

ASPR Hospital Association Recipient Webinar Transcript

June 15, 2023

Call Transcript

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Heller, Matt: And I will now pass it over to Dave Csernak and Angela Krutsinger, who will open today's call.

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Angela Krutsinger: Thank you all for joining us today, welcome. We have Dave Csernak, Acting Regional Supervisor on the line, and I'm Angela Krutsinger, also an Acting Regional Supervisor. Before we hand it over to our first presenter, we would like to provide a brief overview of what we'll cover today. Next slide, please.

First, we will begin by providing a few updates relating to ASPR's Health Care Readiness programs. Next, Sherline Lee will provide an overview of the Strategic National Stockpile, or SNS, Office of State, Tribal, Local and Territorial Preparedness. Afterward, Ericka Thomas, from ASPR's Office of Planning and Evaluation, or OPE, will give a presentation of the hospital association end of year data. And finally, Audrey Mazurek from ASPR TRACIE will conclude our webinar today by providing an overview of ASPR TRACIE's new tools and resources. Next slide, please.

We'd like to begin today's webinar with a couple of administrative updates. First, hospital association data collection is upcoming and there will be instructional information provided about the data collection processes. Soon, the data collected will be the same as last year, and hospital associations will have the opportunity to indicate that a subrecipient did not conduct additional activities using funding. Next slide, and I will turn it over to Dave.

00:01:51.860 --> 00:05:33.399

David Csernak: And good afternoon, everyone. Thank you, Angela. All right. Next thing we'd like to cover on here are the National Health Care Preparedness and Response Capabilities and the update that's currently going on in the pre-decisional draft review. So, as many of you know, ASPR is currently updating the Health Care Preparedness and Response Capabilities to reflect many of the insights and lessons learned from recent disasters. And now we're at that point where we are soliciting your feedback nationwide and additional input as part of this pre-decisional review. We know many of you participated in various and numerous discussions leading up to the development of the pre-decisional draft, and now we welcome your additional review and feedback. So, in order to make sure that we had ample time for this to happen, we've extended the deadline for comments until this Friday, June 16th, so tomorrow. It was June 9th, but now it's open until June 16th. So please encourage any of your additional partners or members of your organizations to take this additional opportunity to provide that feedback before Friday, June 16th. So, you can view the pre-decisional review draft and access the online comment matrix to submit your comments using the links that we're going to share in the chat. And Matt is going to drop those links in here any second. All right, so with that, we'll go into the next slide.

The other update we want to provide everyone on the call today is a brief update on ASPR's organizational structure. So, as you might remember, last time we met we discussed ASPR's

updated organizational structure, and we want to quickly revisit a few of these updates. So, under the updated organizational structure, the National Health Care Preparedness Programs, or NHPP, was elevated from a branch up to an office and renamed the Office of Health Care Readiness. You may notice on the slide there that there's the Office of Preparedness, which is an executive level office, and then, right below that you'll see Health Care Readiness, and that is the office that we reside in. This is an exciting elevation for us within ASPR's organizational structure, and it is the result of the growing emphasis on the importance of health care readiness.

So, we've heard some concerns that the Hospital Preparedness Program and other programs that previously fell within NHPP may be going away under this new organizational structure, and we want to reassure you that this is not the case. In fact, our name changes, and the elevation of our organization to an office level results in more attention and more focus on our programs. And that overall is a very good thing. On the screen, you'll also see ASPR's new org chart to the left. And as for this new org chart, you'll see exactly where the Office of Health Care Readiness is, and the other offices within the Office of Preparedness that we now are able to work very closely with. So, as you can see, there have been no major changes to our other programs and activities. So, rest assured, our partners will continue to be our number one, the top priority, and we look forward to growing our partnerships with all of you.

We will next pass the presentation over to Ms. Sherline Lee for updates from the SNS Office of STLT Preparedness, and we'll be happy to answer any additional questions you may have on what I've covered at the end of the presentation. So, with that I'll turn it over to you, Sherline, and thank you. Next slide.

00:05:34.190 --> 00:15:50.310

Sherline Lee: Hi, good afternoon, everyone. My name is Sherline Lee. I'm a Preparedness Adviser within the new Office of State, Tribal, Local and Territorial Preparedness, which I'll refer to as STLT moving forward because that's quite a mouthful. I'm actually joined today by Julianne Williams, also from my team who will be here, well, mostly just to introduce ourselves. But also, we'll be interested in your thoughts moving forward.

This won't be the first time we are talking to you as a team or as SNS. And we look forward to, you know, extending our working relationship with you. So, next slide, and actually, you can skip the next 2 slides. These are the standard ASPR slides which we were asked include.

Well, today, I just want to say I'll be covering the mission and the organizational structure of our new office and our functions. We'll talk a lot about technical assistance, like where we see helping you all, what we're continuing, and what we hope to add. We'll talk a little bit about key partners and our priorities for 2023, and also into 2024. And hopefully, if I manage the time right, we'll have some time for questions and answers, or just some of your thoughts.

Now, one of the things I want to explain, if you can go to the next slide. You saw the hint of the new org chart for ASPR, and one of the things that's also on there is the elevation of SNS within ASPR. So, we were to sort of several layers down previously, but ASPR now has become an agency, so we've been elevated into an office ourselves. So, here's the updated leadership team chart. I know Lisa Dillard came and talked to some of you last year – she's our Deputy Director to Steve Adams. But I want to just highlight some of the key areas of interest I think you may have in our new office.

So, we have six program offices inside SNS, and of those six I just want to mention the Office of Science to you. That's the home of the Formulary – they're the ones that talked across the agency to CDC, within ASPR with BARDA, for example, NIH, and FDA about what goes into the formula, what's in the formula, and sort of the guidance that comes out. So, we work very closely with our partners through this office on the science realm in the clinical route.

Of course, the Office of Management and Business Operations and the Office of Logistics are both also important to remember. They manage the SNS warehouse and partner with our partners who do that, you know, sort of manage the inventory. This would be material that's deployed to protect health care workers and those in health care settings during events and helps you treat patients. So, everything from N95s to some medical countermeasures.

Next, we have Marge Griffin, who is the head of the Office of National Readiness and Response. They oversee the Operation Center that many of you call, you know, have on your speed dial. They coordinate the deployment of material. They also offer extra exercise and training support. So, for those of you who you are trying to test your reception and distribution of supplies from the SNS, this is the office that helps with a lot of that. They're also probably well known to some of you who took part in the health care coalition courses, or, you know, been down there for other courses where SNS was, you know, part of the curriculum. So, you may actually be glad to hear also that they will be coming back starting next year.

Then of course, we have the Office of Supply Chain, Alliance, and Development. They partner with private enterprise around supply chain. They engage with both governmental and non-governmental partners to talk about forecasting shortages and security. So, for those of you who are already familiar with the Critical Infrastructure Program, this is the office that does a lot of partnering with those entities.

And of course, I'm here to talk to you about the newest office. That's the Office of State Tribal Local and Territorial Preparedness, or STLT, because that's a mouthful, and that's headed by Glenroy Christy. Next slide.

So, I wanted to talk to you about why this office was stood up, and part of it is that SNS realized, as we try and re-engage the same locals, that we wanted a place to sort of bring in and have a good place for you guys to come and sort of figure out which assets are up there, and what trainings and things we have for you. But some our mission is to engage you all to assist with your medical countermeasures, with logistics planning, and incorporate access to the SNS training and exercise support in order to enhance your preparedness. So, when we say we envision that there is work that needs to be done to help you as our partners receive and use material from the SNS, this is our primary responsibility. Next slide.

Okay, so what do we mean by medical counter measures, or MCM planning? So, we are referring to those MCMs that are currently in the SNS stockpile, or that you'll be receiving because we are procuring it for you through our purchasing power. So, as an example of that, think of some of the N95s that actually came to the pharmacy partners. Things like that you may not have been aware of, but, as you know, SNS purchased and distributed a lot of those during COVID through those partnerships.

Now, I just say this because not all MCMs will be coming from SNS. You may recall, for example, that during COVID we had certain therapeutics like monoclonal antibodies, that, like Paxlovid, are not distributed by us. So, that is a distinction that we wanted to make.

So, in addition to our assistance with MCM logistics planning, we'll be focusing on what we think, how we best can help you perform in terms of receiving, staging, and storing those MCMs. We're looking also in terms of providing support as you receive it at your jurisdiction, whether it's a state or it's a, you know, a large city warehouse. But looking how we can help you as you distribute that material to certain points of care, such as public health pods or health care facilities. Next slide.

So, for our office, it just, I apologize, it's gonna look like a lot of org charts, but if you'll bear with me, I just want to explain that there are two divisions within this new office, and, as I mentioned, Glenroy Christie's the head of our office. We have the Division of Technical Assistance, headed by Claudia Marone and the second division, which is Stakeholder Engagement, which currently vacant but Glenn Christie is acting as a head of that office.

So on to the Division of Technical Assistance, we have two branches. One is a Resource Liaison Branch, and the second is a Technical Support Branch. In sum, we're all focused on TA to STLT partners, and I'll talk a little bit more about the two branches in a few slides.

Now the stakeholder engagement is division is about finding and working with partners who, we think, can enhance the STLT work. So, for example, there might be private partners who we think we can leverage, such as our health care distributors, associations, and medical materials associations. But there are also other federal partners that might be of help. And I'll give an example in a few minutes. We'll go ahead to the next slide.

Okay, so this slide is here to summarize what we will be detailing as I go through each of the branches. I just want to point out one thing, and that some of you may already know SNS, perhaps through the IMAT system, and that's the Inventory Management and Tracking (IMAT) system, which SNS provides free of charge to some locales to help them sort of keep track of what comes in from the SNS. But we also validate warehouse sites that have been identified by the jurisdictions to receive material from the SNS, and I'll expand on this just a little bit more. Go ahead, next slide.

So, as I mentioned, each of our divisions has two branches, and the first one I'm going to talk about is the Resource Liaison Branch which sits in our Division of Technical Assistance. So, this unit is probably going to be the one you interact with the most. We see this as the office that primarily engages with all of you as our STLT partners to provide technical assistance. This includes collaborations with directors and MCM coordinators. We, like ASPR regional staff, are in that role to support SNS and provide technical assistance to the field staff and CDC Division of State and Local Readiness, or DSLR, and also our ASPR colleagues in the Office of Health Care Readiness. So, we have our Field Project Officers and our Regional Directors here on this call in particular, when I mentioned that we're really interested in assisting the whole health care system. But also, we're interested in figuring out how to integrate and enhance SNS planning better with all of you guys here.

On counter measures, issues inside your health care preparedness programs, again, we want to reiterate our support for MCM issues. I...okay, I'm not sure if we're having technical issues. There we go?

Just one other thing I forgot to mention about the....

00:15:58.740 --> 00:16:09.990

Elizabeth West: Sherline. I think you're having a bit of a technical issue. If your camera is not off, you may want to try turning that one off to see if it helps stream your Wi-fi a little bit better.

00:16:19.440 --> 00:16:20.980

Sherline Lee: Oh, dear. Okay.

00:16:23.960 --> 00:16:25.889

Elizabeth West: Coming in pretty clear now. Thank you.

00:16:28.450 --> 00:16:42.750

Sherline Lee: Let's see, I can see. So, I might have dropped off on this slide. I'm not quite sure where, let me just mention, and I think both of you are able to read it. The one other thing I want to just flag is that this branch is also working with both federal and state partners on facilitating...

00:17:04.540 --> 00:17:10.679

Juliann Williams: Sherline. And I'm sorry to interrupt you. We have lost you again.

00:17:17.130 --> 00:17:31.800

Sherline Lee: Okay. I can dial in. Give me the number.

00:19:54.120 --> 00:20:07.410

Angela Krutsinger: We'll give her just another few - about 30 seconds more - to see if she can join back in, and if not, we will jump ahead.

00:20:08.100 --> 00:20:13.729

Sherline Lee: I'm dialing in, checking if you can hear me on the phone?

00:20:13.950 --> 00:20:15.099

Angela Krutsinger: Yes, we hear you.

00:20:16.020 --> 00:35:02.110

Sherline Lee: Okay. Sorry. And I did mute the computer. So, you hopefully, will not get feedback, and I apologize, everyone; looks like my bandwidth is really bad. I apologize. Now I'm not sure where we left off on the slide presentation, but I will speak to this slide again and try and make up some time.

So, the Resource Liaison Branch, we talked to that. This is a key group that will be working with the Test Directors and MCM Coordinators, the regional staff, the staff at CDC Division of State and Local Readiness, or DSLR, as well as our colleagues in the Office of Health Care Readiness. One of our key focus areas as we move forward is trying to understand how to integrate and better enhance SNS planning within the health care preparedness programs. So, I know a lot of you represent hospital associations, but you also represent hospitals. But we're looking beyond just hospitals to include the greater health care system, so this work is going to

be focused on providing assistance to aid STLT planning to receive and use and medical supplies from the SNS in both public health and health care settings.

One thing I just want to touch on is an effort to work on Executive Order 14001. So, this directive actually asks SNS to look and explore how we can better facilitate the access of MCM and SNS material for federally recognized tribal governments, as health care providers, tribal health authorities, and urban Indian organizations will also be securing access to training and exercise support from SNS. So, next slide.

So earlier, I mentioned IMATS and that the other branch within this division is focusing on providing training and technical support for that Inventory Management and Tracking System. I know a lot of you have supply chain folks who work with you, so I hope this is of interest to them that this branch also will be dealing with providing access and explaining the support for the Inventory Data Exchange, or IDE, program which provides a standardized process for SNS to receive inventory accounts during a public health emergency.

We also mentioned earlier the RSS. I'm sort of... Sorry. I'm sorry. The validation of where HUD sites, that are receiving SNS products, we call those RSS. Which is, "receive, gauge, and storage" sites. We'll be working with our US Marshalls and ASPR regional staff to provide a preliminary checklist to help in that selection of sites, and then we'll be working with them on the final validation and sort of a confirmation that these sites are ready to receive our products. Also, this branch will be responsible for developing tools and other resources that we in the division will be needing meeting as we learn more about, you know, what the technical needs are from all of our constituents. Next slide.

So, the Division of Government and Private Sector Engagement. I just wanted to follow up earlier, and as I said, yes, we'll be working with stakeholders and looking towards fostering relationships with partners who can help or enhance our current STLT partner networks in order to support their MCM team operations. So, as an example, I mentioned earlier that you know the executive order and tribal organizations. So, the Resource Liaison Branch, for example, is planning to provide technical assistance to tribal governments and urban Indian organizations. To do that, though, we have to work first with partners in ASPR, IHS, CDC, and FEMA to develop a plan based on the strategies that will be approved by HHS. The other thing is, we know we still are sort of learning about some of these expanded partnerships that were needed to support the COVID response. So, this group is looking at attending our meetings and trying to understand, you know, what partnerships might be needed to help some of you in furthering your planning or overcoming certain roadblocks. Okay, so next slide.

Thank you. So, the Strategy and Project Promotion Branch is going to be working on behalf of our office for guiding sort of the future direction to the office, looking at how we're doing business and identifying opportunities to improve on the services that we provide. We also, you know, are very interested, as we engage with all of you, in identifying what are some good innovative approaches or best practices and planning so that we can share them with others who may be facing certain challenges and looking, you know, to others to help them overcome them. One of the key activities of this branch includes ongoing regional engagement meetings, and I'll be coming back to this in a few slides. But these meetings are being conducted out in your HHS regions, and we see them as essential to furthering their relationship between SNS, your programs, your institutions, your health care partners and our federal partners. So, we plan

for these after this year to be recurring meetings, and this branch will be taking lead on finding the future meetings. Next slide.

Thank you. All right. So, I mentioned I would be providing examples of technical assistance. I have so far, but this is a good visual summary just to highlight some of these things under the TA that we're providing. You know, we're providing, and we plan to provide, guidance on MCM planning, and building partnership networks that can help our SNS operations work with our federal and state partners to assist health care coalitions and other health care entities with their preparedness, planning, and also others that I mentioned on this slide. Hopefully, there is no surprise here, but if there is, we can talk about that further when we get to Q&A. We can go to the next slide.

So, this slide just provides a visual summary of some of the principal partners that we are working to further our relationships with in this strategic year. These are partners we want to work with to provide assistance to all of you in the public health and health care settings. As you can see, our network includes our ASPR colleagues, include regional staff as well as the Office of Health Care Readiness, as well as CDC DSLR, who I have mentioned, and our STLT partners. Next slide.

So, our way forward. This visual just explains that we are focused on three areas right now. First, building our capacity and implementing various communication opportunities and engagement strategies. So, we are working on building up our staffing and developing procedures. We'll be working with our Communications Division and messaging for our partners, stakeholders, which includes all of you. We realize we have to create some new materials, as well as update some of the prior existing ones in order to ensure that all of you have access to clear information about what SNS has in terms of material and services. We also understand that we have to identify and also share the best practices that we discover. We also are looking to some of our other counterparts to, you know, help us understand how best to inform all of you - how to keep you updated - of what our services and our plans are for SNS. So, this is a start. And again, we thank you for inviting us to this call.

For our engagement strategy, SNS has been a little bit, sort of, I think, out of the public eye since we transitioned from CDC to ASPR. We are looking toward re-energizing current relationships and establishing new ones so that we can again build better processes to understand each other's capabilities and your needs, as well as our needs. We do know that SNS has a lot of information that we need to begin sharing. And you know, we are again looking forward to working with all of you so we understand better what you need to see from us.

All right. Next slide gets you the priorities. But in 2023, among our priorities is conducting the SNS regional engagement meetings, and I've alluded to this. But maybe this visual will help you understand. So far, we've gone to, let's see, HHS Regions 3, 4, 5, 9, and 10, and had our first set of meetings. We still have to follow up with everyone and work through and talk through and identify some of the next steps and opportunities to work with them. Going forward, we still have HHS Regions 8, 2, 6, and 7 - as seen on the slide - coming up, with Region 1 to be scheduled later. Hopefully, some of you have heard about these meetings, especially the upcoming ones, and it's something we'll work on moving forward to make sure all of you have a part in the future meetings. Another priority for us will be working with DSLR as they develop their new five-year notice of funding opportunity for their recipients. Similarly, we are engaging with OHCR around some of their capabilities. In particular, we had a chance to look at provide some input into

some of what is being proposed. But I think they're very interesting as you consider the new capabilities. Regarding the last point on the slide, to seeing why we're establishing this new office: we're working with our federal partners to support all of you better. Next slide.

So, I did want to just say that we know that people probably have a lot of questions for us, and I'll talk about how you can, you know, further ask for more information at the end. But one of the things I wanted to talk to you about, because this is an area of most interest to me, is the virtual engagement meetings. We've been trying to introduce this topic of health care into our conversation. I think, for some people, it's a surprise, to some, maybe not, but one of the reasons why we're exploring this is because I think we realized through the recent responses how much more important - how complicated - health care is right now, and SNS definitely has different equities with health care. And so, we know all of you eventually may encounter an SNS MCM as part of your response in an emergency. And I think we understand we may have more information. We need to help you be ready to do that; to help your facilities do that. So, to that end, we've been working with OHCR and other partners to improve our support for your needs and better our understanding. So, at these meetings, we are trying to expand our understanding of health care and the coalition framework that translates within your jurisdictions. So, for example, I know we have heard that no coalition looks alike. But is it a statewide coalition or regional coalition? Is it something as specific to perhaps a city or a multi-county area? So, we've been trying to understand, as we go into these meetings, how it looks different in your different jurisdictions to try and understand who the players are as well. Is it strongly influenced by health care and public health? Is EMS one of the leads; is emergency management also at the table? We are also trying to understand if you have a higher hospital focus and representation. Or perhaps you know, you guys have good representation of long-term care facilities and skilled nursing facilities. Maybe you even have great participation by private providers. I think that's helpful to us because we saw all of these entities need to come into play during COVID. So, this is something we hope that we begin hearing from all of you. As we said, we're here to listen and learn about how health care works in your individual areas.

We're also exploring access issues with MCMs. What were the successes and barriers in recent responses, and - ultimately - again identifying how we can help you as health care to successfully prepare for and respond to emergencies in the areas you're receiving resources from SNS?

We also hope to find some best practices around MCMs. I have to say, I learned some great things when I was out there about how they do stockpiling and how they go about it for the future. But again, our idea is to learn what we can. So, we can share, and also when appropriate, if there isn't an answer to figure out how we, as federal partners can help you do your planning better?

So, the other things that we are also trying to learn and understand is what trainings do we need to plan for in the future with all of you. And again, you guys represent health care, and SNS has done a lot of work with public health. But health care is something we realize we would like to do more with. And also, if there is anything we're missing, if there's situational awareness needs that you have, we want to hear that as well. All right. So next slide.

So, I don't know if we're going to hold for questions and answers. So, in case, let me show the next slide, then we can come back to this. So how do you guys contact us and provide us feedback, assuming we don't get to meet at a regional engagement meeting?

We have a team mailbox, Julianne and I, and our team of folks who are interacting with all of you through the Division of Technical Systems, have a mailbox. We also will be putting more information up on the website. But for now, again, the other way, you can also contact us or send questions. You have your FPOs – we are trying to make sure we align better with them. You are free to also reach out, you know, through those channels as well. We will work with you however you feel best and most comfortable. So again, I apologize to the technical difficulties, and I know I ran over a little bit, so I will turn the time back over to our moderator.

00:35:02.110 --> 00:36:00.800

Angela Krutsinger: Well, thank you again to Sherline and the SNS team for putting together such a comprehensive and relevant presentation. I think we'll go ahead to the next presenter. But we will have time for questions at the at the end. So, thank you for all of your support in submitting your end of your performance measure forms during last year's data collection cycle. The data provided are crucial for ASPR to understand how hospital association recipients and sub-recipients utilize allocated funding to support the health care system to achieve the Health Care Preparedness and Response Capabilities needed to combat COVID-19, as well as to prepare for future special pathogen outbreaks. I will now turn it over to Ericka Thomas to provide an overview of the data analysis results for the first two years of the cooperative agreement. Next slide.

00:43:57.610 --> 00:36:03.680

Ericka Thomas: Thank you, Angela. ASPR provided COVID-19 emergency supplemental funding to 53 hospital associations. Hospital association recipients distributed cooperative agreement funding to support 3,750 unique sub-recipients and their activities. As you see on this slide, the map depicts the geographic distribution of facilities and organizations by sub-recipient across the United States. The 3,750 sub recipients have a wide reach across health care entities on the front lines, from acute care hospitals to specialty care centers to home and residential care entities. As you can see on the bottom right corner of the slide, the largest sub-recipient group were acute care hospitals, followed by hospital systems and specialty care centers. The next few slides will cover some key takeaways from the Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement years one and two data analyses. Next slide, please.

Hospital associations spent \$13.8 million on the eight target outcomes of funding during Years One and Two of the Cooperative Agreement. The table to the left of the screen shows the amount of funding recipients spent on Target Outcomes One through Eight, organized from greatest to least in terms of allocated funding. As you see, recipients allocated the majority of the funds in Years One and Two on PPE procurement and optimization activities, the target outcome. However, the percentage of total funding spent on these activities drops between the two years. Instead, the recipients increase the amount of funding spent on updating or training staff to implement preparedness plans aligned with Target Outcome One by 73 percent between Years One and Two. We saw also a 104 percent increase in the amount of funding allocated to increasing surge capacity, our target outcome from Year One to Two. Apart from the target outcome, recipients spent the second highest amount of funding on activities related to the administration and management of the cooperative agreement for Target Outcome Eight, 28 percent of the funding was spent on these activities in Years One and Two.

On the next slide we will discuss the types of equipment recipients purchased thus far, using the cooperative agreement funding. Face mask or face shields was the most common type procured by hospital associations between Years One and Two, and 19 unique recipients indicated purchasing PPE supplies and equipment in Years One and Two of the cooperative agreement. Face mask and face shields were the most popular type of purchase with 11 of those 19 recipients, or 74 percent, denoted spending funding on these supplies. For additional information, the most procured equipment type in Year One was the face mask, or face shields, while in Year Two, gloves were the highest purchase supply. Holistically, between the first two years, the second most procured equipment type was gowns, followed by N95 respirators, gloves, and protection equipment. In the following slide, we take a deep dive into the sub-recipient activities in the first two years of the cooperative agreement. Next slide, please.

Sub-recipients spent \$132 million on the eight Target Outcomes of funding during Years One and Two of the cooperative agreement. The table to the left of the screen shows the amount of funding sub-recipients spent on Target Outcomes One through Eight organized from greatest to least in terms of allocated funding in year one. Looking at the table more closely, reported data showed that there was a decrease in overall spending by sub-recipients between Years One and Two, however, sub-recipients concentrated the amount of funding on three target outcomes in the first two years: "PPE procurement and optimization," "telemedicine and telehealth," and "retrofitting." Sub-recipients spent the most funding on "PPE procurement and optimization activities." Sub-recipients spent ten percent of the total funding on "retrofitting" in Year One. We saw a relative jump in Year Two to sixteen percent spent on Target Outcome Six. Lastly, the hospital association sub-recipients spent the least funding on the "administration and management of the cooperative agreement" target outcome. Next slide, please

To conclude, the data results illustrate that sub-recipients and recipients have spent \$146 million on the cooperative agreement's eight targeted outcomes of funding. The \$146 million was mostly used on "PPE procurement and optimization activities" by both recipients and sub-recipients. Recipients increased the amount of funding spent on "updating and training staff to implement preparedness plans" and "increasing surge capacity activities" between Years One and Two. For sub-recipients, the highest amount of funding spent in the first two years of the cooperative agreement was "retrofitting activities." Next slide, please.

Thank you for your time today. I'll now pause. Our delivery colleagues are on the line to help answer any questions that you may have. We have a question in the chat. "Is there a point person to contact regarding the remaining funds?" I will turn it over to Aldo, are you on the line?

00:43:57.610 --> 00:43:59.740

Aldo Algarra: Yeah, let me turn my camera on.

00:43:59.830 --> 00:44:02.190

Ericka Thomas: [Responding to a compliment on the presentation in the chat] Thank you, Eric. You're welcome.

00:44:02.390 --> 00:44:06.079

Aldo Algarra: Teresa, I would recommend that you reach out to your FPO, they'll be able to provide further guidance there. So yeah.

00:44:11.900 --> 00:44:13.740

Ericka Thomas: Thank you. Aldo.

00:44:14.910 --> 00:45:39.659

Ericka Thomas: Are there any other questions? And you can feel free to reach out for any questions that you made up. Okay. "When will we be reporting on the previous year's funds?"

Last year it was due in June. We aren't doing that again this summer, so data collection will be later. We are gearing up for data collection, starting July 7th. So, you will be hearing more from us soon. You're welcome, Debbie.

And so, I know that sometimes questions will pop up after the call, you can always reach out to us. I'm available, as well as your FPOs. They will be your primary contact. And we're definitely here to support. So, thank you so much for your time.

00:45:44.100 --> 00:45:55.520

Angela Krutsinger: Okay, well, thank you so much, Ericka, and also thank you everyone for your questions. We'll now pass it over to ASPR TRACIE for an update. Audrey?

00:45:55.950 --> 00:50:07.810

Audrey Mazurek: Hi, thanks everyone for having us on the call today. Next slide.

Okay, so we know that many of your members are still experiencing or are planning for cyber-attacks. So, we just wanted to provide a quick reminder of some of our cyber security resources. So, on this slide, we want to specifically highlight ASPR TRACIE cyber security readiness and response considerations documents. This specifically focuses on the effects of cyber incidents on the health care operational environment. Specifically, the ability to effectively care for patients, maintaining business practices, and ensuring readiness and recovery. And this particular document was accompanied with a national webinar highlighted here. Here a speaker series we recorded was done in collaboration with Nebraska Medicine and MedStar, who provide real world examples of their hospitals' response to cyber-attacks. Note that the document was recently updated in October 2022 and many additional resources are also hyperlinked here, including our Cyber Topic Collection. Next slide.

So, this slide highlights a few of the resources that we've released or recently updated since we last presented to this group earlier this spring. So, I'll just go through a few of these. We held a round table in April, featuring speakers representing National urban, regional, and tribal jurisdictions, sharing their perspectives on how they integrated communications lessons learned during recent incidents and in into current and future responses. Earlier this year, CMS, as you know, announced rural emergency hospitals as a new provider type. ASPR TRACIE developed a facility specific requirement overview document for REH that is similar to the ones that we previously did for the other 17 provider types.

Our most recent Issue 17 of The Exchange features a health care facility, water, and other utility outages, specifically highlighting interviews with healthcare systems and facilities from the city of Jackson. Talking about their water crisis, HCA Houston Healthcare talks about their experience with Winter Storm Erie, health care during Hurricane Ian, and health care from Seattle during their recent heat dome and heat wave events. Also, we have a new Mass

Casualty Hospital Expansion Toolkit, which provides hospitals with a quick reference on how to expand health care capacity in the first hours following a mass casualty incident.

We're very happy to announce that in collaboration with OASH and ASPR leadership: we just released the LGBTQIA+ Community and Disaster Preparedness and Response Topic Collection just last week. This is ASPR TRACIE's 60th topic collection. And finally, we have a made many updates to our resource pages and topic collections as noted here. So, please check those out. Next slide.

So, over the next few months, we're gonna have many new and updated resources that we're working on. Of particular note, we are updating our EMS Infectious Disease Playbook. The original playbook was developed back in 2017. And so, we're working with numerous subject matter experts and partners to incorporate new considerations. So, keep an eye out for that later on this month. Also, watch out for some upcoming webinars and presentations from ASPR TRACIE, such as our active shooter and hospital and other workplace violence planning considerations webinars that we're hoping to do later this fall. And if you happen to be joining or attending the Joint Commission Emergency Management Conference later this month, please make sure to check out two sessions conducted by ASPR TRACIE subject matter experts Dr. John Hick and Megan Tiber, who are going to be highlighting ASPR TRACIE resources during their sessions. And with that, I'll turn it back over to Angela or Dave. Thanks.

00:50:12.030 --> 00:52:09.800

Angela Krutsinger: Well, thank you so much, Audrey, for that wonderful presentation, and very informative too. So, before we get to the next slide, I did want to circle back around to see if there were any additional questions that folks had for any of the presenters while we have them on the line. If you didn't get a chance to ask it, this is the opportunity to do so, or also, if you have any other questions that we might be able to answer for you, please take this opportunity to ask them either in the chat or by raising your hand. I am not seeing any questions, so we will move right along to the next slide, please.

Thank you and thank you to all the presenters again for their time today and to all of you for your active participation in today's meeting. We appreciate you taking the time to join us. As a reminder, we invite you to share any stories regarding how you're using ASPR funding to make a positive impact on your communities. If you have a story to share, please fill out our Stories from the Field submission form or reach out to your FPO for more information. A member of our team will drop the Story from the Field submission form link into the chat for easy reference. We look forward to hearing about the great work that you are doing and thank you again for attending today. And everyone, have a wonderful day.