



ASPR

Hospital Preparedness Program (HPP) Impact Survey Analysis

February 2018

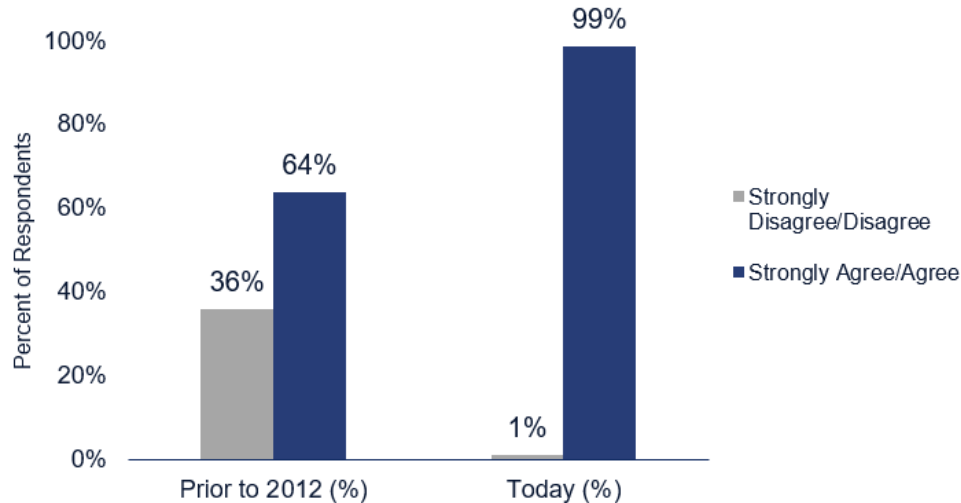
2017 Impact Survey: Background

- The 2017 Impact Survey was conducted to gain insight from health care coalitions (HCCs) about the impact of the Hospital Preparedness Program (HPP) on the state of health care system preparedness and response.
- Links to complete the survey were sent to **361 HCCs** where a POC was available.
 - Each of the 361 coalitions received a unique link that could only be completed once.
 - The POC was informed they could choose to forward the link to the person with the most knowledge of the coalition, if applicable.
- The survey was open from November 2, 2017 – Friday, November 17, 2017, including a one week extension.
- Respondents were able to skip questions and the survey was not mandatory.
- We received **228 responses**, for a **63%** response rate.
 - Including 8 respondents who confirmed their demographic information (awardee/HCC name) but did not answer any other questions
 - Coalitions in 3 states did not receive the survey as valid points of contact were not available

Confidence in Ability to Coordinate and Respond to an Emergency or Disaster

Survey respondents were asked to indicate their confidence in their HCC's ability to coordinate and respond to an emergency or disaster that occurred both prior to 2012 and today (November 2017, at the time of the survey). Responses ranged from Strongly Disagree to Strongly Agree (n=219).

My HCC is able to coordinate and respond effectively to an emergency or disaster

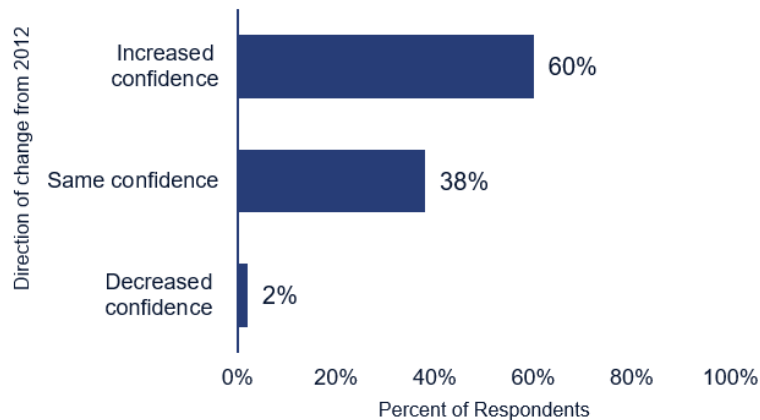


of respondents **strongly agreed or agreed** that they were confident their HCC can coordinate and respond effectively to an emergency or disaster today.

Confidence in Ability to Coordinate and Respond to an Emergency or Disaster, continued

Survey respondents were asked to indicate their confidence in their HCC's ability to coordinate and respond to an emergency or disaster that occurred both prior to 2012 and today (November 2017, at the time of the survey). Responses ranged from Strongly Disagree to Strongly Agree (n=219). We looked at each individuals' response to both questions to understand the direction of change from 2012 to today.

The direction of change in respondents' reported confidence in organizations' ability to coordinate and respond (November 2017 compared to 2012) (n=219)

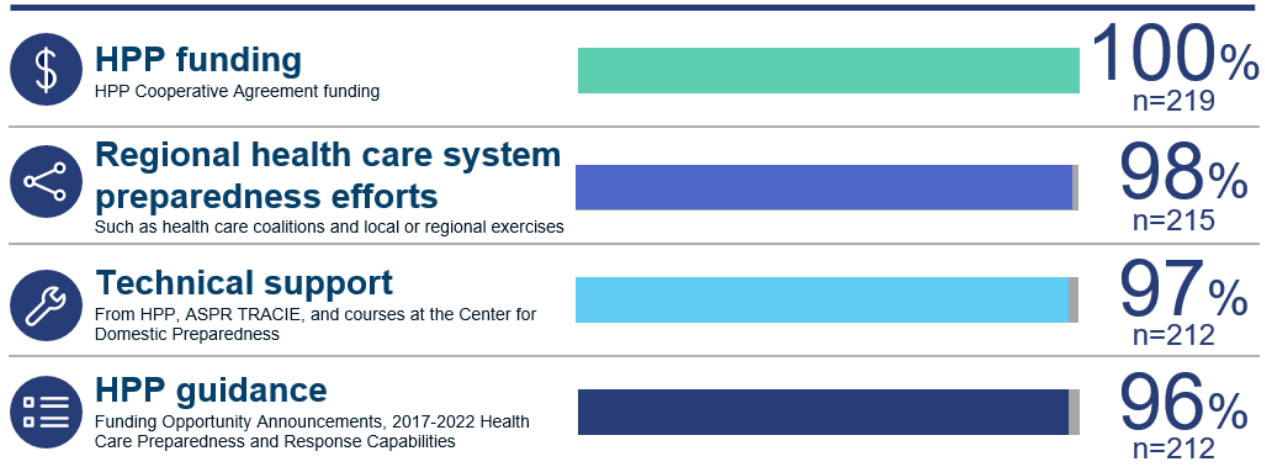


of respondents indicated that they were more confident today in their HCC's ability to coordinate and respond to an emergency or disaster than they were prior to 2012.

Critical Factors to Health Care System Preparedness

Survey respondents were asked to indicate their level of agreement with four statements about factors related to national health care system preparedness (Regional Health Care System Preparedness Efforts (n=219), HPP Funding (n=220), HPP Guidance (n=220), and Technical Support (n=218)). Responses ranged from Strongly Disagree to Strongly Agree.

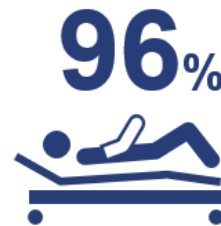
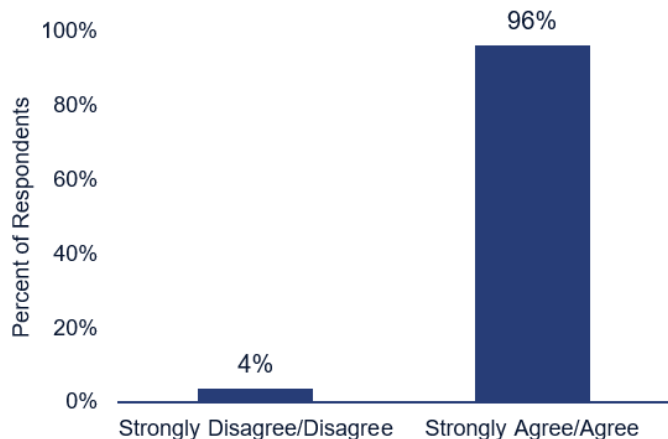
Respondents strongly agreed or agreed these factors are critical to health care system preparedness



Decreasing Morbidity and Mortality during Emergencies and Disasters

Survey respondents were asked to indicate their level of agreement with a statement about their HCC's ability to decrease morbidity and mortality during emergencies and disasters. Responses ranged from Strongly Disagree to Strongly Agree (n=217).

HPP funding, guidance, and technical support have improved my HCC's ability to decrease morbidity and mortality during emergencies and disasters

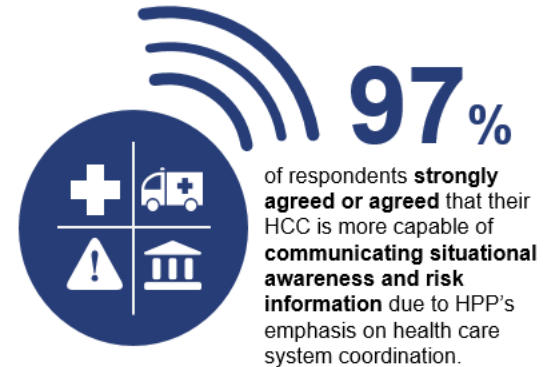
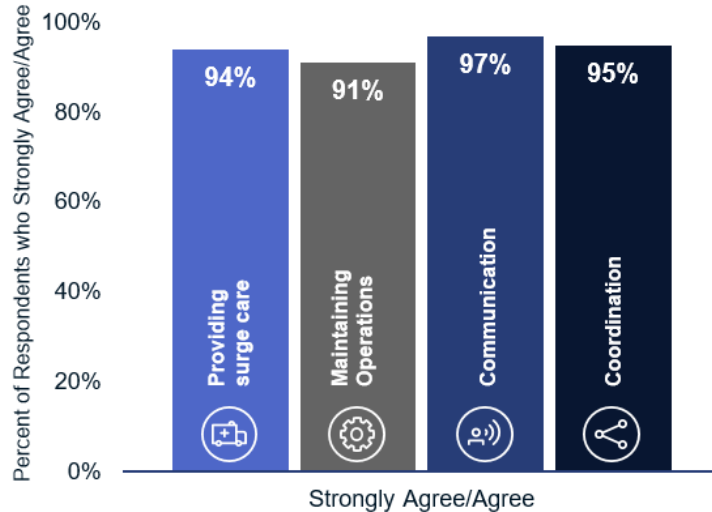


of respondents strongly agreed or agreed that **HPP funding, guidance, and technical support have improved their ability to decrease morbidity and mortality** during emergencies and disasters.

Impact of HPP's Emphasis on Health Care Coordination

Survey respondents were asked to indicate their level of agreement with statements about the impact of HPP's shift to health care coordination on key HCC capabilities (providing surge care, maintaining operations, communication, and coordination). Responses ranged from Strongly Disagree to Strongly Agree (n=220).

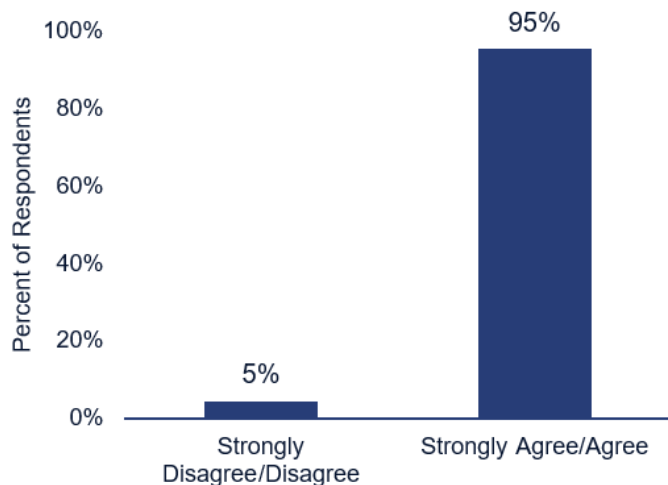
Respondents indicated that HPP's emphasis on health care coordination has made them more capable of:



Incorporating and Building on Lessons Learned

Survey respondents were asked to indicate their level of agreement with a statement about their HCC's ability today (November 2017) to incorporate and build on lessons learned from an emergency, incident, or exercise compared to before 2012. Responses ranged from Strongly Disagree to Strongly Agree (n=220).

Reported agreement that the HCC is more capable of incorporating and building on lessons learned today than before 2012



95%

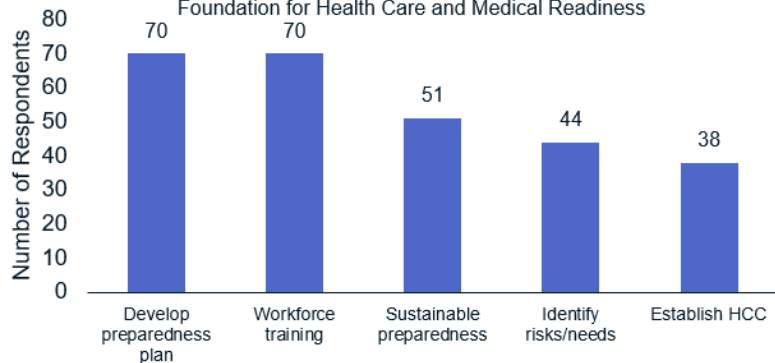
of respondents **strongly agreed or agreed** that their HCC is more capable of incorporating and building upon lessons learned today than it was before 2012.

Top Objectives and Priorities

Respondents were asked to select, from a list of all of the objectives in the capabilities, the **three top priorities for their HCC in FY17 (n=219)**. Respondents could only select 3.

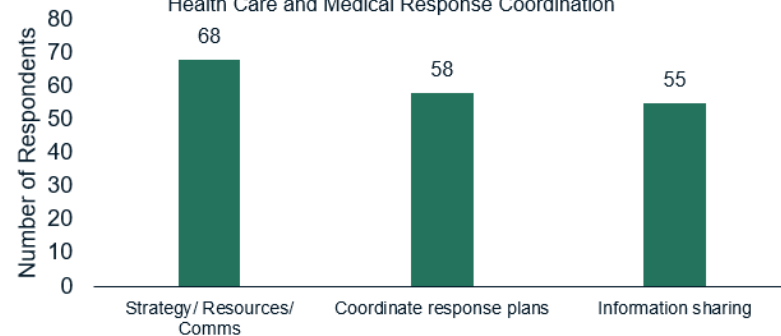
Top Capability 1 Objectives for HCCs in FY17

Foundation for Health Care and Medical Readiness



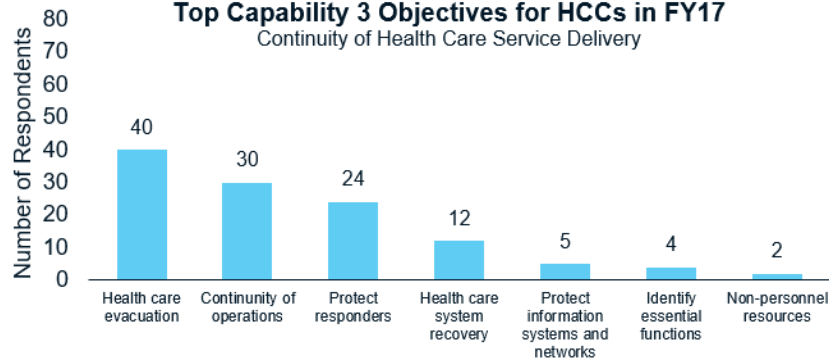
Top Capability 2 Objectives for HCCs in FY17

Health Care and Medical Response Coordination



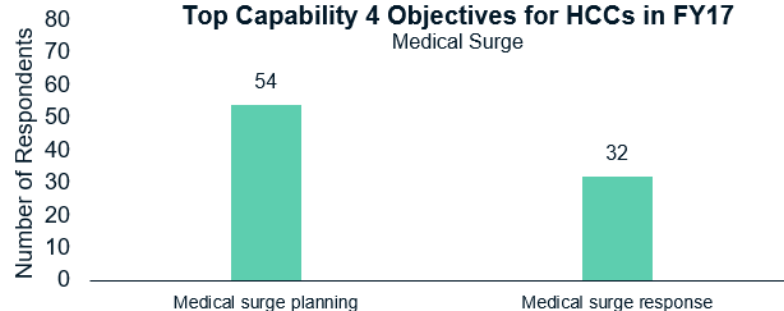
Top Capability 3 Objectives for HCCs in FY17

Continuity of Health Care Service Delivery



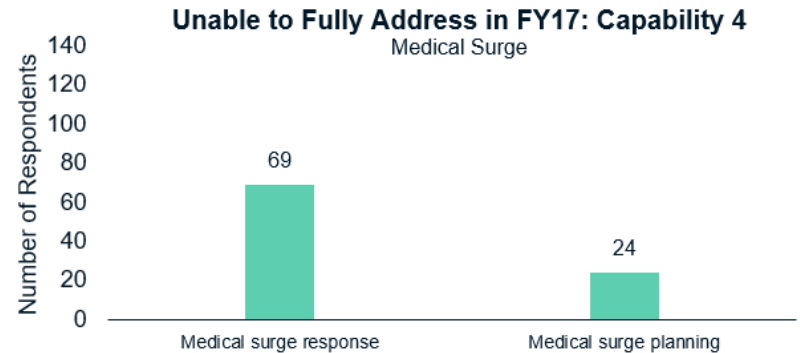
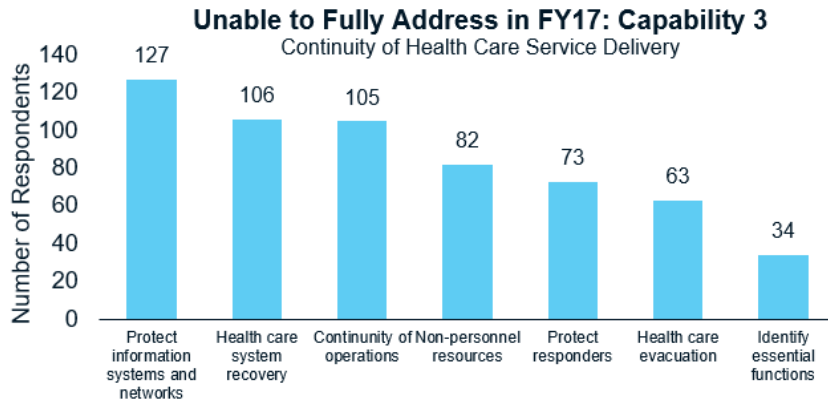
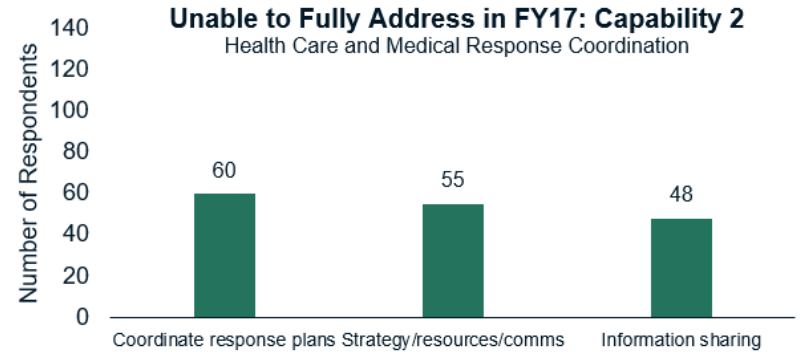
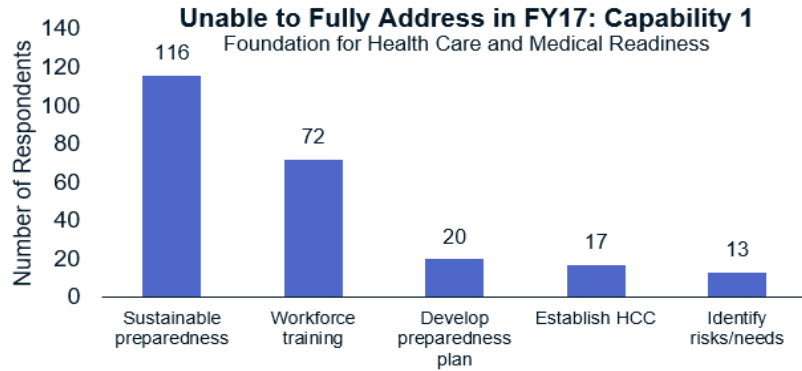
Top Capability 4 Objectives for HCCs in FY17

Medical Surge



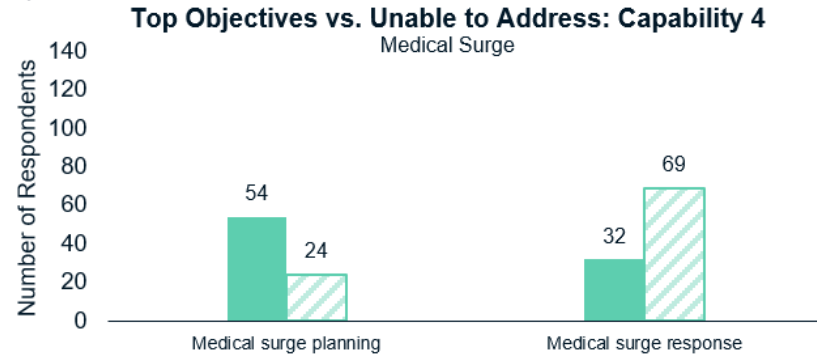
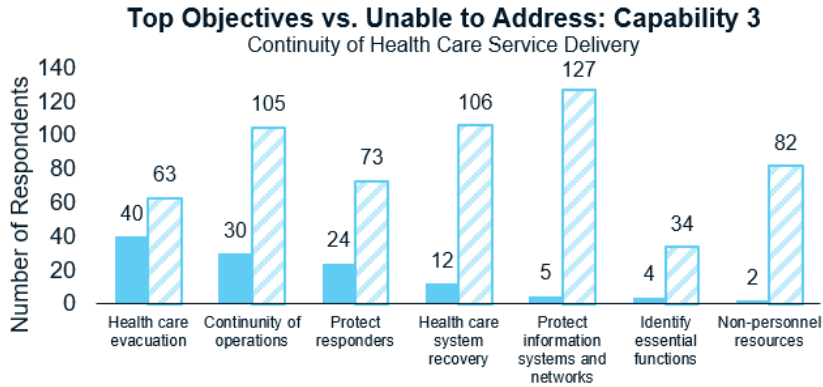
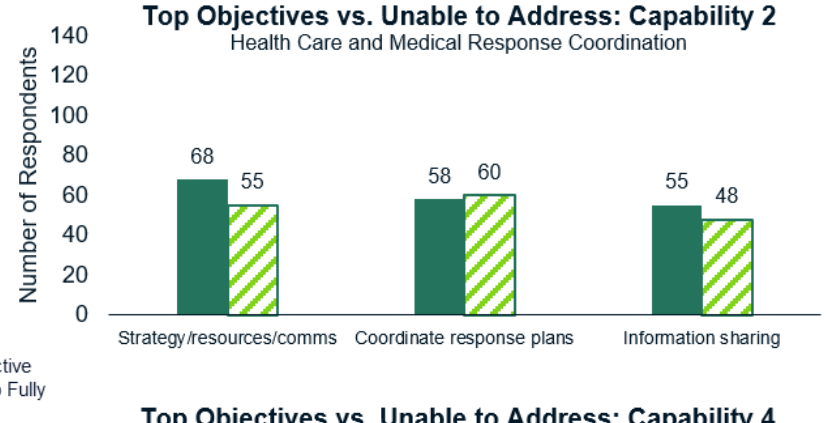
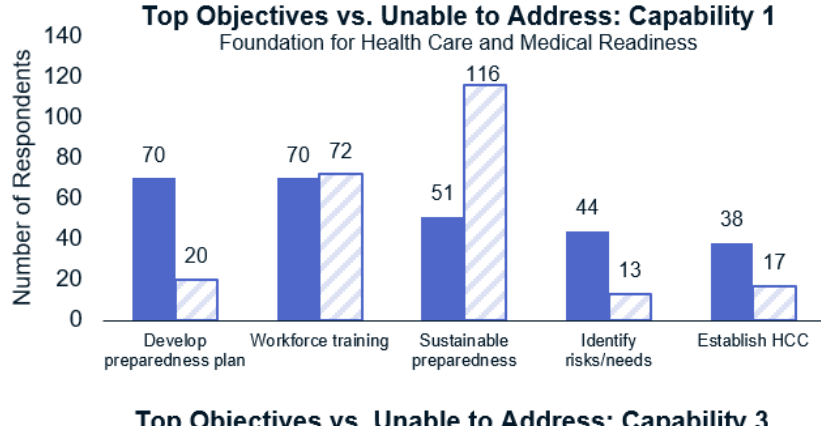
Objectives Unable to Fully Address

Respondents were asked to select **all** of the objectives which they likely could not currently address with their funding (n=219). Respondents could select as many as applicable.



Objectives Comparison

The chart below shows the reported frequency of top three priorities compared to reported frequency of objectives "likely unable to address fully". 219 respondents provided answers to each question (n=219). Since multiple responses were selected, totals are greater than 219.



Next Steps

- **How will these results be shared?**
 - HPP is committed to protecting respondents' anonymity
 - Survey results will be shared **only** in aggregate
- **How will these results be used?**
 - Inform stakeholders about the value and impact of HPP through communications materials, presentations and briefings, etc.
 - Illustrate general trends in health care preparedness and response at the coalition level
 - Help HPP, FPOs, and awardees target technical assistance and provide support based on coalition need
- **How can my coalition / department / organization use these results ?**
 - HPP encourages awardees and coalitions to share these results with stakeholders and use the information to inform planning efforts in the future

Appendix

Survey Response Rate by Region

Response Rate by region ranged from 31-80%.

HHS Region	Number of Recipients	Number of Responses	Region Response Rate
1	16	9	56%
2	13	4	31%
3	28	20	71%
4	66	40	61%
5	51	41	80%
6	48	30	63%
7	31	16	52%
8	28	18	64%
9	61	39	64%
10	19	11	58%

Survey Response Rate by Awardee (Regions 1-8)

HHS Region	Awardee	Number of Recipients	Number of Responses	Awardee Response Rate
1	CT	5	4	80%
1	MA	6	2	33%
1	ME	3	2	67%
1	NH*	0	0	0%
1	RI	1	1	100%
1	VT	1	0	0%
2	NJ*	0	0	0%
2	NY	4	3	75%
2	NYC	1	1	100%
2	PR	7	0	0%
2	VI	1	0	0%
3	DC	1	0	0%
3	DE	1	1	100%
3	MD	4	1	25%
3	VA	6	4	67%
3	WV	7	5	71%
3	PA	9	9	100%
4	AL	8	3	38%
4	FL	10	8	80%
4	GA	14	5	36%
4	KY	13	11	85%
4	MS	1	1	100%
4	NC	8	4	50%
4	SC	4	2	50%
4	TN	8	6	75%

HHS Region	Awardee	Number of Recipients	Number of Responses	Awardee Response Rate
5	CHI	1	1	100%
5	IL	10	10	100%
5	IN	10	7	70%
5	MI	8	5	63%
5	MN	8	7	88%
5	OH	7	5	71%
5	WI	7	6	86%
6	AR	7	2	29%
6	LA	9	8	89%
6	NM	4	3	75%
6	OK	7	3	43%
6	TX	21	14	67%
7	IA	12	3	25%
7	KS	7	6	86%
7	MO	7	4	57%
7	NE	5	3	60%
8	CO	9	4	44%
8	MT	3	2	67%
8	ND*	0	0	0%
8	SD	4	4	100%
8	UT	7	3	43%
8	WY	5	5	100%

* Coalitions were not sent the survey because HCC points of contact had not been provided at the time of the survey.

Survey Response Rate by Awardee (Regions 9-10)

HHS Region	Awardee	Number of Recipients	Number of Responses	Response Rate
9	AS	1	0	0%
9	AZ	4	2	50%
9	CA	45	28	62%
9	FM	1	0	0%
9	GU	1	1	100%
9	HI	1	0	0%
9	LAC	1	1	100%
9	MH	1	1	100%
9	MP	1	1	100%
9	NV	4	4	100%
9	PW	1	1	100%
10	AK	1	0	0%
10	ID	7	4	57%
10	OR	5	4	80%
10	WA	6	3	50%

Top Objectives and Priorities (Table)

Respondents were asked to select from a list of all of the objectives in the capabilities, the **three top priorities** for their HCC in FY17 (n=219). Respondents could only select 3.

Capability	Objective	# of HCCs who Selected Objective as a Top Priority
1	Establishing and operationalizing an HCC	38
1	Identifying risk and needs	44
1	Developing an HCC preparedness plan	70
1	Training and preparing the health care and medical workforce	70
1	Ensuring preparedness is sustainable	51
2	Developing and coordinating health care organization and HCC response plans	58
2	Utilizing information sharing procedures and platforms	55
2	Coordinating response strategy, resources, and communications	68
3	Identifying essential functions for health care delivery	4
3	Planning for continuity of operations	30
3	Maintaining access to non-personnel resources during an emergency	2
3	Developing strategies to protect health care information systems and networks	5
3	Protecting responders' safety and health	24
3	Planning for and coordinate health care evacuation and relocation	40
3	Coordinate health care delivery system recovery	12
4	Planning for a medical surge	54
4	Responding to a medical surge	32

Objectives Likely Unable to Address (Table)

Respondents were asked to select **all** of the objectives which they likely could not currently address with their current funding (**n=219**). Respondents could select as many as applicable.

Capability	Objective	# of HCCs who Selected Objective as a Low Priority
1	Establishing and operationalizing an HCC	17
1	Identifying risk and needs	13
1	Developing an HCC preparedness plan	20
1	Training and preparing the health care and medical workforce	72
1	Ensuring preparedness is sustainable	116
2	Developing and coordinating health care organization and HCC response plans	60
2	Utilizing information sharing procedures and platforms	48
2	Coordinating response strategy, resources, and communications	66
3	Identifying essential functions for health care delivery	34
3	Planning for continuity of operations	105
3	Maintaining access to non-personnel resources during an emergency	82
3	Developing strategies to protect health care information systems and networks	127
3	Protecting responders' safety and health	73
3	Planning for and coordinate health care evacuation and relocation	63
3	Coordinate health care delivery system recovery	106
4	Planning for a medical surge	24
4	Responding to a medical surge	69

Survey Questions

- **Please indicate your level of agreement with the following statements about your HCC's ability to respond to a emergency or disaster prior to 2012 compared to today:**
 - Statement 1: I am confident that the health care organizations within my HCC would have been able to coordinate local and regional health care, government, and public health entities to respond effectively to an emergency or disaster that occurred **prior to 2012**.
 - Statement 2: **Today**, I am confident that our HCC can coordinate across local and regional health care, government, and public health entities to respond effectively to an emergency or disaster.
- **Please indicate your level of agreement with the following statements about HPP and national health care system preparedness:**
 - Statement 1: I believe that **regional health care system preparedness efforts, such as health care coalitions and local/regional exercises**, are critical to national preparedness (**n=219**).
 - Statement 2: I believe that **HPP funding** is critical to developing and maintaining national health care system preparedness (**n=220**).
 - Statement 3: I believe that **HPP guidance** (including Funding Opportunity Announcements and 2017-2022 Health Care Preparedness and Response Capabilities) is critical to developing and maintaining national health care system preparedness (**n=220**).
 - Statement 4: I believe that **technical support** (including from HPP, ASPR TRACIE, and courses at Center for Domestic Preparedness) is critical to maintaining national health care system preparedness (**n=218**).

Survey Questions, continued

- **Please indicate your level of agreement with the following statement about your HCC's ability to decrease morbidity and mortality during emergencies and disasters:**
 - HPP funding, guidance, and technical support have improved my HCC's ability to decrease morbidity and mortality during emergencies and disasters.
- **Please indicate your level of agreement with the following statement: Because of HPP's emphasis on health care system coordination beginning in 2012, my HCC is now more capable of _____.**
 - **Providing care to a surge of patients** that exceeds my HCC's member organizations' day-to-day patient volume baseline
 - **Maintaining operations throughout the surge of patients** during an emergency
 - **Communicating situational awareness and risk information** as early as possible to other health care organizations
 - **Appropriately coordinating and supporting response activities** with other health care organizations
- **Please indicate your level of agreement with the following:**
 - Today, my health care coalition is more capable of incorporating and building upon lessons learned from an emergency, incident, or exercise than it was before 2012.
- **The top 3 objectives for our HCC in FY17 are** *(see slide 16 for list of objectives)*.
- **Our HCC is likely unable to fully address the following objectives with our current FY2017 HPP funding** *(see slide 17 for list of objectives)*.