



Public Health and Healthcare Capabilities Planning Guide Instructions

Purpose

To better define public health preparedness and establish national standards, the Centers for Disease Control and Prevention (CDC) published the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* in March 2011. Similarly, to better define healthcare preparedness across the nation, the Assistant Secretary for Preparedness and Response (ASPR), published the *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* in January 2012. Together, these documents serve as resources for public health and healthcare preparedness programs throughout the nation and in other countries. They also serve as the foundation for the Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP) cooperative agreements.

The Public Health and Healthcare Capabilities Planning Guide (CPG) is a decision support tool designed to facilitate awardee self-assessments of their preparedness programs based on these national standards. The CPG allows awardees to document:

- the relative importance each capability has to their jurisdictions;
- their current ability and capacity to perform the capabilities;
- any challenges or barriers to fully achieving the capabilities;
- gaps in resource elements; and
- gaps in awardees' ability to perform the tasks associated with the capability functions.

Over time, the CPG data can be used to document progress in achieving the capabilities and also inform technical assistance plans.

The CPG has been designed to be modular, portable, and reusable so that state public health departments can use the CPG to help identify program or administrative gaps at the local, tribal or coalition level. This information can then be used to better inform the awardees' single, consolidated CPG report to CDC and ASPR.

Upon completion and submission of CPG data to ASPR and CDC, awardees will receive customized reports that graphically display their data for each capability and provide suggested awardee focus areas. When used with other sources of information such as jurisdictional risk assessments and after-action reports, the customized reports can provide important information to awardees as they determine strategic priorities, plan program investments, and prepare their respective fiscal year 2012 HPP-PHEP applications.

Since the CPG is based on the healthcare and public health preparedness capabilities and these same capabilities serve as a foundation for the respective HPP and PHEP programs, ASPR and CDC expect that there will be good, but not necessarily exact, correlation between the CPG data and the planned activities outlined in the fiscal year 2012 HPP-PHEP applications.

CPG Structure

Overview

The CPG is comprised of 23 documents including 15 documents for the public health capabilities, and 8 documents for the healthcare capabilities. Each document contains pre-populated capability and function definitions and editable form fields. The pre-populated data cannot be changed. Awardees must use the form fields to enter data. There is also a cover page which asks awardees to define their jurisdictions.

Each document contains all the functions for a specific capability. Awardees are required to answer three questions for each function and then review a list of the tasks and resource elements for each function, checking those tasks and resource elements that have gaps. Awardees are required to complete the documents for every function within each capability.

The documents are pre-populated with all the functions, tasks and resource elements. Resource elements names are included, but due to length, the full resource element descriptions are not. These descriptions are available in the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* and the *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* documents.

Please Note: For maximum portability and security, these documents were developed in Microsoft Word 2003 and contain no macros, scripting, or code. Due to this constraint, the documents do not contain any data validation or error checking features. For example, in questions that ask awardees to check only one box, there are no internal controls that prevent awardees from checking multiple boxes and no controls that check for missing data. Please complete the documents exactly as instructed. Upon receipt of the documents, they will be checked for errors by the HPP and PHEP program staff. Awardees may be requested to revise their submissions if they contain errors. The documents have been “locked” using MS Word security to ensure the formats and fields are not changed.

Cover Page

Based on awardee requests, the CPG has separate cover pages for HPP and PHEP. The cover pages are provided for awardees to define the jurisdiction for which the CPG is being completed. For example, a jurisdiction may or may not include all local health departments, tribal health programs, or healthcare coalitions. Additionally, include a brief description of a jurisdiction’s organizational structure (centralized, decentralized, or combination).

Both cover pages must be completed even if the HPP and PHEP programs are already aligned within their jurisdictions.

Figure 1: Sample Cover Page

Jurisdiction
As it relates to the Capabilities Planning Guide, please define your Hospital Preparedness Program jurisdiction below.

Capability Name and Definition

Each document begins with the pre-populated **capability name and definition** – see sample below. This section cannot be edited.

Figure 2: Sample Capability Name and Definition

Capability 6 – Information Sharing	
Capability	Information Sharing
Capability Definition	Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, State, Federal, Tribal and Territorial levels of government and the private sector. This includes the sharing of healthcare information through the routine coordination with the Joint Information System for dissemination to the local, State and Federal levels of government and the community in preparation for, and in response to, events or incidents of public health and medical significance

Function Name and Description

Each **function** begins with the pre-populated **function name** and **function description**. See sample below. This section cannot be edited.

Figure 3: Sample Function Name and Description

Capability 6 - Information Sharing Function 1	
Function	1. Provide healthcare situational awareness that contributes to the incident common operating picture
Function Description	Provide situational awareness regarding the status of healthcare delivery into the ongoing flow of information to assist with the creation of an incident common operating picture. This includes providing information to the full spectrum of healthcare partners. This encompasses the real time sharing of actionable information between healthcare organizations and incident management to assist decision makers with resource allocation and provide healthcare organizations with incident specific information

1. Function Importance

The **function importance** field allows awardees to indicate the function’s importance relative to the overall jurisdictional needs. The importance may be influenced by a number of factors including:

- Hazards and vulnerabilities assessment/jurisdictional risk assessment/hospital risk assessment
- Jurisdictional strategic plans and objectives
- Jurisdictional needs

Function importance should be determined regardless of which agency is responsible for performing or achieving the function. For example, some awardees may not have primary responsibility for the fatality management capability, but they are still expected to have a support or assurance role. In cases such as these, awardees should consider the importance of the function to overall jurisdictional needs even if they do not have primary responsibility.

Awardees should choose one option from the scale of 1 to 5. Selecting “1” represents the lowest importance and selecting “5” represents the highest importance. Please refer to **Table 1** for more detailed descriptions of each item on the scale.

Please ensure that only one check box is selected. The Word document does not check this.

Figure 4: Function Importance

1. Function Importance

Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this Function is to your Jurisdiction's overall preparedness and response mission.
PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION.

- 1. Not relevant
- 2. Limited importance
- 3. Important
- 4. Highly important
- 5. Critical

Table 1: Function Importance Option Descriptions

Option	Description
1. Not relevant	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as not relevant in our jurisdiction.
2. Limited importance	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as limited importance in our jurisdiction.
3. Important	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as important to our jurisdiction.
4. Highly important	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as highly important to our jurisdiction.
5. Critical	Having the ability to perform this function (or having an agreement with another agency to perform this function) has been assessed as essential to our jurisdiction.

2. Function Current Status

The **function current status** field allows awardees to specify their current ability/capacity to perform a function as it relates to their overall jurisdictional needs.

Awardees should choose one option from the scale of 1 to 5. Selecting “1” represents the lowest level of ability/capacity and selecting “5” represents the highest level of ability/capacity. Please refer to **Table 2** for more detailed descriptions of each item on the scale.

Please ensure that only one check box is selected. The Word document does not check this.

Figure 5: Function Current Status

2. Function Current Status	
Please indicate your CURRENT ability to perform this Function.	
PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION.	
<input type="checkbox"/> 1. No ability / capacity <input type="checkbox"/> 2. Limited ability / capacity <input type="checkbox"/> 3. Some ability / capacity <input type="checkbox"/> 4. Significant ability / capacity <input type="checkbox"/> 5. Full ability / capacity	

Table 2: Function Current Status Option Descriptions

Option	Description
1. No ability / capacity	No progress has been made toward achieving the ability to perform this function. This may be because there has been no activity in this area or because barriers exist.
2. Limited ability / capacity	Preliminary efforts and plans are underway for this function. Required activities related to this function are identified and an action plan may be developed. Few, if any, of the tasks associated with this function can be performed.
3. Some ability / capacity	Some of the tasks associated with this function can be performed but important program gaps or challenges remain. Remaining program gap areas are identified and a resource plan to fill these gaps is developed but not yet fully implemented.
4. Significant ability / capacity	Most of the tasks associated with this function can be performed but a few program gaps or challenges remain. These remaining gaps are minor in nature and there is a resource plan developed to fill these gaps. The ability to perform this function is well established and stable.
5. Full ability / capacity	All of the tasks associated with this function can be performed even if continued resources may be required to sustain this level of performance. Evidence is readily available documenting the ability to perform this function.

3. Function Challenges/Barriers

If an awardee assesses a **function current status** (above) with a value that is less than 5, the **function current challenges/barriers** field allows awardees to indicate the primary challenges/barriers which are constraining their ability to fully implement the function. Although there is no specific limit to how many options can be checked, please select the top 3 - 5 challenges or barriers.

If “Other” is checked, please enter a brief description of any other challenges or barriers in the text box.

Please refer to **Table 3** for more detailed descriptions of each item on the scale.

Please check all that apply.

Figure 6: Sample Function Challenges/Barriers

3. Function Challenges/Barriers	
Please indicate the primary challenges or barriers from the list below if this Function is not fully in place (for example, top three or top five options).	
<input type="checkbox"/>	1. Lack of personnel due to funding issues
<input type="checkbox"/>	2. Lack of personnel due to hiring issues
<input type="checkbox"/>	3. Lack of trained personnel
<input type="checkbox"/>	4. Lack of subject matter experts
<input type="checkbox"/>	5. Lack of plans / incomplete plans
<input type="checkbox"/>	6. Legal barriers
<input type="checkbox"/>	7. Administrative barriers
<input type="checkbox"/>	8. Issues with procurement / contracting process
<input type="checkbox"/>	9. Lack of equipment
<input type="checkbox"/>	10. Lack of IT Systems
<input type="checkbox"/>	11. Lower priority Function
<input type="checkbox"/>	12. Lack of supporting infrastructure
<input type="checkbox"/>	13. Corrective actions and/or exercising is required
<input type="checkbox"/>	14. Other – please explain below

Table 3: Function Challenges/Barriers Option Descriptions

Option	Description
1. Lack of personnel due to funding issues	There is insufficient funding to hire personnel.
2. Lack of personnel due to hiring issues	Issues with hiring processes have constrained our ability to hire needed personnel.
3. Lack of trained personnel	Available personnel lack required training.
4. Lack of subject matter experts	Insufficient access to subject matter experts.
5. Lack of plans / incomplete plans	Lack of defined plans or plans not sufficiently complete.
6. Legal barriers	Legal barriers have constrained our ability to implement this function.
7. Administrative barriers	Administrative barriers have constrained our ability to implement this function.
8. Issues with procurement / contracting process	Issues with procurement / contracting process have constrained our ability to implement this function.
9. Lack of equipment	There is insufficient equipment.
10. Lack of IT Systems	Insufficient access to IT systems / support.
11. Lower priority Function	This function was/is a relatively lower priority for our jurisdiction – resources and funding were historically focused elsewhere.
12. Lack of supporting infrastructure	There is insufficient infrastructure within my jurisdiction to support this function.
13. Corrective actions and/or exercising is required	This function appears to be almost fully in place, but some additional corrective actions and / or exercising / testing is required to confirm a fully in place status.
14. Other please explain below	

4. Task Gap Assessment

The **task gap assessment** allows awardees to indicate any **tasks** that have gaps in the context of their overall jurisdictional needs. All the tasks for each function are listed. Awardees should select any task that cannot be performed or that they are have difficulty performing to the required level for their jurisdiction. There should be a general correlation between the **task gap assessment** and the **function current status**. For instance, if an awardee selected “No ability / capacity” for a **function current status**, it is likely there would be multiple tasks selected. Please select all that apply.

Please check all that apply.

Figure 7: Sample Task Gap Assessment

4. Task Gap Assessment	
Please indicate any Tasks that have gaps. PLEASE CHECK ALL THAT APPLY.	
<input type="checkbox"/>	Task 1: Before an incident, identify the essential elements of incident specific healthcare information that are timely, relevant, actionable and can be reasonably delivered during the response
<input type="checkbox"/>	Task 2: Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incidentspecific healthcare information to incident management during response and recovery

5. Resource Element Gap Assessment

The **resource element gap assessment** allows awardees to indicate any **resource elements** that have gaps as related to their overall jurisdictional needs. All the resource elements for each function are listed, and awardees should check any resource element that they do not **have or have sufficient access to** as required by their jurisdiction. There should be a general correlation between the **resource element gap assessment** and the **function current status**. For instance, if an awardee selects “No ability / capacity” for a **function current status**, it is likely there would be multiple resource elements selected. Please select all that apply.

Note: Due to space constraints, only the resource element names are listed. Awardees can find the full resource element descriptions in these documents: *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, and *Healthcare Preparedness Capabilities National Guidance for Healthcare System Preparedness*.

Please check all that apply.

Figure 8: Sample Resource Element Gap Assessment

5. Resource Element Gap Assessment	
Please indicate any Resource Elements that have gaps. PLEASE CHECK ALL THAT APPLY.	
<input type="checkbox"/>	P1. Healthcare information sharing plans
<input type="checkbox"/>	P2. Healthcare essential elements of information
<input type="checkbox"/>	P3. Healthcare incident information validation
<input type="checkbox"/>	P4. Healthcare information sharing with the public
<input type="checkbox"/>	E1. Healthcare information systems
<input type="checkbox"/>	P5. Bed tracking
<input type="checkbox"/>	E2. Bed tracking system
<input type="checkbox"/>	S1. Bed tracking system training
<input type="checkbox"/>	P6. Patient tracking
<input type="checkbox"/>	E3. Patient tracking system
<input type="checkbox"/>	P7. Patient record tracking

6. Submission

For both the HPP and PHEP programs, the CPG is due on March 30, 2012, but can be submitted to HPP and PHEP program project officers before this date. A PERFORMS module is currently scheduled to be open from March 19-30, 2012, to accept the completed CPG for each awardee as an uploaded attachment in PERFORMS.