

Tools for Evaluating the Metropolitan Medical Response System Program: Phase I Report

The Office of Emergency Preparedness (OEP) of the United States Department of Health and Human Services has been contracting with the most heavily populated U.S. cities in an effort to improve those cities' capabilities to respond to terrorism incidents on the scale of the September 11, 2001 attacks on the World Trade Center and the Pentagon. The central focus of this effort, the Metropolitan Medical Response System (MMRS) program, has been on unfamiliar chemical and biological agents. However, many of the requisite capabilities for dealing with the consequences of those agents are also necessary for effective response to an attack with explosives or radiological agents, as well as natural disasters. The contracts, which OEP has signed with 97 cities to date, provide cities with funds for special equipment and a cache of pharmaceuticals and medical supplies; in turn OEP requires detailed plans on how the city will organize and respond to chemical and biological terrorism incidents.

An Institute of Medicine (IOM) committee was asked to assist OEP in assessing the effectiveness of the MMRS program by identifying or developing performance measures and systems to assess the effectiveness of, and to identify barriers related to, the MMRS development process. The committee will then use these measures to establish appropriate evaluation methods, tools, and processes for use by OEP in assessing the effectiveness of the MMRS program.

In the Phase I report, the committee responds to a list of 11 specific questions posed by OEP and provides a collection of almost 500 potential measures of local preparedness. The measures address activities such as initial identification of the toxic chemical or pathogen, decontamination, transportation, and treatment of victims. The measures include inputs, processes, and

outputs, such as medical treatment protocols for the most dangerous chemicals and pathogens, collection of plausible early-warning indicators of a covert biological attack, and actual decontamination of victims of a chemical spill or simulated victims in a large-scale exercise. These measures will form the basis of the comprehensive assessment system that will be the product of Phase II of the project.

The committee was impressed by the program's focus on empowering local communities, as opposed to creating yet another federal team to rush to the community at the time of an incident. The program's flexibility in allowing each community to shape its system to its unique circumstances and requirements was also a favorable characteristic.

The report suggests several activities or areas that might be useful additions to future contracts with additional cities. These include a preliminary assessment of existing community strengths and weaknesses as well as community plans for the following: utilization and management of volunteers, receipt and distribution of materials from the National Pharmaceutical Stockpile, evacuation and disease-containment decision making, shelters for people fleeing an area of real or perceived contamination, post-event follow-up on the health of responders and caregivers, and post-event amelioration of anxiety in the community at large.

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Tools for Evaluating of the Metropolitan Medical Response System Program: Phase I Report is available for sale from the National Academy Press, 2101 Constitution Avenue, N.W., Box 285, Washington, DC 20055; call (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area), or visit the NAP's on-line bookstore at www.nap.edu.

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