

January Hospital Association Recipient Webinar Call Transcript

January 20, 2021

Call Transcript

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Jennifer Hannah: Good afternoon. Thank you for joining us today. I am Jennifer Hannah, Deputy Director of the National Health Care Preparedness Programs or NHPP Branch. Before I hand it over to our first presenter, I would like to provide an overview of what we will cover today. Next slide please.

First, Mary Gallagher, the Executive Vice President and Chief of Staff of the Ohio Hospital Association, will present on how her organization use ASPR funding to address PPE shortages and support Ohio hospitals during the COVID-19 response. Next, I will provide a few ASPR Health Care Readiness Programs updates. Afterwards, Shayne Brannman will highlight some surge and staffing resources available on ASPR TRACIE's website. Finally, we will launch a few short polls to solicit your feedback on what topics you'd like to hear or learn more about during our monthly webinars in 2022. I will pass it over to Mary Gallagher to share how the Ohio Hospital Association has used ASPR funding to encourage statewide collaboration between hospital manufacturers and healthcare partners.

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Mary Gallagher: Thank you, Jennifer, and Megan. I am Mary Gallagher, Executive Vice President and Chief of Staff at the Ohio Hospital Association. I'm joined by Jim Giuliano, Chief Clinical Officer and Vice President of Operations. Jim is our expert in many of these areas. I'm glad he is able to join today, so I'm going to talk about the unique things we did early in the pandemic with the help of ASPR and the support of ASPR funds.

On the first slide, I want to talk about the Ohio membership. I recognize a lot of the names on the screen, so I will put it into context to show how our Ohio Hospital Association compares to your state association. We have 250 hospital members, 191 of which are acute care hospital, and in Ohio we have a little of everything. We have metropolitan areas each of which have their own children's hospital. We have 10 children's hospitals, seven of which are freestanding, and we also have several adult hospitals. Almost 20% of our members are rural, so we also have a real wide array of hospitals in our state. When you see the ownership, I wanted to point out most of the hospitals in Ohio are nonprofit, tax-exempt organizations. About 20% of our members are Catholic-sponsored hospitals, but a couple of things to note. We have 24 public or government hospitals and there's a wide range of members within that category. We've got the Ohio State University Medical Center in that category. We also have small joint township district rural critical access hospitals in that category. That's a diverse group in that 24. I wanted to mention that we have only six full service acute care for profit hospitals in Ohio. A couple of those are physician owned surgery centers with overnight beds. A couple others are parts of a national chain hospital corporations, which are publicly traded, and investor owned; but, unlike some states, we don't have much penetration of a for profit presence in Ohio. 70% of our members are in systems and more than half of those are in large multi-state hospital systems and 30% of our members are independent. Similarly, in revenue and bed size comparison, we have small hospitals under \$25 million a year in revenue and we have large resourced, over a billion dollar and over 500 bed facilities. Cleveland Clinic would be in that large size and Fulton County Medical Center would be in that small size, so we have a real mix of hospitals spread

throughout the state. The challenge in disaster work is that we have such a geographic array, different types of hospitals, different expertise, and different service lines. We have a real mix and it's made for an interesting process.

If you look at the next slide, at the work we did with COVID, I'm sure it looks like what other state hospital associations also did. We work very closely with the state and the federal government to mobilize quickly to support members. We did a wide array of things early in the pandemic. Our state looked to the Ohio Hospital Association staff. We had some folks with strong relationships with the governor's office with our state Department of Health. We basically embedded our staff with the state. We leveraged the things we do well such as our clinical expertise and relationships that Jim brought to the table. Our communications expertise, Robin Heckler, on our staff also did an amazing job. We did public facing CAAMPaigns, internal and external communications of all types, and really assisted the state in their COVID communications. Our CEO even stood side by side with the Director of Health and the governor at one of the press conferences, which at those times were daily, to bring those early, flatten the curve, issues to the public. Today I'm going to focus on a couple of specific projects that we were able to stand up, thanks to the ASPR funds.

One of those, on the next slide, you can see, we were able to help the state organize very quickly. We brought an executive advisory group together in hours at the request of our governor to be the governor's key advisors on this issue. These were hospital CEOs and Chief Medical Officers from all types of hospitals, some rural and some teaching, that helped the governor manage issues by breaking the state up into three zones, which were each appointed a lead. The lead for the southwest part of the state was our board chair last year, Dr. Rick Lofgren, from the University of Cincinnati. We had a physician from the Cleveland Clinic in the northern part of the state and we had a physician from Ohio State in the third zone. We were able to bring people together and that was invaluable for the state and the governor that we he could tap the state's clinical experts quickly thanks to our facilitation.

On the next slide, as you can see, this is one of the interesting projects I want to talk about. We were able to use the ASPR funds to develop. We started with this online data repository. Our staff stood this up in a matter of a couple of days building on Ohio Hospital Association's data program expertise and our data analytics expertise, that many of you have, those market share data programs. We redeployed those folks to help put together this resource tracker. It's amazing work and, when you think about it, it is still in place today. It's been up for a year and a half, almost two years, and we have daily data reporting by our members. Every Ohio hospital reports near real time data. It focused initially on patient counts and intensive care unit patients. It also focused on capacity such as how many beds available and ventilators. Initially, we focused on staffing too and then supplies, personal protective equipment (PPE) particularly, by type. We had hospitals reporting to us and still do with how many days of face shields that were available. We have since let go of that staffing number and Jim can answer questions on this one, but we found reporting was too subjective. Seeing a lot of staffing shortages, we thought it was better to focus on staff beds. We've also added flu data to our resource tracker. This has all been valuable information and it has helped us early on know who needed ventilators, who had ventilators, and how can we partner with hospitals with the ventilators to send the ventilators to people who needed them. It was an amazing resource and one that's helped us every day throughout the pandemic. Next slide.

Many of you know we were able to use the ASPR funds to help particularly our rural hospitals with PPE purchases and some equipment purchases. The resource tracker helped us make decisions and put together maybe unusual PPE projects. It helped us put together a hospital PPE virtual stockpile. This was something that happened because we have such strong hospital leadership in the state and have hospital leaders who are willing to do the right thing. It was a matter of setting competitive differences aside and helping the hospital personal protection equipment virtual stockpile. If you remember, we had such trouble early on accessing PPE through our traditional supply chain markets. We have been helping members identify alternative markets, PPE conservation, and decontamination. If you all remember the Patel N95 decontamination project. Patel headquarters is a couple of miles down the street from Ohio Hospital Association offices. We worked closely together to help get that system up and running and tested distributed across the country as PPE was such an early crisis topic. One of the things we were able to do was have each hospital agree to set aside a certain number of personal protection equipment in a virtual stockpile. Physically the hospitals had the PPE and attested to having it on site at their facility. We didn't take it to a common warehouse or anything. Instead, we left the hospitals to their own virtual stockpile. Then we put together a program and a process where hospitals and later nursing homes in need could tap this virtual stockpile and get supplies from their neighboring hospitals. We put into place this process and it was all voluntary and flexible. We intentionally kept it out of the hands of the state, so we didn't have to overregulate and be burdened by a lot of process, which wasn't going to be helpful. We did leverage our local regional hospital coordinators and the local coalitions built between hospitals and nursing homes. We had hospitals sharing PPE down the street to competitors, employees driving boxes of gloves or masks to a nursing home in need or sending an infection control practitioner to help the nursing home with infection control practices and onsite training for staff. It was amazing to see the rally around this common cause and help each other. You'd be surprised, but there was no pushback on the hospital side as everyone understood the importance of helping each other, sharing equipment, staff, supplies, expertise, and support. The facilitation is something that we were able to help with and a lot of it was just letting people work together. Some of those relationships, especially between the hospitals and nursing homes, were well developed, but for others, this was the first time working together. Jim led a program where we assigned every nursing home in the state to a hospital, so some hospitals had 15 nursing homes. It was like a buddy system as the hospitals committed to helping when the crisis was at the nursing home level and it helped keep COVID patients out of hospitals when they could be managed in the nursing facility setting. There were some folks at the state who were surprised and couldn't understand the level of cooperation. It was amazing to see and be a part of that. Next slide, please.

The last thing I wanted to mention was the work we did with the manufacturing industry in Ohio while all of this was happening. Many of these projects, as they do in your associations, happen at the same time. We had staff at the association that were running different projects all simultaneously. I had the pleasure of working with the Ohio Manufacturers Association and who knew I was going to become an expert on supply chain and manufacturing. It was something I've never really worked with before in my almost 25 years at Ohio Hospital Association. We worked with the Manufacturers Association and the manufacturing extension that works directly with Manufacturers Jobs Ohio, which is like the economic development arm for the governor, the state, and the Department of Health. I know this was not unique to Ohio, but when the pandemic first hit everything was shut down and manufacturers were not getting what they

needed for their materials and typical products. They were coming to us asking what we can do to help as their equipment, warehouses, and staff were sitting idle. We evaluated how to repurpose our existing manufacturing capacity to help in this in the pandemic as we're hearing about PPE shortages. We brought folks together and partnered them with key hospital volunteers to help understand what exactly was needed. We had Ohio manufacturers of all sorts of products becoming manufacturers of face shields, masks, gowns, and now gloves. It was a great project because we helped manufacturers with equipment sitting unused to restart their plants and produce domestically what we had been relying on an overseas supply chain to provide. As you all know, a lot of the supply chain, especially supplies coming out of Asia, were trickling, or stopped. It was a full-service project, and we continue to work with these folks. For some of the smaller manufacturers, we helped the Manufacturers Association and magnets stand up an online marketplace where they could advertise, and others could directly buy pieces of PPE. As you know, it's cheaper to buy these products from mass manufacturers overseas. We had some long-term conversations with our board around domestic manufacturing. We had our hospital CEOs talk about buying a percentage of domestic supply even as the typical supply chains open. We can redirect some of those dollars to support domestic manufacturers. Last week we had a domestic glove manufacturer, which is a product that is labor intensive and easier to produce in Malaysia than it is in Ohio, that's been able to put together an effective manufacturing operation. They're more expensive, so we have members talking about how it's the right thing to do to support our local economy. They're also interested in having a redundant supply chain in case we have another issue where the traditional supply chains breakdown. That project is interesting, and it is ongoing even as it came out of necessity, but it has a long-term horizon. Those are the things that I wanted to mention. A couple of the unusual manufacturing and stockpiling projects we did around PPE and the standard COVID help and support for our members. We are happy to address any questions and Jim if I missed anything, please jump in.

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James Guliano: Thank you, Mary. You gave a great overview of our work. It was a matter of adapting to the needs as the pandemic was evolving. Here we are, almost two years later, still adapting. I know all of my colleagues on the call today are doing the same, regardless of what state they're in. It just was a matter of preempting whatever that new need was going to be and then adapting to it. We'd be happy to take questions.

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Mary Gallagher: I will say that we brought core competencies to the table such as facilitation, education communications, and project management. All the things we do every day we redeployed using our own staff around pandemic items. We grew areas for our staff that maybe they did not try before and formed some amazing relationships within our membership. Jim and the clinical folks have cemented a bond that will go on for years to come. I have to say our relationship with the government has changed when we're moving in the same direction. Those relationships have been so positive, and we hope to continue them past post-pandemic. Thank you for the opportunity to talk about our work.

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Megan Wassef: Thank you both so much for that presentation that was wonderful. We appreciate you taking the time today to share the efforts in Ohio. I'll pass it back to Jennifer Hannah to provide a few administrative updates.

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Jennifer Hannah: Thank you, Megan. Thank you, Mary, and Jim, for that great presentation and to see and hear how the ASPR funding has impacted your state. Next slide please.

Great. I would like to share a few administrative updates with you all. First, we understand in the new year that some individuals within your organization may have departed, retired, or taken on new positions not affiliated with the management of ASPR cooperative agreement funding. If any of these individuals were assigned a CAAMP license, CAAMP is the system that is used to collect the performance measures, please let us know. We can reallocate the license to someone else in your organization. Once CAAMP is back up and running to notify us of any changes, please email Kate Gorbach. A member of our team will share her email in the chat. Second, we wanted to flag the end of year performance measures will remain largely the same for reporting. You can review and access performance measures by going to the aspr.hhs.gov website and click on the performance measures reports and guidance tile. A member of our team will also drop the link to the performance measures in the chat for easy reference. I also want to take a moment and follow up on a question from last month's webinar regarding the semiannual federal financial report. After contacting the ASPR Branch management office, I wanted to confirm, there is no semiannual federal financial report due, which is the reason it is not showing up in the payment management system. I want to repeat there is no semiannual federal financial report due, so that is the reason it is not showing up in the payment management system. This has been confirmed by ASPR grants management. Finally, ASPR has officially completed the first phase of its transition from phe.gov to aspr.hhs.gov, which is shown on the slide. The new site is now live and showcases ASPR's mission and priorities along with innovative approaches to fighting COVID-19, healthcare readiness response operations, medical countermeasures, ASPR's budget, funding resources, and more. A member of our team will share the direct link in the chat. I will now pass it over to Shayne Brannman to highlight some useful aspects of TRACIE surge and staffing resources.

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Shayne Brannman: Thank you, Jennifer. I don't know if it is a happy 2022, but we're here, we're standing, and we've survived in large part due to the fantastic, devoted duties of everyone on the line. Thank you on behalf of your communities, your states, and the healthcare professionals that you serve for all your tremendous efforts to date. Next slide.

As you know at ASPR TRACIE we're continuing to update and add new resources to support and assist you in your demanding duties, which are varied. COVID takes a lot of energy, but there are a lot of other threats and events going on as well. We respect that and are trying to support that. But today we want to make sure that you have already seen or if you have any questions about the strategies for managing a surge in health care provider demand. As the first selected resource, we've updated that with a lot of examples of innovative approaches on how and try to manage the health care provider demand shortages. It's not a panacea, but it offers some good tangible ways to extend your staff. If you haven't already looked at that, please do. If you have come up with your own strategies separate and aside from those contained in the document, please send it forward to us, so we can share it and continue to improve our

resources in this, unfortunately, continued area that seems to be frustrating many across the nation. Second, I want to point out the medical operation coordination toolkit. We've updated the second edition and offered some strategies. Again, for both resources, many of you on the line have served as subject matter experts with TRACIE in developing these. Thank you for taking time to do that. If you have other topic areas that you think we need to focus on, please let us know and we'll get to work on those as well. The fourth item here on selected resources is that we did a complete exchange series because of the seriousness of this emerging trend of unrest and community violence on health care. In fact, we'll be doing a webinar sometime in late February about this very subject. In addition to trying to meet the varied demands of healthcare right now, violence is on an upswing. We want to provide tangible training in tangible ways to address these concerns and take care of healthcare professionals in these most challenging times. Lastly, on this slide, make to check out our webinars and speaker series since we talked about a wide range of aspects like this. We did a speaker series on the impact of COVID on women and the healthcare professional field and the impact on the entire medical education system. Some of you have family and friends that are in their third or fourth year of medical school, so you can understand that a lot of the learning they've had is on a virtual aspect versus in real time. Another aspect is they've had to devote more of their talents to the COVID response versus getting the wide array of training that they normally would. Again, check out those when you have a few spare minutes and if you have any questions, let us know. Next slide.

I do want to point out a couple things that we're working on that you'll be seeing in the near future. If you have any desire to assist us as a reviewer, please email myself or ASPR TRACIE. We'd love to have you included on this. We are coming out next week with a draft of climate change resilience specifically geared toward health care system considerations. We've worked with several folks on this and now we'll be opening it up to a large array of SMEs to review this including Jennifer Hannah's staff and our regional staff at ASPR to help make the document better. We're hoping to have that completed sometime in February and I think it will be worth checking out. If you have a specific interest in this area, let me know and I'll include you on the SME review that's going to start taking place probably mid next week. And something that goes very well as a companion piece to what our Ohio colleagues discussed, is our work with Nebraska Medicine, Healthcare Ready, HIDA, which is the distribution association, individuals from NHPP critical infrastructure, and our supply chain team here at ASPR, is to develop a tool for specifically hospitals to better determine the needs and likely uses during incidences. DASH is what we're calling this and it's the Disaster Available Supplies for Hospitals. Again, it's a tool that will help you better identify what are your requirements prior to the event and it's not just for infectious disease. It's going to be doing it for several different aspects. We're hoping by spring of this year to have some drafts of that out and for you to be able to look at. Like everything ASPR TRACIE does nothing is an endpoint. It's always about continual improvement getting smarter people involved in this process and helping us continue to tailor and refined so it better meets the needs of healthcare professionals and entities in the days ahead. Jennifer and Megan, I appreciate the opportunity to talk with you today. To so many on the line that I've had the privilege and honor of working with now for almost over 20 years. Thank you for everything you do on a daily basis and especially for your continued support to ASPR TRACIE. Back to you, Megan.

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Megan Wassef: Thank you. We'll give a couple of minutes to see if anybody has any questions. As a reminder, feel free to submit questions in the chat or raise your hand regarding any resources or anything Shayne has mentioned today. I'll give a couple seconds. Seeing no questions, we will go ahead and move to the next slide. Thank you so much Shayne for taking the opportunity to share today.

As our final topic today, we wanted to have a poll to review content covered in last year's webinars to see what was most helpful for you and as we enter 2022 to gauge your thoughts and opinions on content for webinars. We have two polls that I will release in a moment. Feel free to select all that apply in these polls and if there is an idea not listed, we ask you to insert that into the chat. I'll go ahead and launch the first poll. The first question on your screen is, "From the webinar topics, which was the most helpful for your hospital association?". Take your time and choose as many as you feel was most helpful and please add in the chat if there is anything else. It looks like the responses are slowing down, so I'll give a couple of seconds. Now I'm going to go share the results. As you can see, it looks like we have a lot of the sub recipient and recipient impact stories as well as the COVID funding data reporting and analysis were popular topics. We will keep that in mind and include those topics in this year's webinars. If there's any other ideas that come to mind from last year that resonated feel free to add those to the chat. We'll go to the next slide.

I'll launch the second question, "Which of the following topics would you be interested in hearing more about in 2022?". We've listed out quite a few, but if there's anything else that comes to mind or that you feel would be helpful, feel free to add that into the chat. Just a couple seconds left as responses are slowing down. I'll go ahead and share the results. It seems like you all do want to see more of the resources for surge as well as for workforce capacity. We'll keep that in mind. Please let us know if there's anything specific that you feel would be helpful or you would like to learn about. We would be happy to incorporate those. Thank you for completing the polls as we look forward to creating content for this year. I'll go ahead and pass it to Jennifer for general questions.

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Jennifer Hannah: Thank you, Megan. As stated, we have some time before the top of the hour. We'd like to open the line for any other questions either for the presenters or for ASPR in general. First, I want to say thank you for your feedback on the poll questions. That's very helpful to give us a retrospective of our past meetings and those topics that are of most interest for this year. As stated, if you have any other questions, this is the time to ask those.

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Megan Wassef: Jennifer, it looks like there was a question in the chat regarding the final performance measures and when those are due.

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Jennifer Hannah: Thank you, Megan. I was monitoring the chat and I completely missed that question, but that's a great question. As you know, the current 12-month budget period ends April 9th of this year and performance measures typically are due 90 days after that, so that would be July 9th of 2022. However, we do have the discretion to extend that period to when the system will be available for those performance measures. We will announce when the system is

open to start collecting the performance measures, so just be prepared as we stated during the administrative update. Performance measures are going to mostly remain the same, so familiarize yourself with those. We will notify everyone of when the system will open or rather reopen to collect the measures and give you ample time to respond.

We have another question here that states, "In the hospital preparedness program webinar yesterday, you mentioned a due date for this Friday, but I did not catch what it was". If you were on yesterday's quarterly Joint HPP-PHEP recipient webinar the dates you're probably referring to is the January 31st date, which is specifically for the HPP cooperative agreement. That is the deadline or due date for the FY 2020 budget period two annual progress report. The date and deadline for that activity is specific to the HPP cooperative agreement recipients and does not apply to our hospital association recipients. We will give you another minute or so to see if we have any other questions coming in through the chat. As a reminder, if you would like to ask a question, you can raise your hand and your line will be unmuted.

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Shayne Brannman: Jennifer, this is Shayne from TRACIE. I want to acknowledge and thank the NHPP team including your field project officers, your DC team, and your Deloitte team for your tremendous efforts throughout the entire COVID response. We know you're all tired and you're all doing a great job, so thanks for everything you do.

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Jennifer Hannah: Thanks for that, Shayne. As we say all the time, teamwork makes the dream work. We certainly would be lost without our ASPR TRACIE colleagues for the tremendous number of resources that your team has developed for our stakeholders at large. Thank you to our hospital association recipients. You have a tremendous and challenging job before you. I know it was noted before the call started, but it's hard to imagine that we've been at this for almost two years. Thank you for the amount of work, the dedication, and commitment that all of you have done with your hospitals as well as other health care related entities. You are to be committed to that, but we know that we're not finished yet and we continue to fight.

I see a question about the flexibility on the medical surge response exercise. As many may know or may not know, the medical response surge exercise took the place of our coalition surge test, which is specific to our hospital preparedness program. We are still having internal discussions regarding any potential flexibilities and we will be coming out with some information soon regarding that.

Thanks for that question. I'm not seeing any additional questions and I certainly want to be respectful of everyone's time, so I think we're going to close. You can always send follow up questions to the mailbox, http@hhs.gov, if you have questions that come to mind later. I want to thank our presenters for their time today and all of you for your participation. Next slide please.

Great. If you have a story to share, please fill out our stories from the field submission form or reach out to your field project officer for more information. A member of our team will drop the story from the field submission form link in the chat for easy reference. We look forward to hearing about the great work that you are doing. Have a great day, everyone. We will talk to you next month.