U.S. Department of Health and Human Services

Administration for Strategic Preparedness and Response

Hospital Preparedness Program

Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding

Performance Measures

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ASPR

Administration for Strategic Preparedness and Response

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Intent of Evaluation and Performance Measurement for Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding

The $158,500,000 emergency supplemental funding provided by Congress to the Administration for Strategic Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP) cooperative agreement supports the urgent preparedness and response needs of health care facilities and organizations, including:

- *Acute care hospitals*
- *Health care coalitions*
- *Hospital systems*
- *Emergency medical services (EMS)/pre-hospital care (includes 911 and public safety answering points)*
- *State/jurisdiction Special Pathogen Treatment Centers (SPTCs)*
- *Other health care facilities/organizations*[1]

The recipients of this funding are the 62 HPP cooperative agreement recipients who execute sub-awards to support the aforementioned entities. The goal of the supplemental funding is to adequately and rapidly distribute funds to health care systems and facilities to achieve the preparedness and response capabilities needed for COVID-19. This includes preparing health care systems and facilities to safely and successfully identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, as well as to prepare health care systems and facilities for future special pathogen disease outbreaks. ASPR awarded this funding to the 62 recipients in all 50 states, U.S. territories, Washington, DC, Chicago, Los Angeles County, New York City, and freely associated states. Recipients determine how to adequately distribute funds to health care systems, facilities, and organizations so they can achieve the necessary COVID-19 preparedness and response capabilities.

The purpose of the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* performance measures is to document the uses of funding and to demonstrate the operational outcomes that were achieved as a result of this funding. The measures will also provide information on the effectiveness of funding and identify opportunities and challenges related to funded activities. Consistent with the full scope of applicable grant regulations (45 CFR Part 75) and the purpose of this award, recipients and sub-recipients shall provide ASPR with access to COVID-19 data pertinent to the award. This cooperative agreement is likely to generate positive secondary and tertiary effects for the entire health care system and may advance response to outbreaks of other special pathogens. While initial data collection and measurement will apply to COVID-19 response, in the future, these measures could be used to evaluate response to outbreaks of other special pathogens, especially highly infectious pathogens.

The remainder of this document describes the performance measures ASPR will use to understand

[1] The terms and conditions for this cooperative agreement were intentionally worded broadly to provide flexibility to recipients. "Other health care facilities/organizations" may include, but not are not limited to: support services (pharmacy, blood bank, medical supply chain), home and residential care (includes long-term care, home health agencies, skilled nursing facilities, etc.), universities, fire protection districts, and multi-disciplinary preparedness networks. Recipients are permitted and encouraged to provide sub-awards to facilities outside their membership.

the programmatic outcomes of the funding distributed through the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*. Where measures ask recipients and their sub-recipients to provide data regarding 'ASPR-funded' activities, these activities include those 1) fully-funded by *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*; 2) partially-funded by this funding and by the facility or organization; and/or 3) supported by allowable staff positions fully- or partially-funded by the funding. Activities or supplies/materials funded by the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* include those that have been or will be retroactively compensated. Recipients may request retroactive compensation for health care coalitions (HCCs) and health care facilities, including state/jurisdiction special pathogen treatment centers (SPTCs) for any of the activities described herein that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must request retroactive compensation at the time of the budget submission. The request should include the following information:

- Time period;
- Line item budget for the period; and
- Narrative description of the COVID-19 preparedness activities.

All performance measures will be submitted by recipients to ASPR **within 90 days of the end of the Hospital Preparedness Program performance period** (June 30). It is not expected that every funded recipient and sub-recipient will take part in every activity listed in this document. We strongly urge recipients to collaborate with sub-recipients to ensure accurate reporting. Any state/jurisdiction SPTC[2] that accepted funds through the funding opportunity for health care system preparedness for Ebola and other novel, highly pathogenic diseases (to include COVID-19) must assure that preparedness activities under this award are not conducted in a manner that restricts health care services based on an individual's home jurisdiction and that any facilities that received funds under this award may not restrict services based on an individual's home jurisdiction.

Evaluation and Performance Measures

1.0 Funding Use Questions

Operational Intent: *These questions will be asked of each funded recipient (62 states and jurisdictions) and funded sub-recipient[3] to determine for which performance measures they should respond. 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 Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding****.*

1.0 Sub-recipient Question on Facility and Organization Type

[2] As part of the Regional Treatment Network for Ebola and Other Special Pathogens, ASPR funded state and jurisdiction Ebola treatment centers. These centers are staffed, equipped, and have been assessed to have current capabilities, training, and resources to provide the complex treatment necessary to care for persons with Ebola and other special pathogens while minimizing risk to health care workers.

[3] Sub-recipients are: Health care coalitions, Emergency medical services (EMS)/pre-hospital care (includes 911 and public safety answering points), State/jurisdiction Special Pathogen Treatment Centers, and other health care facilities/organizations defined in footnote one.

PM 1: Number of sub-recipients by facility/organization type.
Instructions: *Please select the sub-recipient type that most closely represents your facility or organization:*

- *Acute care hospital*
- *Health care coalition*
- *Hospital system*
- *Emergency medical services (EMS)/pre-hospital care (includes 911 and public safety answering points)*
- *State/jurisdiction Special Pathogen Treatment Center (SPTC)*
- *Other health care facility/organization (free response)*[1]

1.1 Recipient and Sub-Recipient Funding

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
PM 2: Total amount of funding provided *per sub-award* from July 1st, 2021 to June 30th, 2022 (including 1st and 2nd rounds of funding)[4]	Amount of *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* (in whole dollars) provided per sub-award *Total amount of recipient funding remaining will be prepopulated*	Recipient	N/A
PM 3: Percent of funding used to support recipient direct costs (Recipient-level allowable direct cost cannot exceed 10%)	Amount of funding retained to support recipient direct costs	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%

1.2 Estimated Funding by Target Outcomes

PM 4: Number of facilities/organizations that directly used Hospital Preparedness Program

[4] The first tranche of funding was released to recipients on March 30, 2020 with a required distribution timeline of 30 days for subawards to SPTCs. The second tranche of funding was released to recipients on May 25, 2020, with a required distribution timeline of 30 days for subawards to SPTCs. No requirement was instituted for the timeline for execution of sub-awards with other facilities and organizations.

Cooperative Agreement COVID-19 Supplement Funding to achieve each target outcome.
Instructions: Select the target outcomes (one or more) that you directly used Hospital Preparedness Program Cooperative Agreement COVID-19 Supplement Funding to achieve. For each target outcome for which your facility or organization used supplemental funding, please indicate the estimated number of funding dollars used for the associated outcome.

Target Outcome	***Data Entity***	***Estimated number of funding dollars used for associated activities***
Update the recipient's special pathogen concept of operations (CONOPS) for health care system response to COVID-19 to include approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19. Updates to the CONOPS may include: • Ensure a physician is in the state or jurisdiction emergency operations center (EOC) full time[5] to manage patient facility assignments • Update the existing patient transport plan to include an approach for intra- and inter-state transport of potential or confirmed COVID-19 patients	Recipient and sub-recipient	
Develop or augment operations for coordination with EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points as part of COVID-19 CONOPs planning: • Conduct EMS COVID-19 preparedness activities, such as obtaining personal protective equipment (PPE), training, and exercises • Provide training and technical support, as necessary, to EMS agencies and 9-1-1/Public Safety Answering Points on screening 911 callers in order to direct non-acute patients to the appropriate care setting and to implement evolving protocols related to the dispatch of EMS for COVID suspected patients, and EMS response in general • Leverage surveillance systems and situational awareness to inform coordination with EMS,	Recipient and sub-recipient	

[5] In this context, the National Healthcare Preparedness Programs (NHPP) Branch defines a full-time physician as a physician that is dedicated and assigned to support the jurisdictional emergency operations center (EOC) with patient load-balancing coordination. This EOC physician should have insight into available resources at hospitals and other health care facilities.

Target Outcome	*Data Entity*	*Estimated number of funding dollars used for associated activities*
interfacility transport systems, and other health care facilities for increasing surge capacity		
Improve and maintain health care worker readiness for COVID-19 and other special pathogens: • Provide health care facility-level training of staff, specifically focusing on health care worker safety when caring for COVID-19 patients or PUIs (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols, and the integration of behavioral health support) and early recognition, isolation, and activation of the facility's updated plan • Purchase PPE in accordance with the Centers for Disease Control (CDC) guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department • Conduct just-in-time training and final preparations to ensure state/jurisdiction special pathogen treatment centers can provide surge capacity and are able to accept a COVID-19 patient in cases where other facilities have exceeded capacity • Receive and participate in training, peer review, and consultations on their readiness to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with COVID-19 in the U.S. • Ensure the competency of health care workers to identify, assess, and treat suspected or confirmed patients with COVID-19 and maintain continuity of operations for other critical activities through training and other educational opportunities	Recipient and sub-recipient	
Examine and enhance physical infrastructure to ensure infection control[6] for COVID-19 preparedness and response, as necessary: • Reconfigure patient flow in emergency	Recipient and sub-recipient	

[6] Centers for Disease Control and Prevention. Accessed August 2020. "Transmission-Based Precautions." https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

Target Outcome	*Data Entity*	*Estimated number of funding dollars used for associated activities*
departments to provide isolation capacity for PUIs for COVID-19 and other potentially infectious patients • Examine physical infrastructure needs, which may include minor retrofitting, adapting, or creating inpatient care areas for enhanced infection control (e.g., donning/doffing rooms) • Consider alternative or innovative models to reconfigure patient flow or transition to inpatient care, as necessary, such as leveraging alternative care sites (e.g., ambulatory surgical centers) or telemedicine to ensure all patients reach care • Identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity • Ensure capability to maintain continuity of operations, leveraging alternative or innovative models, such as alternate care sites or telemedicine to support other critical operations • Support clinical laboratories' capability and capacity for COVID-19 response • Ensure capability and capacity to handle COVID-19 contaminated waste		
Collaborate with multiple and diverse provider types to ensure capabilities to care for populations of focus: • Including individuals at-risk for high morbidity and mortality from COVID-19 in the development and execution of activities described above as well as including collaborating with health care facilities that directly serve these individuals such as long- term residential and home health care	Recipient and sub-recipient	
Support clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care[7] (CSC) as	Recipient and sub-recipient	

[7] As defined by CDC's Community Planning Framework for Healthcare Preparedness, crisis standards of care are defined as "Guidelines developed before disaster strikes to help healthcare providers decide how to administer the best possible care when there are not enough resources to give all patients the level of care they would receive under normal circumstances". https://www.cdc.gov/cpr/readiness/healthcare/communityplanningframework.htm. Additional crisis standards of care resources can be found at ASPR TRACIE: https://asprtracie.hhs.gov/technical-resources/63/crisis-standards-of-care/0

Target Outcome	*Data Entity*	*Estimated number of funding dollars used for associated activities*
necessary with support from medical ethicists (and potentially state public health officials)		

2.0 Administrative Efficiency Measures

Operational Intent: *These performance measures determine if Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding was distributed in a timely manner.*

No administrative efficient measures will be collected for year two of funding use.

3.0 Ebola/Other Special Pathogens CONOPS Measures

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

- *Update the recipient's special pathogens concept of operations (CONOPS) for health care system response to COVID-19 to include approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19*

Program Performance Measure	*Data Point*	*Data Entity*	*Calculation*
PM 10:[8] Percent of recipients making changes to their Ebola and other special pathogens CONOPS that allowed the health care system to better assess, transport, and treat patients with COVID-19 (disaggregated by approach)	What changes did your organization make to your Ebola and other special pathogens CONOPS using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* that allowed the health care system to better assess, transport, and treat patients with COVID-19? (Select all that apply) • Fully or partially funding a full-time[9] physician for your state or jurisdiction EOC to manage	Recipient	Number of recipients that made changes to their Ebola and other special pathogens CONOPS that allowed the health care system to better assess, transport, and treat patients

[8] PMs 5 through 9 were previously collected by the National Healthcare Preparedness Programs (NHPP) Branch for the FY20 performance year; these PMs have since been retired.

[9] In this context, the National Healthcare Preparedness Programs (NHPP) Branch defines a full-time physician as a physician that is dedicated and assigned to support the jurisdictional EOC with patient load-balancing coordination. This EOC physician should have insight into available resources at hospitals and other health care facilities.

	patient facility assignments • Updating the existing patient transport plan to include an approach for intra- and inter-state transport of potential or confirmed COVID-19 patients • Making other updates to the Ebola and other special pathogens CONOPS that allowed the health care system to better assess, transport, and treat patients with COVID-19 (free response – 500-character response length)		with COVID-19 / Total number of recipients

4.0 EMS Preparedness Measures

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

- *Develop or augment operations for coordination with EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points as part of COVID-19 CONOPS planning*

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
PM 11: Percent of sub-recipients that increased health care supplies for EMS (disaggregated by supply type)	Which of the following types of supplies did your facility or organization procure for EMS with *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Eye protection (e.g., goggles) • Gowns • Gloves • Face masks or face shields (non- respirator type) • N95 respirators • Reusable facepiece respirators • Powered Air Purifying Respirators (PAPRs) • Ventilators • Testing supplies, including nasopharyngeal (NP) swabs, clinical specimen transport	Sub-recipient	Number of sub-recipients that increased health care supplies for EMS / Total number of sub-recipients that indicated they developed or augmented operations for coordination with EMS

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
	media, etc.[10] • Reagents • Hand hygiene products • Cleaning products • Pharmaceutical products • Other (free response – 500-character response length)		
PM 12: Percent of sub-recipients that conducted training or exercises to improve EMS COVID-19 preparedness and response activities (disaggregated by type of training or exercise)	Did your facility or organization provide COVID-19 specific trainings for EMS on the following topic areas utilizing *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Screening 9-1-1 calls to manage patient flow and direct patients to the appropriate care setting • Implementing protocols for dispatch of EMS for COVID response • PPE optimization protocols, extended use, and reuse • Environmental cleaning and waste management • Transmission-based precautions • Hand hygiene • PPE donning and doffing procedures (e.g., universal masking etiquette) • Safe treatment protocols • Utilization of enhanced filtration devices (e.g. HEPA) on ventilation devices (BVM, CPAP) • Other (free response – 500-character response length)	Sub-recipient	Number of sub-recipients that conducted training or exercises to improve EMS COVID-19 preparedness and response activities / Total number of sub-recipients

[10] Recipients should submit a justification in writing to their Project Officer and Grants Manager on why they or their sub-recipients should be allowed to use funding for testing supplies if there is a need to use funding in this manner.

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
PM 13: Percent of sub-recipients supporting implementation of surveillance systems and/or situational awareness platforms used to inform coordination with EMS, interfacility transport systems, and other health care facilities for increasing surge capacity (disaggregated by type)	Did your facility or organization support implementation of any new surveillance systems and/or situational awareness platforms to inform or enhance coordination with EMS, interfacility transport systems, and other health care facilities for increasing surge capacity utilizing *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Medical operations coordination cell (MOCC) • Emergency operations center (EOC) • Incident command center (ICC) • Information technology systems intended to improve situational awareness, information sharing, communications, and coordination • Other (free response – 500-character response length)	Sub-recipient	Number of sub-recipients that supported implementation of surveillance systems and/or situational awareness platforms used to inform coordination with EMS, interfacility transport systems, and other health care facilities for increasing surge capacity/ Total number of sub- recipients

5.0 Health Worker Readiness Measures

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

- *Improve and maintain health care worker readiness for COVID-19 and other special pathogens*

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
PM 14: Percent of sub-recipients providing safety training to health care facility-level staff providing care to COVID-19 patients or PUIs (disaggregated by topic)	Did your facility or organization provide COVID-19-specific training for health care facility-level staff on the following topics utilizing *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply):	Sub-recipient	Number of sub-recipients providing safety training to health care facility-level staff providing care to COVID-

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
	• PPE optimization protocols, extended use, and reuse • Environmental cleaning and waste management • Transmission-based precautions • Hand hygiene • Infection control protocols for labs (e.g., specimen collection including nasopharyngeal swabbing for both diagnostic and clinical testing, serology testing for plasma treatment, etc.) • PPE donning and doffing procedures (e.g., universal masking etiquette) • Safe treatment protocols • Behavioral health support • Rapid identification and isolation of a patient • Other (free response – 500-character response length) If your facility or organization provided COVID-19-specific trainings for health care facility-level staff on the topics listed above utilizing *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*, how many individuals do you estimate were trained in each topic? (Enter number next to topic area) • PPE optimization protocols, extended use, and reuse • Environmental cleaning and waste management • Transmission-based precautions • Hand hygiene • Infection control protocols for labs (e.g., specimen collection		19 patients or PUIs / Total number of sub-recipients Estimated number of individuals trained by training topic

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
	including nasopharyngeal swabbing for both diagnostic and clinical testing, serology testing for plasma treatment, etc.) • PPE donning and doffing procedures (e.g., universal masking etiquette) • Safe treatment protocols • Behavioral health support • Rapid identification and isolation of a patient • Other		
PM 15: Percent of sub-recipients that increased health care supplies for non-EMS health care workers (disaggregated by supply type)	Which of the following types of supplies did your facility or organization procure for non-EMS health care workers with *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Eye protection (e.g., goggles) • Gowns • Gloves • Face masks or face shields (non-respirator type) • N95 respirators • Reusable facepiece respirators • Powered Air Purifying Respirators (PAPRs) • Ventilators • Testing supplies, including nasopharyngeal (NP) swabs, clinical specimen transport media, etc.[11] • Reagents • Hand hygiene products • Cleaning products	Sub-recipient	Number of sub-recipients that increased health care supplies for non-EMS health care workers / Total number of sub-recipients

[11] Recipients should submit a justification in writing to their Project Officer and Grants Management Specialist on why they or their sub-recipients should be allowed to use funding for testing supplies if there is a need to use funding in this manner.

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
	• Pharmaceutical products • Other (free response – 500-character response length)		
PM 16: Percent of sub-recipients that implemented activities to improve and maintain health care worker readiness for COVID-19 and other special pathogens (disaggregated by activity)	Which of the following activities did your facility or organization undertake using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Sharing, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department • Using staff that participated in just-in-time training to ensure state/jurisdiction special pathogen treatment centers can provide surge capacity and are able to accept a COVID-19 patient in cases where other facilities have exceeded capacity • Providing health care workers with training, peer review, and consultations on their readiness to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with COVID-19 in the U.S. • Providing training or educational opportunities for health care workers aimed at maintaining continuity of operations	Sub-recipient	Number of sub-recipients that implemented activities to improve and maintain health care worker readiness for COVID-19 and other special pathogens / Total number of sub-recipients

6.0 Physical Infrastructure Measures

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

- *Examine and enhance physical infrastructure to ensure infection control for COVID-19*

preparedness and response, as necessary

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
PM 17: Percent of sub-recipients that implemented activities to examine and enhance physical infrastructure to improve infection control for COVID-19 (disaggregated by activity)	Which of the following actions to examine and enhance physical infrastructure did your facility or organization undertake using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Conducted an assessment of existing physical infrastructure to determine the need for additional infection controls (e.g., donning/doffing rooms, negative pressure rooms) • Reconfigured patient flow in emergency departments to provide isolation capacity for COVID-19 patients, PUIs, and other potentially infectious patients • Retrofitted, adapted, or created inpatient care areas for enhanced infection control (e.g., donning/doffing rooms) • Supported clinical laboratories' capability and capacity for COVID-19 response • Improved capability and capacity to safely manage and dispose of COVID-19 contaminated waste	Sub-recipient	Number of sub-recipients that implemented activities to examine and enhance physical infrastructure to improve infection control for COVID-19 / Total number of sub-recipients
PM 18: Percent of sub-recipients that successfully completed all planned physical infrastructure improvements necessary to enhance current COVID-19 infection controls	Was your facility or organization able to complete all planned enhancements? (Select one) • Yes • No • Only Some Desired Changes (If selecting 'No' or 'Only Some Desired Changes') Why was your facility or organization unable to	Sub-recipient	Number of sub-recipients that successfully completed all planned physical infrastructure improvements necessary to enhance current

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
	complete all planned enhancements? (Select all that apply) • Procedural and policy-related constraints • Legal and regulatory-related constraints • Inadequate staffing resources/expertise • Inadequate financial resources • Space and/or infrastructure limitations • Lack of administrative and clinical approvals of appropriate change requests • Delays resulting from contractual or budgetary changes • Other (free response – 500-character response length)		COVID-19 infection controls / Number of sub-recipients that examined potential physical enhancements (from PM 17)
PM 19: Percent of sub-recipients using alternative or innovative models to maintain continuity of operations by reconfiguring patient flow or transition to inpatient care	How did your facility or organization utilize *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* to implement alternative or innovative models to reconfigure patient flow or transition to inpatient care? (Select all that apply) • Leveraging acute-care alternate care sites (on facility grounds or in close proximity) • Creating offsite alternate care sites for sub-acute care • Increased use of telemedicine • Enhancing public safety answering points (PSAP)/tele-triage systems to streamline the triage process • Other (free response – 500-	Sub-recipient	Number of sub-recipients that used alternative or innovative models to maintain continuity of operations by reconfiguring patient flow or transition to inpatient care / Total number of sub-recipients

Program Performance Measure	*Data Point*	*Data Entity*	*Calculation*
	character response length)		

7.0 Populations of Focus Measures

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

- *Collaborate with multiple and diverse provider types to ensure capabilities to care for populations of focus*

Program Performance Measure	*Data Point*	*Data Entity*	*Calculation*
PM 20: Percent of sub-recipients collaborating with others to ensure capabilities to care for populations of focus[12] (disaggregated by facility/organization type)	What types of health care provider types did your facility or organization collaborate with to ensure capabilities to care for populations of focus using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding?* (Select all that apply) • Acute care hospitals • EMS • Primary care providers • Dialysis centers • Local chapters of health care professional associations • Federal facilities • Non-governmental organizations • Skilled nursing and long-term care facilities • Outpatient health care delivery • Home health agencies • Behavioral health services and organizations • Medical device manufacturers and distributors • Other (free response – 500-character response length)	Sub-recipient	Number of sub-recipients that collaborated with others to ensure capabilities to care for populations of focus / Total number of sub-recipients

[12]Populations of focus include older adults, individuals with underlying chronic health conditions, individuals with access and functional needs that may limit the individual's ability to seek or access care outside the home, individuals living in congregate care settings, historically and currently disadvantaged racial and ethnic populations, populations at increased risk for morbidity and mortality from COVID-19.

	Optional: What types of cross-sector facilities/organizations did your facility or organization collaborate with to ensure capabilities to care for populations of focus using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Public health agencies • Emergency management agencies • Infrastructure companies • Local law enforcement / public safety agencies • Correctional systems • Social service organizations (e.g., shelters) • School systems (including school-based nutrition assistance programs) • Housing authorities • Faith-based organizations • Other (free response – 500-character response length)		
PM 21: Types of interventions implemented by sub-recipients with other health and/or non-health facilities/organizations to ensure capabilities to care for populations of focus	What types of collaborative interventions did your facility or organization undertake with health and/or non-health facilities/organizations to support populations of focus using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Advocacy • Identification of populations of focus • Education, outreach, and behavior change • Infection prevention • Ethical practice in isolation and quarantine (e.g., for	Sub-recipient	Number of sub-recipients that implemented interventions with other health and/or non-health facilities/organizations to ensure capabilities to care for populations of focus / Total number of sub-recipients

	persons experiencing homelessness and/or incarcerated persons) • Contact tracing • Patient routing to care services • Provision of PPE (e.g., face coverings, disinfectant) • Safe patient discharge • Other (free response – 500-character response length)		

8.0 Crisis Standards of Care Measures

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

- *Support clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care (CSC) as necessary with support from medical ethicists (and potentially state public health officials)*

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
PM 22: Percent of sub-recipients contributing to the development of CSC within their jurisdiction	Did your facility or organization contribute to the development of crisis standards of care (CSC) in your jurisdiction utilizing *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? • Yes • No If 'Yes', at what level did you contribute to the development of CSC? • Local • State	Sub-recipient	Number of sub-recipients that contributed to the development of CSC within their jurisdiction / Total number of sub-recipients
PM 23: Percent of sub-recipients implementing capacity development activities in preparation for possible activation of CSC (disaggregated by activity type)	Which of the following activities did your facility or organization undertake to strengthen operational alignment with CSC using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? (Select all that apply) • Revised existing organizational policies or	Sub-recipient	Number of sub-recipients that implemented capacity development activities in preparation for possible

Program Performance Measure	***Data Point***	***Data Entity***	***Calculation***
	protocols to strengthen alignment with jurisdictional CSC • Developed new organizational policies or protocols aligning with jurisdictional CSC • Provided education and training opportunities for staff to strengthen awareness of and capability to implement CSC • Provided additional resources to staff to strengthen awareness of and capability to implement CSC • Developed oversight committees to monitor the implementation of CSC and adjudicate any CSC-related disputes • Developed triage team guidelines to support implementation of the CSC triage process • Provided additional resources to operationalize the CSC implementation plan • Other (free response – 500-character response length)		activation of CSC / Total number of sub- recipients
PM 24: Percent of sub-recipients implementing CSC	Did your facility or organization implement CSC utilizing *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*? • Yes • No If you answered 'No' to PM 24, were there barriers that prevented your facility or organization from implementing them. • Yes • No	Sub-recipient	Number of sub-recipients that implemented CSC / Total number of sub-recipients

Program Performance Measure	*Data Point*	*Data Entity*	*Calculation*
	And if 'Yes', what were they? (free response – 750-character response length)		

9.0 Optional Questions

The questions in this section are optional. They are exploratory questions to assist ASPR in understanding the challenges faced and promising practices utilized by funded recipients and sub-recipients in building COVID-19 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.

Topic Area	*Data Point(s)*	*Data Entity*	*Calculation*
Promising practices used that promote coordination and collaboration with long-term care facilities (LTCFs) and other health care providers for interfacility transport	What promising practices did your facility or organization use to collaborate with long-term care facilities (LTCFs) and other health care providers to ensure coordination for interfacility transport using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplement* funds? What impact did you achieve? (Free response)	Sub-recipient	Qualitative description of promising practices, partners, and impact achieved
Promoting health care resilience among health care facility workers	Did your facility or organization provide health care facility staff with resources for or training on the following to promote health care worker resilience using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplement* funds? (Select all that apply) • Child/elder care • Mental health care • Monitoring/preventing burnout • Grief counseling • Absentee mitigation • Patient and family distress • Other behavioral health support (free response – 500-character response length)	Sub-recipient	Number of sub-recipients promoting health care worker resilience Qualitative description of additional behavioral health support
Promising practices for fatality	What promising practices have you developed to support fatality	Sub-recipient	Qualitative description

Topic Area	***Data Point(s)***	***Data Entity***	***Calculation***
management	management using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplement* funds? What impact did you achieve? (Free response)		of promising practices and impact achieved
Promising practices in procuring needed supplies and equipment*	What promising practices have you developed to support the procurement of needed supplies and equipment using *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplement* funds? What impact did you achieve? (Free response)	Sub-recipient	Qualitative description of promising practices and impact achieved
Recipient participation in program activities	With the 10% of funding retained by your organization, did you (the recipient) participate in any of the activities allowable under the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplement*? If yes, please briefly describe them. (Free response – 500-character response length)	Recipient	Number of recipients directly supporting program outcomes Qualitative description of program activities

*To be answered only if the sub-recipient indicated that it procured additional supplies

Annex A: Acronyms and Glossary of Terms

Acronym	Definition
ASPR	Administration for Strategic Preparedness and Response
ASPR-funded	An activity is considered ASPR-funded through the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* if it is: 1) fully funded by *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*; 2) partially funded by this cooperative agreement and by the facility or other health care entity; or 3) supported by allowable staff positions fully- or partially-funded by this cooperative agreement funding
Crisis Standards of Care (CSC)	Guidelines developed before disaster strikes to help health care providers decide how to administer the best possible care when there are not enough resources to give all patients the level of care they would receive under normal circumstances.[13] Additional crisis standards of care resources can be found at ASPR TRACIE: https://asprtracie.hhs.gov/technical-resources/63/crisis-standards-of-care/0
Data Entity	The source organization reporting a particular Data Point
Data Point	Individual data element reported by a state/jurisdictional public health department or its sub-recipient used to calculate or assess the Program Performance Measure
EOC	Emergency Operations Center
Facility/ Organization	This term applies to the functional organization of a sub-recipient that receives a sub-award from a state/jurisdictional public health department through the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding* and provides care services to patients, regardless of sub-recipient type. These include acute care hospitals, specialty care centers, outpatient/ambulatory care (includes primary care clinics, urgent care centers, dialysis, community health centers, etc.), home and residential care (includes long-term care, home health agencies, skilled nursing facilities, etc.), EMS/Pre-Hospital (also includes 911/Public Safety Answering Points (PSAP), support services (pharmacies, blood banks, medical supply chain), hospital systems, and other health care entities on the front lines of the COVID-19 pandemic
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: • training for health care worker safety when caring for a COVID-19 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),

[13] Centers for Disease Control and Prevention. Accessed October 2020. "The Community Planning Framework for Healthcare Preparedness." https://www.cdc.gov/cpr/readiness/healthcare/communityplanningframework.htm.

Acronym	Definition
	reconfiguring patient flow in emergency departments to provide isolation capacity for Persons Under Investigation (PUIs) for COVID-19 and other 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 guidelines for Transmission-based Precautions[14]
NHPP	National Healthcare Preparedness Programs
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point
PUI	Persons Under Investigation
Populations of Focus	Populations of focus include older adults, individuals with underlying chronic health conditions, individuals with access and functional needs that may limit the individual's ability to seek or access care outside the home, individuals living in congregate care settings, racial and ethnic minorities, and other populations at increased risk for morbidity and mortality from COVID-19.
Program Performance Measure	The national-level performance measure used by ASPR to monitor and evaluate the performance of the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*. Result is typically calculated by ASPR based on Data Points reported by Health Care Coalition sub-recipients
Recipient	For this administrative supplement, recipients are state/jurisdictional public health departments that receive awards from ASPR's National Healthcare Preparedness Programs through the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding.* Formal definitions of recipients can be found in the Code of Federal Regulations (2 CFR 200.1)[15]
Recipient-level Direct Cost	Recipients are allowed to use up to 10% of supplemental funding for direct costs associated with activities and funding management
State/Jurisdiction Special Pathogen Treatment Centers	State and jurisdiction special pathogen treatment centers are centers that are staffed, equipped, and have been assessed to have current capabilities, training, and resources to provide the complex treatment necessary to care for a special pathogen patient while minimizing risk to health care workers. Formerly state and jurisdiction Ebola treatment centers, ASPR now requires that these entities change their names to state and jurisdiction special pathogen treatment centers. Their ongoing designation as such a center will be predicated on their willingness to accept a special pathogen patient for the full five years of the COVID-19 supplemental funds
Sub-recipient	Acute care hospitals, specialty care centers, outpatient/ambulatory care, home and residential care, EMS/Pre-Hospital, support services, and other health care facilities/organizations that receive a sub-award from a state or jurisdictional health department through the *Hospital Preparedness Program Cooperative Agreement COVID-19 Supplemental Funding*. Formal definition of sub-recipient can be found in the Code of Federal Regulations (2 CFR 200.1)[14]
Triage	The sorting out and classification of patients or casualties to determine priority of

[14] Centers for Disease Control and Prevention. Accessed August 2020. "Transmission-Based Precautions." https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

[15] "Electronic Code of Federal Regulations." Updated February 2022. Accessed February 2022. https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-A/subject-group-ECFR2a6a0087862fd2c/section-200.1.

Acronym	Definition
	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.[16] For the purposes of these measures, activities may include rapid identification and isolation of a patient, approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19, alternative or innovative models to reconfigure patient flow or transition to inpatient care, identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity, training and technical support to EMS agencies and 911/Public Safety Answering Points on routing patients to the appropriate care setting, evolving protocols related to the dispatch of EMS for COVID-19 suspected patients, creation alternate care sites (e.g., temporary structures, etc.) to provide surge capacity for patient care

[16] 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.