, information sharing, and resource management. The plan also describes the integration of these functions with the ESF #8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF #8 assistance.

Performance Measure 5

Percent of HCCs taking action to address their top three areas of improvement.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate coalition activities to enhance readiness. The measure provides insight into the extent to which HCC(s) are coordinating with their recipient point of contact to identify areas of improvement through required assessments to respond to a shifting threat landscape. The measure also seeks to track HCC completion of activities to address areas of improvement to promote programmatic and administrative improvements on multi-year priorities.

Data Reporting

Each HCC should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Assess Readiness
- **Data Point(s)**
    - **PM 5.1:** What are the top three areas of improvement that you identified through your ‘Assess Readiness’ activities?

- **Response Type:** Free response – up to three areas of improvement to be reported

- **PM 5.2:** Did you conduct activities to address any of the identified areas of improvement this budget period?
  - **Response Type:** Picklist – Yes, No
    - **PM 5.2.1:** If no, in which budget period are you planning to conduct activities to address the identified areas of improvement?
      - **Response Type:** Single-select picklist
        - Budget Period 2 (July 1, 2025 – June 30, 2026)
        - Budget Period 3 (July 1, 2026 – June 30, 2027)
        - Budget Period 4 (July 1, 2027 – June 30, 2028)
        - Budget Period 5 (July 1, 2028 – June 30, 2029)
    - **PM 5.2.2:** If yes, please select the HPP activities you conducted to address the areas of improvement you identified:
      - **Response Type:** Multi-select picklist, select all that apply
        - Provided inputs into your recipient's Risk Assessment
        - Drafted/Updated HCC Readiness Plan
        - Drafted/Updated HCC Response Plan
        - Drafted/Updated HCC Continuity and Recovery Plan
        - Drafted/Updated HCC Governance Document
        - Collaborated with recipient to update assessments
        - Consulted health care partners or other HCCs within jurisdiction (if applicable) or across jurisdictions on leading practices
        - Acquired necessary supplies and/or equipment
        - Incorporated strategic members who provide the clinical and non-clinical expertise necessary to carry out core functions and advance outcomes into HCC membership structure
        - Trained HCC personnel
        - Trained HCC member personnel
        - Incorporated risks associated with areas of improvement into exercise scenarios

- Drilled completed corrective actions through the MRSE[4] and/or other exercise to address priorities, gaps, and response abilities
- Other (Free response)

Definitions and Interpretation

- **Address:** To take appropriate action regarding a particular risk identified and implement measures to manage or resolve it.
- **Areas of improvement:** The concrete, actionable steps outlined in an improvement plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

Performance Measure 6

Percent of recipients that worked with their HCCs to address supply chain gaps based on their Supply Chain Integrity Assessment.[5]

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate recipient ability to strengthen their jurisdiction's medical supply chain through mitigation strategies and address supply chain gaps. The measure provides insight into the extent to which recipients are working with their HCC(s), community partners, and health care partners to assess supply chain integrity, identify resource needs and vulnerabilities, understand current access and infrastructure, analyze the impact on communities should there be supply chain shortfalls, develop mitigation strategies, and take action to address gaps.

Data Reporting

Each recipient should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** Recipient

[4] Please note, conducting the MRSE is not a sufficient mechanism to address identified weakness or risks. The MRSE should be used in conjunction with other activities to address weaknesses or risks and serve to test the effectiveness of implemented improvements.

[5] Recipients are required to review the current supply chain integrity assessment and submit updated material each budget period. If there has been no supply chain assessment conducted, recipients must complete it by December 31, 2026 (BP3) and review and submit updated material each BP from BP4 and BP5.

- **NOFO Activity Grouping:** Assess Readiness
- **Data Point(s)**
    - **PM 6.1:** Have you worked with your HCC(s) to develop and/or update your Supply Chain Integrity Assessment?
        - **Response Type:** Single-select picklist – Yes, No, In-Progress
            - **PM 6.1.1:** If no, in which budget period are you planning to develop and/or update your Supply Chain Integrity Assessment?
                - **Response Type:** Single-select picklist
                    - Budget Period 2 (July 1, 2025 – June 30, 2026)
                    - Budget Period 3 (July 1, 2026 – June 30, 2027)
                    - Budget Period 4 (July 1, 2027 – June 30, 2028)
                    - Budget Period 5 (July 1, 2028 – June 30, 2029)
    - **PM 6.2:** Did you work with your HCC(s) to address identified supply chain gaps this budget period?
        - **Response Type:** Single-select picklist – Yes, No
            - **PM 6.2.1:** If yes, please provide information on the actions taken to address supply chain gaps based on the categories below:
                - **Response Type:** Multi-select picklist for categories above – up to three; Free response to provide details on actions taken
                    - Resource needs
                    - Vulnerabilities
                    - Current access and infrastructure
                    - Impact on communities
                    - Mitigation strategies

Definitions and Interpretation

- **Address:** To take appropriate action regarding a particular risk identified and implement measures to manage or resolve it.
- **Supply chain gaps:** Weaknesses or deficiencies in the medical supply chain—such as unmet resource needs, limited access, or infrastructure issues—that can hinder the delivery of medical care, especially during emergencies.
- **Supply chain integrity assessment:** Recipients and HCC(s) will work together to identify and address vulnerabilities in the medical supply chain. They must collaborate with community partners and health care partners, including manufacturers and distributors, to conduct this assessment. Recipients and HCC(s) may work with partners such as local supply chain associations to access information about their state's or jurisdiction's medical supply chain and use these

insights to develop potential mitigation strategies to address gaps in their Resource Management Plan. This includes assessing resource needs, existing gaps, current access and infrastructure, impact on communities, and mitigation strategies to ensure readiness during emergencies and disasters.

Performance Measure 7

Percent of recipients with HCCs that collaborate with their jurisdiction's ESF #8 lead agency for health care.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate HCCs integration with ESF #8.

Data Reporting

Each recipient should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** Recipient
- **NOFO Activity Grouping:** Plan and Implement
- **Data Point(s)**
    - **PM 7.1:** Are your HCC(s) integrated with the ESF #8 lead agency for coordination of health care response incident management?
        - **Response Type:** Picklist – Yes, No by HCC
    - **PM 7.1a:** If yes, are any of your HCC(s) the ESF #8 lead agency designee for health care?
        - **Response Type:** Picklist – Yes, No by HCC
    - **PM 7.2:** Did any of your HCCs collaborate with the ESF #8 lead agency during an emergency response within this budget period?
        - **Response Type:** Picklist – Yes, No by HCC
    - **PM 7.2a:** If yes, were your HCCs activated in accordance with state law, statutes, or regulations?
        - **Response Type:** Picklist – Yes, No

Definitions and Interpretation

- **Emergency Support Function #8 (ESF #8):** ESF #8 provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the following:

    - Public health and medical care needs
    - Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA)
    - Potential or actual incidents of national significance
    - A developing potential health and medical situation
- **ESF #8 lead agency:** ESF #8 language distinguishes between lead and supporting agencies to conduct an emergency response. Within the context of ESF, lead agencies have significant authorities, roles, resources, and capabilities for a particular function within an ESF.
- **Activated:** To put into effect by initiating its procedures and actions, typically in response to a specific event.

Performance Measure 8

Percent of recipients that have a patient movement plan including elements such as Incident Management, Medical Coordination, EMS Plans, Community Medical Transport Needs, and Federal Patient Movement.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to evaluate recipient partner engagement to facilitate patient movement and load balancing during emergencies and disasters. The measure provides insight into the extent to which recipients are collaborating with HCC(s) to engage with key health care partners on coordinated patient movement and load balancing to not only enhance coordination and planning among health care delivery system partners and promote continuity of health care service delivery through a resilient workforce, but also save lives by improving access to care and support during emergencies and disasters.

Data Reporting

Each recipient should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** Recipient
- **NOFO Activity Grouping:** Plan and Implement
- **Data Point(s)**
    - **PM 8.1:** Did you develop or update your Patient Movement Plan this budget period?

- **Response Type:** Picklist – Yes, No, In Progress
    - **PM 8.1.1:** If no, in which budget period are you planning to submit your Patient Movement Plan?
        - **Response Type:** Single-select picklist
            - Budget Period 2 (July 1, 2025 – June 30, 2026)
            - Budget Period 3 (July 1, 2026 – June 30, 2027)
            - Budget Period 4 (July 1, 2027 – June 30, 2028)
            - Budget Period 5 (July 1, 2028 – June 30, 2029)
    - **PM 8.1.2:** If yes or in progress, please identify the areas of your patient movement plan developed this budget period.
        - **Response Type:** Multi-select picklist, select all that apply
            - Incident Management
            - Medical Coordination
            - EMS Plans
            - Community Medical Transport Needs
            - Federal Patient Movement
    - **PM 8.1.3:** If yes, please identify the key health care partners you and your HCCs engaged as you developed the Patient Movement Plan.
        - **Response Type:** Multi-select picklist, select all that apply. For each selected response, please provide the number of partners engaged and the total number of partners within the recipient jurisdiction or region.
            - Hospitals
            - Long-term care facilities
            - EMS
            - RESPTC(s) in your region
            - Regional Disaster Health Response System (RDHRS) sites in your region (if applicable)
            - Federal Coordination Centers (FCCs) in your region (if applicable)
            - Medical Operations Coordination Centers (MOCCs)
            - Community members or organizations that represent and/or serve communities most impacted by disasters

Definitions and Interpretation

- **Patient movement plan:** This coordination plan focuses on patient movement and load balancing to improve access to care and support during emergencies and disasters. Recipients and HCC(s) will collaborate with community partners, Emergency Medical Services (EMS), and patient transport services. EMS includes pre-hospital care (ambulance services, paramedic services, 911 dispatch) and specialty transport (pediatric, air, critical care).
- **Incident management:** The systematic approach to managing emergencies and disasters. This includes the integration of HCCs with state or jurisdictional incident management structures and roles. This ensures effective interface between HCCs and the agency leading the coordination of health care response incident management. Key activities include conducting patient movement, load balancing, evacuation, and family reunification. The same coordination principles apply to Freely Associated States, even if they use different coordination structures for response operations.
- **Medical coordination:** Mechanisms, such as MOCCs, Recipients and HCC(s) use to conduct patient movement, load balancing, evacuation, and other related activities (e.g., virtual coordination centers).
- **EMS plans:** Recipients and HCC(s) will collaborate with additional health care partners, such as the Biosafety Transport Consortium, to review and update EMS plans as needed. This plan includes disaster-related dispatch, response, mutual aid, regional coordination, data-sharing, pre-hospital triage and treatment, load balancing, transportation, supplies, and equipment. This plan integrates the use of a MOCC or other mechanisms to monitor health care facility capability and capacity and manage necessary medical transport to the closest appropriate hospital-based emergency department (ED), designated trauma center, or designated specialty referral center during patient surges or hospital evacuations.
- **Community medical transport needs:** Anticipated specific medical transport requirements of communities most impacted by disasters within a given jurisdiction.
- **Federal patient movement:** Recipients are required to identify whether they and their HCC are located within a Federal Coordinating Center (FCC) patient reception area. It involves acknowledging any healthcare entities that have signed the National Disaster Medical System (NDMS) Definitive Care Memorandum of Agreement (MOA). Additionally, it includes describing how their patient movement plan supports FCC operations and the NDMS Definitive Care MOA.

Performance Measure 9

Percent of recipients that conducted an exercise to address additional jurisdictional priorities or areas of improvement during the five-year period of performance.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to test and validate recipient progress toward meeting jurisdictional priorities. The measure provides insight into the extent to which recipients are working with HCCs to exercise jurisdictional priorities or areas of improvement to build recipient and sub-recipient connectivity and act upon established multi-year priorities.

Data Reporting

Each recipient should report the following data in the HPP Cooperative Agreement Community within ASPR CAAMP as part of annual performance measures reporting.

- **Responding Entity:** Recipient
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 9.1:** Did you conduct an Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement this budget period?
        - **Response Type:** Picklist – Yes, No
            - **PM 9.1.1:** If no, in which budget period are you planning to complete the exercise?
                - **Response Type:** Single-select picklist
                    - Budget Period 2 (July 1, 2025 – June 30, 2026)
                    - Budget Period 3 (July 1, 2026 – June 30, 2027)
                    - Budget Period 4 (July 1, 2027 – June 30, 2028)
                    - Budget Period 5 (July 1, 2028 – June 30, 2029)
            - **PM 9.1.2**: If yes, please provide an example of items addressed within the following categories
                - **Response Type:** Single-select picklist; Free response
                    - Jurisdiction Priorities: Provide one priority defined in your Strategic Plan for FY 2024-2028 addressed this budget period. (Free response)

- Jurisdiction Priorities: Provide one priority defined in HCC Readiness Plans addressed this budget period. (Free response)
- Areas of Improvement: Provide one area of improvement identified through assessments, previous exercises, or improvement plans addressed this budget period. (Free response)

Definitions and Interpretation

- **Address:** To take appropriate action regarding a particular risk identified and implement measures to manage or resolve it.
- **Exercise to address additional jurisdictional priorities or areas of improvement:** HCCs and recipients must conduct an additional exercise at least once in the five-year period of performance that addresses a jurisdictional priority defined in the Strategic Plan or Readiness Plan, an identified gap from assessments, previous exercises or improvement plans (IPs), a corrective action from previous IPs, or an identified critical risk.
- **Jurisdictional priorities:** Key areas of focus or critical objectives identified by a public health authority or organization within a specific geographic area (such as a state, territory, or locality) that guides preparedness, response, and improvement efforts over a defined period. These priorities are determined based on data, assessments, and stakeholder input, and are intended to address the most significant risks, gaps, or needs within the jurisdiction's health care and emergency preparedness systems.
- **Areas of improvement:** The concrete, actionable steps outlined in an improvement plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

Section 3: Medical Response and Surge Exercise Performance Measures

This section contains PMs that use data produced during the annual MRSE. HCCs are required to plan for and conduct at least one operations-based functional or full-scale MRSE every BP during the FY 2024 – 2028 HPP period of performance. HCC(s) must submit the MRSE Reporting Tool by June 30 of each BP, unless otherwise notified by ASPR. Please note, ASPR will make available an online version of the MRSE Reporting Tool in the HPP Cooperative Agreement Community within ASPR CAAMP for BP 2.

ASPR recognizes that HCCs are diverse, and their response capacities may vary. To gauge the full extent of HCC performance, ASPR selected ten PMs to assess the extent to which HCCs can coordinate to respond to a medical surge incident. In aggregate, these ten PMs

enable greater understanding of HCCs' preparedness capacities. Please note, Performance Measures 10 – 11 and 13 – 18 are existing MRSE measures from the FY 2019 – 2023 HPP period of performance.

Please refer to 'Section 1: Performance Measure Alignment to Program Outcomes' of this document to review the alignment of the MRSE measures to the cooperative agreement's outcomes.

Note: Hospitals located in approved jurisdictions: American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of Palau, the Republic of the Marshall Islands, Guam, and the U.S. Virgin Islands, **must** also complete the MRSE.

HCCs may include objectives in the MRSE apart from HPP requirements, which support their members in meeting additional exercise requirements (e.g., Joint Commission, Centers for Medicare & Medicaid Services [CMS], state, and local jurisdictional requirements, etc.). HCCs can request approval to utilize a real-world incident response to satisfy their annual MRSE requirements.

Performance Measure 10

Percent of HCC members and health care partners that demonstrated readiness to respond to HCC emergency notifications.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure represents the percent of HCC members and partners ready to support the HCC response during a medical surge event. The measure provides insight into communication and coordination for planning and decision-making among HCC members and health care partners during a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting Tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool – located in the HPP Cooperative Agreement Community within ASPR CAAMP – to provide ASPR with the

necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 10.1:** Please enter the number of HCC members and health care partners acknowledging an initial emergency notification.
        - **Response Type:** Number entry
    - **PM 10.2:** Please enter the total number of HCC members and health care partners contacted with an initial emergency notification.
        - **Response Type:** Number entry

Definitions and Interpretation

- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Readiness:** Activities conducted to strengthen the health care delivery system's ability to provide care during a disaster or emergency, improve patient outcomes, and save lives.
- **Initial emergency notification:** The first emergency notification sent to members and health care partners; and members and health care partners are requested to acknowledge and respond to the notification by a deadline determined by the HCC.
- **Acknowledging:** When an HCC member and health care partner recognizes a notification that has been sent out to the health care coalition.
- **Contacted:** When an HCC member and health care partner received communication about an initial emergency notification.

Performance Measure 11

Percent of HCC members and health care partners that demonstrated readiness to respond to HCC information requests.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure represents the percent of HCC members and partners able to effectively communicate during a medical surge event. The measure provides insight into communication and coordination for planning and decision-making among HCC members and health care partners during a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting Tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 11.1:** Please enter the number of HCC members and health care partners who responded to an initial information request.
        - **Response Type:** Number entry
    - **PM 11.2:** Please enter the total number of HCC members and health care partners contacted with an initial information request.
        - **Response Type:** Number entry

Definitions and Interpretation

- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Readiness:** Activities conducted to strengthen the health care delivery system's ability to provide care during a disaster or emergency, improve patient outcomes, and save lives.
- **Responded:** When an HCC member and health care partner sends a message to confirm receipt of the initial information request.
- **Contacted:** When an HCC member and health care partner received communication about an initial information request.

- **Initial information request:** The first request for information sent to HCC members and health care partners that is acknowledged by a deadline determined by the HCC.

Performance Measure 12

Percent of HCC members and health care partners that demonstrated readiness to respond to HCC information requests through backup communication systems.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure represents the degree of success to which an HCC is able to communicate with HCC members and partners using redundant communications systems in case of failure of primary communications systems. The measure provides insight into communication and coordination for planning and decision-making among HCC members and health care partners during a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 12.1:** Please enter the number of HCC members and health care partners who responded to an information request using backup systems.
        - **Response Type:** Number Entry
    - **PM 12.2:** Please enter the total number of HCC members and health care partners contacted with an information request using backup systems.
        - **Response Type:** Number Entry

Definitions and Interpretation

- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Readiness:** Activities conducted to strengthen the health care delivery system's ability to provide care during a disaster or emergency, improve patient outcomes, and save lives.
- **Responded:** When an HCC member and health care partner sends a message to confirm receipt of the information request.
- **Contacted:** When an HCC member and health care partner received communication about an information request.
- **Information request:** A request for information sent to HCC members and health care partners that is acknowledged by a deadline determined by the HCC.
- **Backup system:** Systems and platforms that serve as communication modalities during a downtime event.

Performance Measure 13

Percent of emergency personnel needs fulfilled by HCC members and health care partners during a simulated medical surge.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure provides insight into an HCC's ability to provide sufficient personnel support to appropriately respond to a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC

- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 13.1:** Please enter the number of pre-identified, critical required personnel types fulfilled by participating HCC members and health care partners to manage patient surge.
        - **Response type:** Number entry
    - **PM 13.2:** Please enter the total number of pre-identified, critical required personnel types.
        - **Response type:** Number entry

Definitions and Interpretation

- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Pre-identified:** Required for the scenario as defined by the HCC during Phase I: Plan & Scope, including personnel, staffed beds, pharmaceuticals, medical supplies and equipment, patient transport units, and specialized response units.
- **Critical:** To be of decisive importance in respect to the chosen exercise scenario.
- **Personnel types:** Persons employed in an organization or place of work with different types of specialized skills that are useful for the chosen exercise scenario.
- **Fulfilled:** Successfully acquired or satisfied a need.

Performance Measure 14

Percent of critical resource needs (e.g., supplies, equipment) fulfilled by HCC members and health care partners during a simulated medical surge.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This MRSE measure provides insight into an HCC's ability to provide sufficient critical resources (e.g., supplies, equipment) to appropriately respond to a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting Tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the

necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 14.1:** Please enter the number of pre-identified, critical required resource types fulfilled by participating HCC members and health care partners to manage patient surge.
        - **Response Type:** Number entry
    - **PM 14.2:** Please enter the total number of preidentified, critical required resource types.
        - **Response Type:** Number entry

Definitions and Interpretation

- **Critical:** To be of decisive importance in respect to the chosen exercise scenario.
- **Fulfilled:** Successfully acquired or satisfied a need.
- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Resource types:** Available materials that are useful for the chosen exercise scenario.
- **Pre-identified:** Required for the scenario as defined by the HCC during Phase I: Plan & Scope, including personnel, staffed beds, pharmaceuticals, medical supplies and equipment, patient transport units, and specialized response units.

Performance Measure 15

Percent of critical Emergency Medical Services (EMS) needs fulfilled by HCC members and health care partners during a simulated medical surge.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure provides insight into an HCC's ability to provide the out of hospital care and transport needed to reduce patient morbidity and mortality in a medical surge event. This MRSE measure provides insight into an HCC's ability to provide sufficient EMS resources

to appropriately respond to a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting Tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 15.1:** Please enter the number of pre-identified, critical EMS resource types that were fulfilled to safely respond to triage and transportation needs.
        - **Response Type:** Number entry
    - **PM 15.2:** Please enter the total number of pre-identified, critical EMS resource types.
        - **Response Type:** Number entry

Definitions and Interpretation

- **Critical:** To be of decisive importance in respect to the chosen exercise scenario.
- **Fulfilled:** Successfully acquired or satisfied a need.
- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Pre-identified:** Required for the scenario as defined by the HCC during Phase I: Plan & Scope, including personnel, staffed beds, pharmaceuticals, medical supplies and equipment, patient transport units, and specialized response units.
- **EMS resource types:** Emergency Medical Services materials that are useful for the chosen exercise scenario.

Performance Measure 16

Percent of patients provided care by HCC members and health care partners to reduce morbidity and mortality during a simulated medical surge.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure represents the percent of patients who received the in-hospital care necessary to reduce morbidity and mortality in a medical surge event. The measure demonstrates the ability of an HCC to load share to meet initial patient care needs in a simulated or real medical surge event to enable the health care delivery system to continue to provide care during a disaster or emergency, support patient movement, improve patient outcomes, and save lives. This MRSE measure will be calculated using the MRSE Reporting Tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Establish Governance
- **Data Point(s)**
    - **PM 16.1:** Number of existing patients and surge patients requiring admission for inpatient care with an appropriate, staffed bed after patients are discharged or transferred.
        - **Response Type:** Number entry
    - **PM 16.2:** Number of patients for whom you were unable to find an appropriate, staffed bed at a receiving facility and/or appropriate transport.
        - **Response Type:** Number entry

Definitions and Interpretation

- **Staffed beds:** Beds that are licensed, physically available and staffed to attend to patients who occupy those beds. It includes only beds that are vacant.
- **Inpatient:** Care provided to a patient in a hospital or other type of inpatient facility, where they are admitted, and spend at least one night or more, depending on their condition.

- **Discharged:** Patients that are released from a facility when they no longer need to receive inpatient care.
- **Transferred:** Patients that have been moved from one facility to another to accommodate surge.
- **Receiving facility:** Receiving facilities are all facilities that can receive patients.
- **Appropriate transport:** Transportation provided to patients that need to be moved to a receiving facility. 'Appropriate' refers to the clinically appropriate decision that is based on the patient's specific health care needs.
- **Requiring admission:** Patients that need to enter a hospital as a patient based on their health needs.

Performance Measure 17

Percent of HCC members and health care partners with at least one executive that participated in the MRSE After-Action Review.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measures to seeks to evaluate HCC member and partner engagement in coalition strengthening. The measure provides insight into the extent to which HCC member organization and health care readiness partner executives are engaged in the lessons learned event of the required surge exercise to enable systematic learning. This measure also sheds light on HCC member and partner engagement to enhance and sustain a coalition, while strengthening coordinated planning and decision-making. This MRSE measure will be calculated using the MRSE Reporting Tool.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**

- **PM 17.1:** Please enter the number of HCC members and health care partners with at least one executive participating in the MRSE After-Action Review.
  - **Response Type:** Number entry
- **PM 17.2:** Please enter the total number of HCC members and health care partners participating in the MRSE After-Action Review.
  - **Response Type:** Number entry

Definitions and Interpretation

- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Executives:** An executive is a decision-maker for his/her respective organization and must have decision-making power that includes, but is not limited to, allocating or reallocating resources, changing staffing roles and responsibilities, and modifying business processes in his/her organization. Typical titles of executives with decision-making power include: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Clinical Officer, Chief Nursing Officer, State and/or Local Director of Public Health, Director of Emergency Management, Administrator on Duty, or Chief of EMS, among others.
- **Participating:** Attending and contributing to an event, whether in person or remotely.

Performance Measure 18

Percent of HCC members and health care partners that participated in the Medical Response and Surge Exercise.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure evaluates HCC member and partner engagement in HCC improvement through the exercise. Participation of HCC members and health care partners in the MRSE is crucial to truly test preparedness and response capabilities, alongside HCC coordination with health care delivery system partners. Thus, this measure is intended to gauge the extent to which HCC member organizations and health care partners are engaged in coalition exercises.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 18.1:** Please enter the number of all pre-identified, critical HCC members and health care partners that participated in the exercise.
        - **Response Type:** Number entry
    - **PM 18.2:** Please enter the total number of pre-identified, critical HCC members and health care partners.
        - **Response Type:** Number entry

Definitions and Interpretation

- **HCC health care partner:** An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
- **Pre-identified:** Required for the scenario as defined by the HCC during Phase I: Plan & Scope, including personnel, pharmaceuticals supplies, and equipment.
- **Critical:** To be of decisive importance in respect to the chosen exercise scenario.
- **Participated:** Individuals who joined and played a pivotal role in the exercise.

Performance Measure 19

Number of HCC programmatic improvements made based upon weaknesses identified in the previous budget period's MRSE.

Goal or Target

ASPR will establish a baseline using performance data collected in the initial FYs, which will be used to set targets and goals for subsequent years.

Operational Intent

This measure seeks to demonstrate the percent and number of changes that HCCs have made to improve readiness due to the MRSE.[6] The measure provides insight into the extent to which HCCs are reviewing MRSE corrective actions and implementing actionable, operational adjustments to promote continuous programmatic and readiness improvements on year-over-year priorities.

Data Reporting

Each HCC must report the following data into the MRSE Reporting Tool. In BP 2, HCCs will be able to utilize a web-based version of the MRSE Reporting Tool to provide ASPR with the necessary data for this performance measure. During the specified time period for end-of-year reporting, HCCs must enter and/or validate this information in the end-of-year performance measure module in the HPP Cooperative Agreement Community within ASPR CAAMP. ASPR will calculate percentages.

- **Responding Entity:** HCC
- **NOFO Activity Grouping:** Exercise and Improve
- **Data Point(s)**
    - **PM 19.1:** How many open corrective actions for programmatic improvement from the last budget period's MRSE did your HCC close this year during the 'Review' phase of this budget period's MRSE or real-world event?
        - **Response Type:** Input fields for past year's corrective actions with a status field picklist – Yes, No, In Progress – and free response field to identify associated MRSE objective; check box to denote no MRSE conducted in the past budget period
    - **PM 19.2:** Please enter the total number of corrective actions for programmatic improvement identified in the previous budget period's MRSE.
        - **Response Type:** Number entry

Definitions and Interpretation

- **Programmatic improvements:** Changes, or corrective actions, made to a program's policies, procedures, operations, or activities to increase effectiveness.
- **Corrective actions:** Specific steps or measures taken to address identified areas for programmatic improvement. The purpose being to resolve issues, prevent their recurrence, and improve overall outcomes**.**

[6] Please note, data for this measure would not be collected until BP2. HCCs will complete their BP1 MRSE and verify closing corrective actions identified from BP1 in BP2.

Section 4: Joint Performance Measure

This section contains the joint PM between HPP and the Health Resources and Services Administration's (HRSA's) Emergency Medical Services for Children (EMSC). Please note, this is an existing Joint HPP-EMSC measure from the FY 2019 – 2023 HPP period of performance.

Recipients and HCCs will not report data on this PM to ASPR. EMSC will collect this information as part of their grant.

Please refer to 'Section 1: Performance Measure Alignment to Program Outcomes' of this document to review the alignment of the joint measure to the cooperative agreement's outcomes.

Performance Measure 20

Emergency Medical Services for Children (EMSC) PM 20: Percent of hospitals with an Emergency Department recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.

Goal or Target

Determined by EMSC.

Operational Intent

The measure is designed to determine if hospitals have emergency departments (EDs) that are recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies. HPP will review overall trends in HCCs with hospitals capable of stabilizing and managing a pediatric patient. The addition of this measure links the HPP and EMSC programs, highlighting pediatric readiness[7] as key to ensuring that states are considering the special needs of children during emergencies.

Data Reporting

As the data on this joint measure is collected by EMSC as part of their grant requirements, no data will be collected by ASPR.

[7] A Pediatric Readiness Recognition Program is a standardized statewide, territorial, or regional program, based upon State-defined criteria and/or adoption of national current published pediatric emergency care consensus guidelines that address administration and coordination of pediatric care; the qualifications of emergency staff; a formal pediatric quality improvement or monitoring program; patient safety; policies, procedures, and protocols; and the availability of pediatric equipment, supplies, and medications.

- **Responding Entity:** EMSC
- **Data Point:** Hospitals with EDs that are able to stabilize and/or manage pediatric medical emergencies.

Definitions and Interpretation

- **EMSC:** EMSC state partnership (SP) grants have helped all 50 states, the District of Columbia, and five U.S. territories (the Commonwealth of the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, Guam, and Puerto Rico) and the freely associated states (Republics of Palau and Marshall Islands and the Federated States of Micronesia). The EMSC SP grants support the uptake and adoption of evidence-based system improvements and Pediatric Readiness guidelines. This work includes the establishment and maintenance of Pediatric Readiness Recognition Programs.

  When EMS agencies and EDs have optimal Pediatric Readiness—the right training, equipment, staffing, and procedures to best take care of children—the children whom they care for are more likely to survive and thrive.

Glossary

Term	Definition
Acknowledging	When an HCC member and health care partner recognizes a notification that has been sent out to the health care coalition.
Activated	To put into effect by initiating its procedures and actions, typically in response to a specific event.
Address	To take appropriate action regarding a particular risk identified and implement measures to manage or resolve it.
Areas of Improvement	The concrete, actionable steps outlined in an improvement plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.
Appropriate Transport	Transportation provided to patients that need to be moved to a receiving facility. 'Appropriate' refers to the clinically appropriate decision that is based on the patient's specific health care needs.
Backup System	Systems and platforms that serve as communication modalities during a downtime event.
Community Medical Transport Needs	Anticipated specific medical transport requirements of communities most impacted by disasters within a given jurisdiction.
Contacted	When an HCC member and health care partner received communication about an initial emergency notification.
Corrective Actions	Specific steps or measures taken to address identified areas for programmatic improvement. The purpose being to resolve issues, prevent their recurrence, and improve overall outcomes**.**
Critical	To be of decisive importance in respect to the chosen exercise scenario.
Discharged	Patients that are released from a facility when they no longer need to receive inpatient care.

Emergency Medical Services for Children	The EMSC program is administered by the Health Resources and Services Administration (HRSA). EMSC cooperative agreements have helped all 50 states, the District of Columbia, and five U.S. territories (the Commonwealth of the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, Guam, and Puerto Rico). Cooperative agreement funds have improved the availability of child-appropriate equipment in ambulances and emergency departments; supported hundreds of programs to prevent injuries; and provided thousands of hours of training to emergency medical technicians, paramedics, and other emergency medical care providers.
Emergency Support Function #8 (ESF #8)	ESF #8 provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the following: • Public health and medical care needs • Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA) • Potential or actual incidents of national significance • A developing potential health and medical situation
Emergency Support Function #8 (ESF #8) Lead Agency	ESF #8 language distinguishes between lead and supporting agencies to conduct an emergency response Within the context of Emergency Support Functions (ESF), lead agencies have significant authorities, roles, resources, and capabilities for a particular function within an ESF.
EMS Plans	Recipients and HCC(s) will collaborate with additional health care partners, such as the Biosafety Transport Consortium, to review and update EMS plans as needed. This plan includes disaster-related dispatch, response, mutual aid, regional

	coordination, data-sharing, pre-hospital triage and treatment, load balancing, transportation, supplies, and equipment. This plan integrates the use of a Medical Operations Coordination Cell (MOCC) or other mechanisms to monitor health care facility capability and capacity, and manage necessary medical transport to the closest appropriate hospital-based emergency department, designated trauma center, or designated specialty referral center during patient surges or hospital evacuations
EMS Resource Types	Emergency Medical Services materials that are useful for the chosen exercise scenario.
Executives	An executive is a decision-maker for his/her respective organization and should have decision-making power that includes, but is not limited to, allocating or reallocating resources, changing staffing roles and responsibilities, and modifying business processes in his/her organization. Typical titles of executives with decision making power include: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Clinical Officer, Chief Nursing Officer, State and/or Local Director of Public Health, Director of Emergency Management, Administrator on Duty, or Chief of EMS, among others.
Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	HCCs and recipients must conduct an additional exercise at least once in the five-year period of performance that addresses a jurisdictional priority defined in the Strategic Plan or Readiness Plan, an identified gap from assessments, previous exercises or improvement plans, a corrective action from previous improvement plans, or an identified critical risk.
Federal Patient Movement	Recipients are required to identify whether they and their HCC are located within a Federal Coordinating Center (FCC) patient

	reception area. It involves acknowledging any healthcare entities that have signed the National Disaster Medical System (NDMS) Definitive Care Memorandum of Agreement (MOA). Additionally, it includes describing how their patient movement plan supports FCC operations and the NDMS Definitive Care MOA. For more information, refer to the Federal Patient Movement Exercise or inquire directly with the FCC in your region or with ASPR NDMS Definitive Care.
Fulfilled	Successfully acquired or satisfied a need.
HCC Health Care Partner	An entity that works with HCCs to strengthen state or jurisdiction health care readiness.
Incident Management	The systematic approach to managing emergencies and disasters. This includes the integration of HCCs with state or jurisdictional incident management structures and roles. This ensures effective interface between HCCs and the agency leading the coordination of health care response incident management. Key activities include conducting patient movement, load balancing, evacuation, and family reunification. The same coordination principles apply to Freely Associated States, even if they use different coordination structures for response operations.
Information Request	A request for information sent to HCC members and health care partners that is acknowledged by a deadline determined by the HCC.
Initial Emergency Notification	A request for information sent to HCC members and health care partners that is acknowledged by a deadline determined by the HCC.
Initial Information Request	The first request for information sent to HCC members and health care partners that is acknowledged by a deadline determined by the HCC.

Inpatient	Care provided to a patient in a hospital or other type of inpatient facility, where they are admitted, and spend at least one night or more, depending on their condition.
Jurisdictional Priorities	Key areas of focus or critical objectives identified by a public health authority or organization within a specific geographic area (such as a state, territory, or locality) that guides preparedness, response, and improvement efforts over a defined period. These priorities are determined based on data, assessments, and stakeholder input, and are intended to address the most significant risks, gaps, or needs within the jurisdiction's health care and emergency preparedness systems.
Medical Coordination	Mechanisms, such as Medical Operations Coordination Center (MOCC), Recipients and HCC(s) use to conduct patient movement, load balancing, evacuation, and other related activities (e.g., virtual coordination centers).
Meet	Successfully acquire or satisfy a need.
Participated	Individuals who joined and played a pivotal role in the exercise.
Participating	Attending and contributing to an event, whether in person or remotely.
Patient Movement Plan	This coordination plan focuses on patient movement and load balancing to improve access to care and support during emergencies and disasters. Recipients and HCC(s) will collaborate with community partners, Emergency Medical Services (EMS), and patient transport services. EMS includes pre-hospital care (ambulance services, paramedic services, 911 dispatch) and specialty transport (pediatric, air, critical care).
Personnel Types	Persons employed in an organization or place of work with different types of specialized skills that are useful for the chosen exercise scenario.

Pre-identified	Required for the scenario as defined by the HCC during Phase I: Plan & Scope and include personnel, pharmaceuticals supplies, and equipment.
Programmatic Improvement	Changes, or corrective actions, made to a program's policies, procedures, operations, or activities to increase effectiveness.
Readiness	Activities conducted to strengthen the health care delivery system's ability to provide care during a disaster or emergency, improve patient outcomes, and save lives.
Receiving Facility	Receiving facilities are all facilities that are able to receive patients.
Requiring Admission	Patients that need to enter a hospital as a patient based on their health needs.
Resource Types	Available materials that are useful for the chosen exercise scenario.
Responded	When an HCC member and health care partner sends a message to confirm receipt of the initial information request.
Response Plan	A response plan meets the required components identified in the NOFO. An HCC Response Plan describes HCC operations that support strategic planning, information sharing, and resource management. The plan also describes the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance.
Serve	Provide support, resources, services, or assistance to a specific community or population, especially in the context of preparedness, response, and recovery during disasters or public health emergencies.
Staffed Beds	Beds that are licensed, physically available and staffed to attend to patients who

	occupy those beds. It includes only beds that are vacant.
Supply Chain Gaps	Weaknesses or deficiencies in the medical supply chain—such as unmet resource needs, limited access, or infrastructure issues—that can hinder the delivery of medical supplies, especially during emergencies.
Supply Chain Integrity Assessment	Recipients and HCC(s) will work together to identify and address vulnerabilities in the medical supply chain. They must collaborate with community partners and health care partners, including manufacturers and distributors, to conduct this assessment. Recipients and HCC(s) may work with partners such as local supply chain associations to access information about their state's or jurisdiction's medical supply chain and use these insights to develop potential mitigation strategies to address gaps in their Resource Management Plan. This includes assessing resource needs, existing gaps, current access and infrastructure, impact on communities, and mitigation strategies to ensure readiness during emergencies and disasters.
Transferred	Patients that have been moved from one facility to another to accommodate surge.

Appendix 1: Health Care Partners

Examples of health care partners include:

- State partners that support elements of health care readiness, such as the State Office of EMS, State Mental Health Authority, and the Disaster Behavioral Health Coordinator.
- Regional hubs for health care readiness, such as RESPTCs or RDHRS sites.
- Health care associations, including hospital and other health care associations.
- Sources for clinical specialty expertise, such as the Pediatric Disaster Centers of Excellence (COEs), EMSC, National Emerging Special Pathogens Training and Education Center (NETEC), American Burn Association (ABA) burn centers, trauma centers, and the Regional Pediatric Pandemic Network.
- Partners that can support patient movement and definitive care, including through NDMS.
- Partners that can support the use of deployable teams and staff augmentation, including Medical Reserve Corps (MRCs).
- Partners that support critical infrastructure including the Strategic National Stockpile (SNS), supply chain associations, blood banks, supply chain manufacturers and partners, sources for health care security and cybersecurity (e.g., Cybersecurity and Infrastructure Security Agency [CISA] regional staff), and utilities.
- Public health partners and community-based health care organizations, such as Public Health Emergency Preparedness (PHEP) recipients, environmental health agencies, and medical ethics organizations.
- Partners for training and exercises.
- Community organizations that represent and/or serve communities most impacted by disasters (e.g., dialysis networks, skilled nursing facilities/long-term care sites, community health center associations, mental and behavioral health care entities).
- Partners that support communications with the public.