



# ORR Reporting: Using the COVID-19 Response to Meet PHEP Pandemic Exercise Requirements

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PHEP Connects Webinar

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# Presenter(s)



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# Purpose

- The COVID-19 response provides a unique opportunity to evaluate recipients on the same incident across all 15 capabilities.
- Today's webinar will discuss the PHEP Operational Readiness Review (ORR) reporting form: Pandemic COVID-19 Incident Response (RSP).
- Specifically, the webinar will describe how recipients should report on various aspects of their COVID-19 response using the RSP form.

# Webinar Outline

- **Budget Period 3 (BP3) Reporting Requirements – February 2022 Update**
- **Key Considerations during BP3 Reviews**
  - Implementation of concept “to have or have access to”
  - Capability analysis
- **Domain Elements**
  - Planning versus implementation review
  - Expanded review of all 15 capabilities
- **Guidance Updates and Changes to Accommodate COVID-19 Response**
  - Overall response reporting: COVID-19 response (RSP) form
  - Areas for improvement and root cause analysis (RCA)

# **Budget Period 3 Reporting Requirements – February 2022 Update**

# Budget Period 3 Reporting Requirements – February 2022 Update

## PHEP Budget Period 3 Reporting Requirements and ORR Implementation – February 2022 Update

CDC has modified its PHEP program reporting requirements for Budget Period 3 (BP3) and adapted its PHEP Operational Readiness Review (ORR) implementation plan. Rather than assessing all-hazards readiness across the 15 public health emergency preparedness and response capabilities as originally planned, CDC's PHEP ORR implementation approach in BP3 will focus on capturing COVID-19 pandemic response data.

### BP3 Reporting Requirements

CDC has significantly reduced BP3 submission requirements and will allow recipients to use COVID-19 response activities to meet PHEP program requirements where possible. In BP3, the 62 PHEP recipients must submit documentation regarding:

- Critical contacts, partner planning, and workforce development and training,
- PHEP benchmarks,
- Emergency operation center activations,
- Annual PHEP exercise with access and functional needs partners, and
- Select new operational data elements focused on the COVID-19 response.

To evaluate the PHEP COVID-19 response in BP3, CDC developed the Vaccination for Critical Workforce Groups and Disproportionately Impacted Populations (VAC) and Pandemic COVID-19 Incident Response (RSP) forms. These forms are designed to collect data about each jurisdiction's ability to respond to an actual pandemic. All 62 PHEP recipients must submit their COVID-19 pandemic response data in BP3, even if they have already met their current five-year operational requirements, to enable CDC to conduct a national evaluation of the PHEP COVID-19 response.

Recipients will submit all required data through the PHEP ORR Reporting and Tracking System (PORTS) except benchmark data, which will be submitted via PERFORMS.

- Critical Contact Sheets (CCS) – existing ORR descriptive form
- Partner Planning Sheets (PPS) – new ORR descriptive form
- Workforce Development and Training (WDT) – modified ORR descriptive form
- Emergency operation center activations – modified ORR descriptive form
- Vaccination for Critical Workforce Groups and Disproportionately Impacted Populations (VAC) – new operational form
- Pandemic COVID-19 Incident Response (RSP) – new operational form

Submission of COVID-19 response data will fulfill the current PHEP five-year program requirements and reset the timeline for the next five-year cycle regarding:

- Pandemic influenza functional and full-scale exercises,
- Joint functional exercise with emergency management and health care coalitions, and
- Annual PHEP exercise (vulnerable populations) with access and functional needs partners.



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## PHEP ORR BP3 Submission Process and Timeline

Recipients must self-report ORR quantitative data by **June 30, 2022**. Recipients will self-assess program performance on relevant forms by selecting responses from a drop-down menu of options. In addition to the required ORR forms, recipients are encouraged to upload by **June 30, 2022**, as much supporting evidence as available to substantiate their responses. By **October 31, 2022**, recipients must upload any additional supporting evidence necessary to substantiate their earlier responses.

### Required Elements and Data Collection Status for BP3

Form	Element	Status
Descriptive	Critical Contact Sheet (CCS)	Existing ORR form
	Partner Planning Sheet (PPS)	New ORR form
	Workforce Development and Training (WDT)	Modified ORR form
Operations	Pandemic COVID-19 Functional Exercise: Vaccination for Critical Workforce Groups and Disproportionately Impacted Populations (VAC)	New ORR form created for COVID-19 response evaluation
	Pandemic COVID-19 Incident Response (RSP)	New ORR form created for COVID-19 response evaluation
	Emergency Operations Center Activation	Modified ORR form
	Annual PHEP Exercise	Existing ORR form
	Pandemic Influenza: Critical Workforce Group Functional Exercise	Existing ORR form; VAC and RSP submission fulfills this requirement
	Pandemic Influenza Full-Scale Exercise	Existing ORR form; VAC and RSP submission fulfills this requirement
	Joint Functional Exercise with Emergency Management and Health Care Coalitions	Existing ORR form
	LRN-B Biological Sample Testing	Benchmark reported in PERFORMS
	LRN-C Chemical Sample Testing Using Core and Additional Methods	Benchmark reported in PERFORMS
	LRN-C Lab Specimen Packaging and Shipping Exercise	Benchmark reported in PERFORMS



# Budget Period 3 February 2022 Update

## [PHEP Budget Period 3 Reporting Requirements and ORR Implementation – February 2022 Update](#)

### Required Elements and Data Collection Status for BP3

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	Pandemic COVID-19 Incident Response (RSP)	New ORR form created for COVID-19 response evaluation
	Emergency Operations Center Activation	Modified ORR form
	Annual PHEP Exercise	Existing ORR form
	Pandemic Influenza: Critical Workforce Group Functional Exercise	Existing ORR form; VAC and RSP submission fulfills this requirement
	Pandemic Influenza Full-Scale Exercise	Existing ORR form; VAC and RSP submission fulfills this requirement
	Joint Functional Exercise with Emergency Management and Health Care Coalitions	Existing ORR form
	LRN-B Biological Sample Testing	Benchmark reported in PERFORMS
	LRN-C Chemical Sample Testing Using Core and Additional Methods	Benchmark reported in PERFORMS
LRN-C Lab Specimen Packaging and Shipping Exercise	Benchmark reported in PERFORMS	

# Key Considerations during BP3 Reviews

# Recipient and Local Planning Jurisdiction Requirements

- BP3 requirements ONLY for 62 PHEP recipients
- PHEP Operational Readiness Review (ORR) Tracking System (PORTS)
- COVID-19 reporting only
- Local planning jurisdiction options
- Other considerations
  - Public Health Accreditation Board (PHAB) accreditation
  - Project Public Health Ready (PPHR) recognition

**Have or Have Access to Concept**

# From Capability Standards to ORR Guidance

## Capability Resource Elements

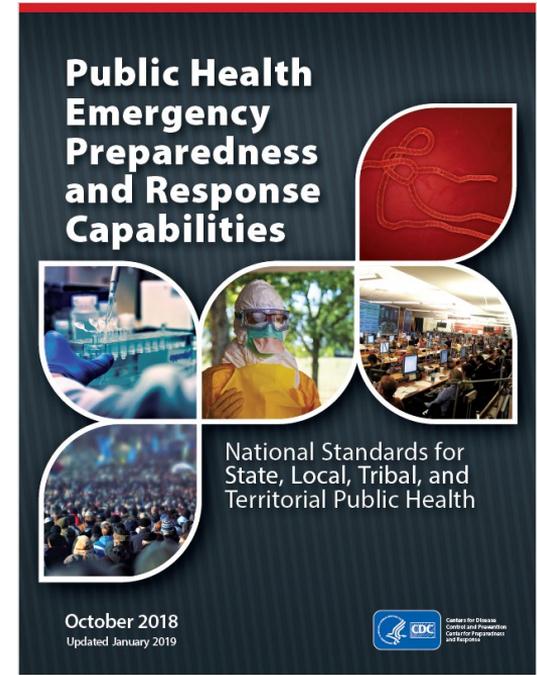
Resources a jurisdiction should have or have access to in order to successfully perform capability tasks associated with capability functions or

Infrastructure a jurisdiction should have or have access to with sufficient quantities or levels of effectiveness to achieve the intent of any related capability task

Lead: Primary **funding** and responsibility for preparedness planning and/or response activities

Support: Shared **funding** and collaboration for preparedness planning and/or response activities

No role: No direct involvement in **funding**, planning, or response activities



# Capability Analysis

# General Concepts of Homeland Security Exercise and Evaluation Program (HSEEP – Revised in 2020)

- Integrated preparedness cycle
  - Assess threats, update plans, implement improvements from previously identified shortfalls, gaps
- Preparedness priorities
  - Guide development of exercise objectives, related training
- Integrated preparedness planning workshop (IPPW)
- Integrated preparedness plan
  - Multiyear exercise program designed by planners

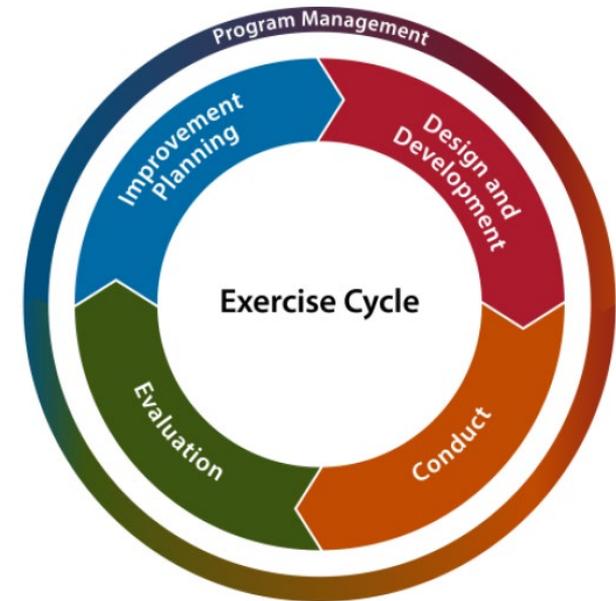


Figure 1.1: The HSEEP Cycle

# General HSEEP Concepts, continued

- Improvement planning: Important tool throughout the integrated preparedness cycle:
  - Prioritize corrective actions to address areas of improvement
  - Initiate review or new development of plans, standard operating procedures, and other documents
  - Identify needed training, equipment, and other resources

# Application of HSEEP Principles to COVID-19 Response

- After-action report (AAR): Analysis of Public Health Preparedness Capabilities
- “Lead or support role” for each capability element was
  - *Performed without challenges (P)*
  - *Performed with some challenges (S)*
  - *Performed with major challenges (M)*
  - *Unable to perform (U)*
  - *Not applicable* – selected only if there is no role to report

**Domain Elements**

# Community Resilience (Domain 1) Example: Planning Review

## Capability 1 – Community Preparedness

- **CAP1.2** Process in place for transporting people during an emergency (select lead, support, or no role)
- **CAP1.3** Evidence identifies roles and responsibilities of equity officer, disability/ access and functional needs (D/AFN) coordinator, or equivalent

Lead: Primary funding and responsibility for preparedness planning and/or response activities

Support: Shared funding and collaboration for preparedness planning and/or response activities

No role: No direct involvement in funding, planning or response activities

# Community Resilience (Domain 1) Example: Planning Review

## Capability 2: Community Recovery

- **CAP2.1a-f** *Community recovery plans address*
  - a. *assessment of public health recovery needs*
  - b. *assessment of services provided by public health*
  - c. ***Mental/behavioral health***
  - d. *Environmental health*
  - e. *Human/social services*
  - f. *Review of integrated recovery coordination plans with key partners*
- **CAP2.2** *Process for notifying/informing community of available public health services*

# Planning vs. Implementation Review of Domain 1 Key Elements

CAP1.2 Process in place for transporting people during an emergency (select lead, support, or no role).

CAP1.3 Evidence identifies equity officer or equivalent

CAP2.1a-f Community recovery plans address  
a. assessment of public health recovery needs  
b. assessment of services provided by health  
**c. Mental/behavioral health ...**

CAP2.2 Process for notifying/informing community of available public health services

RSP1.a Transportation assets supported the needs of disproportionately impacted populations (DIPs) or residents with access and functional needs (AFN)

RSP1.b Equity officer (or equivalent) staffed during response

RSP1.c Mental/behavioral health services provided to the community

RSP1.d Notification about available health services provided during the response

# Planning vs. Implementation of Domain 1 Key Elements

**RSP1.a: Transportation assets supported the needs of disproportionately impacted populations (DIPs) or residents with access and functional needs (AFN) \***

Select Transportation assets supported the needs of disproportionately impacted populations (DIPs) or residents with access and functional needs (AFN) ▾

**RSP1.b: Equity officer (or equivalent) staffed during the response \***



Select Equity officer (or equivalent) staffed during the response ▾

- Select Equity officer (or equivalent) staffed during the response
- Performed without challenges
- Performed adequately (with some challenges)
- Performed with major challenges
- Unable to Perform
- Not Applicable

# Reviewer View of Submitted Responses

Question	Answer	Adjudication
RSP1.a: Transportation assets supported the needs of residents with AFN or DIPs  	Not Applicable	Concur: Sufficient  *
RSP1.b: Equity officer (or equivalent) staffed during the response  	Performed without challenges	No Evidence  *
<div data-bbox="407 547 558 598" style="border: 1px solid black; padding: 2px; display: inline-block;">Comment</div> RSP1.c: Mental/behavioral services provided to the community  	Performed without challenges	Concur: Sufficient  *
RSP1.d: Notifications about available health services provided during the response  	Performed adequately (with some challenges)	Concur: Sufficient  *

# Capability Categorization and Expansion of Review

- **Six domains and two tiers**
  - Community Resilience: Both tiers
  - Incident Management: Tier 1
  - Information Management: Tier 1
  - Countermeasures and Mitigation: Tier 1 except NPI
  - **Surge Management: Tier 2**
  - **Biosurveillance: Tier 1**

# Planning vs. Implementation Review of Domain 5 Key Elements

## **CAP 5.1** *Public health's role in:*

- *Electronic death registration system (EDRS) reporting, sharing vital stats*
- *Issuance of death certificates,*
- *Identification of sites for interim storage,*
- *Implementing mortality tracking*

## **CAP 5.2** *Public health role plans related to mortality reporting*

## **CAP 7.1** Roles and responsibilities:

- *Monitoring ventilation and air flow,*
- *Related to mental/behavioral health,*

## **CAP7.2** Plans or processes for accommodating populations with AFN; including prevention outreach directed at disproportionately impacted populations

## **RSP5.a** *Interim sites used for human remains*

## **RSP5.b** *Vital statistics shared COVID-19 data*

## **RSP5.c** *EDRS used for mortality tracking*

## **RSP5.d** *Death certificates timely issuance*

## **RSP5.e** Mortality reporting was timely

## **RSP5.f** *Air flow and ventilation monitored at congregate sites*

## **RSP5.g** *Mental/behavioral health regularly monitored for persons under quarantined or under isolation orders*

## **RSP5.h** Accommodations for persons with AFN at vaccination sites

## **RSP5.i** *Prevention outreach directed at DIPs*

# Data Entry View of Domain 5 Key Elements

## COVID-19 Pandemic Response: Surge Management

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### RSP5.a: Interim sites used for human remains \*



Select Interim sites used for human remains 

### RSP5.b: Vital statistics shared COVID-19 mortality data \*



Select Vital statistics shared COVID-19 mortality data 

### RSP5.c: EDRS used for mortality tracking \*



Select EDRS used for mortality tracking 

# Reviewer View of Domain 5 Key Elements

## COVID-19 Pandemic Response: Surge Management

Question	Answer	Adjudication
RSP5.a: Interim sites used for human remains  	Not Applicable	Concur: Sufficient  *
RSP5.b: Vital statistics shared COVID-19 mortality data  	Performed adequately (with some challenges)	Concur: Sufficient  *
RSP5.c: EDRS used for mortality tracking  	Performed adequately (with some challenges)	Concur: Sufficient  *
RSP5.d: Mortality reporting was timely  	Performed with major challenges	Concur: Sufficient  *
RSP5.e: Death certificates timely issued  	Performed adequately (with some challenges)	Concur: Sufficient  *
RSP5.f: Air flow and ventilation monitored at congregate sites  	Not Applicable	Concur: Sufficient  *

# Reviewer Guidance and Documentation of CAP12 Elements

Reviewer Guidance	Documentation
<p><b>CAP12.1</b> Review information for accuracy and completeness. Supplemental evidence is only required for jurisdictions that did not complete the APHL survey data. Review data entry and supporting evidence, if required. If LIMS does not support bidirectional communication, consider this an area to address in action plans.</p>	<p>APHL all-hazards laboratory preparedness survey results are imported for review; no additional data entry or supplemental evidence is required if data fields are filled in. If data is not shown, complete the relevant questions and submit supporting evidence.</p> <p><b>Local planning jurisdictions:</b> Provide evidence for the secure exchange of information between the local health department and the laboratory for specimen identification and shipment.</p>

# Reviewer Guidance and Documentation of CAP13 Elements

Reviewer Guidance	Documentation
<p><b>CAP13.3a-b</b> Evidence must satisfy standards for data security compliance and prevent unauthorized disclosure of confidential, sensitive, or restricted information. Evidence must describe relevant data regulations and requirements for secure storage and exchange including relevant format, structure, and interoperability requirements.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"><li>• Data use and release parameters or data storage plans.</li><li>• ESF-8 hazard plans or annexes; mass fatality plans or a annexes; emergency response plans; COOP plans or annexes; pandemic influenza plans; catastrophic incident plans or annexes; or MOUs/MOAs, informal agreements with lead agencies, or comparable documents.</li><li>• SOPs or written agreements to authorize joint investigations and information exchange.</li></ul>

# Planning vs. Implementation Review of Domain 6 Key Elements

**CAP12.1** *Public health laboratory information system (LIMS) to receive and report lab info electronically*

**CAP13.3a-b** *Procedures for confidential, sensitive, and restrictive data including*

- a. Secure storage*
- b. Secure sharing*

**RSP6.a** *Laboratory information management system (LIMS) was used*

**RSP6.d** *Procedures for secure data storage maintained*

**RSP6.e** *Standards for exchange of information followed*

# Data Entry View of Domain 6 Key Elements

COVID-19 Pandemic Response: Biosurveillance 

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**RSP6.a: Laboratory Information Management System (LIMS) used \***



Select Laboratory Information Management System (LIMS) used 

**RSP6.d: Procedures for confidential, sensitive, and restricted data storage maintained \***



Select Procedures for confidential, sensitive, and restricted data storage main 

**RSP6.e: Standards for rapid exchange of secure information between stakeholders' followed \***



Select Standards for rapid exchange of secure information between stakehold 

# Reviewer View of Domain 6 Key Elements

COVID-19 Pandemic Response: Biosurveillance 

Question	Answer	Adjudication
RSP6.a: Laboratory Information Management System (LIMS) used  	Performed without challenges	Concur: Sufficient  *
RSP6.d: Procedures for confidential, sensitive, and restricted data storage maintained  	Performed without challenges	Concur: Sufficient  *
RSP6.e: Standards for rapid exchange of secure information between stakeholders' followed, and  	Performed adequately (with some challenges)	Concur: Sufficient  *

# Overall Response Reporting – COVID-19

# Final Components of Capability Analysis

## Each Domain in RSP

- COVID-19 Pandemic Response: Domain Strength
- COVID-19 Pandemic Response: Domain Area for Improvement
- COVID-19 Pandemic Response: Domain Root Cause Analysis

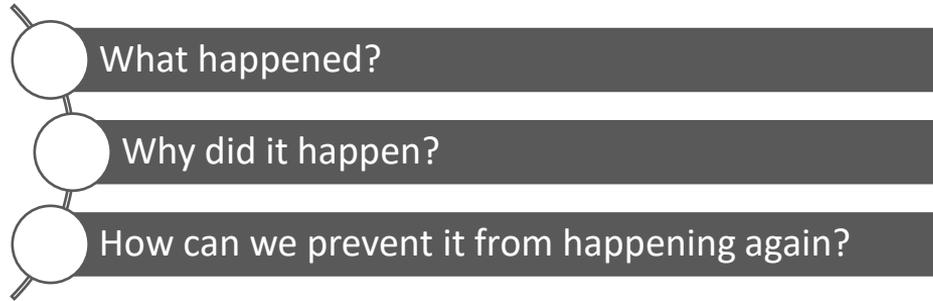
## Analysis of PHEP Capabilities

- Performed without challenges
- Performed with some challenges
- Performed with major challenges
- Unable to be performed
- Not applicable if no role was performed, lead, support, or financial

# Final Components of Capability Analysis

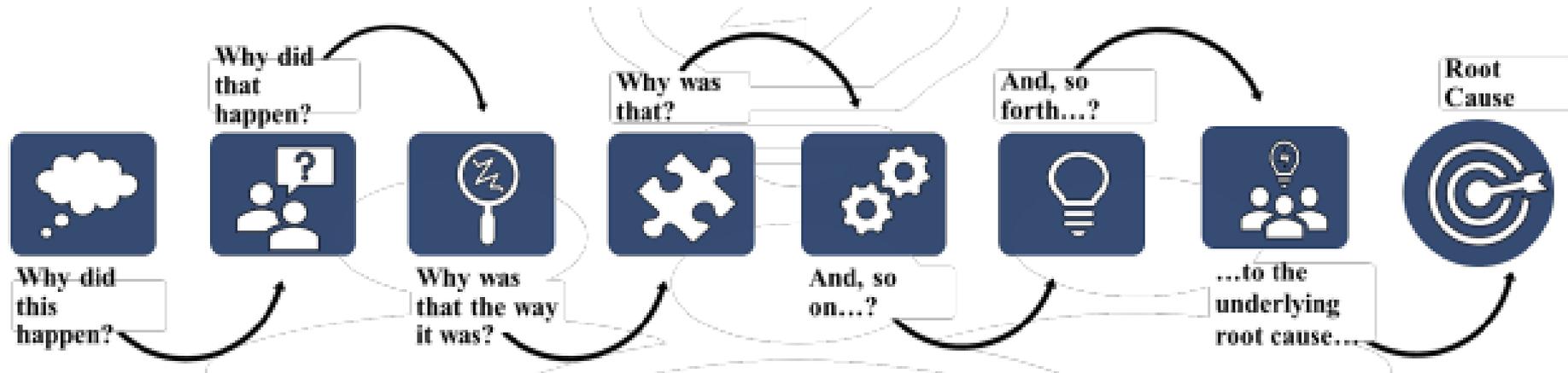
## Overview of Root Cause Analysis (RCA)

- The goal of an RCA is to find out



- Process tool for identifying prevention strategies
- Evaluates processes to improve outcomes
- Uncovers underlying or foundational and contributing causes by continually asking why, moving past superficial/proximal causes

# Root Cause Analysis (RCA)

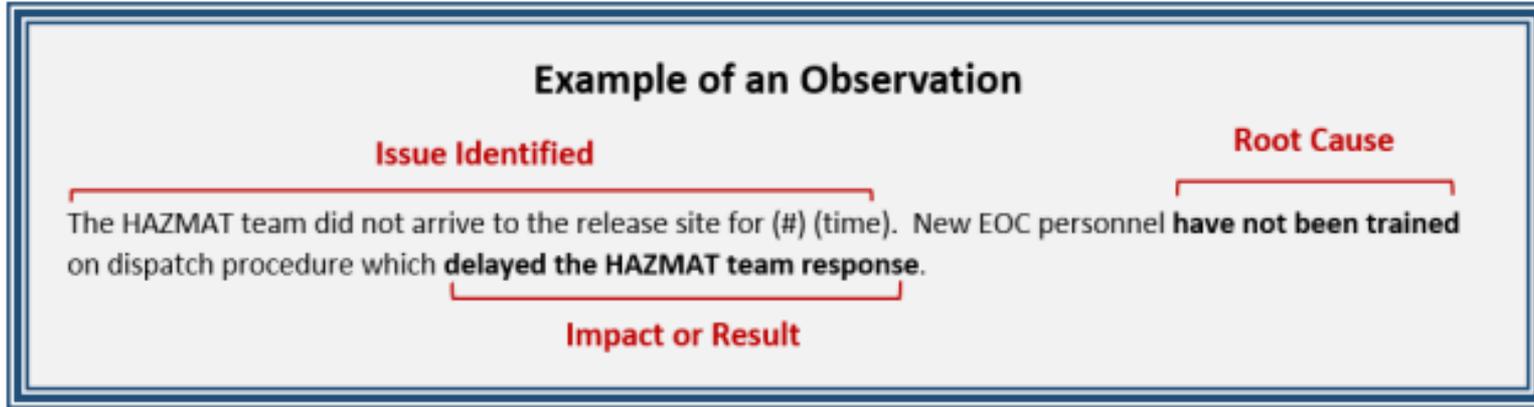


**Figure 5.4: Example of a Root Cause Analysis**

## Looking for Causes and Effects: What Happened – A Flat Tire

- Why did this happen? Nails on the garage floor.
- Why were there nails on the floor? Box of nails on shelf split open.
- Why did that happen? Box got wet.
- Why did the box get wet? Rain came through the hole in the garage roof
- Why? Roof shingles are missing – the underlying cause.

# RCA Example: Emergency Management Agency (EMA) and PHEP



## Example of PHEP root cause analysis

### *State recipient assists local partners with volunteer deployment*

- **Issue identified** – State and local health departments did not perform reverification following confirmation for deployment
- **Root cause** – Verification process required local EMA to forward volunteer roster to the state, but local EMA was not active
- **Impact or result** – More than 850 volunteers responded, but only 80 were initially available due to delayed reverification
- **Corrective action** – Ensure local health departments are aware of reverification process with state prior to volunteer deployment

# Reviewer View of Domain 5 Areas of Improvement and RCA

RSP5.n: COVID-19 Pandemic Response: Surge  
Management Strength  

Inclusion of impacted LHDs, hospitals, and all  
state CHSPs and public and private clinics in  
situational reporting

Concur: Sufficient  

RSP5.o: COVID-19 Pandemic Response: Surge  
Management Area for Improvement  

Assisting local partners in volunteer  
engagement

Concur: Sufficient  

RSP5.p: COVID-19 Pandemic Response: Surge  
Management Root cause analysis  

Lack of coordination of local re-verification  
prior to volunteer deployment

Concur: Sufficient  

**Available Resources**

# Web Links for Public Release

- [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health—October 2018 \(cdc.gov\)](#)
- [Homeland Security Exercise and Evaluation Program | FEMA.gov](#)
- [PHEP Budget Period 3 Reporting Requirements and ORR Implementation – February 2022 Update.](#)

# Questions

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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