

Regional Ebola and Other Special Pathogen Treatment Center FY21 Administrative Supplemental Funding



Performance Measures

U.S. Department of Health and Human Services
Administration for Strategic Preparedness and
Response
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Intent of Evaluation and Performance Measurement for the Regional Ebola and Other Special Pathogen Treatment Center (RESPTC) FY21 Administrative Supplemental Funding Activities

The \$6,000,000 provided through the RESPTC FY21 Administrative Supplement supports the urgent preparedness and response needs of Regional Ebola and Other Special Pathogen Treatment Centers (RESPTCs). The Administration for Strategic Preparedness and Response (ASPR) awarded supplemental funding to the 10 recipients of the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities cooperative agreement (CFDA #93.817) Part B. This cooperative agreement established a nationwide network of regional treatment centers for Ebola and other special pathogen (OSP) care. The funding also enhances preparedness and response capabilities for the RESPTCs to ensure that they are the leading providers of care and treatment for Ebola or OSP patients. RESPTCs determine how to use the supplemental funds concurrent with new activities and those listed in the cooperative agreement.

The purpose of the *RESPTC FY21 Administrative Supplemental Funding Performance Measures* is to demonstrate the use of funding and the outcomes achieved as a result of this specific funding supplement. The measures will also provide information to identify challenges and successes of activities funded by this supplement. Consistent with the full scope of applicable grant regulations (45 CFR Part 75) and the purpose of this award, the recipients and sub-recipients shall provide ASPR with access to data pertinent to the award in the form of reporting results of the enclosed performance measures.

The remainder of this document describes the performance measures ASPR will use to understand the programmatic effectiveness of the funding distributed through the *RESPTC FY21 Administrative Supplement*. Where measures require RESPTCs to provide information about ‘ASPR-funded’ activities, the activities include those 1) fully funded by this administrative supplement; 2) partially funded by this administrative supplement and by an RESPTC; and 3) supported by allowable staff positions fully- or partially-funded by these administrative supplements.

All performance measures will be submitted by recipients to HHS ASPR within the data collection period occurring after the end of the performance period. Performance measures will include 1) required quantitative measures to measure funding use and effectiveness, and 2) optional qualitative questions which will identify opportunities, needs, and challenges for RESPTCs, as well as inform future funding opportunities.

Evaluation and Performance Measures

1.0 Funding Use Questions

Operational Intent: *These questions will be asked of each funded recipient and sub-recipient to determine which performance measures they should respond to. Recipients and sub-recipients will only be asked to provide data for those performance measures that correspond to the outcomes and activities for which they used RESPTC FY21 Administrative Supplement funds.*

1.1 Funding by Recipient

*Recipients must report the funding amount provided to each sub-recipient. Recipients **must** limit their direct costs (excluding subawards to RESPTCs) to no more than 10 percent of the*

allocation. ASPR will consider requests for exemptions on a case-by-case basis.

Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 1: Total amount of RESPTC FY21 Administrative Supplement funding provided and amount provided per RESPTC (Recipient-level allowable direct cost cannot exceed 10%)	<i>Total amount of funding provided to recipient will be prepopulated</i> Please indicate the amount of RESPTC FY21 Administrative Supplement funding (in whole dollars) that your jurisdiction provided to your RESPTC	Recipient	Recipient-level direct cost = (amount of funding in whole dollars retained by the recipient for activities and funding management / total recipient funding) x 100%
PM 2: Number of calendar days from the start of the award for recipients to execute RESPTC sub-award	Please indicate the date that your RESPTC's sub-award was executed	Recipient	Number of days to execute subaward = (date subaward executed – date of notice of award)

1.2 Estimated Funding by Target Outcomes

RESPTCs are to select the target outcomes (one or more) that the RESPTC directly used funding from the **RESPTC FY21 Administrative Supplement** to achieve. For each targeted outcome for which the RESPTC used funding from this administrative supplement, indicate the estimated number of funding dollars used for the associated outcome. Please leave all other sections blank. Responses to this question are only used to determine which performance measures will be reported by the sub-recipient and do not replace other financial reporting requirements outlined in 45 CFR 75.

PM 3: Estimated RESPTC FY21 Administrative Supplemental Funding by Target Outcome	
Target Outcome	Estimated number of dollars of RESPTC FY21 Administrative Supplement funding used for associated activities:
Continue to address readiness gaps for RESPTCs, assessment hospitals, and frontline/EMS settings, by making improvements in the following areas: <ul style="list-style-type: none"> • Increase the capacity for all regional treatment centers to conduct clinical trials for medical countermeasures and research the spread and transmission of special pathogens • Improve the transport of laboratory specimens to testing laboratories 	

<i>PM 3: Estimated RESPTC FY21 Administrative Supplemental Funding by Target Outcome</i>	
<i>Target Outcome</i>	<i>Estimated number of dollars of RESPTC FY21 Administrative Supplement funding used for associated activities:</i>
<ul style="list-style-type: none"> • Develop training opportunities for staff members outside of the immediate special pathogens team to improve infection control measures, including personal protective equipment (PPE) donning and doffing techniques • Further develop plans for the segregation, storage, and processing of biohazardous waste • Improve recruitment and retention of special pathogen trained staff with specialties that may be needed in special pathogen response, including pediatrics, geriatrics, pulmonologists, and intensivists • Develop specific plans for at-risk populations¹, with the understanding that each pathogen will differentially impact various groups Expand travel history and symptom screening processes to points of entry other than/in addition to emergency department triage and registration areas 	
Maintain regional treatment center’s continued capability and capacity for special pathogen care	
Continue to use novel approaches for education, readiness, and assessment activities, including, expanding the use of media, augmented reality/virtual reality, and technology to enhance training for staff and providing National Emerging Special Pathogens Training and Education Center (NETEC) training and materials to health care facilities throughout the region	
Support continued planning, development, and implementation of a regional network for special pathogen patient care, including engaging state and jurisdiction special pathogen treatment centers; assessment hospitals; and frontline facilities (including but not limited to settings such as nursing homes, residential care facilities, EMS, and 911 call centers). This network may be informed by and modeled using the lessons learned from already established trauma, stroke, or burn specialty networks	

¹ The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines at-risk individuals as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these individuals **may include but are not limited to** individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency. More can be found here: <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>.

<i>PM 3: Estimated RESPTC FY21 Administrative Supplemental Funding by Target Outcome</i>	
Target Outcome	Estimated number of dollars of RESPTC FY21 Administrative Supplement funding used for associated activities:
Develop, support, and maintain regional special pathogen treatment centers that operate as a system in coordination with state or jurisdiction designated Ebola and other special pathogen treatment centers; assessment hospitals; and frontline facilities (including but not limited to settings such as nursing homes, residential care facilities, EMS, and 911 call centers)	
Support NETEC in their activities as a ‘force amplifier’ in the region	
Collect RESPTC evaluation and performance measures, in addition to receiving peer assessments using metrics developed by NETEC	
Regional treatment center initiatives to support their region’s special pathogen system of care	

2.0 Readiness and Preparedness Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcome:*

- *Continue to address preparedness and readiness gaps for RESPTCs and other health care facilities*

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 4: Percent of RESPTCs implementing activities to address readiness and preparedness gaps in RESPTCs and other health care facilities (disaggregated by activity)	Which of the following readiness and preparedness activities did your RESPTC implement using <i>RESPTC FY21 Administrative Supplement</i> funds? (Select all that apply) <ul style="list-style-type: none"> • Increase the capacity for all regional treatment centers to conduct clinical trials for medical countermeasures and research the spread and transmission of special pathogens • Improve the transport of laboratory specimens to testing laboratories • Develop training opportunities for staff members outside of the immediate special 	RESPTC	Number of RESPTCs implementing activities to address readiness and preparedness gaps / Total number of RESPTCs

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
	<p>pathogens team to improve infection control measures, including PPE donning and doffing techniques</p> <ul style="list-style-type: none"> • Further develop plans for the segregation, storage, and processing of biohazardous waste • Improve recruitment and retention of special pathogen trained staff with specialties that may be needed in special pathogen response, including pediatrics, geriatrics, pulmonologists, and intensivists • Develop specific plans for at-risk populations², with the understanding that each pathogen will differentially impact various groups • Expand travel history and symptom screening processes to points of entry other than/in addition to emergency department triage and registration areas • Other activities to address special pathogen readiness and preparedness gaps (free response) 		
PM 5: Percent of RESPTCs implementing specific plans for at-risk populations (disaggregated by population group)	Did your RESPTC implement your specific plans for at-risk populations ³ , such as individuals experiencing homelessness, older adults, individuals with chronic conditions, undocumented individuals, children, pregnant women, racial and ethnic minorities, and individuals with	RESPTC	Number of RESPTCs responding ‘Yes’ to this measure / Number of RESPTCs selecting ‘Develop specific plans

² See above citation.

³ See above citation.

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
	<p>disabilities, using <i>RESPTC FY21 Administrative Supplement</i> funds?</p> <ul style="list-style-type: none"> • Yes • No <p>If responding ‘Yes’ to the above question, please indicate the at-risk populations for which your RESPTC implemented specific plans. (Select all that apply)</p> <ul style="list-style-type: none"> • Individuals experiencing homelessness • Older adults • Individuals with chronic conditions • Undocumented individuals • Children • Pregnant women • Racial and ethnic minorities • Individuals with disabilities • Other (free response – 500-character response length) 		for at-risk populations’ in PM 4

3.0 Capability and Capacity Measures

Operational Intent: This performance measure examines the activities that have been implemented to achieve the following outcome:

- Maintain regional treatment center’s continued capability and capacity for special pathogen care

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 6: Percent of RESPTCs implementing activities to maintain continued capability and capacity for special pathogen care (disaggregated by activity)	Please briefly describe how your RESPTC used <i>RESPTC FY21 Administrative Supplement</i> funds to maintain continued capability and capacity for special pathogen care. (Free response – 500-character response length)	RESPTC	Number of RESPTCs implementing activities to maintain continued capability and capacity for special pathogen care / Total number of RESPTCs

4.0 Training Measures

Operational Intent: *This performance measure examines the activities that have been implemented to achieve the following outcome:*

- *Continue to use novel approaches for education, readiness, and assessment activities, including, expanding the use of media, augmented reality/virtual reality, and technology to enhance training for staff and providing NETEC training and materials to health care facilities throughout the region*

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 7: Percent of RESPTCs using novel approaches for education, readiness, and assessment activities to support special pathogen preparedness and response	Which of the following novel approaches did your facility use for education, readiness, and assessment activities using <i>RESPTC FY21 Administrative Supplement</i> funds? (Select all that apply) <ul style="list-style-type: none"> • Expanding the use of media, augmented reality/virtual reality, and technology to enhance training for staff • Providing NETEC training and materials to health care facilities throughout the region • Other (free response – 750-character response length) 	RESPTC	Number of RESPTCs using novel approaches for education, readiness, and assessment activities / Total number of RESPTCs

5.0 Network Development Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcomes:*

- *Support continued planning, development, and implementation of a national system for special pathogen patient care⁴, including engaging state and jurisdiction special pathogen treatment centers; and other health care facilities (including but not limited to settings such as nursing homes, residential care facilities, EMS, and 911 call centers)*
- *Support NETEC in their activities as a ‘force amplifier’ in their region*

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 8: Promising practices developed to support the continued planning, development, and	What promising practices have you developed to help achieve the continued planning, development,	RESPTC	Qualitative description of promising

⁴ Funding for RESPTCs in FY21 built on previous Ebola programming, which specified this activity at the regional level. Due to the COVID-19 pandemic, ASPR sought to evolve the regional system already established through Ebola funding into a National Special Pathogen System (NSPS). In order to capture the true intent of RESPTCs’ role in this system, this document refers to a “national system for special pathogen patient care.” RESPTCs continue to operate regionally within this national system.

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
system for special pathogen patient care	national system for special pathogen patient care using <i>RESPTC FY21 Administrative Supplement</i> funds? What impact did you achieve? (Free response – 750-character response length)		impact achieved
PM 9: Challenges encountered by RESPTCs in the continued planning, development, and implementation of a national system for special pathogen patient care	<p>What specific challenges have you encountered regarding your ability to plan, develop, and implement a national system for special pathogen care across sites? (Select all that apply)</p> <ul style="list-style-type: none"> • Coordinating and communicating across facilities and partners (free response – 300-character response length) • Incentivizing participation from key stakeholders (free response – 300-character response length) • Aligning regional workplans with national NETEC initiatives (free response – 300-character response length) • Other (free response – 600-character response length) <p>Please briefly describe the impact of these challenges (free response – 600-character response length)</p>	RESPTC	<p>Number of RESPTCs reporting each challenge</p> <p>Qualitative description of challenges and impact of challenges</p>

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
PM 10: Promising practices implemented by RESPTCs to access and use information and resources from NETEC	<p>Which of the following promising practices did your RESPTC employ to access and use NETEC information and resources using <i>RESPTC FY21 Administrative Supplement</i> funds? (Select all that apply)</p> <ul style="list-style-type: none"> • Utilized NETEC resources to improve operations and clinical outcomes within my RESPTC • Shared NETEC resources with other health care facilities, organizations, and staff • Participated in the provision of technical assistance by NETEC Subject Matter Experts (SMEs) for facilities in my region • Utilized the NETEC infrastructure to support capacity and capability to participate in emergency clinical research⁵ • Other (free response – 750-character response length) 	RESPTC	Number of RESPTCs implementing each listed promising practice
PM 11: Promising practices used that promote coordination and collaboration between RESPTCs and other regional	What promising practices did your organization use to collaborate with other regional organizations for disaster response (e.g.,	RESPTC	Qualitative description of promising practices,

⁵ The Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities cooperative agreement (CFDA #93.817) Part B permits Regional Ebola and Other Special Pathogen Treatment Centers to participate in clinical research, clinical trials, and experimental protocols, if appropriate, but recipients may not use cooperative agreement funds for research.

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
disaster response organizations ⁶	Regional Disaster Health Response System demonstration sites, Health Care Coalitions, etc.) using <i>RESPTC FY21 Administrative Supplement</i> funds? What impact did you achieve? (Free response – 750-character response length)		partners, and impact achieved
PM 12: Promising practices associated with RESPTC initiatives to support the region’s special pathogen system of care	What promising practices did your organization use to support the region’s special pathogen system of care using <i>RESPTC FY21 Administrative Supplement</i> funds? What impact did you achieve? (Free response – 750-character response length)	RESPTC	Number of RESPTCs implementing initiatives Qualitative description of initiatives and impact achieved
PM 13: Challenges encountered during implementation of RESPTC initiatives that support the region’s special pathogen system of care	What specific challenges have you encountered regarding implementation of regional treatment center initiatives to support your region’s special pathogen system of care using <i>RESPTC FY21 Administrative Supplement</i> funds? What were the impacts of these challenges? (Free response – 750-character response length)	RESPTC	Number of RESPTCs reporting challenges Qualitative description of challenges and impact of challenges

6.0 Evaluation Support Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcome:*

- *Collect RESPTC evaluation and performance measures, in addition to receiving peer assessments using metrics developed by the National Emerging Special Pathogens Training and Education Center (NETEC)*

⁶ Note: A similar question appears in performance measures for the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement*. Please limit this particular response to activities and outcomes funded by the *RESPTC FY21 Administrative Supplement*.

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
PM 14: Percent of RESPTCs receiving readiness consultations using metrics developed by the National Emerging Special Pathogens Training and Education Center (NETEC)	Did your organization receive a readiness consultation from the National Emerging Special Pathogens Training and Education Center (NETEC) using <i>RESPTC FY21 Administrative Supplement</i> funds? <ul style="list-style-type: none"> • Yes • No 	RESPTC	Number of RESPTCs that received NETEC readiness consultations / Total number of RESPTCs
PM 15: RESPTC clinical or operational changes attributed to participation in NETEC readiness consultations	What specific clinical or operational modifications were made by your facility as a result (full or partial) of your participation in a readiness consultation by NETEC using <i>RESPTC FY21 Administrative Supplement</i> funds? (Free response – 750-character response length)	RESPTC	Number of RESPTCs reporting changes as a result of consultations Qualitative description of changes

7.0 Optional Questions

The questions in this section are optional. They are exploratory questions to assist ASPR in understanding the challenges faced and leading practices utilized by funding recipients in building regional special pathogens preparedness and response capabilities. The responses will be used to inform future program design, development of guidance, delivery of technical assistance, and support contextual understanding for reporting to national stakeholders.

<i>Topic Area</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
Challenges in addressing preparedness and readiness gaps for RESPTCs and other health care facilities ⁷	What specific challenges have you had in addressing preparedness and readiness gaps for RESPTCs and other health care facilities within your region using <i>RESPTC FY21 Administrative Supplement</i> funds? What were the impact of these challenges? (Free response)	RESPTC	Number of RESPTCs reporting challenges Qualitative description of challenges and impact of challenges

⁷ Note: Similar optional questions also appear in performance measures for the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement*. Please limit this particular response to activities and outcomes funded by the *RESPTC FY21 Administrative Supplement*.

Topic Area	Data Point(s)	Data Entity	Calculation
Promising practices in addressing preparedness and readiness gaps for RESPTCs and other health care facilities ⁸	What promising practices have you developed to address the preparedness and readiness gaps for your RESPTC and other health care facilities within your region using <i>RESPTC FY21 Administrative Supplement</i> funds? What impact did you achieve? (Free response)	RESPTC	Qualitative description of promising practices and impact achieved
Recipient participation in program activities ⁹	With the 10% of funding retained by your organization, did you (the recipient) participate in any of the activities allowable under the <i>RESPTC FY21 Administrative Supplement</i> ? If yes, please briefly describe them. (Free response – 500-character response length)	Recipient	Number of recipients directly supporting program outcomes Qualitative description of activities

⁸ See above citation.

⁹ See above citation.

Annex A: Acronyms and Glossary of Terms

Acronym	Definition
At-Risk Individuals	At-risk individuals include children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these individuals may include but are not limited to individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency ¹⁰
ASPR	Administration for Strategic Preparedness and Response
ASPR-funded	An activity is considered ASPR-funded if it is: 1) fully funded by the <i>RESPTC FY21 Administrative Supplement</i> ; 2) partially funded by these administrative supplements and by the facility or other health care entity; or 3) supported by allowable staff positions fully- or partially-funded by these administrative supplements
Data Entity	The source organization providing a particular Data Point
Data Point	Individual data element reported by a recipient or sub-recipient used to calculate or assess the Program Performance Measure
Facility	In the context of this administrative supplement, this term applies to RESPTCs, defined below as ‘sub-recipient’
Health Care Worker	A health care worker is any worker who provides clinical health care services (i.e., doctors, nurses, laboratory technicians, x-ray technicians, EMS, etc.)
HPP	Hospital Preparedness Program
Infection Control	Infection control prevents or limits the spread of infection in health care settings and includes a range of activities such as: <ul style="list-style-type: none"> • training for health care worker safety when caring for a special pathogen patient (e.g., Personal Protective Equipment (PPE) donning/doffing, safe treatment protocols), • assessing and updating physical infrastructure (e.g., minor retrofitting and alteration of inpatient care areas for enhanced infection control donning/doffing rooms), • reconfiguring patient flow in emergency departments to provide isolation capacity for Persons Under Investigation (PUIs) for infectious or potentially infectious patients, expansion of telemedicine and telehealth for the purposes of infection control, • purchase of or preservation strategies for PPE optimization in accordance with CDC guidelines, and/or other activities in accordance with CDC

¹⁰ Administration for Strategic Preparedness and Response. Accessed July 2022. “At-Risk Individuals.” <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>.

Acronym	Definition
	guidelines for Transmission-based Precautions ¹¹
NETEC	National Emerging Special Pathogens Training and Education Center
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point
Program Performance Measure	The national-level performance measure used by ASPR to monitor and evaluate the performance of recipients and sub-recipients funded through the <i>RESPTC FY21 Administrative Supplement</i> . Result is typically calculated by ASPR based on Data Points reported by RESPTCs
RESPTC	Regional Ebola and other Special Pathogen Treatment Center
Recipient	For this cooperative agreement, recipients are state and jurisdictional health departments who receive awards from ASPR’s Hospital Preparedness Program through the <i>RESPTC FY21 Administrative Supplement</i> . Formal definitions of recipients can be found in the Code of Federal Regulations (2 CFR 200.1) ¹²
Sub-recipient	RESPTCs that receive a subaward from a Recipient through the <i>RESPTC FY21 Administrative Supplement</i> . Formal definitions of sub-recipients can be found in the Code of Federal Regulations (2 CFR 200.1) ¹³
Triage	The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment. During infectious disease outbreaks, triage is particularly important to separate patients likely to be infected with the pathogen of concern. ¹⁴

¹¹ Centers for Disease Control and Prevention. Accessed August 2020. “Transmission-Based Precautions.” <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.

¹² “Electronic Code of Federal Regulations.” Updated September 2020. Accessed September 2020. <https://www.ecfr.gov/cgi-bin/text-idx?SID=2a89cb03270093638f94a6d25896dac5&mc=true&node=20200813y1.62>.

¹³ See above citation.

¹⁴ Centers for Disease Control and Prevention. Accessed July 2020. “Standard Operating Procedure (SOP) for Triage of Suspected COVID-19 Patients in non-US Healthcare Settings: Early Identification and Prevention of Transmission during Triage.” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>.