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MAXIMIZING HOSPITAL PREPAREDNESS PROGRAM GRANT FUNDS

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SESSION OBJECTIVES

- The participant will develop the skills to submit a complete grant application that:
 - Is focused on planning, training and exercises
 - Has realistic goals that expand local capabilities and capacities
 - Develops partnerships and integrates with local coalition members



HOSPITAL PREPAREDNESS PROGRAM GRANT

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HPP Recap
Funding Mechanism
Eligibility Information
HPP Grant Structure
Grant Timeline
Timeline Breakdown by Month

HPP RECAP

- Cooperative Agreement with the Assistant Secretary for Preparedness and Response (ASPR) and State of Alaska.
- Section of Emergency Programs: Health Emergency Response Operations unit has directly managed the grant since 2006.
- *...HPP's primary focus continues to be [building] medical surge capacity, which can be broadly defined as the ability of a healthcare entity to adequately care for increased numbers of patients.*

HPP RECAP

Grant Management evolves as...

- People change
- Congress wants additional accountability
- ASPR refines the HPP program because of response to real life events that impact all levels of government
- Healthcare facilities refine their emergency management plans and increase inventories

FUNDING MECHANISM

- Healthcare Facilities are awarded grant funds through Memorandum of Agreement
 - The agreement must be amended and re-signed if an extension is requested

- Memoranda of Agreement fall under the category of *Contracts*
 - Designated procurement officer reviews all documents and processes reimbursements

ELIGIBILITY INFORMATION

- 31 healthcare facilities were chosen from the State of Alaska, Division of Health Care Services, Health Facilities Licensing Certification document.
- They are the only licensed facilities in the General Acute Care, Alaska Native Tribal, Critical Access, Rural Primary Care, Long Term Acute Care, Specialized or Skilled Nursing categories in the Certification and Licensing Section.

HPP GRANT STRUCTURE

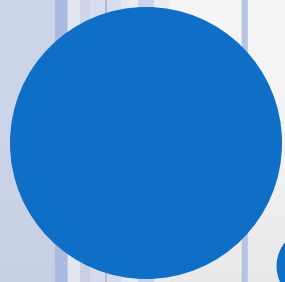
- The HPP grant is competitive funding
- All grant-funded activities must support one of the following areas: planning, training, exercise
- Sub-Grantees will receive *reimbursement* for approved expenditures after submitting required documentation with the mid-year or end of year reports
- Any products created in full or in part with grant funding (e.g., Emergency Operations Plans) must be submitted to the state with mid-year or end of year reports
- Exercises supported in full or in part with grant funding must include an After Action Report/Improvement Plan submitted to the state with mid-year or end of year reports
- Requests for equipment and supply purchases must clearly support the areas of planning, training, or exercise

GRANT TIMELINE

State Year	July 1, 2015 – June 30, 2016
Sub-grantee Grant Period	Nov 19, 2015 – May 31, 2016
Budget Period	6 months
Anticipated Award Date	November 19, 2015

TIMELINE BREAKDOWN BY MONTH

August	Section of Emergency Programs initiates state process to authorized HPP sub-grantee contracts (MOAs)
October	Healthcare facilities complete application
November	Committee review, discuss & approve applications and send MOAs to sub-grantees
January	Healthcare facilities receive mid-year report templates
February	<ul style="list-style-type: none"> • Review healthcare facilities' mid-year reports • Submit reimbursements to Procurement
May	<ul style="list-style-type: none"> • Healthcare facilities Memorandum of Agreement period ends • End of year report template to healthcare facilities
June/July	<ul style="list-style-type: none"> • Review healthcare facilities' end of year reports and supporting documentation • Submit reimbursements to Procurement



ALLOWABLE COSTS

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Planning

Training

Exercise



PLANNING

- Allowable costs associated with planning include:
 - Salary for those directly associated with writing the plan
 - Contractor costs for writing and revising plans
- All HPP-funded plans must be turned in with the mid-year or end of year report.

Emergency Operations Plan	Communication Plan
Emergency Evacuation Plan	Closed Point of Dispensing (POD) and Memorandum of Agreement
Continuity of Operations Plan (COOP)	AKTRACS Implementation
Mass Casualty Plan	Mass Fatality Plan
Volunteer Management Plan	

TRAINING

- Allowable training-related costs include:
 - Establishment, support, facilitation, and attendance of training

- Must demonstrate:
 - Relation to HPP target capabilities and/or how it enhances the facility's emergency response capabilities
 - How training activities are **linked** to healthcare organization, community-based, regional or state **HVA**
 - How **knowledge, skills, and abilities** acquired will be **incorporated into exercises**

TRAINING CONTINUED

- Requests for Further Information Most Often Due To:
 - Name of training missing
 - Training not linked to any after action report/improvement plan
 - Training not clearly linked to an emergency preparedness capability enhancement
 - No plan for further dissemination of information gained in training

SPECIFIC RESTRICTIONS AND GUIDELINES ON TRAINING OPPORTUNITIES

- ICS-100, ICS-200, ICS-700 and ICS-800
 - Free online courses available through FEMA
 - Not eligible for HPP funding
- ICS or HICS 300- and 400 level courses
 - Encouraged to attend jurisdictional offerings of these courses
 - Prioritization may be lower than other courses
- Center for Domestic Preparedness (CDP) or Emergency Management Institute (EMI) courses
 - FEMA covers course, travel, lodging
 - Not eligible for HPP funding
- Conferences targeting identified gaps in HPP capabilities in the Lower 48:
 - It is not ICS specific training
 - Does not exceed 15% of the total grant award with a cap of \$2,500 per person, per grant award
 - Agenda is reviewed and approved in advance

EXERCISE

- Allowable costs associated with exercises include:
 - Salaries of hospital employees participating in the exercise
 - Planning and training costs associated with preparation for the exercise

- Follow HSEEP exercise model

- Submit AAR to Section of Emergency Programs:
Health Emergency Response Operations



ASPR HPP GRANT REQUIREMENTS

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Program Compliance

Grant Compliance

Documents

PROGRAM COMPLIANCE

- National Incident Management System (NIMS)
 - Move from ‘status unknown’ to ‘in progress’ to ‘achieved’.
 - Once your facility has achieved a NIMS element- maintain that element. Do not report backwards!

- Achieve Target Capabilities

- Comply with state HAvBED policy

GRANT COMPLIANCE

- On time submission of Mid-Year Progress and End of Year Reports
- Track inventory purchased with ASPR grant funds (equipment over \$5,000 or items that can easily “walk off”)
- State receives an A-133 audits-“pass thru”
- Procurement-equipment comply with 45 CFR 92.36 and 45 CFR 74.40 thru 74.48 including 74.45
- State of Alaska must comply with sub-award equal treatment 45 Code of Federal Regulations 87

DOCUMENTS

- HPP Application
- Memorandum of Agreement
- Mid Year Report
 - Grant Receipt Account Summary (if requesting reimbursement mid-year)
 - Copy of grant receipts (if requesting reimbursement mid-year)
- End of Year Report
 - Grant Receipt Account Summary
 - Copy of grant receipts
 - Inventory Documentation
 - After Action Reports/Plans



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APPLICATION

Logic Model:

Activities

Outputs

Outcomes

Goals

ACTIVITIES

- Be more descriptive
- Answer: How will this item advance hospital preparedness?
- Demonstrate there is a need

ACTIVITIES - EXAMPLES

- Significantly revise the Mass Fatality Annex of the current Emergency Operations Plan to reflect lessons learned in the 2014 Hospital Full Scale Exercise, including guidelines for security around the temporary morgue location.
- Arrange for a Disaster Management and Emergency Preparedness Course (DMEP) to be offered to members of the hospital's Emergency Management Committee and surgeons within the facility.
- Plan and execute a Communications drill, testing intercom, telephone, text, e-mail, and radio communications within the hospital and with emergency management partners. This drill will occur in the hospital, but will partner with the EOC at the local government and the Fire Department to ensure ongoing communications with critical community partners during a disaster.

OUTPUTS

- Describe the **data related to the activity**

- Includes:
 - Types, levels and targets of service to an audience
 - Size and/or scope of services delivered/produced
 - Example:
 - Number of workshops held
 - Number of people trained
 - Materials or plans completed
 - Program participation rates

OUTPUTS - EXAMPLES

- A completed Mass Fatality Annex will be distributed and attached to all Emergency Operations Plans in the facility.
- One DMEP course will occur, with 14 participants from the Emergency Management Committee and 12 surgeons in attendance.
- Approximately 26 hospital employees will participate in the Communications drill for 4 hours, and all participating employees will have input into the After Action Review.

SMART OBJECTIVES/OUTCOMES

- SMART
 - Specific
 - Measurable
 - Achievable
 - Realistic
 - Timely

- Discuss changes in behavior, knowledge, skills, status, or function that is expected as a result of the activity

OBJECTIVES/OUTCOMES - EXAMPLES

- Staff members will have a clear and organized presentation of Mass Fatality guidelines available to them, and security guidelines will be clarified in the Mass Fatality Annex.
- Members of the Emergency Management Committee and participating surgeons will have a thorough understanding of effective approaches to mass casualty management during a disaster. This enhanced understanding will assist them in fulfilling their assigned roles during a disaster, and help them to effectively lead others under their supervision.
- Participating employees will have an enhanced understanding of the steps required to maintain consistent communications during a disaster. Gaps that were identified in the last exercise, including the lack of updated contact information for local emergency management and inoperable hand-held radios, will be tested. Additional gaps in the communications program will be identified and an improvement plan will be created to address those gaps.

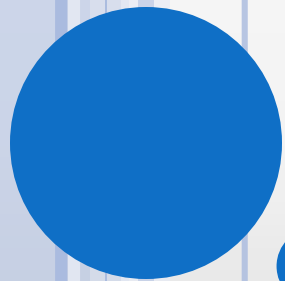
GOAL/IMPACT

- Describe the **specific and measurable** organizational, community, or system changes that result from the activity

- May include:
 - Improved conditions
 - Increased capacity
 - Changes in policy

GOAL/IMPACT - EXAMPLES

- 100% of Security Personnel will be trained on the guidelines that are added to the Mass Fatality Annex regarding enhanced security presence at the alternate morgue site. 100% of Emergency Management Committee and Hospital Command Center staff will read and acknowledge understanding of the revised annex, to ensure their comprehensive knowledge of the hospital's Mass Fatality response.
- 100% of the Emergency Management Committee and 30% of the hospital's surgeons will attend the DMEP course. Upon administration of the course evaluation, 80% of participants will report a substantial increase in incident management knowledge at the conclusion of the course.
- 20% of hospital personnel will participate in the communications drill. Of those participating, 100% will be given the opportunity to participate in the After Action Review and Improvement Plan, either in person or in writing. Dependent upon the findings of the After Action Review, a plan for further revision of the Communications Annex will be created.



BUDGET FORM

Consider if you received a budget:

Do you have enough information...

Budget Category	Examples (Remember to link to Activities)
Personnel Costs	<ul style="list-style-type: none"> • Heidi Hedberg, 150 hours, \$38 per hour, \$5,700 • Environment of Care Committee, 10 employees, 25 hours each, \$45 per hour per employee, \$11,250
Travel	<p>Heidi Hedberg, \$750 airfare, \$160 per night x 3 = \$480 lodging, \$60 per deim per day x 4 = \$240, car rental \$100 per day x 4 days = \$400</p>
Supplies/Equipment	<p>Itemized list with quality, cost per unit and total requested</p>
Contractual Services	<p>List contractors name, specific deliverables and if it is an hourly rate or bundled rate and what the amount is</p>
Other	<ul style="list-style-type: none"> • Not a common budget category used. • Only to be used for items not associated with the above budget categories. • Examples: telephone, postage, printing, equipment rental, internet provider service

ITEMS NOT APPROVED

- Construction or major renovation
 - (modernization, alteration or minor renovation may be okay)
 - Fundraising activities or political education/lobbying
 - Research
 - Reimbursement of pre-award cost is not allowed
 - Backfilling costs for staff are not allowed
 - Vehicles
 - Indirect
-
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services such as contractual.

TOP 10 DENIED REQUESTS

- Conference training in the Lower 48 not related to emergency preparedness
- Lab equipment
- Boiler
- Blood bank refrigerators
- Fire extinguisher training
- Construction
- Snow machine
- Ambulance
- Boat
- Van

TOP 10 NONDESCRIPT BUDGET REQUESTS

- Contractor
- Additional radios and components
- Facility will consider the purchase of evacuation chairs or paraslydes
- Pharmaceutical cache based upon assessment needs
- ACS supplies
- Preparedness training or ABC training
- Decon equipment
- PPE
- POD
- Medical supplies

EVALUATION OF APPLICATIONS

- Are items requested reflective of the Hazard Vulnerability Analysis?
- Is this a day-to-day use item or does it advance hospital preparedness?
- Is there a demonstrated need?
- Is this request part of a corrective action plan from an exercise or real event?
- Does the item meet grant compliance?
- Does the item fit the intent of a target capability?
- Can the training be replicated in state, cheaper option, needed?

BUDGET REDIRECTION

- Update application and budget
- Need prior approval before executing a change
- Report new financial amounts in mid-year or end of year reports

PARTNERSHIP

We are here to help you with grant compliance and program development.

Call or email to ask questions.

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