

## June 2022 Monthly Hospital Association Recipient Webinar

June 16, 2022

Call Transcript

00:00:02.939 --> 00:00:05.850

**Megan Wassef:** I will now pass it over to Jennifer Hannah will open today's call.

00:00:08.490 --> 00:03:24.960

**Jennifer Hannah:** Good afternoon, thank you all for joining us today. I am Jennifer Hannah the Deputy Director of ASPR's National Preparedness Programs or NHPP branch and to begin today's call, I would like to provide a brief overview of our agenda. First, I will provide an ASPR health care readiness programs update. Next, Ericka Thomas from the Office of Strategy, Policy, Planning, and Requirements, or SPPR, will go over the hospital association implementation guidance and highlight the updates regarding end of year hospital association reporting. Afterwards, we'll open the floor to all of you to ask any questions regarding the reporting or the guidance, Finally, we will leave some time at the end for general questions. I'd like to begin today's webinar with one health care readiness programmatic update. I would like to take a moment and highlight two recently published Stories from the Field that highlight how Hospital Association COVID-19 supplemental funding was used in Ohio and Washington state. Stories from the Field, provide an opportunity to highlight the hard work and accomplishments of our recipients and sub recipients. The first story highlights an effort you all heard about a few months ago from the Ohio hospital association. The story outlines Ohio's collaborative effort to solve the personal protective equipment, or PPE, shortage by repurposing manufacturing plants to produce and create PPE manufacturing jobs across the state. The second story highlights the Washington medical coordination center and the extensive efforts in partnerships that mitigated hospital surge while ensuring continuity of care during the COVID-19 pandemic. Both stories provide an example of a diversity of support that ASPR funding offers recipients and sub recipients, as they bolster emergency preparedness and response. To read these stories and others, head to the Stories from the Field page on [aspr.hhs.gov](https://aspr.hhs.gov). For your reference, a member of our team will share the link in the chat momentarily. As a reminder, we invite you to share any stories regarding how you or your hospitals or other health care entities are using ASPR funding to make a positive impact on your community. If you have a story to share, please fill out our submission form or reach out to your field project officer for more information. A member of our team will drop the submission form link in the chat for easy reference. We look forward to hearing about the great work that you are doing. I will now pass it over to Ericka Thomas, from SPPR, who will go over the hospital association implementation guidance and updates regarding reporting.

00:03:25.680 --> 00:17:02.940

**Ericka Thomas:** Thank you, Jennifer. The information we are presenting today is related to the reopening of the Cooperative Agreement, Accountability and Management Platform, or CAAMP, and the changes made to the hospital association preparedness and response activities cooperative agreement performance measures implementation guidance. We have allocated time at the end of today's presentation for questions. We ask that you wait until the end of the session to ask your question. We are excited to announce that CAAMP will be opening for the end of the year data collection on Wednesday, July 6<sup>th</sup>. The data collection for the second period of performance for the hospital association cooperative agreement will start on that

Wednesday, July 6<sup>th</sup> and run through Friday, September 9<sup>th</sup>. The data collection process will be the same as last year. For recipient data, the user must navigate to the CAAMP header and select recipient under performance measures. Once there the user should select new recipient measures on the page. The user will then be prompted to enter the recipient account and create and select create. To complete the form all applicable and required questions are must be answered. The subrecipient data entry forms cannot be generated until the recipient level report is started. Once that happens, the user should navigate to CAAMP header and select subrecipient under performance measure. Then user can select new in the upper right corner of the page, select the populating report for 2021 and click create. Once the forms are generated the recipient will have two options. The recipient can fill out and submit the subrecipient performance measure form directly in CAAMP on behalf of the subrecipient. The second option is the recipient can send the subrecipient an Excel spreadsheet from CAAMP with instructions on how to email in the completed sheet to NHPP. Please note for either option NHPP will provide an Excel template with performance measure questions to support the data collection process. Users will be able to begin this process on July 6<sup>th</sup>. We also plan to send out the slides for you all to reference in greater detail. One last note before we move to the cooperative agreement implementation guidance. NHPP is in the process of finding a solution for recipients to denote if their subrecipient used all of the funding during year one and did not conduct any activities in year two. Any changes to the data collection process will be communicated in a timely manner. There are a total of 21 questions in this year's performance measures and 15 optional questions in the hospital association cooperative agreement performance measures implementation guidance. On your screen, you can see the performance measures grouped by an overarching theme. Additionally, recipients will have the opportunity to provide insight into year two of the cooperative agreement by providing responses to a set of 15 optional questions. The subsequent slides denote which measures recipients and subrecipients are responsible for during the end of year data collection cycle. As you may have seen last year, hospital associations will be required to answer seven performance measures questions and have the option of answering an additional set of 15 questions in the upcoming data collection period. These measures are aimed at capturing how hospital associations utilize funding to achieve performance measures to achieve preparedness and response capabilities during the performance. Performance measure two will ask the hospital association to report how much funding was reported to subrecipients. Performance measure three will ask the hospital association how much funding was spent across the target outcomes of the cooperative agreement. Hospital associations should not include funding they distributed to subrecipients in their response to performance measure three and should only answer for funding used directly by the hospital association. Performance measure seven asks the hospital association to disclose the number of trainings provided to subrecipients on implementing COVID-19 pandemic or emergency preparedness plans. Infection control and triage trainings for health care professionals are addressed in performance measure 10. Performance measure 11 and 12, asks the hospital associations to denote the types of supplies and equipment and a purchase made directly by the entity for performance measure 17. Furthermore, hospital associations will be given the option of recording additional information pertaining to challenges and leading practices during the period of performance by answering the 15 optional questions. The headers highlighted in blue denotes the cooperative agreements objectives. You will not be required to provide a response to four, five and six, as the reporting for this measure pertains to the middle of the project period. Similar to the hospital association's end of the year measure subrecipients will have to answer the same questions as last year, with one exception, that we

will go over on the next slide. In total sub recipients will be required to answer 15 performance measures questions. These measures are aimed at capturing how subrecipients utilize funding to achieve preparedness and response capabilities during the performance period. Performance measure one asks the sub recipients to specify the facility type that most closely represents the sub recipient. There are eight facility types, from which the subrecipient can choose from, ranging from acute care hospitals to hospital systems. There is also an option to provide a free response if the subrecipient does not fall into one of the pre-identified facility types. As with hospital associations subrecipients are required to performance measure three to denote how much funding was spent across the eight target outcomes on the cooperative agreement. Performance measure eight and nine measure if the subrecipient updated and or trained staff to implement COVID-19 pandemic or emergency preparedness response plans. If a subrecipient spent funds on infection control and triage training the entity will be required to submit a response for performance measures 13 through 16. The procurement of supplies and equipment is associated with performance 18. With performance measure 19, asking the subrecipients to denote if they instituted PPE optimization strategies in accordance with CDC guidelines. Performance measure 20, 21, and 22 are associated with the planning, training, and implementation of telemedicine and telehealth capabilities to either improve access to care for individuals, improve the routing of patients to appropriate care settings, or maintain the continuity of operations using telemedicine or telehealth. The retrofitting of facility areas to screening and treating patients is associated with performance measure 24. Performance measure 25 asks subrecipients to provide further data on the increased bed capacity to support surge in patients. As with the last slide, the headers highlighted in blue denote the cooperative agreement objective. Before we go into the changes made to the implementation guidance, we wanted to provide you with a reminder that the performance measures answers are conditional to how you respond to the target outcomes in performance measure three. For example, if you only spent \$100 and allocated it all to target outcome four, procurement of and preservation strategies for optimization of PPE and other supplies and equipment in accordance to CDC guidelines, then you would only be required to answer performance measure 17. The same applies to subrecipient performance measures. Apart from slight changes to provide greater clarity, this year's implementation guidance has five adjustments related to performance measures. Adjustment one is the second target outcome of performance measure three enhance infection control and triage training for healthcare professionals and other support services workers has been divided into two parts to delineate the amount of funding that was allocated to enhancing infection control training from triage training. Adjustment two, in line with the first adjustment, performance measure 10, the number of hospital association providing cooperative agreement supported training or resources on COVID-19 infection control and triage has been divided into two parts for improved clarity. Part one, performance measure 10A, is related to infection control. Part two, 10B, is related to triage. Adjustment three, performance measure 13, number of facilities or organizations, providing COVID-19 infection control and triage training has been divided into two parts, for improved clarity. Part one, performance measure 13A, is related to infection control. Part two, performance measure 13B, is related to triage. Adjustment four, performance measure 17, we have added a clarifying sentence for types of procured supplies and equipment per hospital association to make it clear that any reporting for this measure must be related to supplies and equipment purchase by the hospital association. Adjustment five, we have retired performance measure 23, percent increase in the number of patient care visits conducted via telehealth or telemedicine year over year. Please feel free to ask questions on the content today. If you have any further questions after this

meeting, contact Aldo Algarra and copy your field police officer. A member of our team will share his email in the chat. Before we close, we have two announcements to make. If you haven't already done so, review the email sent earlier regarding updates to your recipient and subrecipient information. Send any updates to your recipient contact information by next Friday, June 24<sup>th</sup> to Aldo Algarra with your field project officer copied on the email. Subrecipient contact information changes must be made in CAAMP before the start of the end of the year reporting process on Wednesday July 6<sup>th</sup>. We will schedule training and office hours once CAAMP is up and running to answer any questions related to data submission, logging into the system, or any other items that may arise. Now I will pass it over to Jennifer Hannah.

00:17:11.550 --> 00:17:41.880

**Jennifer Hannah:** Just a reminder, if you have any questions over the information that Ericka has presented, please enter questions in the chat or raise your hand and one of the members of our team will unmute you to ask your question live. Ericka, one of the first questions we have is to repeat when the report is due.

00:17:50.460 --> 00:17:54.690

**Ericka Thomas:** The data collection closes September 9<sup>th</sup>.

00:17:58.500 --> 00:18:15.060

**Jennifer Hannah:** We have another question here that asks if the slides will be available. I can answer this one. Yes, they will be available after this call. We are recording the webinar and once the transcript is prepared, we will provide the slides as well as the link to the recording and transcript.

00:18:16.980 --> 00:18:21.480

**Megan Wassef:** Jennifer and Ericka, it looks like John Wilgis has his hand up. I'll go ahead and unmute him.

00:18:23.910 --> 00:19:13.920

**John Wilgis:** Good afternoon. I just want to get a little clarification on funding that was dispersed to a subrecipient, but that may not be obligated or spent. How we are to distinguish that? I haven't looked at the new performance metrics yet. I'm sure it's in there. Could you talk about that? I have some coalitions that we funded that are planning on using their money over the entire five-year project period. I just want to know how to indicate money that's already dispersed and obligated and spent versus money that they're sitting on. Thank you.

00:19:15.120 --> 00:19:21.180

**Ericka Thomas:** Thank you, John. That is a good question. Jennifer I'm going to pass that to you for clarification.

00:19:23.370 --> 00:19:56.130

**Jennifer Hannah:** John, thanks for that question. If they have already received their funding, because, as you recall the funding is five-year funding, the project period and the budget period are five years. If they are planning to expand that funding and conduct activities in the out years, then, if they didn't conduct any activity or within this this year two or this second year period of

performance, they won't need to report this year. They will report for the year in which they have they will be conducting those activities.

00:19:59.010 --> 00:20:03.660

**Ericka Thomas:** Thank you Jennifer for that clarification. Thank you for your question, John.

00:20:13.740 --> 00:20:24.450

**Jennifer Hannah:** We have another question here that asks if recipients totally completed spending and related activities in year one, must we complete the report and do so in full?

00:20:28.830 --> 00:20:30.780

**Ericka Thomas:** Yes, that is correct.

00:20:36.630 --> 00:21:14.310

**Jennifer Hannah:** We noticed we were looking for a solution that if you had completed spending the funding in year one and completed all the activities in year one, we're looking for a way in which you will be able to indicate that's what you have done, so that you may not need to complete the entire report again. One little clarification at the end that was covered in the slide deck as well. The next question is what is the period covered by this current performance measures, Ericka?

00:21:20.250 --> 00:21:30.300

**Ericka Thomas:** Sorry, I was on mute. Could you clarify that, for me, one more time, Jennifer?

00:21:32.700 --> 00:21:33.690

**Jennifer Hannah:** For this data collection, what is the period covered? I can help you out with that question.

00:21:43.320 --> 00:21:47.130

**Ericka Thomas:** Yes, certainly, thanks.

00:21:47.370 --> 00:26:01.320

**Jennifer Hannah:** The period covered for the performance period covered by these performance measures is April 10<sup>th</sup> 2021 through April 9<sup>th</sup> 2022. Just a reminder, if you have other questions, please enter them into the chat or raise your hand and one of the team members will unmute you. We have another question here, will a tangible property report be required to be completed in year two? Kathy, I'm going to follow up with grants management regarding that because, if I recall, the tangible property report, which I believe is the 428 form or report is not required. I will confirm that with grants management and will follow up with that information. Amy, I see your comment that says we would appreciate a solution as subrecipients for the entire funding for year one. We are diligently working on that because we do not want anyone to have to complete a report, if they have expended funds and did not conduct any activities. Thank you for that comment. I'm not seeing any additional questions related to the implementation guidance. I think we're going to go ahead and move into the general question and answer session. If you have any questions, regarding anything else related to this cooperative agreement or any other potential topics that you may want to discuss

on future calls, please enter that information into the chat or you can raise your hand and ask your question live. I want to thank Ericka for providing us with a great overview of the hospital association implementation guidance. Just a reminder that guidance is available on the ASPR website. I believe we have included a link to that in the Bulletin and in the previous bulletins. You can access that information on the aspr.hhs website. As I said, if you have general questions, please ask them at this time.

00:26:10.920 --> 00:27:45.750

**John Wilgis:** Jennifer, John Wilgis with Florida hospital associations. We have been entertaining an idea of at least four hospital associations' emergency readiness group of meeting in a face-to-face environment now that we're kind of coming out of the pandemic. Yes, I said it. And the question is like you meet with your state recipients at other events and like you have met with the hospital associations at the emergency readiness group meeting. Is there an opportunity to either meet in combination with your public health recipients to discuss programmatic information or is there still an opportunity to have ASPR representation at an association meeting? Certainly, we recognize that some of the other hospital association groups, like the CFO group, help manage different associations programs within ASPR and an effort would be made to extend an invitation out to everyone who's participating in the cooperative agreement. But I want to pick your brain on getting back together with headquarters like we've done in the past to work through cooperative agreement questions or other planning programmatic issues. I'd like your thoughts on that.

00:27:55.980 --> 00:28:24.180

**Jennifer Hannah:** John, there's still certainly those opportunities keeping in mind COVID-19 surges and paying particular attention to any COVID-19 protocols. We know things are opening and we'll continue to be cautious, but certainly there are opportunities for us to meet in person.

00:28:24.840 --> 00:28:29.760

**John Wilgis:** Great. I'll work with you offline. Thank you.

00:28:30.780 --> 00:31:14.100

**Jennifer Hannah:** Since I have a captive audience here, I'll certainly leverage you to find out if there any other topics that you would like to cover during these during these meetings. Some of our CDC colleagues and liaisons have reached out to us recently about the about the monkey pox breakout. We know that it's just slowly crossing the United States and wondered if that would be a topic or if you have specific questions that you would like to ask those groups. Certainly, we can reach out to those individuals and have them available for our next call. I see a question from Lyle about if there is any discussion on future funding. Unfortunately, there have been no discussions about our future funding at this time or additional allocations of funding that we might receive for this particular activity. I'm not seeing any additional questions in the chat or any hands raised. We're going to give you time back on your calendars. I want to thank Ericka, the data evaluation and support team for their time today and, of course, to all of you for your active participation in today's meeting. We encourage you to stay connected with ASPR on social media to receive the most up to date information about how ASPR contributing to health care preparedness and response. As a reminder, the next hospital association recipient webinar

will be next month on July 21<sup>st</sup> and we look forward to seeing all of you. Thank you and have a great day.