Application of Volunteer Management Performance Measure into Practice

A CDC Public Health Emergency Preparedness Cooperative Agreement Case Study

Purpose

This case study provides Public Health Emergency Preparedness (PHEP) awardees with examples that will allow them to apply performance measures (PM) guidance to their jurisdictions. The case study is intended to provide examples of how the performance measures can be implemented; awardees are encouraged to review the aspects that may apply to them while ensuring that the measures apply to the particulars of their own jurisdictions.

PHEP 15.1: Volunteer Management

The awardee health department has plans, processes, and procedures in place to manage volunteers supporting a public health or medical incident [Yes/No]

PHEP 15.2: Volunteer Management

Proportion of PHEP-funded local health departments (LHDs) that have plans, processes, and procedures in place to manage volunteers supporting a public health or medical incident

HPP-PHEP 15.1: Volunteer Management

Proportion of volunteers **deployed** to support a public health/medical incident within an **appropriate timeframe**

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PHEP Example 1 – A centralized state without regional/district public health offices

Awardee X is a small state with no units of local government or district/regional public health offices. All public health services are provided through a centralized public health state office. For several years, awardee X has used a small proportion of PHEP and HPP funds to maintain the Volunteer Management (VM) capability throughout its state. In order to assure the ability to provide and manage volunteers during each phase of a public health response, awardee X has a programmatic goal to build its VM capability (Capability 15) during budget period (BP 1) and will allocate PHEP funds to Capability 15 to help achieve this goal. Awardee X plans to incorporate all the necessary performance measure elements required to report affirmatively that it meets the PM PHEP 15.1. Since awardee X does not have local health departments (LHDs), awardee X will only report on the PM PHEP VM 15.1 (i.e., not PHEP 15.2).

Awardee X's PHEP director reviews PM PHEP 15.1 and learns that to answer affirmatively in meeting the PM, Awardee X must have plans, process and/or procedures in place for all of the following 7 elements (see "How is the measure calculated?" on page 155 of the PM guidance, version 1.1):

- Receiving volunteers
- Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers
- Confirming volunteer credentials
- Assigning roles and responsibilities to volunteers
- Providing Just-in-Time Training for volunteers
- Tracking volunteers
- Out-processing volunteers

Currently, Awardee X employees a full-time VM (ESAR-VHP) coordinator whose position is partially funded through PHEP. The VM coordinator manages the health professional volunteer database, including confirming credentialing, and coordinates all public health and medical volunteers activities for the state. The awardee also maintains good connections with Medical Reserve Corps (MRC) and other entities throughout the state who coordinate or implement volunteer activities locally.

The PHEP director decides to schedule a planning meeting with the VM coordinator to review the needed elements listed in PHEP 15.1. During the meeting the PHEP director learns that the VM coordinator's program currently has documented plans in place addressing all 7 of the needed elements for PHEP 15.1. Therefore, awardee X can "check the box" for all seven elements, thereby answering affirmatively in meeting PHEP 15.1. However, the coordinator then shares with the PHEP director some challenges associated with tracking and out-processing volunteers. The PHEP director and VM coordinator decide that it would be beneficial to schedule more planned events during BP1 that will utilize the VM system in order to practice different techniques for tracking and out-processing their volunteers.

PHEP Example 2 – Decentralized state with local county health departments

State Awardee Y is comprised of a state public health office and 25 local health departments operating under local government. Responsibility for volunteer management lies at both the state and local level, with the state managing ESAR-VHP and overall coordination and locals responsible for determining needs, working with local MRC units, and requesting and deploying volunteers. Awardee Y has a PHEP programmatic goal to build its VM capability (Capability 15) during the 5 year cooperative agreement. Beginning in BP1 it will allocate PHEP funds to 15 of its 25 local health departments to help achieve this goal. Awardee Y plans to incorporate all the necessary performance measure elements required to report affirmatively that it meets PHEP 15.1 into its VM system. Since Awardee Y is also funding local health departments (LHDs) to work on the VM capability, awardee Y will also report on PHEP 15.2.

For BP 1, Awardee Y has allocated about 5% of its PHEP award to the VM capability. Once the budget period is underway, Awardee Y facilitates a collaborative planning meeting and convenes a conference call with the 15 LHDs with which it has contracted to build VM capability. During the meeting, Awardee Y reviews the 7 required data elements necessary to affirmatively meet both PHEP 15.1 and 15.2 PMs with the LHDs. Awardee Y then encourages each of the LHDs to discuss the types of plans, systems, and processes they are using and facilitates a group discussion examining how each LHD operates with respect to requesting and deploying volunteers. During the discussion, Awardee Y learns that although there are some commonalities among them, each of the LHDs has different procedures and systems in place for providing and coordinating volunteers during local public health incidents, exercises and planned events. While some LHDs have documented plans and procedures in place which are well-coordinated with the state ESAR-VHP coordinator, others are lacking in this area.

For BP1, Awardee Y can only report 5 out of 7 required criteria "checked" for PHEP 15.1. Awardee Y will therefore focus on building the other two required criteria in BP2. Similarly, only 10 out of the 15 LHDs have all 7 of the required criteria for meeting PHEP 15.2. Therefore, for BP 1 Awardee Y will report 10 LHDs in the numerator and 15 LHDs in the denominator. The goal by the end of BP 5 is for all 15 LHDs to meet all of the required criteria. The VM PMs allow Awardee Y to track which of the required elements each LHD needs to meet before it can be counted towards the numerator of PHEP 15.2 across each BP. Awardee Y will also know the barriers to accomplishing meeting these requirements, since each LHD will report this information as well.

To collect and report performance measure data, Awardee Y has provided a due date to the LHDs that allows about 30 days for Awardee X to aggregate the data for PHEP 15.2 and enter it into PERFORMS, in time to meet the CDC reporting deadline. To collect data on PHEP 15.1, Awardee Y completes the Word reporting template for PHEP 15.1. Finally, Awardee Y copies/pastes the data into PERFORMS.

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HPP-PHEP Example 1 – State with local health departments

For several years, Awardee Z has used PHEP funds to maintain the volunteer management capability across the state in collaboration with its HPP counterparts. Despite attention to VM over the years, the awardee is not sure the effectiveness of its volunteer deployment practices. Because of its awareness of the joint HPP-PHEP performance measure, it wishes to examine the timeliness of deployment of requested volunteers.

In order to gather evidence regarding deployment of volunteers to support a public health/medical incident, awardee Z has worked with its HPP partners to develop a goal that corresponds with PHEP Volunteer Management, Function 3 and Function 4 and HPP Volunteer Management, Function 2. These functions relate to requesting and deploying volunteers through either an incident or exercise during BP1. The expected outcome of this effort is to identify possible bottlenecks within its system of activating and deploying volunteers by measuring the performance of these functions through the joint HPP-PHEP performance measure (HPP-PHEP 15.1). Because this measure is required at mid-year and end of year, the awardee chooses to invest considerable effort in planning to ensure the right systems and procedures are in place to collect data for this measure.

Successful execution of the joint HPP-PHEP performance measure requires coordination and communication between awardee Z's PHEP and the HPP directors. Therefore, awardee Z's PHEP director schedules a meeting with the HPP director to discuss coordinating collection and reporting activities associated with the volunteer management joint performance measure. Both directors then schedule and facilitate a planning meeting comprised of the state ESAR-VHP coordinator as well as representatives from local health departments (LHDs) and HPP sub-awardees to develop a common understanding of the HPP-PHEP performance measure. In the planning meeting, the PHEP and HPP directors communicate that the objective of this measure is to find key chokepoints that would inhibit the delivery of volunteers in a timely manner during an incident. The directors also emphasize that the data should be reported by incident at the state, sub-state, regional, or local level. Across all incidents/exercises/planned events reported, the HPP and PHEP VM capabilities must each be utilized or demonstrated at least once. Since at least two incidents/exercises/planned events are required for reporting, this would typically mean that one incident/exercise/planned event should focus on public health-related volunteer management, while another incident/exercise/planned event should focus on volunteer deployment in the healthcare system (not including routine hospital use of volunteers).

To clarify how this measure could be applied, the PHEP and HPP directors employ the following examples to help LHDs and HPP sub-awardees become familiar with the application of the measure. The examples also help clarify, for the state, LHDs, and HPP sub-awardees which incidents/exercises/planned events should be included in performance measure data collection.

Scenario1: Every year, Sim City, the largest metropolitan area in the state, hosts the "Taste of Sim City." The event is a two-week summer food and music festival in the heart of downtown. In previous years, there has been a wide array of public health and medical-related incidents. These incidents have ranged from foodborne illnesses to heat-related illnesses caused by extreme temperatures. To prepare for this

event, the state medical lead contacts the state health department for volunteers. The state health department then coordinates with the city health department to access the city's volunteer call down list. For this event, the state medical lead has determined that the volunteers must arrive on scene by 1500 the day *before* the event for a pre-event briefing. If volunteers do not arrive on time for this meeting, they have not met the criteria and therefore should not be included in the numerator. In this example, the medical lead has requested 20 public health volunteers. On the day of the meeting, 10 state health volunteers and an additional 5 city health volunteers arrive at the venue by 1500. An additional 5 volunteers arrive the next day, i.e., on the first day of the event. For this measure, what would be reported as the numerator and denominator?

> Answer: The numerator in this case would be 15. The denominator would be 20. Even though the volunteers were accessed through state and city call-down lists, the total that arrives on scene within the timeframe indicated by the medical lead (1500 on the day before the event) would be included in the numerator. Though an additional 5 volunteers show up on the first day of the event, these volunteers would not be included in the numerator as they did not show up within the timeframe requested by the medical lead.

In doing the after-action review of this event, the incident commander realizes that the 5 volunteers who were "late" came from far away – in some cases over 300 miles – and found it difficult to get to the event the day before for a pre-event briefing. As a corrective action, the planning group decides that it will prepare orientation materials, including important contact information, maps, etc., for distribution to all volunteers prior to the event for distribution via e-mail. It will also hold a conference call 2-3 days prior to the event for all volunteers, but especially intended for those coming in from far away.

Scenario 2: Awardee A is a coastal state that usually experiences some type of severe storm during hurricane season every summer. This year, an approaching tropical storm gained much more strength than expected and has been classified as a category 1 hurricane. Residents of the area are being asked to evacuate their homes. The medical lead realizes that there is a need for public health and medical volunteers in a short time frame as the storm approaches. Shelters are starting to receive evacuees and some will need medical attention. Other residents that were unable to evacuate their homes will need supplies and medical care within the affected region as well. With the hurricane expected to make landfall in the next day or so, the medical lead determines that about 125 public health and medical volunteers are needed to support emergency response and sheltering operations throughout the state. Ideally, the number of volunteers *requested* should be close to the number of volunteers *needed*. Although, in previous years emergency directors noticed that because potential volunteers are also impacted by disasters such as hurricanes, only half to a third of those called upon are actually able to provide volunteer services. Therefore, given the possible shortage, the original 125 volunteers were increased to 300. After reviewing registry information in the state ESAR-VHP system, the ESF #8 desk at the state EOC sends deployment orders to the appropriate mix of public health and medical volunteers. Notifications are therefore sent to 300 potential volunteers to arrive by 0800 three days after the request for volunteers was sent. Volunteers begin to arrive on scene at various staging areas within 8 hours. Within 72 hours, 180 volunteers have arrived on scene at the eight shelters or staging areas located inland throughout the state. An additional 60 unregistered and spontaneous volunteers arrive at

various staging areas as well. For this measure, what would be reported as the numerator and denominator?

> Answer: The numerator in this case would be 180, since that is the number of volunteers who deployed within the requested timeframe. Therefore, the denominator is 300. The 60 spontaneous, unregistered volunteers would not be included in the numerator (or denominator) since they were not requested.

In the after-action review of this incident, the ESAR-VHP coordinator and the PHEP and HPP directors made the realization that (a) the incident resulted in more volunteers than needed (180 when only 125 needed), and (b) the performance measure reflected a proportion of 180/300 – which would seem to indicate the opposite! Key staff were asked to work closely with the incident commander to determine if the request for 300 volunteers created any inefficiencies in the VM process. A corrective action was agreed upon to determine if there were ways to create efficiencies in selecting and requesting volunteers in order to "reduce" unnecessarily high denominators (i.e., requested volunteers) in the future.