

ASPR February Hospital Preparedness Program Recipient Webinar Transcript

February 14, 2024

Call Transcript

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

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Jennifer Hannah: Thank you, Megan. Good afternoon, everyone, and happy Valentine's Day. So, thank you all for joining us today. My name is Jennifer Hannah. I am the Director of the Office of Health Care Readiness. Before we hand it over to our first presenter. I would like to provide a brief overview of our agenda for today. Next slide, please.

First, Rachel Lehman, the Acting Director of ASPR TRACIE will provide an overview of ASPR TRACIE's winter weather resources. Next Dave Csernak, Richard Hunt, and I will provide a few Office of Health Care Readiness updates. Afterwards, Dr. Cullen Clark and Dr. Brent Kaziny, representatives from ASPR's Pediatric Disaster Care Centers of Excellence, will provide an update on the respiratory season 2023 through 2024. Finally, we will have some time at the end of our program for questions from the audience. Next slide, please.

I will now pass it over to Rachel Lehman for our first presentation. Rachel.

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Rachel Lehman: Thank you so much, Jennifer. And I will just start to say it is always such a privilege to be able to present on HPP recipient webinars. I'm excited to remind folks of our winter weather resources and to highlight some of our recently released and upcoming products. Next slide.

Okay, so it is my understanding that on Groundhog Day, the Groundhog did not see a shadow, which means we are in for an early spring. But the East coast has been managing a nor'easter. It is only mid-February, and I can say, as a Minnesotan, I'm very confident, saying there's still plenty of time for severe cold weather and winter storms.

Our Natural Disasters Topic Collection has both lessons learned, and plans, tools, and template resources that focus on managing extreme cold. And we also developed a couple of resources focused on lessons learned from Winter Storm Yuri in 2021. Those can be found in the Natural Disasters Topic Collection, as well as in our Utility Failures Topic Collection. And on the note of utility failures, in Fall 2023, ASPR TRACIE released the Utility Failures and Health Care Toolkits, which includes 5 tip sheets, offering general and specific planning considerations for health care facilities faced with failures affecting electricity, fuel, oxygen, telecommunications and information technology, and water. And the toolkit also features links to all the work we've done on utility failures this last year. I mean, utility failures have been a concentration for ASPR TRACIE, because they pose a serious threat to health care operations across the country, and they're becoming more frequent, due to aging infrastructure, and an increase in extreme weather events, including winter storms and extreme cold.

And then, lastly, just please take a look at our Climate Change Resilience and Healthcare System Considerations resource. It does include information on extreme cold and winter storms. It also outlines the impacts of climate related illness and injury on health system operations,

care delivery, and patient surge. It includes information on bolstering health care infrastructure resilience and facility hardening. And it's just all around a really great resource. So, next slide.

ASPR TRACIE was busy in late 2023, and we continue to be busy in 2024. And these are some of our new and updated resources.

The ASPR TRACIE Year In Review 2023 report summarizes our work during calendar year 2023 and includes links to all our resources developed during that time. It also highlights, one of my favorite ongoing projects, which is ASPR TRACIE's work to make our COVID-19 specific resources applicable to other hazards. Much like everyone across health care and public health, COVID-19 dominated the work we did for three and a half plus years, and we developed well over a hundred COVID specific resources. And our project to update these resources is helping us document lessons learned from COVID-19 and ensure that these really great resources are applicable to other hazards. And one of the notable products that we updated this last year as a part of this project is the health care provider shortages, resources, and strategies for meeting demand product. It was originally developed to help health care facilities address staffing shortages during the pandemic, but workforce shortages are still a massive issue, and the resource has been updated to be applicable to all-hazards.

Then we also, in late 2023, held two webinars. We had the Health Industry Distributors Association. They were kind enough to feature ASPR TRACIE in the HIDA ASPR Educational Webinar Series, which is the Determining Hospital Supply Needs and Likely Usage during an Incident webinar. We highlight our supply chain resources, including the disaster available supplies and hospitals tool. And Nebraska Medicine was kind enough to join us for this webinar and discuss their experiences, using the hospital pharmacy module of the DASH tool. The second webinar we had is Lessons Learned from the Signature Healthcare Brockton Hospital Fire. And this may go down as one of the most popular webinars that ASPR TRACIE ever held. It sold out in less than 24 hours, and in a very short time after we released the recording of the webinar, it had been viewed over 7,000 times. And the focus of this webinar is on February 7, 2023, a 10-alarm fire at Signature Healthcare Brockton Hospital in Massachusetts resulted in a total evacuation of the hospital, continued closure, and extensive recovery efforts. Our webinar featured hospital representatives sharing their experience navigating a complete utility failure during a fire emergency, and they discuss their successes and challenges with patient movement, transfers, and discharge, managing patient and staff safety, and managing cascading events. And this hour-long webinar was not nearly enough time for the amazing speakers from Signature Healthcare, so we're working with them to develop a complimentary written product to that webinar.

Next, so earlier this year, we released our updated EHR topic collection. And for anyone historically familiar with this topic collection, you'll notice that we added downtime procedures to the name of the topic collection. There's a really big demand for downtime guidance and lessons learned, and this is a great collection of the best-in-show downtime resources. And of course, the topic collection also has guidance and lessons learned specific to EHR. In late 2023, we released Issue 18 of the Exchange, and it focused on innovations and health care surge capacity management. There were two fantastic articles focused on MOCCs. One discussed how the Washington Medical Coordination Center adapted their operations to manage the 2022 pediatric surge, and the other looks at the evolution of patient load balancing in Texas. And Texas has been a leader in patient load balancing since the 1990s, and the article looks at how daily systems for transfer management, and just how they are adapted for disasters and PHE.

And the remaining articles focus on expanding capacity in rural health care environments. We met with California EMS authority officials to discuss how in Imperial County, they augmented capacity and accommodate patient search through a multi-pronged approach which included alternate care sites. And then we also met one of our IHS colleagues working at the Gallup India Medical Center to document their lessons learned in patient transfer in an environment that we're struggling with a wide variety of challenges, including no available beds in the region at times. But overall, it is a great issue, full of lessons learned from COVID-19, and we are excited to have the Office of Health Care Readiness' very own, Jennifer Hannah, author the forward for that issue. And then, lastly, I'm very excited to highlight our brand's new Hospital Mass. Casualty response plan considerations.

The considerations in this document can assist hospitals with developing new or vetting an existing MCI plan. To be noted, the scope of the document is primarily focused on the first hour of a response, though in some cases considerations are longer term, and includes 11 sections ranging from alerting and mobilization to emergency department command and control, to integration and coordination with other hospitals, health care coalitions, and emergency management. Next slide.

After upcoming products, we are updating our Mass Distribution and Dispensing of Medical Countermeasures topic collection and our Blood and Blood Products topic collection. Both will be available this spring. We're also in the process of developing some additional appendices for the MOCC toolkit. The first appendix we are developing will focus on pediatric considerations for MOCCs. And we're also updating the name of the toolkit from the Medical Operation Coordination Cells toolkits to the Medical Operation Coordination Centers toolkit. A small but very impactful update. Next, we are working on a hospital resource allocation annex template, this will be featured in our next edition of the Express, so keep an eye for that. And then, if any of you are attending the Association of Healthcare Emergency Preparedness Professionals Annual Conference, or NACCHO Preparedness Summit, come, say hi to the ASPR TRACIE team, we will be at both, and we're very excited and honored to be presenting at both.

And with that, I'll just say thank you for what you all do every day. And always, please remember to utilize our TA center, we are here to help you, and generally do not hesitate to reach out. We love to hear from you, and we love to work with you. So just please reach out, web form, call us on our toll-free number or email askasprtracie@hhs.gov. Next slide.

Yeah, I'm happy to take any questions if anyone has any. Alysia.

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Alysia Mihalakos: Good afternoon. I just wanted to say thank you for the 2-day workshop last week, for disaster medical leadership. I know that it came at the very end of the second day that the recordings weren't going to be released, but that there may be some potential opportunity for individual sessions to be released and hoping that it's possible to reconsider that and release anything that you can, because I think there was a lot to be learned through many of those sessions, and many of us didn't get to attend all of them. So just a plea for a reconsideration, especially if the speakers are comfortable with having their session released. Thanks.

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Rachel Lehman: No, thank you. And yeah, thank you for tuning in. We're really excited about how the first ever medical leadership and disaster preparedness response, virtual conference went. So, we are not planning on hosting the recordings on the ASPR TRACIE website. But if you were interested in different sessions, feel free to reach out to me. And I'm also considering kind of putting together kind of a written summary of key points that came up throughout the conference in the different sessions as well. But yeah, feel free to reach out to ASPR TRACIE if you have questions about recordings. And again, thank you for the support we're so excited about how the virtual conference went. So, thank you. Thank you for the question.

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Wassef, Megan: And, Rachel, it looks like we also got a question in the chat, asking about the materials that you'll provide. I think you kind of already answered that one. But just wanted to flag that.

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Rachel Lehman: Oh, I'm sorry I'm in my chat. I'm actually not seeing that one. I do apologize. But yeah, I can throw the materials that I mentioned in the chat. And yeah, thank you so much.

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Jennifer Hannah: Yeah, Rachel. The question was regarding the materials from last week's conference.

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Rachel Lehman: Oh, so the materials that were thrown in the chat for the conference. Okay. So we can maybe put together links that were shared and probably share those widely, because I know we still have the info from the chat from the virtual conference. So, we will gather all those materials and share widely, because I know there were fantastic resources mentioned throughout the two days. So, thank you for that flag. Sorry that I'm having some technical issues.

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Jennifer Hannah: Great. Thank you, Rachel. Please just a reminder. If you have any other questions for Rachel, please ask those questions, and she said, you can drop those in the chat, you can put them in the Q&A, or you can raise your hand, and you can ask the question live.

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Rachel Lehman: If you think of anything later, you can also just email askasprtracie@hhs.gov.

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Jennifer Hannah: Thank you, Rachel. And also, you know, just a point, and I know that the DPHP probably heard the same thing from me yesterday. But, interestingly enough, regarding the groundhog, not seeing his shadow. He's only been right 3 out of the last 10 times over the past decade. So, you know, sometimes he gets it right and sounds like most times he gets it wrong. But Rachel, thank you and the ASPR team for everything that you do for putting together such comprehensive and relevant materials. We know that you've been a great support as well for the Office of Health Care Readiness and consider you to be an incredible partner. So, thank

you, and thank you also for your willingness to always join us on these calls. So next slide, please.

I now will pass it to Dr. Richard Hunt to begin our Office of Health Care Readiness updates, Dr. Hunt.

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Dr. Richard Hunt: Yeah, thanks, Jennifer. So, I'm doing the updates. Huh? Okay? Alright. So, a couple of updates, one on Clinical Rounds which we relaunched last week, and also a really quick update on monkeypox as well. Next slide, please.

I'm the Senior Medical Advisor for the Office of Health Care Readiness, and it's an honor to work with my colleagues in that office for sure. So as some of you might remember between 2020, actually it was March 2020 and February 2022, our office launched HHS ASPR Project ECHO COVID-19 Clinical Rounds, using the Project ECHO tele mentoring platform. During that period of time, we hosted 198 total ASPR Project ECHO sessions with over 75,000 cumulative participants from over a hundred countries. The COVID-19 Clinical Rounds discussed patient care and clinical operations, challenges, and successes, and it evolved over time to become a critical support system for clinicians. Based on that experience, our office is launching, actually, we launched last week on last Tuesday, a new series of Clinical Rounds. This new series is different, in that it will focus on steady state blue sky, as it were, preparedness for all-hazards all threats, and in support of the health care workforce. The new HHS Project ECHO Clinical Readiness Rounds will facilitate peer to peer real time, sharing of clinical challenges and successes in preparing for and responding to disasters from all threats with a focus on patient care clinical operations, and support for the health care workforce. You'll see on the slide, these occur every other Tuesday at noon Eastern time. The next one will be February 20th, and then it's every other 2-week cycle, March 5th, March 19th. You'll see examples of topics. Don't hold me to the topics in terms of which date the topics are. But these are the kinds of topics that we're talking about and thinking about and moving forward –filling gaps in the EMS workforce, de-crowding emergency departments, and how to save lives with Medical Operations Coordination Centers, and certainly sessions focused on being in support of the health care workforce. The Clinical Readiness Rounds occur on a biweekly basis, as I mentioned. In addition to the Clinical Readiness Round's steady state, as it were, we have the capacity to quickly pivot and stand-up Clinical Readiness Rounds emergency sessions within 72 hours of the time a need is identified following an emergency event. There's a frame of reference for that one, the Assistant Secretary for Preparedness and Response during the pandemic asked me if I could do a Rounds on ventilation management within 24 hours, I think it happened about 36 hours after the request, because I couldn't get the speaker to speak fast enough. So, we have the capability, the capacity to do it. And sort of an example of the kind of thing that we might do. For example, if widespread wildfires broke across out across the west, or an earthquake occurred, we could launch Clinical Readiness Rounds very, very specific to that disaster, in a way that could crowdsource prior experiences to help those in response, but also have those in response share their experience to help all of us. Our intent is that the Clinical Readiness Round sessions will be able to count for continuing medical education or continuing nursing education. We are working very hard and recognize we have a gap in being able to provide EMS Continuing Education, and we're working toward that as well. The first session occurred last Tuesday, and just to share with you a couple of take homes. We were surprised that about 50% of the respondents had never participated in Rounds before.

Like the previous Rounds, the COVID Rounds, we had a very wide range of disciplines, which actually is one of the unintended positive consequences of this. Where you have, for example, an EMT talking to an intensive care unit physician from Massachusetts General. We had almost every state participating in that one, and also two countries had representatives. Couple of highlights in terms of the polling that we do on any session. Certainly, the nursing and EMS shortage was highlighted, and also it was fascinating to see the number that had concerns about misinformation and disinformation. I'm not sure I'm surprised by it, but it was pretty striking to see that. In general, I didn't see one take home that said, "this is the problem we all need to attack right now". It was really pretty much across the board in concerns. The next session will be next Tuesday, February 20th. Understand that topics really are going to evolve based on what we hear from the participants. And it will evolve pretty quickly. And also depending obviously on being able to have speakers attend on a particular session. To make sure you're in the loop for these. If you wish, I actually encourage you all to subscribe to the Health Care Readiness bulletin, I'm sure all of you probably do already, where the registration information and other important announcements about the Clinical Rounds will be posted. I think a member of our team is going to share the link for subscribing in the chat. And even if you don't have an interest, you can certainly forward on to those that might have an interest. Next slide, please.

Monkeypox. Many of you have been very involved with monkeypox preparedness over the past months, and just an update on where that is. In consultation with CDC, and also, we continue to have discussions with NETEC monkeypox, and their role as coordinating body for the National Special Pathogen System. Some messages that you can certainly find on the CDC's website about monkeypox, but I'll just echo those as well. Certainly, continue to encourage vaccination of those at current risk for monkeypox. We haven't gotten to the people who need it. Or to a lot of those people.

Certainly, review state and local jurisdiction Category A waste management requirements. Category A waste management is a real challenge for all of us. So, it would behoove all of us to like, be as current as we can on what that would look like. And then prepare and review your state local response plan for monkeypox. Many of you already have had those experiences. But just, you know, be updated on those. And then quickly alert CDC if you have heard of monkeypox symptoms in a traveler from the DRC. And also alert CDC for clusters of unusually severe infections or clusters and persons without usual risk factors.

With that, I think those are. Oh, I see the question. I'll respond to that really quickly. Updates on the status of the claim, one monkeypox virus in the DRC. Yeah, literally, I spoke with CDC, yesterday about the DRC. And you know, I get pinged on that question. I asked that question frequently. Yeah, I don't have an answer to it. And with the exception of sort of like the caveat, it is really difficult in the DRC to get the numbers, do the contact tracing, do the real epidemiology and identification of patients that may or already do have monkeypox, and that's really been hindering the ability to say, oh, the numbers have increased or decreased by x percent this week. So, I wish I had a, you know an absolute answer for you, but I don't know. It's hindered by that ability. That ends my updates. Thanks for your time today. If there are any other questions, I guess I'll see them in the chat, or maybe later there might be questions as well. At this point I'm going to pass it over to Dave Csernak to share a few additional updates. Thanks.

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David Csernak: Hey. Thanks, Dr. Hunt, and good morning, everyone, or good afternoon. My name is Dave Csernak, and I'm an Acting Regional Supervisor within the Office of Health Care Readiness. So today, I'm going to start by sharing a few Hospital Preparedness Program or HPP recipient-level updates. So first on my list is an update on no cost extensions. So just to make sure that we're all on the same page. This being the fifth year of the current cooperative agreement, we will not be able to carry over funds into the next budget period. Instead, this being the final year, what we do have the option for, and it will absolutely be available, is the option for a no cost extension. So this will allow you to finalize and complete any existing work and spend down any existing funding in your budgets for up to an additional 12 months beyond the end of the project period, as long as you apply in time and get all the administration approval done before June 30th. So, if you have additional questions, please reach out to your Project Officers and your assigned grants management specialist on how to submit for that no cost extension, because the option will be available for all recipients at the end of this year.

Next, I'd like to just remind everybody again about the CPG module within PERFORMS. Over the past several years we have been annually requiring completion of the CPG module in the early springtime, in preparation for the upcoming budget period. As we begin to transition into a new five-year cooperative agreement and begin to transition away from usage of the current PERFORMS platform, we are no longer no longer going to be requiring completion of the CPG module. So, this year there is no requirement to complete the CPG module in PERFORMS. So rather we would encourage you to take this time to review your programs, review your current capabilities, assess priorities within your jurisdictions and start preparing yourselves, your programs, your coalitions, and your partners to make that transition into the next five-year cooperative agreement

Next is again, a little bit based on some historic work done in PERFORMS, and that is the midyear reporting that has been traditionally tied to the application module in PERFORMS. Again, since we're not using PERFORMS moving forward, we won't be using that application module and PERFORMS. Therefore, there won't be a midyear reporting module to complete. So instead, we've encouraged our Project Officers to reach out to all the recipients and start to have these midyear conversations, start to conduct a midyear review, and an update with your Project Officer, with your internal teams to assess where you currently stand within the current BP5 work plan and budget to ensure that you're on track, and also to prepare your work plans and budget for that eventual closeout or potential no cost extension application. So, if you have not yet had the opportunity to have that discussion with your Project Officer, I encourage you to bring that up during your next monthly update and sit down and just do a quick walkthrough of your work plan and your budget to make sure everyone is aware of the current status of both as you again prepare to end BP5 and close out this current budget period.

And last but not least, a quick update on the Medical Response and Surge Exercise or MRSE Recipient Review Guide. As you may have seen in the last few weekly ASPR Health Care Readiness Bulletins, over the past several months the MRSE support team has been compiling the BP3 and BP4 MRSE information that has been uploaded into the Coalition Assessment Tool or CAT. So, during this review we noted that quite a few exercise tools were either submitted incomplete or just simply unavailable in the CAT. Our Project Officers were able to follow up with these health care coalitions or HCCs, and successfully resolved the majority of these data discrepancies. But to reduce the possibility of a similar situation occurring again in BP5, the MRSE support team has put together a MRSE recipient review guide for your use. The intent of

this guide is to assist HPP recipients, yourselves, with conducting a systematic review of each funded HCC MRSE, exercise, planning, and evaluation tool, or simply the MRSE exercise tool prior to its final submission. So, the recipient review guide will focus on the identification of any missing, inaccurate or insufficient data that is required within each section of the MRSE exercise tool. The annual completion of the MRSE is a benchmark, right. So, recipients are responsible for verifying that the tool does meet the basic requirements of completeness for submission to ASPR. So, the recipient review guide will also provide assurance that the HCC's exercise plan is in alignment with the recipient's strategic priorities and goals. And the results in the exercise effectively evaluate the current level of health care readiness for the HCC based on the scenario that they selected. So once your review is complete, we encourage you to retain a copy from each of your health care coalitions, and then submit that copy with your final end of your reporting. So, we requested the MRSE recipient review guide be made available to all recipients and health care coalitions alongside the current MRSE documents on the ASPR website. This process is currently underway, and we will update everyone as soon as that review guide is available on the website.

Some additional reminders the past several months, the MRSE support team has been again reviewing, and recipients must verify annually their coalitions have properly submitted their final MRSE exercise tools into the CAT within 90 days of completion. So, we are a little over halfway through BP 5, so I'm hoping that those conversations are continuing to take place, and you're continuing to monitor each of your coalitions to ensure that they're on track with their planning and execution and evaluation schedule for their annual MRSE requirements, and they get that completed and submitted to you for review, and then upload it into the CAT within 90 days of execution.

Finally, the exercise tool, the MRSE exercise tool should remain in the CAT, and should not be removed at the end of the performance year. This way, that tool can be there and be available for data collection and data review in an ongoing basis, moving forward, right. That was some of the issues that we saw as that as coalitions transition from BP3 to BP4 to BP5, some coalitions have removed the tool to prepare for uploading the following year. We ask that they just keep the MRSE tool uploaded in the CAT and leave it there permanently.

So, I will pause here for any questions, but I think I've seen some in the chat. Okay. First one. So, no cost extension, due date. So ASPR grants management has not set an official due date. The recommendation is to try and get those applications in by around that 90-day mark right, because it does take some time to review and process. But I would reach out and speak with directly with your Project Officer and your grants management specialists, for that 60 to 90 day is probably your ideal target to make sure that if there are any questions or any requests for additional supporting documentation, or any changes that need to be made, those actions can be taken prior to final approval before the end of the budget period. Okay, I am going to pause. I see the one about the NOFO release, but I think that one is going to be covered by Jennifer and I have a bad habit of stealing your thunder. I don't want to do that during this call. And the updates, yes, we will make sure that we include some more of these additional updates that I've reviewed today and next week's bulletin. As far as future replacement for the PERFORMS, we are currently in a process of evaluating multiple platforms. So, we have not officially decided on which IT platform is going to be utilized. But we are reviewing several options as well as a system requirements. So that's something we're going to continue to update on as we move forward in that selection process. And will we be using PERFORMS to submit the new BP5?

No, we will not be using PERFORMS for any component of the next five-year cooperative agreement. PERFORMS will stay in place for now, in order to close out this year. Submit your end of year reports just like we have done for the previous budget periods. But the work that will be done, any work that will be done in PERFORMS right now will only pertain to this current five-year project period. For the next five-year cooperative agreement and project period, we will not be utilizing PERFORMS.

And let me see, no cost extension only for BP5? So, the no cost extension is the administrative request to utilize funds to complete existing work in the current budget period. So, if you have any additional funds remaining from BP's 1 through 4, you need to get a carryover request submitted as soon as possible to get those funds moved over to BP5, have your BP5 budget updated appropriately, have your work plan updated accordingly to include the new work that funding is going to support, and then if you do need to submit a no cost extension, it will apply to exactly what is in that current BP5 workplan and budget. And a clean copy of the MRSE tool place on the website? Yes, we can make sure. I believe, should be. Oh, I'm sorry. The tool. The issue we currently have with the tool on the website comes back to 508 compliance. If you do need a copy of the tool, you can reach out to your Project Officer, and we can email you a copy directly. But right now, because of 508 compliance restrictions, we have some issues with currently uploading the tool. This is something we're trying to come up with a better solution for the next five-year cooperative agreement. But if you do need to copy the tool, we're happy to send it to you. And will we still be able to access the information we have in PERFORMS historically. Yes, we're currently working on a way to be able to download and extract the information in PERFORMS. So, we will be providing instructions and information on how to pull all that historic information out of PERFORMS, so, you'll have it for your records moving forward. And do we need to do? Oh, same thing? Do we need to download the information out of PERFORMS? Yep, we're going to work on getting those instructions out to everyone, so you know how to download that information. As far as what the platform that PHEP is using.

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Jennifer Hannah: Yes. Dave, you can pause and hold.

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David Csernak: At this point, I will turn it back over to you, Jennifer, and we can pick any more up directly in the chat. Thank you so much. I appreciate everyone's input. So, you have a great day.

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Jennifer Hannah: Thanks, Dave, really appreciate that. And just for the questions that people are asking about PERFORMS. We will not be using PERFORMS. Also, we will not be using ready camp, PHEP will be using ready camp. So, we will not be using that system for the applications for our new Notice of Funding Opportunity. We will not be collecting or requesting you to submit your applications via an IT system, you will be submitting your applications in grant solutions. You know, typically, when you do your applications in PERFORMS you download the reports and then you upload them into grant solutions. So, we are only using grant solutions, so more information will be forthcoming regarding any templates, any specific instructions which will be included within the Notice of Funding Opportunity for regarding the

application for year one of our new Notice of Funding Opportunity. So, if we could go to the next slide, please. And then we will return back to your questions. But thank you. Next slide, please.

Oops, I'm sorry. Go back to the other slide. Can we go back? Okay, thank you. Appreciate it.

Just a very quick update. I know that everyone is wondering where we are with the National Health Care Preparedness and Response Capabilities, also known as our Capabilities. If you attended the National Healthcare Coalition Preparedness Conference, we provided you a little bit of update regarding that as well. But the new Capabilities are going to provide strategic guidance for health care to save lives and maintain function in advance of, during, and after a response. The Capabilities are still being finalized for clearance and will be released in the near future. Also, as you already know, we certainly thank all of you for your feedback and your collaboration for developing this new set of Capabilities. So more to come on the Capabilities, we hope that they will be released very soon once we get through the clearance process. Next slide, please.

And let's go ahead and go to the next slide, please.

So just wanted to provide a few updates regarding the FY 2024 – 2028 HPP Notice of Funding Opportunity. We are currently developing, as you know, a new Notice of Funding Opportunity for the next five-year project period, and tentatively we anticipate that Notice of Funding Opportunity will be released in March. I know I saw a question earlier about why was it being released so late? We are also a part of this Notice of Funding Opportunity 100 simpler grants activity or pilot project, and in order for us to be a part of that project which will result in a much more streamlined, less onerous application, the guidance is that we had to delay the release of our Notice of Funding Opportunity. So tentatively in March, you'll still have 60 days in order to respond to that. We know that also, at the same time that many folks will be at the Preparedness Summit, and we're going to be looking to see how we might be able to adjust the application period for when people are attending that conference. So more information related to that. Next slide, please.

So as we stated, as well as you can see on the screen. This is just taking a look at our outcomes. So for the next Notice of Funding Opportunity, we really are looking for developing more of a streamlined, results driven Notice of Funding Opportunity. And we are working to define outcomes for this Cooperative Agreement which capture how it will strengthen the health care delivery system in the next project period. The outcomes capture how the HPP Cooperative Agreement will strengthen the health care delivery system in the next project period. They clarify the impacts of the activities and deliverables that will be included in the Notice of Funding Opportunity and more specifically defined outcomes, which are to communicate objectives of the HPP funding for recipients and sub-recipients, guide how the Office of Health Care Readiness develops Cooperative Agreement requirements and activities for recipients, sub-recipients and health care coalition members, and finally to support the Office of Health Care Readiness in measuring HPP's impact on health care readiness, response and recovery. The draft HPP NOFO outcome theme areas are establishing and acting upon multi-year priorities, and that's really just looking across the full 5 years of the project period. What are the priorities, what things should be assessed, how should you plan, and should focus on that five-year planning or multi-year planning? This next draft outcome is on enhancing and sustaining our health care coalitions. We know that we can't continue to do work the way that we've been doing it in the past. You know, I kind of define things sometimes as pre-COVID and

post-COVID. How now should our health care coalitions look and feel? What's the role of them? And how should we be enhancing and sustaining them. And then the third outcome theme is around coordination, which is around coordinated planning and decision making among health care delivery system partners, but also looking at that connectivity and that coordination amongst recipients, health care coalitions, health care coalition members, and as well as some of our other ASPR programs, and as well as our interagency programs. And then, finally, one of the other high-level outcomes is looking at continuity of health care service delivery. So, through the HPP NOFO activities you and your health care coalitions will advance these outcomes in the next project period. And, as I said, these are currently draft outcomes, certainly subject to change. Next slide, please.

So in the Notice of Funding Opportunity, we are working to identify what we're calling core functions, or what is expected of every recipient and health care coalition to enable them to meet the community needs, create connections among recipients, health care coalitions, and health care coalition members, and allow the health care delivery system to continue to provide care during a disaster or public health emergency to improve patient outcomes and also to save lives. So, we've drafted potentially nine draft core functions, and they are: assessment and risk mitigation to anticipate the challenges and support decision making that meets community-specific health care needs during a disaster or emergency; collecting and sharing real-time information for multidirectional situational awareness; obtaining necessary expertise to support disaster and incident management for specialty care planning and coordination; coordinating and supporting the implementation of response plans, policies and procedures to address patient care needs; equipping, protecting, and supporting the health care workforce; facilitating resource management and planning to mitigate shortfalls, maintain continuity of operations, and sustain delivery of patient care services during an emergency; conducting trainings, exercise and evaluations to assess, validate, and improve readiness and response; facilitating and supporting development of processes and systems that strengthen and improve upon the health care delivery system in readiness, response and recovery; and finally creating and implementing strategies to sustain and grow your organization and its partnerships.

So I know I went through those very, very quickly. So, we're going to continue moving to the next slide, because I know that we are coming a little bit short on time here.

But looking at NOFO activities, we are developing activities informed by extensive review of feedback collected to date and partner engagement, and among the refinements that we are considering, we wanted to highlight four topics that warrant emphasis, we believe, in the upcoming project period. Please keep in mind that this is not an exhaustive list, and that these represent only a few of the topics we are considering for inclusion. We're looking at extended downtime readiness, including cyber security and other potential threats, as we consider preparedness and resilience in an evolving threat landscape; telehealth, acknowledging resources to improve availability of care during emergency response; programmatic coordination to streamline activities and identify relevant connection points between health care readiness programs and activities; and patient movement, addressing readiness for medical surge and patient load balancing during response.

The NOFO activities will enhance jurisdiction level preparedness, response and recovery efforts and advance the NOFO outcomes which I've already mentioned, the draft outcomes. So, we're looking forward to sharing more of the process and more of this information as it unfolds. So next slide, please.

So, we're going to pause for a moment to take a few questions before we move on to our next section, and then, of course, we will still have some time at the end to respond to any questions that you may have. So, I'm going to look here in the in the chat. Let's see.

Okay, so could you repeat, did you say that we will be submitting to HPP BP 1 applications and grant solutions? I'm sorry, it'll probably be grants.gov. Forgive me, I misspoke, it will be grants.gov is where you'll be submitting your Budget Period 1 applications. Next question was, has the recipient level direct cost percentage been determined? No, we have not determined the recipient level direct cost percentage. Yet, because we are still in the process of looking, reviewing and redefining our recipient level direct cost definition. But if we do have, I mean, whatever the recipient level, direct cost percentage is based upon the revised updated definition which will take into consideration the health care coalition support or coordination activities that are performed by the state. Because we know in the past that our definition has not taken into account the work that the state does in order to support the health care coalitions. So, but if based upon what that percentage is, as I said, we haven't said it yet, there still will be a process that you can request an exemption from that so more information will be forthcoming regarding that.

With a later release of the Notice of Funding Opportunity, will the notice of award be available prior to the July 1st start date? We still plan to have the awards made before the July 1st start date. Unfortunately, I can't tell you exactly the date for that. We'll be working very closely with ASPR Grants Management.

Oh, question here about. Can you describe the relationship between the original capabilities? The ASPR goal capabilities we're waiting for, and the core functions. You know everything that we do, we're looking talking about our activities, our core functions are still going to be steeped into what we consider our evidence base, our capabilities, and whatever the other reference documents that we will be using as kind of our source documents to inform everything that we do. As we said, the health care coalition, sorry, the health care preparedness and response capabilities for health care coalitions, and that was the old name previously known as the 2017 through 2022 capabilities, those are still current capabilities, they're not going away, they're not expiring, they still exist and are considered to be the foundational document for health care coalitions. This next set of capabilities, as you know, are going to be focused more so on the entire continuum of health care. So, our core functions, our activities will tie back to, but they will not be matched one to one, or pull directly from any set of either of the other capabilities.

And I'm going to look at a couple more questions here, but then I'm going to pause so that we'll have time for our next set of speakers here. Let's see.

Okay, I'm going to pause here and go to our final speakers, and then we are capturing, just so you know, we are capturing all of your questions, and we will make sure that we have responses for you. But I'm now going to pass it over to our final presenters, Dr. Cullen Clark, and Dr. Brent Kaziny, to provide an update on the respiratory season of 2023 through 2024. So with that I'll pass it over to Dr's Clark and Kaziny.

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Brent Kaziny: Thank you, Jennifer, for the introduction. My name is Brent Kaziny. I'm the Principal Investigator for the Gulf 7 Pediatric Disaster Network, and I'm joined by Dr. Cullen Clark, who works with Region 5 for Kids, one of the other Pediatric Disaster Care Centers of

Excellence. We're hoping to give just a high-level view of what's going on with this respiratory season, with a lens of what the Pediatric Disaster Care Centers of Excellence have been doing to improve pediatric care during these prolonged surge events, and also provide some lessons learned from the 2022 to 2023, when a respiratory surge along with some resources that may be of benefit to folks on the call. Next slide, please.

So just for some background, there are currently three Pediatric Disaster Care Centers of Excellence. The first 2 funded by the Administration for Strategic Preparedness Response were awarded in 2019. Those are WRAP-EM and Region 5 for Kids. WRAP-EM is on the West Coast, anchored at UCSF Benioff Children's Hospital, and includes a large swath of the West Coast, while Region 5 for Kids is anchored at UH Rainbow Babies and Children's, and includes Region 5. The newest, my own center was awarded in 2022, it's the Gulf 7 pediatric disaster network anchored here at Texas Children's Hospital and includes Texas, Louisiana, Mississippi, Alabama, Florida, Georgia, and Puerto Rico, as well as Texas. And really the goal of these is to bring together not just Children's hospitals, but kind of all entities engaged in the continuum of care throughout a disaster response and improve pediatric best practices related to disaster preparedness, and response. Next slide, please.

So what do we do? And it's really all across the board. We really try to touch all of this space from surge planning to legal issues that may be potential barriers during disaster care. Added focuses more recently on mental health during the current mental health crisis that we're faced with as well as work in the space of deployable teams and partnering, of course, with all our health care coalitions along the way.

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Brent Kaziny: Next slide, please.

But we do not do this in a silo. As you can see on this map there are a number of federally funded entities through either HRSA or the ASPR, and this map, I think, shows a nice high-level view of those working in the pediatric disaster space. You can see the region of WRAP-EM on the West Coast, Region 5 in the Midwest, and G7 in the Southeast. But this map also overlays the 10 hub sites of the pediatric pandemic network which we partner closely with. As well as if you're looking at those blue dots, those are the sites for the EMS for Children Innovation and Improvement Center, and the yellow triangles are the RDHRS, which we also partner with to provide pediatric expertise. Next slide.

I'm now going to pass it over to Dr. Cullen Clark, who's going to review some of the data from this year's respiratory season.

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Cullen Clark: Alright, thank you Dr. Kaziny. So yeah, I just wanted to give a broad overview of the respiratory season. So this is a graph looking at the number of RSV detection in shoulder. Not for both the 2022 to 2023 respiratory season, and then this year's respiratory season, as you can see, we're seeing the expected uptrend in RSV during our normal winter respiratory season. And many people are as affected as last year. We're still seeing more disease and higher numbers of hospitalization of children under four, as represented by the next graph. If you can move to the next slide.

So, you can see, obviously, that big green spike was our triple-demic season of 2022 to 2023. And then this year we're seeing a smaller spike from 2023 to 2024. But then, when you compare to the sort of pre-pandemic years, we're still seeing a general upward trend, and so the good news is, you can tell from both graphs that the number of RSV infections and hospitalizations are on a down slope. Next slide, please.

Influenza is another story. Nationally, we saw a peak shortly after the holidays. There was a downtrend from that holiday peak, but we're actually starting to see another uptrend. If you go to the next slide.

This is looking at, particularly our region, Region 5. You can start to see another sort of uptrend here in the flu-like illnesses. And you can go to the next slide.

And then using this, this is a situational awareness dashboard that has been made by the Region 5 group. And just looking at the sort of trends along the lines for all the different, all the most common respiratory illnesses we see, you can see that each region is starting to see an increase in influenza B, which is the main pathogen behind this more recent uptrend. Next slide, please.

And I'll hand it back to Dr. Kaziny to talk about Texas Children's.

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Brent Kaziny: And this is just a little bit more granular data. One of our sites, so this is respiratory viral trends from this winter at Texas Children's, and what you can see is in Texas tends to lead the way, as most of the southeast in some of these cases related to viral spread. You can see that we've really peaked and tapered off with regards to RSV, specifically with a peak around the beginning to middle of November, but then tapering off quite nicely. And what you see following upon that is a surge in flu A and flu B also down trending with a slight uptick in COVID more recently. I think when comparing the 2 seasons, what you see is not this confluence of all 3 simultaneously, but more of an isolated RSV, then flu, and now COVID, but not really leading to significant increase in hospitalizations, and I'll pass it back to Dr. Clark for the next slide.

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Cullen Clark: And so, you know, 2022 to 2023 was a, you know, a really difficult time for a lot of the pediatric institutions, and I know a lot of the adult institutions is that we were overrun with very sick patients. And so we really took a lot of reflection to sort of see the things that we could learn and how we could improve our response to the following years. And so this is really just a list of some of the key concepts and key kind of areas that we wanted to focus on with the resources we created for not just pediatric hospitals, but also adult facilities as well. I won't go through the entire list in the observance of time. And more importantly, that I think a lot of the resources we're going to share with you guys here today address a lot of these issues that we identified during the last respiratory season. Next slide, please.

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Brent Kaziny: And G7 similarly conducted an after-action report based on the situation and response to the 2022 to 2023 season. And again, really we took a different approach from Region 5 for kids, and did a survey of our member institutions, and noted some things in

particular related to infection prevention, recognizing that every health care encounter should be an encounter or opportunity to vaccinate. Obviously, there were issues with staffing, but saw that telehealth proved very significant in our ability to handle some of this surge. Next slide, please.

And this again is somewhat difficult to read. But I know we're sharing these slides. This is the results of that survey looking at kind of what the most common challenges or barriers are. You can see that inadequate staffing, and increase ED volume and decrease inpatient capacity, where the leaders or challenges and barriers and really solutions and successes were across the board. They were very diverse with each facility having unique strategies and solutions to these problems. Next slide, please

00:59:16.530 --> 00:59:27.819

Cullen Clark: Alright. And so I just wanted to briefly go over the resources from the Pediatric Centers of Excellence that have been released either in the past year, or for this respiratory season. You can go to the next slide.

Region 5 for Kids has put together a situational awareness dashboard that allows us to look at trends on a weekly basis from the pediatric hospitals within our region. It allows us to better understand and forecast the needs in the region. This is not openly available outside of the participants in the report yet, but our hope is this is a sort of pilot or trial, so that we can hopefully one day create something that allows for more situational awareness throughout the region or the nation. Next slide, please.

This is a look at our bed availability dashboard through EMResource. This was recently adopted in Ohio. I believe Wisconsin and Michigan have had this for a long time. It's been very helpful for patient movement and situational awareness in the State. In our particular region, a lot of the pediatric hospitals are very close to state borders. So, the next goal is to work with our state partners to push for information sharing across states which I think could really improve our capacity and capability in terms of patient load leveling. In the case of a major outbreak like last year. Next slide, please.

We also focused a lot on telehealth assistance. You know, providers in Children's hospitals had to improvise since 2022, given the limited availability of inpatient pediatric beds. We were providing a lot of telehealth for the management at outside hospitals while they were all waiting in-patient beds and transfers. Our telehealth workgroup has been exploring innovative means of improving the advocacy of these telehealth consultations with concepts such as video consultations and transferable images, including real time bedside ultrasound. Next slide, please.

And then, finally, I wanted to share with you guys a lot of the resources that our Centers of Excellence have put together. We can share these links and QR codes. These are all available through the PPN website, the EIIC, the EMS for Children Innovation and Improvement Center, or the various Center of Excellence websites. This particular manual, the winter viral surge preparedness manual is really just a shortlist of strategies to prepare non-pediatric facilities for pediatric surges. Next slide.

Our colleagues in WRAP-EM have created a very robust surge planning strategy playbook that I encourage you guys to look through. When I say robust, it is 70 pages, but it just really covers

everything you could ever want to know about how to respond to a surge and prepare for one. Next slide.

The three Centers of Excellence, in collaboration with the PPN and EIIC have also put together resources for pediatric care. I think this is a really fantastic master list of resources for emergency pediatric care and disaster and everyday emergencies. I encourage everybody to look at it and share it with your partners. Next slide

Region 5 for Kids has created a facility preparedness tool, which is a comprehensive list of materials, processes, and amenities necessary to optimize pediatric preparedness at any facility, but mostly those general facilities that don't see exclusively pediatrics. Next slide.

And then finally, there's also the pediatric hazard vulnerability analysis and metrics scorecard. I'm sure everyone's familiar with the concept of the HVA. But a team from Region 5 created a hazard vulnerability analysis template that addresses specific pediatric considerations. This is available online for your reference, and we encourage everyone to share it with emergency managers to really include that pediatric perspective when it comes to emergency preparedness. And next slide.

And this is our final slide, just to show you guys the concept of the pediatric medical operations coordination cells. It's built along the same sort of idea as the medical operations coordination cells that we saw use during COVID. This is a process that we continue to exercise and spread awareness to create a highly effective deployable asset, in the case of pediatric disaster. We have ongoing works as well as these resources which we will continue to provide to our partners to better pediatric care in the case of another, well, in the case of an expected, winter respiratory surge, because, as soon as this surge ends, we start planning for next year's. So that is all the slides we have, and I'm happy to answer any questions.

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Brent Kaziny: And again, if you don't think of any questions right now, you can see our contact information available here on the slide, feel free to email us. In addition, if you find yourself in either of the regions that we represent Region 5 for Kids or the Gulf 7 pediatric disaster network, we love to make connections and continue to network and grow our networks, so feel free to reach out as we'd love to partner with anybody on the call.

Alright. Seeing no questions, I will hand it back to Jennifer. Thank you very much, guys.

01:05:10.810 --> 01:08:53.339

Jennifer Hannah: Great, thank you Dr. Kaziny and Dr. Clark, for really a very thorough and comprehensive overview. You know, I think with the response to all of the resources you shared is just really kind of wow, wow, wow. I know, for the program to be relatively young as compared to the Hospital Preparedness Program. And then also, you know, it's somewhat of a sister program to our Regional Disaster Health Response System. You know, just really want to give you guys kudos for all of the incredible work for all of these centers, for all of the resources that you have developed, and for the information, and certainly really appreciate you coming on today's call and sharing this. And for all of our attendees we will be sharing this slide so that way you will be able to scan those QR codes and be able to access those incredible resources that have been provided. And then, as they stated, their contact information is located here.

I tried to answer most of the questions that were in the chat. I know we're a little bit over time, and for any questions that we did not get to we will plan to provide you with written responses. We don't have all the answers right now, especially related to the Notice of Funding Opportunity. Because we are really in the thick of making sure that we are trying to get through it all, get it down on paper, and to take a posture that is less prescriptive, and providing more flexibility to all of you. So, I would certainly request your patience, and I know that you're very anxious to see the Notice of Funding Opportunity, but we will get it out as soon as possible, and, as I said, we are tentatively planning to release that in March. So, if we could go to our very last slide, slide 46 would be great.

But just want to thank all of our presenters for your time today, and for all that you do. For all of our attendees for your active participation. I know this is our first meeting of the year, I wanted to thank you for attending, with great turnout, great questions as well. But just thank you for what you do on a daily basis. As a reminder, we invite you to share any stories regarding how you and your health care coalitions, or your health care coalition members are 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 Field Project Officer for more information, and a member of our team will drop the story from the field submission form link in the chat, for easy reference.

We look forward to hearing about the great work that you are doing. If you have any comments or anything about any of the information that we provided today, please contact us. As you know, we have our resource mailbox that we maintain our hpp@hhs.gov, again that's hpp@hhs.gov.

If you have any questions, I know it was just a quick flash of information that we shared quite a bit of information we shared as well with you, but certainly want to get your feedback, and this is not the only opportunity that you will have to provide us with feedback. But again, I want to thank you for sticking with us for a little bit over time. But thank you again for attending today, and we hope that everyone has a great day. And, as we said at the start of the start of the call, Happy Valentine's Day as well. So, thank you, everyone for joining.