Q1(b-c): Please provide a current organizational chart for HEPRA, and include: (b) A description of major programs and activities; and (c) The employee responsible for the management of each program and activity.

Response(s):

Community Preparedness & Resilience (Ms. Peggy Keller) – HEPRA seeks to ensure that residents and visitors are prepared for, can respond to and can recover from public health & healthcare disasters and emergencies through individual and community preparedness and resilience. HEPRA developed a baseline, identified gaps and developed pilot programs to increase the community's ability to be prepared, withstand, respond to and recover from disasters and emergencies. HEPRA staff developed and presented emergency preparedness and community resilience training and community resilience messaging. The major component of the community resilience project is to identify and address the needs of vulnerable populations, those that are medically fragile and those with access and functional needs through established community workgroups, such as the Vulnerable Populations Community and Health Care Coalition. The goal of the Vulnerable Populations Community and Health Care Coalition is to address the needs of vulnerable populations to increase preparedness and resilience and decrease stress on health care system during emergencies.

HEPRA staff provided emergency preparedness and community resilience training to District staff, Medical Reserve Corps (MRC), community partners and volunteers to ensure that the District's public health responders are adequately trained and prepared to respond during public health and health care emergencies.

Community Resilience activities included:

- Training for District staff, volunteers, providers, community, at-risk youth. Training modules include:
    - Community Emergency Response Team (CERT)
    - Mass care, sheltering
    - Patient Tracking
    - CPR/AED/first aid
    - Disaster behavioral health
    - Points of Dispensing
    - Senior awareness
    - Pet preparedness
    - Sensitivity for those with access and functional needs
- Community Resilience
    - Youth Resilient Corps
    - Outreach and education
    - Training

    - Messaging
- Development, tracking, monitoring and deployment of Medical Reserve Corps (MRC) and volunteers
    - DOH MRC
    - Howard Medical School MRC
    - Howard School of Pharmacy MRC
    - George Washington University MRC
    - Serve DC CERT
    - District agencies, DHS, Office on Aging
- Vulnerable Populations Planning
    - Vulnerable Populations Community and Health Care Coalition
        - Communications projects - SMART 911, alerts for providers
        - Creation of personal safety plans for VP
        - Asset mapping
    - Evacuation
    - Identifying shelters that are ADA compliant and pets can be co-located
- Integrate with other District initiatives, Age-Friendly DC, Sustainable DC
- Continuity of Operations Plan training for behavioral health and other residential facility staff
- Partner with District agencies, federal partners

Cities Readiness Initiative - DC Strategic National Stockpile (DC SNS) Program (Ms. Judith Robinson) – HEPRA is responsible for requesting, receiving, dispensing and distributing federally stockpiled SNS assets (medical supplies and equipment) in response to a bioterrorism or naturally occurring public health threat once local resources are exhausted.

The program also coordinates the opening of Open (Public) and Closed (local and federal partners) Points of Dispensing (PODs), located at universities, Department of Defense, federal agencies, healthcare pharmacies, community clinics and private entities to provide emergency prophylaxis or vaccinations for critical responders and the general public.

The program interfaces frequently with other District agencies, including, DC Homeland Security and Emergency Management Agency, and DC Fire and EMS, Metropolitan Police Department, DC Public Works, DC Department of Parks and Recreation, DC Office on Aging, Department of Mental Health, Department of Human Services, federal partners, including, Department of Transportation, FBI, Federal Protective Service, GSA, Immigration and Customs Enforcement, Department of Homeland Security and NGOs, such as National Capital Poison Control, DC Primary Care Association and DC Health Care Association and most recently retail pharmacies.

Activities included:

- Training for District staff, volunteers, providers, community
- Exercising Points of Dispensing plans and deployment
- Partnering with NCR and federal agencies and law enforcement
- Overseeing web-base inventory system for supplies and equipment at warehouse

Hospital Preparedness Program (Ms. Peggy Keller/Mr. Paul Duray) – HEPRA enhances the ability of health care facilities and health care systems to prepare for and respond to bioterrorism and other public health emergencies. DOH collaborates with District's healthcare organizations to improve partnerships, interoperable communications, bed availability status, pharmaceutical caches, planning, such as fatality management, medical surge, training, exercises, drills and medical evacuation.

Activities included:

- Situational Awareness, tracking, monitoring healthcare facilities
- Patient tracking
- Vulnerable Populations Community and Health Care Coalition
- Partnering with FEMS, HSEMA during events

Certification Program – EMS Educational Institutions. (Mr. Paul Duray) The purpose of this program is to ensure certification of all governmental, commercial or volunteer EMS Educational Institutions, and EMS instructors. Additionally, all EMS courses and curricula (including certification courses and on-going continuing education courses) used by these institutions within the District of Columbia are reviewed and approved.

Certification Program - EMS Ground/Air Ambulance & Non-transporting Response Vehicles. (Mr. Paul Duray) The purpose of this program is to ensure the certification and inspection of all ambulances operating in the District whether they are governmental, commercial or volunteer. Ambulances are required to undergo a scheduled annual inspection for certification purposes. Ambulances are also subject to unannounced inspections to verify continued compliance with standards for operation.

Activities:

- Inspected 434 ambulance units and issued 75 corrective actions in FY2014.

Certification Program – EMS Providers. (Mr. Paul Duray) The purpose of this program is to ensure the certification of all EMS providers in the District of Columbia. All providers are

required to obtain and maintain certification through t the National Registry of Emergency Medical Technicians (NREMT). This also includes verification of certification status for providers applying from out-of-state and reporting revocations of EMS certifications to the National Practitioner Data Bank (NPDB).

Comfort Care Order (CCO) Program. (Mr. Paul Duray) The purpose of this program is to coordinate the requests for and distribution of Comfort Care Order forms (also known as Do-Not-Resuscitate forms), as specified by D.C. Law 13-224, effective April 3, 2001. This law requires the Mayor to provide CCO Forms and instructions to physicians and hospitals through the DOH, and at distribution points that the Mayor determines to be necessary. This law also provides specifications for the CCO Form. (Ms. Sabrina Turner)

Activities:

- Distributed 4,516 CCO Forms in FY14.
- Conducted preliminary research and the identification of a two-stage process designed to accomplish the update of the current CCO/DNR program, and then bring about the adoption of a Physician Orders for Scope of Treatment (POST) program.

Emergency Preparedness Planning Program. (Mr. Paul Duray) The purpose of this program is to develop and maintain the Department of Health Emergency Operations Plans. This program emphasizes seamless integration of planning efforts and collaboration with partners in order to exercise emergency preparedness plans that are in compliance with the National Incident Management System (NIMS), as well as the Emergency Support Function (ESF) #8 health and medical functions of the District Response Plan (DRP).

The program also strengthens the plans-to-execution process by offering emergency preparedness training to DOH staff, Medical Reserve Corps (MRC) members, and other District agencies, and partners and volunteers. This helps to ensure that the District's public health personnel are adequately trained and prepared to respond in execution of these plans during public health emergencies.

The program also provides for public health elements to coordinate DOH operations and employ DOH assets/capabilities during incidents, designated National Security Special Events (NSSEs), and other special events

Special Events Health, Medical and Safety Planning Program. (Mr. Charles Reneau). The purpose of this program is to ensure the safety and security of all who organize and/or participate in special events within the District of Columbia. The program required the provision of guidance, assistance, and review of all event organizers' Health, Medical & Safety Plans, leading

to the issuance of a special event license by the D.C. Department of Consumer and Regulatory Affairs.

Activities:

- Serves as member of the Mayor's Special Event Task Group and review and provide guidance to special event organizers for all special events held in the city (less First Amendment gatherings/events) to include: concerts/music festivals; athletic/sporting events; parades/block parties/street fairs; and conferences/conventions.
- Ensures adherence to the medical level of care standards required by each category of event and size of population-at-risk (PAR), in accordance with the DC DOH Special Event Health, Medical and Safety Planning Guide.

For Major events (i.e., 4th of July, National Security Special Events (NSSE), HBO Concert for Valor) that effect a greater population, the DOH-HEPRA may activate the Health Emergency Coordination Center (HECC) and provide additional resources and personnel to support the event. In addition, healthcare facilities will be placed on notice through the Health Alert Network (HAN) in the event of a medical surge. Often times, events of this magnitude, require multi-agency and multi-jurisdictional coordination, as well as medical planning work groups. Coordination, planning, and readiness are vital in preparing for a special event, to ensure the public's health, safety, and well-being are kept at heart.

Program and Evaluation. (Charles Reneau). The Program and Evaluation (P&E) Team develops program metrics for the 23 ESF#8 Public Health and Hospital Capabilities based on completed program and financial outputs/outcomes. The team is responsible for implementing grants management processes to properly manage all awards, while enhancing reporting on progress, increase program monitoring, maintaining transparency and communicating results to senior leadership in a timely manner.

Pharmaceutical Procurement and Distribution. (Ms. Carolyn Haynesworth-Murrell) In FY14, the Pharmaceutical and Distribution Bureau was transferred from the Department of Health, Community Health Administration to the Health Emergency Preparedness and Response Administration. The Pharmaceutical procurement and Distribution Bureau provides cost effective, clinically proficient, medication acquisition and drug information support services to the Department of Health, Department of Health Care Finance, and the Department of Corrections. Agency approved medications are distributed throughout the constituency in order to maximize District residents access to life saving medication.

Q1(d): Please provide a current organization chart for HEPRA, and include: A narrative explanation of any organizational changes made during FY13 or to date in FY14.

Response(s):

Program and Evaluation Branch
HEPRA has established a new Program and Evaluation (P&E) Team that will develop program metrics for the 23 public health and hospital capabilities based on completed program and financial outputs/outcomes. The team will implement a grants management process to properly manage all awards, while enhancing reporting on progress, increase program monitoring, maintain transparency and communicate results to senior leadership in a timely manner.

Pharmaceutical Procurement and Distribution Bureau
The Pharmaceutical Procurement and Distribution Bureau operates the DOH Pharmaceutical Warehouse (DOH PW) which is a licensed drug distribution center. The DOH PW purchases, receives, stores and distributes medications, manages drug formularies, provides vaccines for immunizations and secures addiction and treatment medications. The warehouse also procures for emergency response services and facilitates the distribution of Strategic National Stockpile (SNS) medications.

The DOH Pharmaceutical Warehouse is the only entity in the District government that can procure medications at Department of Defense (DOD) pricing and the significant discount provides substantial savings on drug costs for the District.

Attachment - Question 2: For each vacancy posted during FY14 and to date in FY15, please state: a) the date that each position became vacant; b) why the position became vacant; c) steps that were taken to fill the position; and d) the date the position was filled.

Job ID #	Date position became vacant	Open Date	Close Date	Position Number	Position Title	Reason position was vacated	Vacancy Status	Date Filled	Steps Taken to Fill Position
23679	11/29/13	11/29/13	12/10/13	00082023	Administrative Service Manager	New position	Filled	4/6/14	
23920	12/17/13	12/24/13	1/23/14	00068031	Supervisory Public Health Advisor	Previous incumbent terminated on 12/17/13	Filled	7/14/14	
23922	12/26/13	12/26/13	1/27/14	00035528	Grants Management Specialist	Previous incumbent resigned on 12/1/13	Filled	2/8/14	
23925	12/26/13	12/26/13	1/27/14	00075394	Management Analyst	New position	Filled	3/10/14	
24251 (previously 24192)	2/5/14	2/5/14	3/7/14	00082020 (previously 00012443)	Public Health Advisor (previously Compliance Specialist)	New	Filled	7/27/14	
23406	2/11/14	2/11/14	3/13/14	00082356	Management Analyst	New position	Filled	6/16/14	
24465	3/6/14	3/6/14		00083163	Supervisory Pharmacist	Competitive promotion	Filled	6/01/14	
24863	4/15/14	4/15/14	4/25/14	00083301	Pharmacist	Competitive promotion	Filled	5/18/14	
24894	4/3/14	4/22/14		00021343	Program Manager	Previous incumbent retired on 4/3/14	Filled	6/1/14	
25462	7/4/14	7/3/14	7/18/14	00077977	Supervisory Public Health Analyst	Previous incumbent resigned on 7/4/14	Filled	9/8/14	
25914		9/5/14	9/11/14	00082019	Supervisory Public Health Advisor	New	Filled	11/02/14	
26372	11/6/14	11/6/14	11/18/14	00085377	Pharmacy Technician	New position	Filled	11/30/14	
26372	11//6/14	11/6/14	11/18/14	00085376	Pharmacy Technician	New position	Filled	11/30/14	

Q3: Response

Provided is an attachment displaying HEPRA's section within the DOH FY 2014 Performance Accountability Report.

OBJECTIVE 1: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys.
INITIATIVE 1.1: HEPRA will solicit input of stakeholders on the services that were provided to them. Their feedback will shape future performance. **Objective fully achieved.** HEPRA provides a number of services and products to stakeholders. With the recent access to SurveyMonkey, HEPRA is able to determine if products and services are meeting stakeholder needs, and gather stakeholder input on how to improve. In FY14, HEPRA issued 2,800 surveys with a year-end overall return rate of 6%. (That percentage is reflective of one large survey skewing the higher return rates from six smaller surveys.) The EMSAC Survey provided us input on EMS provider perceptions of training efficacy – results that were incorporated into the draft 2014 Annual EMS Report. Additional information that was gleaned from two annual report surveys was also incorporated in the draft 2014 Annual EMS Report. Finally, surveys conducted over a four-day period of extreme cold weather in the District produced information from nine (9) hospitals about their observed cold weather injuries.
OBJECTIVE 2: Improve and sustain public health emergency preparedness and response efforts within HEPRA.
INITIATIVE 2.1: Ensure staff participating in the HECC activities are prepared to respond to emergencies utilizing the concepts of NIMS 100, 200, 700, and 800 as directed by Presidential Directive #5. **Objective partially achieved:** In FY14, the Department of Health achieved 95% of the target (100%) for the number of relevant emergency preparedness staff trained in the U.S. Department of Homeland Security's NIMS trainings. The number of applicable staff trained was 35 and the number of applicable staff was 37. The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. The NIMS is invaluable to ensure that neighboring jurisdictions and government agencies collaborating on emergency activities are adequately trained. Consistent implementation of NIMS training provides a solid foundation across jurisdictions and disciplines to ensure effective and integrated preparedness planning and response.
OBJECTIVE 3: Expand the District's medication distribution capabilities through new programs that increase ease of access to pharmacies and improve knowledge for those who have multiple chronic illnesses.
INITIATIVE 3.1: Establish a DOH Mail Order Pharmacy Service (MOPS) program. **Objective not achieved**. In FY 14 the Pharmacy warehouse will provide a mechanism for the direct delivery of selected prescription medications to eligible District residents who currently receive medications at distribution centers through enrollment in District programs. The DOH Mail Order Pharmacy Service (MOPS) program has not commenced due to a shift in focus to maximize pharmacy daily operations. The new focus is to become a regional Distribution Center as a normal course of business as well as in a public health emergency. **INITIATIVE 3.2: Establish a medication Therapy Management (MTM) service for District residents.** **Objective not achieved**. The MTM service was designed to provide counseling and other needed assistance for recipients with multiple chronic diseases (such as diabetes, asthma, hypertension, hyperlipidemia and HIV/AIDS), who are enrolled in a District program that provides pharmaceuticals. These recipients could encounter issues with taking multiple medications and have higher drug costs

associated with multiple prescriptions. The DOH Pharmacy warehouse in collaboration with HAHSTA and their partners Clinical Pharmacy Associates (CPA) has begun training participating pharmacists within the 23 network pharmacies. It is HEPRA's goal to have at least 30% of the network trained in MTM services to maximize patient adherence and efficacy with prescription medications provided by the District by the end of FY15. The Pharmacy Warehouse would also extend MTM services to DHCF clients participating in the HIV MCAD carve-out and Healthcare Safety Net clients also known as Alliance.

Q4: Response

Provided is HEPRA's section from within the DOH FY 2015 Performance Plan, as well as the 1st Quarter to-date status.

SUMMARY OF SERVICES

The Health Emergency Preparedness and Response Administration (HEPRA) provides regulatory oversight of Emergency Medical Services (EMS) including service providers, associated educational institutions, EMS agencies and their operations. HEPRA also ensures that DOH and its partners are prepared to respond to city-wide medical and public health emergencies, such as those resulting from terrorist attacks or natural disasters. In addition, HEPRA oversees an extensive medication management program that procures and distributes lifesaving medications to District programs that provide pharmaceutical services to eligible residents.

OBJECTIVE 1: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys

INITIATIVE 1.1: HEPRA will continue to solicit input of stakeholders on the services that were provided to them.

Key Performance Indicator: # of surveys sent to stakeholders
FY 15 Target: 3,000
Progress YTD: Currently, HEPRA has 2 active surveys sent out to a total of 17 stakeholders.

OBJECTIVE 2: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

INITIATIVE 2.1: Ensure that all DOH staff reporting to work during emergencies are prepared to respond by utilizing the National Incident Management System (NIMS) per Homeland Security Presidential Directive #5.

INITIATIVE 2.2: Ensure staff participating in the Health Emergency Coordination Center (HECC) activities are prepared to respond to emergencies utilizing the concepts of the NIMS as directed by Homeland Security Presidential #5.

Key Performance Indicator: % of applicable staff trained on NIMS ICS 100, 200, 700 and 800
FY 15 Target: 100%
Progress YTD: **ICS 100, 35 of 38 = 92.1%**
ICS 200, 34 of 38 = 89.4%
ICS 700, 34 of 38 = 89.4%
ICS 800, 33 of 38 = 86.8%

Key Performance Indicator: % of applicable staff trained on NIMS ICS 300 and 400
FY 15 Target: 100%
Progress YTD: 30% of the applicable staff are trained.

INITIATIVE 2.3: Inspect equipment and supplies on emergency response vehicles in accordance with District regulations.

Key Performance Indicator: # of ambulance inspections
FY 15 Target: 400
Progress YTD: 88

INITIATIVE 2.4: HEPRA is responsible for conducting the review and approval of the Health, Medical and Safety Plan applications for all events held on District of Columbia public space.

Workload Measure: # of special event health, medical and safety events requiring DOH participation (review)
FY 15 Target: No Target
Progress YTD: 40

INITIATIVE 2.5 HEPRA will continue to train District staff, residents, community-based partners and businesses in emergency preparedness and community resilience to strengthen response and recovery

Workload Measures: # of registered volunteers trained in emergency preparedness/community resilience
FY 15 Target: 500
Progress YTD: 63

OBJECTIVE 3: Assure the provision of pharmaceutical services in a cost effective, clinically proficient manner to maximize District residents' access to life saving medications.

INITIATIVE3.1: The DC DOH Pharmaceutical Warehouse personnel will process and replenish medication orders within five (5) business days of request.

Key Performance Indicator: % of prescription claims processed and replenished annually within five (5) business days
FY 15 Target: 100%
Progress YTD: 98%

Q5: Response

FY14 Exercises

Exercise Series – District of Columbia Hurricane Table Top Exercise (April 24, 2014) and Full Scale Exercise (June 4-5, 2014)

Description

The District of Columbia's Homeland Security Emergency Management Agency hosted the two-part, hurricane exercise series to prepare for and respond to a Hurricane Sandy-level storm that combined storm surge in the Chesapeake Bay with a simultaneous stalled heavy rain front that sent flood waters down the Potomac and Anacostia rivers. The focus was predominantly focused on the "Recovery" phase. Realistic flood levels within the District of Columbia were employed using historical data, science, and planning assumptions based upon current flood controls.

Summary of Outcome

The Hurricane exercise series yielded a sobering assessment of the potential flood zones in the District of Columbia and the challenges that such a storm would create in order to successfully respond to and recover the District from the effects of the storm.

Agency's Goal

HEPRA participated in the Hurricane Table Top Exercise and Full Scale Exercise in order to assess the location of potential flood plains; envision the impact to citizens' ability to access hospitals and other key health system nodes (e.g., pharmacies, long-term care facilities, etc.); determine those sites that might require evacuation and/or service relocation; and look for an opportunity to assist the D.C. Fire & EMS (FEMS) Department's employment of near real-time, web-enabled patient tracking.

Policy or Operational Decisions

HEPRA used this exercise series as a springboard for discussing patient tracking programmatic objectives with the D.C. FEMS Department's EMS and Information Management staff planners.

Exercise – D.C. Department of Health Healthcare Facility Evacuation Conference (10 June 2014)

Description

In response to the potential financial insolvency of an actual, District-funded long-term care facility, the Department of Health's HEPRA undertook the planning and execution of a District agency/departmental planning review of a planned, non-emergency evacuation of inpatients from one facility to another, including in-transit patient tracking.

Summary of Outcome

The facility evacuation exercise validated the five-phased approach to executing a healthcare facility evacuation under non-emergent conditions. Additionally, HSEMA was motivated to collaborate with DOH in the preparation and publication of a new District plan that addresses healthcare facility evacuation under non-emergent conditions.

Agency's Goal

HEPRA conducted the Long-term Care Facility Evacuation exercise by phase in order to identify roles and responsibilities, sequence activities, and provide wider visibility of patient tracking in-transit visibility during a facility-to-facility patient movement.

Policy or Operational Decisions

HEPRA with support from HSEMA, distilled the knowledge gained from this exercise and produced *District of Columbia Healthcare Facility Evacuation Plan* with utility for other types of healthcare facilities.

FY14 and FY15 Exercises

Exercise Series – District of Columbia Command & Control/Terrorism Table Top Exercise (September 17, 2014) and Full Scale Exercise (October 19-20, 2014)

Description

The District of Columbia's Homeland Security Emergency Management Agency planned and hosted a two-part, command and control (C2) exercise series to prepare for and respond to a Mumbai-style, two-site terrorist attack using small-arms and improvised explosive devices within the District. The focus was predominantly on the "Response" phase. The full scale exercise was conducted overnight at the Navy Yard and the former Walter Reed Army Medical Center on Georgia Avenue.

Summary of Outcome

The experience provided patient tracking training and technical support to the DC Fire & EMS Department on the full scale exercise demonstrated the utility of the patient tracking system in providing an incident picture useful to both emergency responders as well has

public health decision makers. The District command & control/terrorism exercise demonstrated HEPRA can support the District in a multi-site terrorism attack.

Agency's Goal

Although this exercise was targeted primarily upon the public safety/first responder's response phase of the operation, the focus on mass casualty response offered an intriguing and unique opportunity for HEPRA to directly train FEMS MASCAL unit members on patient tracking at the triage sites; and conduct hand-off with the Office of the Chief Medical Examiner for fatality management.

Policy or Operational Decisions

Again, HEPRA used this exercise to keep the deployment of the patient tracking system front and center for the DC FEMS Department's EMS and Information Management staff planners.

Q6: ***Response***

HEPRA provides findings from 5 external evaluations of its emergency preparedness status/performance. Two of the evaluations were conducted by CDC, two by the Robert Wood Johnson Foundation and the Trust for America's Health, and one from the American College of Emergency Physicians. To the best of HEPRA's knowledge, these are the recently published benchmarks between 2012 and December 2014.

Overall, these reports provide results on 81 measures. For purposes of this response, HEPRA applied the rating system used by the Office of the City Administrator with the KPI Tracker system.

>=100% Fully Achieved 75 – 99% Partially Achieved < 75% Not Achieved Neutral

In summary, DC has satisfactorily met 51 of these measures. There are an additional 10 measures that are considered neutral. Those determined to be neutral do not measure performance but only provide DC specific data. This leaves a remainder of 20 measures where DC did not perform satisfactorily.

Of these 20 measures, only one measure reports on activities that are within the purview of HEPRA. Eight of the measures fall within the purview of the other administrations within DOH. The remaining eleven measured activities fall within the purview of the District Government as a whole, with eight of the measures associated with the Public Health Laboratory, DC Department of Forensic Sciences.

# of Measures	**Rating**
50	**Fully Achieved**
1	**Partially Achieved**
10	**Neutral**
20	**Not Achieved**
Of those not achieved	
# of Measures	**Purview**
1	**HEPRA**
8	**DOH**
11	**DC Government**

Public Health Emergency Preparedness (PHEP) Impact Snapshot, October 2014

Purpose: The snapshot provides a comparison of a specific jurisdiction's change in emergency preparedness status from 2001 to current day, as well as provides the % of PHEP grantees who have capacity. *Organization:* CDC *Data Source(s):* 62 PHEP awardee jurisdictions

Emergency Operations Coordination	**Before 9/11/2001 DC's status**	**DC's current status**	**% achieved in Nation**
Incident Command System with pre-assigned roles in place	No	Yes	100%
Sufficient IT capability	No	Yes	83%
Wireless and remote access	No	Yes	93%
Communication systems to notify and mobilize staff	Yes	Yes	98%
Primary or alternate emergency operations center in place	No	Yes	98%
Operational response plan established	No	Yes	95%
Sufficient pre-event training/sufficient exercises	No	Yes	93%
Formal coordination with first responder agencies	No	Yes	92%
Continuity of operations plan (COOP) in place	No	Yes	90%
Clear identification of essential services and staff at time of event	No	Yes	87%
Dedicated staff or training for COOP	No	Yes	83%
Community Preparedness/Recovery			
Risk assessment or hazard vulnerability analysis conducted	No	Yes	88%
Meaningful community input/engagement	No	Yes	88%
Mental health preparedness or response planning	No	Yes	83%
Health System Preparedness/Medical Surge			
Sufficient facility-level planning	No	Yes	73%
Sufficient health care system-wide planning	No	Yes	73%
Health care and public health agencies coordinated	No	Yes	92%
Sufficient plans for vulnerable populations	No	No	55%
Emergency Support Function (ESF) #8: Public Health and Medical Services roles defined	No	Yes	93%
Patient tracking capability for family reunification	No	Yes	47%
Medical Countermeasures Dispensing/Medical Material Management and Distribution			
Sufficient storage/distribution capability	No	Yes	98%
Inventory management system	No	Yes	92%
Points of dispensing (POD) sites identified	No	Yes	100%
POD staff identified	No	Yes	97%
Alternate modes of dispensing/auxiliary distribution programs	No	Yes	93%
Lab Testing and Surveillance/Epidemiological Investigation			
Sufficient lab testing capacity	No	Yes	88%
Electronic platform to share epidemiological data with lab	No	Yes	77%
Sufficient surveillance activities	No	Yes	87%
Sufficient surveillance systems/sufficient integration between systems	No	No	73%
Emergency Public Information and Warning			
Existing inventory of frequently asked questions for scenarios	No	Yes	85%
Sufficient risk communication materials	No	Yes	97%
Designated teams or tools to monitor and relay information through social media	No	Yes	88%
Volunteer Management			
Formal volunteer pool	No	Yes	92%
Systems to manage volunteers in place	No	Yes	95%

National Snapshot of Public Health Preparedness 2013 – 2014

Purpose: Report provides a snapshot of public health preparedness and response activities that occurred during 2012 and 2013. *Organization:* US DHHS Centers for Disease Control and Prevention *Data Source(s):* CDC

Indicator	DC System 2012	National System 2012
Laboratory Response Network biological (LRN-B) and PulseNet labs rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.		
Number of labs in LRN-B with testing capabilities to confirm the presence of biological agents	2	144
Proportion of LRN-B proficiency tests passed	1/2	309/335
Result of LRN-B drill to notify CDC of significant test results within two hours	Did not participate	99%
Number of biological labs in PulseNet with testing capabilities to analyze disease-causing bacteria in food	1	72
Percentage of E.coli-positive test results analyzed and entered into CDC's PulseNet database within 4 working days	n/a	94%
Percentage of Listeria-positive tests analyzed and entered into PulseNet database within 4 working days	0%	92%
Laboratory Response Network chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities.		
Number of Level 1 LRN-C labs	-	10
Number of Level 2 LRN-C labs	1	37
Number of Level 3 LRN-C labs	-	10
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs	0/9	7.4 (state avg)
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs	0	1.4 (state avg)
Result of LRN-C exercise to collect, package and ship samples	Passed	100% Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing	Not eligible	69/72
Emergency Operations Coordination		
Number of minutes for public health staff with incident management lead roles to report for immediate duty	5 (target: < 60)	27 (state avg)
Approved an Incident Action Plan before the start of the second operation (reporting) period	Yes	81% of public health agencies
Prepared an After Action Report and Improvement Plan following a real or simulated response	Yes	89% of public health agencies
Emergency Public Information and Warning		
Issued initial risk communication to the public during a real or simulated emergency	Yes	90% of public health agencies
Technical Assistance Review (TAR) demonstrates readiness to receive, distribute, and dispense Strategic National Stockpile (SNS) assets to the public during an emergency.		
TAR score	93	98 (state median)
CDC resources supporting preparedness efforts.		
CDC PHEP cooperative agreement funding provided	$6,730,903	$613,610,342
CDC preparedness field staff	3	112
CDC Emergency Management Program Activities	6	389
Public Health personnel receiving SNS training	-	1,456

Outbreaks: Protecting Americans from Infectious Diseases, December 2014

Purpose: The report provides an objective and independent analysis of the status of infectious disease policies. *Organization:* Trust for America's Health and the Robert Wood Johnson Foundation *Data Source(s):* various sources and mixed methodologies used depending upon the indicator.

Each state receives a score based on 10 key indicators, receiving one point for achieving an indicator or zero points if they do not achieve the indicator. Zero is the lowest possible overall score, and 10 is the highest.

Score of 8 (5 states)	**Score of 7** (7 States)	**Score of 6** (13 States)	**Score of 5** (9 States & DC)	**Score of 4** (8 states)	**Score of 3** (7 states)	**Score of 2** (1 state)
Maryland Massachusetts Tennessee Vermont Virginia	California Delaware Nebraska New Hampshire North Dakota Pennsylvania Wisconsin	Colorado Connecticut Florida Hawaii Illinois Iowa Minnesota New York North Carolina Rhode Island South Carolina South Dakota Texas	Alabama DC Georgia Indiana Michigan New Mexico Oklahoma Oregon Utah West Virginia	Alaska Arizona Maine Mississippi Missouri Montana Nevada Washington	Idaho Kansas Kentucky Louisiana New Jersey Ohio Wyoming	Arkansas

Indicator	**Did DC Achieve the Indicator**
Increased or maintained level of funding for public health services from FY 2012 – 2013 to FY 2013 – 2014.	NO
State scored equal to or higher than the national average on the Incident & Information Management domain of the National Health Security Preparedness index.	YES
Met the Healthy People 2020 target of 90% of 19 to 35 month olds receiving recommended ≥ 3 doses of HBV vaccine.	YES
Vaccinated at least half of their population (Ages 6 months and older) for the seasonal flu for fall 2013 to spring 2014.	NO
State currently has completed climate change adaptation plans – including the impact on human health.	NO
State performed better than the national SIR for central line-associated bloodstream infections.	NO
Between 2011 and 2012, state reduced the number of central line associated blood steam infections.	NO
From July 1, 2013 to June 30, 2014, public health lab reports conducting an exercise or utilizing a real event to evaluate the time for sentinel clinical laboratories to acknowledge receipt of an urgent message from laboratory	YES
State requires reporting of all CD4 and HIV viral load data to their state HIV surveillance program.	YES
State met the national performance target of testing 90 percent of reported Escherichia coli (E. coli) 0157 cases within four days.	YES

Ready or Not? December 2012 Report

Purpose: The report provides examination of state public health preparedness by conducting an independent analysis of 10 key preparedness indicators, based on input and review from public health experts. *Organization:* Trust for America's Health and the Robert Wood Johnson Foundation *Data Source(s):* CDC, Association of Public Health Laboratories, Center for Climate and Energy Solutions, Emergency Management Accreditation Program, the National Council of State Boards of Nursing, states' public documents and interviews with government officials.

Each state receives a score based on 10 key indicators, receiving one point for achieving an indicator or zero points if they do not achieve the indicator. Zero is the lowest possible overall score, and 10 is the highest.

Score of 8 (5 states)	**Score of 7** (10 States)	**Score of 6** (15 States)	**Score of 5** (14 States & DC)	**Score of 4** (4 states)	**Score of 3** (2 states)
Maryland	Alabama	Connecticut	Alaska	Colorado	Kansas
Mississippi	Arkansas	Idaho	Arizona	Georgia	Montana
North Carolina	California	Iowa	DC	Nevada	
Vermont	Delaware	Kentucky	Florida	New Jersey	
Wisconsin	Nebraska	Louisiana	Hawaii		
	New Hampshire	Maine	Illinois		
	New Mexico	Massachusetts	Indiana		
	New York	Missouri	Michigan		
	North Dakota	Ohio	Minnesota		
	Virginia	Oklahoma	Oregon		
		South Carolina	Pennsylvania		
		Tennessee	Rhode Island		
		Utah	South Dakota		
		Washington	Texas		
		Wyoming	West Virginia		

Indicator	**Did DC Achieve the Indicator**
Increased or maintained level of funding for public health services from FY 2010 – 2011 to FY 2011 – 2012	YES
Notified and assembled public health staff to ensure quick response to an incident.	YES
Met HHS goal of vaccinating 90% of 19 to 35 month olds against whooping cough.	NO
Requires Medicaid coverage for flu shots with no co-pay fore beneficiaries under age of 65.	NO
State has a complete climate change adaptation plan.	NO
Mandates all licensed child-care facilities to have a multi-hazard written evacuation and relocation plan.	YES
State has been accredited by the Emergency Management Accreditation Program.	YES
State participates in a Nurse Licensure Compact.	NO
State public health lab reports having enough staffing capacity to work five, 12 hour days for six to eight weeks in response to an infectious disease outbreak such as novel influenza A HINI.	YES
State public health lab reports increasing or maintaining their LRN-C chemical capability.	NO

America's Emergency Care Environment, A State by State Report Card-2014

Purpose: Measures how states support the ability of emergency departments to care for patients. *Organization:* American College of Emergency Physicians *Data Source(s):* The Report Card is based on 136 objective measures, within 5 categories, that reflect the most recent data available from CDC, CMS, AMA, and the National Highway Traffic Safety Administration; additionally, input was received from state health officials.

"The District of Columbia remains at the top of the pack, with one of the strongest emergency care environments in the nation, stellar overall Access to Emergency Care, and a strong commitment to Disaster Preparedness. While the District has improved the Quality and Patient Safety Environment, it continues to struggle with the worst Medical Liability Environment in the nation and excessive emergency department (ED) wait times."

Categories	Rank in the Country	Grade 2014
Access to Emergency Care *(availability and capacity of emergency care resources)*	1	A
Quality and Patient Safety *(existing use of technology and state investments in quality improvements)*	9	B
Medical Liability *(review of existing legislation, liability reforms, malpractice awards, etc.)*	51	F
Public Health/Injury Prevention *(public health and prevention measures, i.e. IMR, obesity, immunizations, access to primary care, seatbelt use, traffic deaths)*	24	D+
Disaster Preparedness *(federal investment, disaster training, drills, bed surge capacity, burn beds, ICU beds, patient tracking, syndromic surveillance, communication systems, etc.)*	1	A
OVERALL	1	B-

Q7: ***Response***

All of the planning factors concerning disease surveillance, reporting and response/recovery activities found in the *D.C. Department of Health Epidemiological Surveillance and Response Plan* were just as applicable to Ebola as to other infectious diseases. This plan formed the immediate basis (and reference) for the Department of Health (DOH). Following the first case of Ebola treated in the United States, the CDC began to discuss and disseminate updated information based upon the lessons learned. While the *D.C. Department of Health Epidemiological Surveillance and Response Plan* remained a relevant and vital plan, the District recognized a need for a supporting planning document that specifically addressed Ebola. That led to the formation of the District Ebola Work Group. To date, the work group has produced a near final *District Ebola Playbook* that outlines the roles/responsibilities of the District agencies/departments for response and recovery in the event of an Ebola outbreak in the District. This planning document also incorporates protocols to address the pets of Ebola victims.

Q8: ***Response***

Disease, Food Contamination and Biohazard Outbreaks

a. What actions did DOH-HEPRA take during FY14 and to-date in FY15 to monitor disease, food contamination, and biohazard outbreaks in light of the Ebola epidemic of West Africa?

   The main focus of HEPRA's efforts in the Ebola response has been serving upon the District Ebola Planning Work Group to develop a District Playbook that outlines the roles and responsibilities of all District agencies/departments in the response and recovery from an Ebola outbreak. Secondarily, HEPRA review training protocols by the DC FEMS Department regarding donning/doffing of Personal Protective Equipment (PPE). HEPRA was part of the DOH Director's first-hand survey of Ebola preparedness at the eight major hospitals within the District.

b. What changes, if any, have been made to the way HEPRA coordinates with other District agencies, federal programs, and private providers?

   Due to the changing nature of events within the National Capital Region in FY14, HEPRA leveraged the expertise resident in fellow DOH administrations to bring subject-matter-expertise to the forefront. Examples included the emphasis on the Health Regulation and Licensing Division for food service inspection support during the National Security Special Event, the 2014 US – Africa Leaders Summit hosted by the U.S. Department; the superb in-hospital knowledge and interaction by HRLA during the District long-term care facility insolvency case; and the wealth of expertise demonstrated by the DOH epidemiologists for the Ebola Response.

c. What actions did HEPRA take during FY14 and to-date in FY15 to monitor disease, food contamination, and biohazard outbreaks?

   In FY12, all epidemiological resources in HEPRA were transferred to the Center for Planning and Performance Evaluation (CPPE). The State Epidemiologist and his staff monitor disease, food contamination and biohazard outbreaks.

   In FY 14, HEPRA collaborated with its fellow administrations in the Department of Health, coordinated to maintain situational awareness for foodborne illnesses during the 2014 U.S. – Africa Leaders Summit (a National Security Special Event) hosted by the U.S. State Department. During that event, the DOH conducted surveillance 30 days before the event, during the four-day event, and 30 days after the event. HEPRA's specific contribution to this event was to modify the HC Standard patient tracking system in order to capture food-related incidents due to problems in handling or preparation. For the ongoing Ebola response, HEPRA participated on a DOH assessment team personally led by the Director, DOH to visit the eight (8) District hospitals and review their preparations, plans, and challenges. These visits led to the development of the Tiered-hospital list, as required by the CDC. Thereafter, HEPRA leadership responded on-scene to a Pentagon

Bus halted in D.C. due to a passenger's false claim of Ebola. HEPRA also provided the DOH planner to the District Ebola Playbook Work Group which was organized to develop a roles and responsibilities document for District agencies/departments in the event of receiving an Ebola patient.

d. Provide a list of all Foodborne outbreaks and other epidemiological investigations conducted by HEPRA in FY14 and to-date in FY15.

Foodborne outbreaks and epidemiological investigations (disease/biohazard outbreaks) are conducted by elements of the Health Regulation and Licensing Administration and the DOH Epidemiology staff, respectively. They have collaborated to provide the response to this question:

DC DOH List of Significant Events/Investigations

January 8	Meningitis Pennington
February 5	Gastrointestinal Illness at The Georgetown Retirement Residence
February 15	Gastrointestinal Illness at Friendship Terrace Independent Living
February 21	Multi-State Listeria Outbreak
March 10	Gastrointestinal Illness at Janney Elementary School
March 26	Gastrointestinal Illness at Arts and Tech Academy
May 14	Gastrointestinal Illness at Washington Yu Ying Public Charter School
May 19	Triangle Tots School Illness

May 29 – Current Chikungunya Virus

In May of 2014 the first case of Chikungunya virus in a DC resident was reported to the Department of Health. During 2014 DC DOH investigated nine (9) confirmed, five (5) probable, and four (4) suspect cases in District residents. All cases were associated with recent travel to countries where Chikungunya is now endemic.

June 2	Cluster of HFMD @ Rhema Christian Child Development Center
June 11	Bed Bugs at MLK Elementary School

Late June – November Shigella Cluster

DC DOH started investigating an increase in the number of cases of Shigella sonnei, particularly in school-aged children. DC DOH created materials on gastrointestinal illness and hand-washing guidelines that were distributed to public and charter schools, as well as daycares at the start of the school year. Materials were translated into several languages, including French and Amharic.

July 7 – Current Multi-State Salmonella Newport/Javiana/Enteritidis Outbreak

As part of this investigation we coordinated with CDC and other jurisdictions to investigate cases in DC linked to the multi-state outbreak, as well as participated in conference calls with CDC and other states.

July-August U.S. - Africa Leaders Summit

On July 1, 2014, epidemiologists in DC, Maryland and Virginia held a phone conference to begin planning for enhanced surveillance activities. From July 21, 2014 through August 20, 2014, epidemiologists from regional jurisdictions reviewed syndromic surveillance data to identify any unusual type or rate of disease/symptom activity that could potentially be related to the Africa Leader's Summit. The DOH HECC (Health Emergency Coordination Center) was activated to integrate all sources of

surveillance data. DC DOH epidemiologists on duty at the HECC reviewed the data being collected and informed key stakeholders of the type or number of cases seen that raised concerns.

August – Current Ebola Response

August: DC DOH was consulted regarding a recent traveler from a country with widespread EVD cases was under evaluation at George Washington University Hospital. This same month DC DOH was also consulted on a recent traveler evaluated at Washington Hospital Center.
September: DC DOH was consulted regarding a recent traveler evaluated at Children's National Medical Center.
October 3: DC DOH was consulted regarding a recent traveler evaluated at Howard University Hospital.
October 17: DC DOH was consulted on a person falsely claiming recent travel history that become ill after getting off a bus at the Pentagon. DC DOH was on site for the investigation. This same date DC DOH began actively monitoring all recent travelers returning to the District from Sierra Leone, Liberia, and Guinea.
October 20 – 22: DC DOH visited all tertiary care hospitals within the District to assess their Ebola readiness.
October 24: DC DOH went live with a 24/7 Ebola Response Hotline
November 6: DC DOH was consulted regarding a recent traveler evaluated at Children's National Medical Center.
November 17: Per CDC recommendation, DC DOH expanding active monitoring to include recent travelers returning from Mali.
November 28: DC DOH was consulted regarding a recent traveler evaluated at Children's National Medical Center.
December 3: DC DOH was consulted regarding a patient falsely claiming travel history at Howard University Hospital.
December 6: DC DOH was consulted regarding a patient with inappropriate history at Howard University Hospital.
December 7: DC DOH was consulted regarding a patient with inappropriate history at United Medical Center.
December 11: DC DOH was consulted regarding a recent traveler evaluated at Washington Hospital Center.
December 23: DC DOH was consulted regarding a recent traveler evaluated at George Washington University Hospital.
December 26: DC DOH was consulted regarding a recent traveler evaluated at Children's National Medical Center.
December 30: DC DOH was consulted regarding a recent traveler evaluated at George Washington University Hospital.

August 25 – Early September Capital Area Food Bank swollen can recall

DOH was notified of a voluntary recall initiated by the Capital Area Food Bank due to reports of swollen cans of greens. Due to the nature of bulging cans, Clostridium perfringens or Clostridium botulinum were suspected. DOH spoke with the only two (2) suspected cases reported and visited them at their residence to facilitate collection of a clinical specimen for testing at the Public Health Lab.

September 10 Mississippi Legionella

Mississippi DOH notified DC DOH about outbreak of legionella tied to a Mississippi hotel. Twelve (12) DC residents were confirmed to have stayed there during exposure period. DC DOH contacted travelers,

no known illnesses were reported, and the travelers participated in a MS survey of exposure risks and symptoms since exposure period.

September 14 GU Meningococcal Meningitis
DC DOH received notification of student death at Georgetown University suspicious of meningitis. Worked closely with GU to perform contact tracing and provide guidance for post-exposure prophylaxis. Case later confirmed to be meningococcal meningitis, but subtype not determined due to lack of sufficient specimen. Consultations with CDC, NJ DOH (Princeton) and CA DOH (University of California – Santa Barbara) were included in determining optimal recommendations for PEP and ongoing case management. No additional cases were known to occur.

September 22 Enterovirus EV-D68 first confirmed case
Following CDC distribution of a HAN message regarding enterovirus-linked deaths in children with respiratory illnesses (such as asthma), DC DOH began mandatory reporting of entro/rhino positive tests in individuals admitted to the PICU in pediatric hospitals. On October 27, 2014 two (2) cases were confirmed positive for EV-D68.

September 23 Bruce-Monroe ES Mumps Case
A confirmed case of mumps was reported in a student found to be out of compliance with DCPS/DOH vaccination requirements. DOH, in coordination with DCPS and DC PCS Board, promoted vaccination education and MMR vaccination campaign within the affected school.

October 6 October 12 World Bank/IMF Annual Meeting
Met with and coordinated with World Bank/IMF emergency, health, and security officials to establish a plan for management of potential cases of Ebola among meeting attendees.

October 24 Sibley Norovirus Outbreak
DC DOH was notified by an infection control practitioner at Sibley Hospital about a possible cluster of Norovirus cases among patients and staff. DC DOH provided advice on cleaning and when it would be safe for patients to return to the affected areas.

November 25	Friendship Collegiate Academy Gastrointestinal Illness Cluster
December 1	Knollwood Respiratory Cluster
December 10	William E. Doar PCS Gastrointestinal Illness Cluster

Q9: Response

The DC Responds system is a web-based database for volunteer management, whereby members of the public can apply for and become registered as members of the DC Medical Reserve Corps (DCMRC). HEPRA staff utilizes DC Responds volunteer management system to track professional licenses, capture and monitor training, roster and deploy volunteers in of an event or emergency. DC MRC volunteers include licensed medical professionals and non-medical volunteers to support the District's public health emergency preparedness and response functions.

a. Number of volunteers registered in the DC Responds system (segmented into organizations):
   - DOH MRC 913 *-- 662 medical and 251 non-medical volunteers.
   - Disaster Behavioral Health 107
   - Serve DC 377

   TOTAL 1,397

b. Number of newly registered volunteers in FY14 and to date in FY15:

   - FY14 84
   - FY15 25

c. Exercises or drills that test the use of DC Responds and results:

Autumn Charge Drill- Every year in October, HEPRA staff utilizes DC RESPONDS for the Autumn Charge Exercise. *Autumn Charge* is a multi-state, coast-to-coast virtual exercise that tests the DC RESPONDS system during a simulated disaster. HEPRA exercises and evaluates the system, processes, and readiness for deployment and coordination of responders both locally and from other jurisdictions. The exercise demonstrates HEPRA's ability to send notifications, receive and respond to messages, and to immediately deploy MRC volunteers.

Testing the DC RESPONDS system, HEPRA:

- Created a mission within a designated timeframe.
- Created a deployment group(s) within a designated timeframe.
- Created a message for volunteers
- Requested MRC volunteers to indicate "immediate availability"
- Processed MRC volunteer "availability" responses
- Assigned volunteers for deployment.

1. ***Autumn Charge IV***- Oct 29 - 30, 2013
   HEPRA staff sent the exercise message. HEPRA staff alerted three hundred ninety-eight volunteers. Twelve volunteers (3%) indicated that they were available for immediate deployment. HEPRA alerted sixty nurse volunteers and twenty-five nurses (42%) responded appropriately within the test time frame.

2. ***Autumn Charge Autumn Charge V***- October 15, 16, 2014
   HEPRA staff sent the exercise message at 1:27 pm. HEPRA staff four hundred and twenty-seven volunteers. Ninety volunteers responded within the appropriate time frame. Twenty volunteers (5%) indicated that they were available for immediate deployment.

d. Areas of Change or improvement:

HEPRA staff collaborates with District agencies, community and other Medical Reserve Corps to increase the District's capability to prepare for, respond to and recover from emergencies and disasters. The trained cadre of volunteers augment the District's ability to respond. An example would be that during an emergency that required evacuation and mas care, DHS and Office of Aging volunteers have been trained to staff emergency shelters.
HEPRA staff conducted emergency preparedness and community resilience training for District staff, community members and other entities. The emergency preparedness and community resilience training consists of:

- Community Emergency Response Team (CERT)
- Mass Care
- CPR/AED/First Aid
- Community Resilience
- Disaster behavioral health
- Senior Awareness
- Sensitivity to those with Access and Functional Needs
- Pet Preparedness
- Patient Tracking
- Points of Dispensing (PODs)

Partner agencies and organizations with trained volunteers to add to DC Responds include:

- George Washington University MRC 243
- Howard University School of Medicine MRC 75
- Howard University School of Pharmacy MRC 54

- Office on Aging (expect to train additional 60 in FY 15) 110
- Department of Human Services (expect to train 60 in FY15) 75
- Department of Youth Rehabilitation Services (expect to train 50) 30

Examples of special events where community and Medical Reserve Corps volunteers augmented District resources:

- State of the Union address- 2014, 2015
- July 4, 2014
- Africa Leaders Summit
- Nations Triathlon

- Concert of Valor
- District Full Scale Exercise
- Mayor Barry Funeral
- Martin Luther King Day of Service

*HEPRA will work with the professional boards to scrub and verify information after licensing period ends.

Q10: Response

Washington DC is participant and one of 4 directly funded cities in the CDC'S Cities readiness Initiative (CRI). Provide a detailed accounting of how HEPRA has used funding allocated from the federal government.

Cities Readiness Initiative - DC Strategic National Stockpile (DC SNS) Program – is the program in HEPRA that is responsible for requesting, receiving, dispensing and distributing federally stockpiled SNS assets (medical supplies and equipment) in response to a bioterrorism or naturally occurring public health threat once local resources are exhausted.

The program coordinates the opening of Open (Public) and Closed (local and federal partners) Points of Dispensing (PODs), located at universities, Department of Defense, federal agencies, healthcare pharmacies, community clinics and private entities to provide emergency prophylaxis or vaccinations for critical responders and the general public.

Funding allocation:

CDC CRI Funding		
Fiscal Year	FY14	FY15
Period of Performance		
Grant start date	1-Jul-13	1-Jul-14
Grant end date	30-Jun-14	30-Jun-15

Personnel	$292,902.00	$304,395.00
Fringe	$65,024.00	$68,489.00
Travel	$2,500.00	$3,500.00
Equipment	$20,000.00	$0.00
Supplies	$20,107.00	$0.00
Contractual	$238,691.00	$28,950.00
Other- Fixed	$45,000.00	$46,891.00
Indirect	$142,080.00	$186,442.00

TOTAL	$826,304.00	$638,667.00

Q11: ***Response***

HEPRA did not return any unutilized funds to the federal government in FY 14. However, the federal government did grant an extension to utilize the funds for HEPRA's unfinished projects, specifically relocation of the Health Emergency Coordination Center (HECC) relocation to DOH Headquarters located at 899 N. Capitol St., NE.

Q12: ***Response***

a. There were no vulnerabilities or issues identified in FY 14 or FY 15 to date.

b. The hospitals listed in the HAvBED system are now correct. The current HAvBED system displays the following hospitals for the District:
    - Children's National Medical Center
    - George Washington University Hospital
    - Georgetown University Hospital
    - Hadley Memorial Hospital
    - Howard University Hospital
    - National Rehabilitation Hospital
    - Providence Hospital
    - Sibley memorial Hospital
    - United Medical Center
    - Veterans Affairs Medical Center
    - Washington Hospital Center

Q13: ***Stroke & Myocardial Infarction Transports***

How many stroke and Acute Myocardial Infraction patients have been transported by EMS in FY14 and where were they transported?"

In order to obtain this data, HEPRA will have to coordinate with FEMS. HEPRA is assessing the requirements needed to serve as a NEMSIS-compliant state reporting collection site for all reporting entities. An estimate of cost would include approximately $200K in initial systems procurement, not counting annual maintenance. Additionally, one (1) FTE data analyst would be needed on staff to manage not only the NEMSIS registry but also the trauma registry.

Q14: ***Health Alert Network (HAN)***

The DC Department of Health's Health Alert Network (HAN) is an alert notification system that disseminates information to the DOH staff, and the Emergency Support Function #8 (ESF #8) Public Health and Medical Services partners/stakeholders during a public health emergency. The HAN transmits information to various electronic devices belonging to our staff, partners and stakeholders including health threat alerts, Health Emergency Coordination Center (HECC) activation notifications, and/or conference call information for the initial notification of a biological incident, as identified through the BioWatch system.

Update: The HAN was used in fifteen (15) total alert notifications in FY14 and to-date in FY15. During this time period, the HAN was used in three (3) District snow emergencies, seven (7) alert notification tests, to verify distribution lists and gauge response times, and five (5) times to disseminate information to our partners and hospitals.

Q15: ***Ambulance Inspections***

In FY14, the Department of Health (DOH) inspected 434 ambulance units and issued 75 corrective actions. (In comparison, DOH inspected 522 ambulance units and issued 66 corrective actions in FY13.) Corrective actions were identified in the areas of health issues, safety issues, and failure to produce supplies or equipment. These corrective actions were initiated throughout FY14. The identified deficiencies were located inside and outside of the ambulance unit. Corrective actions range from immediate to a one to 10 business day requirement. Corrective action consists of having the ambulance re-inspected, usually within twenty-four (24) hours. The ambulance must pass the re-inspection before being placed back into service.

In the First Quarter of FY15, the Department of Health inspected 88 ambulance units and issued 44 certifications and two corrective actions.

The following numbers apply to FY14 Year-in-Close:

Total ambulance units servicing the District of Columbia: 182

FEMS: 93 Private Providers: 89 (on average, 28 ambulance units out-of-service on a daily basis.)

Announced Inspections	198
Unannounced Inspections	236
Total Inspections	**434**
Corrective Actions	75
Total # of Certifications	**174**

Number one deficiency of FY14: Lights not operable in patient compartment. (Note: These repairs were completed immediately or during the unit's preventive maintenance schedule.)

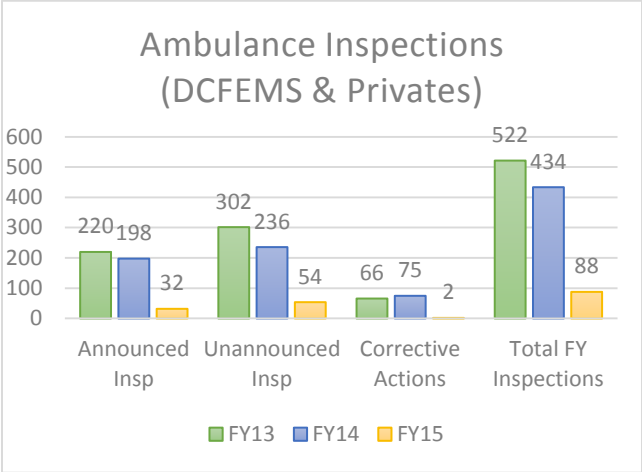
NOTE: On September 17, 2014, the Department of Health implemented a policy to inspect other EMS response vehicles which service the District of Columbia. The vehicles which have been inspected are the apparatus that carry medical equipment and supplies. To date, we have inspected a total of 5 engine companies and 3 MedStar helicopters, which service the city during day-to-day emergencies. By adding the eight additional response vehicles to our inspection totals, this would bring the total of certifications to 182 and the total number of inspections to 442.

FY13 Historical Information:

Announced Inspections	220
Unannounced Inspections	302
Number of Inspections	522
Corrective action	66

FY12 Historical Information:

Announced inspections	63
Unannounced Inspections	401
Number of Inspections	464
Corrective actions	46



Q16: ***EMS Certifications***

"Provide info on the # of EMS personnel certifications, re-certifications and denials issued by HEPRA during FY14 and to-date in FY15, and the number of certified EMS providers that have met the NREMT certification requirement."

Background. All EMS providers in the District of Columbia must maintain NREMT certification. As of January 20, 2015 there are 2,632 EMS Providers in the District of Columbia. They consist of the following:

- Emergency Medical Responder: 0
- Emergency Medical Technician: 2,142
- Advanced EMT: 4
- EMT-Intermediate: 26
- Paramedic: 460

Number of applications processed for FY14: 1,485

- Emergency Medical Responder: 0
- Emergency Medical Technician: 1,220
- Advanced EMT: 4
- EMT-Intermediate: 12
- Paramedic: 249

Number of applications processed to date in FY15: 106

- Emergency Medical Responder: 0
- Emergency Medical Technician: 57
- Advanced EMT: 0
- EMT-Intermediate: 0
- Paramedic: 49

Number of Denials/Rejections: 6

- Incomplete Application: 5
- Resigned Before Processing Complete: 1

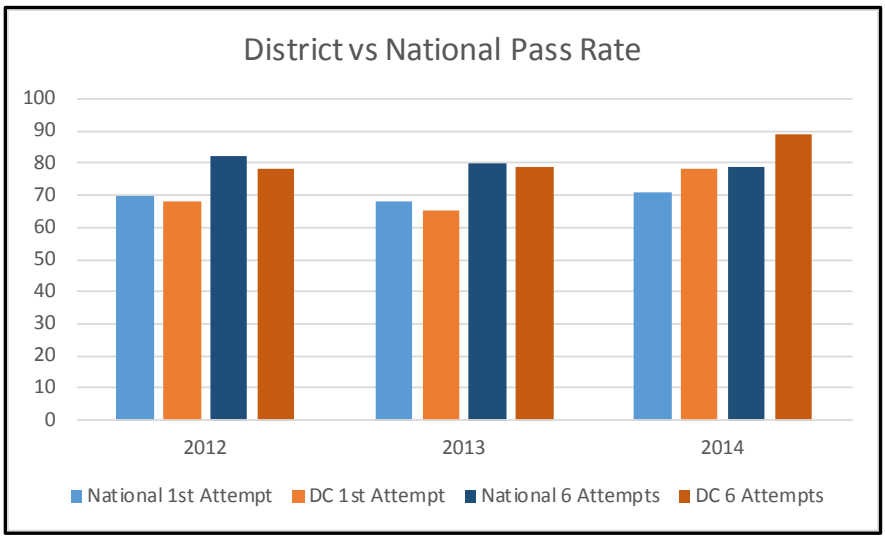
Q17: ***EMT Training Programs***

"What is the most recent pass rate for EMT training programs? Did this pass rate meet HEPRA's goal or fall short?"

The current pass rate for the District of Columbia has succeeded in surpassing the national average pass rate for both the first attempt and within six attempts.

As noted previously, Calendar Year (CY) 2012 marked a major change in the NREMT National Exam, as they transitioned from the National Standard Curriculum to the National Education Standards. With this change in standards, a change in the pass rate was expected, especially on first attempts. Such a change was observed during CY12. In CY13, a slight dip occurred in first attempts and a slight improvement in the pass rate within six attempts. In CY14, the District exceeded the national pass rate by seven points on first attempt, and by 10 points within six attempts. Within the District, a 13-point jump was realized on first attempts, and a 10-point jump was seen within six attempts. (See chart below demonstrating improvement over the past three years.)

The Department of Health continues to work with our individual educational centers on improving their scores and we are pleased with the progress that has been made thus far.



Year	National 1st Attempt	District 1st Attempt	National within 6 Attempts	District within 6 Attempts
2012	70	68	82	78
2013	68	65	80	79
2014	71	78	79	89

Pass rate in percentage

**** Note on NREMT Data.***
The date provided by the NREMT in this report is based on the student's course completion date, not the actual time the student challenged the exam. From time of course completion, students have up to two years to complete

the testing process. Therefore, a student who completed the course in January of 2012 had up till January of 2014 to complete the process. For example, if the student completes the course in June of 2012, then takes the exam in September of 2012, December of 2012, and February of 2013, the results for all three exams will be reported under the June 2012 date of course completion.

Q18: ***Response***

In response to the near insolvency of a District-funded long-term care facility in 2014, HEPRA took the lead for DOH in organizing a Healthcare Facility Evacuation exercise with District agencies/departments, and private healthcare partners that outline a five-phased approach to conducting long-term healthcare facility evacuations during non-emergent situations. Spurred on by the DOH Health Regulation and Licensing Administration's superb in-hospital knowledge and interaction, as well as HEPRA's own long-running development of patient tracking situational awareness system, the Homeland Security Emergency Management Agency collaborated with DOH to help in the production of a new evacuation plan that could be applied to healthcare facilities in general. This resulted in the drafting of the *District of Columbia Healthcare Facility Evacuation Plan.*

Q19: ***Physician Orders for Scope of Treatment (POST) Program***

"Please provide update on implementation of the Physician Orders for Scope of Treatment (POST) program."

Modified Do Not Resuscitate/Comfort Care Order (DNR/CCO) legislation has been developed to allow DOH to take the first step to move from a paper-based system to an online system. Once the legislation is submitted and approved, staff work can begin on developing the public web interface.

Until this first stage is complete, there is no need to proceed with the more overarching goal of a full POST program. Preliminary research has been accomplished, and a two-stage process has been identified to accomplish the necessary steps to first update the current DNR/CCO program and then to bring about adoption of a POST program. The formation of a committee is dependent upon the completion of these necessary first steps.

Q41: Please provide an update on efforts to acquire an inventory management system that is more conducive to the type of pharmacy warehousing conduced at the DOH Pharmacy Warehouse.

Response:

In FY14, the DOH Pharmacy Warehouse within the Health Emergency Preparedness and Response Administration (HEPRA) continued to seek a vendor to implement a turn-key enterprise pharmaceutical inventory management system solution to support the daily operations of the Pharmaceutical Warehouse and the receipt, staging and storage (RSS) of emergency medical supplies and equipment for the CDC's Strategic National Stockpile (SNS).

Currently, HEPRA purchases its inventory of drugs from AmerisourceBergen, a procurement contractor for the Department of Defense's affiliated federal programs within the USA. Through a GSA arrangement with DOD, DOH obtains federal discounted prices for its drug purchases. DOH Pharmacy Warehouse has met with Amerisource Bergen Technology Group (ABTG) and identified their Rx Works system to provide the proposed inventory solution. The Rx Works System is a web-based system that will provide user-friendly forms, templates, workflows, ease-of-use dashboards and management tools for oversight and quality control to support the receipt, security, storage, inventory, and distribution of drugs and other medical countermeasures on a daily basis and in emergency situations. Rx Works will move existing manual operations and procedures into an on-line environment to provide an easy transition and demonstrate more transparency during all steps of the procurement process. A plan to implement the system is currently in place, and the next steps are to procure the RX Works system for more efficient and effective inventory management.

Q. 42: Please provide an updated list of all programs, pharmacies, and other locations for which PPD provides support and procurement. Please provide a breakdown by program and list the procurement amounts for each program.

Response(s):

DOH Pharmaceutical Warehouse - Network Pharmacy Provider:

1. AHF Blair Pharmacy
2. Alpha Peoples Drugs
3. Apex Pharmacy
4. Capitol Hill Pharmacy
5. Cathedral Pharmacy
6. Columbia Heights Pharmacy
7. Goodcare Pharmacy
8. Grubb's Pharmacy, SE
9. Grubb's Pharmacy, NE
10. Grubb's Specialty Pharmacy, NW
11. H Street Pharmacy & Wellness Center
12. Metrocare Pharmacy
13. Morgan Pharmacy
14. Mount Pleasant Pharmacy
15. Nations Pharmacy
16. Neighborhood Pharmacy
17. Seat Pleasant Drug
18. State Pharmacy
19. Sterling Pharmacy
20. Super Pharmacy
21. Walgreens Pharmacy, #10071
22. Walgreens Community Pharmacy
23. Whitman Walker Pharmacy

Line:		FY '14 DOH PW Funding Certifications
	Program	FY'14 Budget
1	Dept. of Health Care Finance Medicaid 1915 (b) (4) HIV Waiver Demonstration	$ 44,464,000.00
2	DOH HIV/AIDS Hepatitis, STD, TB Administration (HAHSTA) Aids Drug Assistance Program (ADAP)	$ 10,180,750.00
3	DC Department of Corrections	$ 2,977,000.00
4	Dept of Health Care Finance Health Care Safety Net Alliance	$ 1,500,000.00
5	DOH - Health Emergency Preparedness And Response Administration (HEPRA)	$ -
6	DOH HAHSTA - Tuberculosis Program	$ 122,000.00
7	DOH HAHSTA - Sexually Transmitted Disease Treatment Program	$ 102,000.00
8	Fire and Emergency Medical Services (FEMS)	$ 127,000.00
Program Totals		$ 59,472,750.00