

HRSA BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM

Cooperative Agreement

CFDA: 93.003



Program Purpose

To upgrade the preparedness of the Nation's hospitals and collaborating entities to respond to bioterrorism.



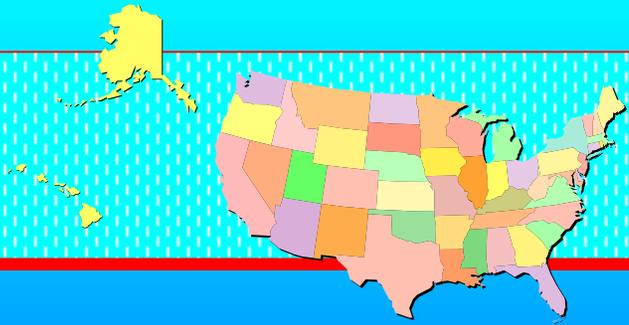


Primary Focus

Development and implementation of regional plans to improve the capacity of

- ↓ hospitals,**
- ↓ their EDs and outpatient centers,**
- ↓ EMS systems, and other collaborating health care entities**

to respond to bioterrorist attacks.



Eligible Applicants

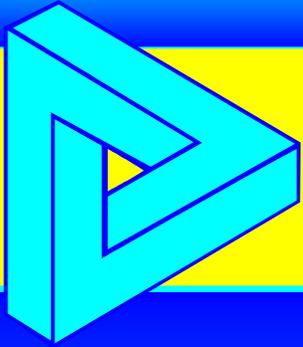
All 50 states

District of Columbia

**Commonwealths of Puerto Rico and Northern
Marianas Islands**

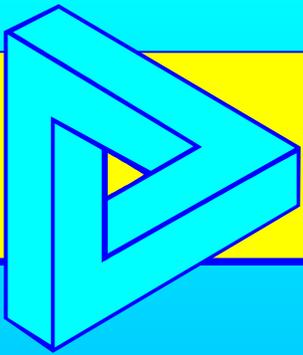
**Territories of Guam, American Samoa, and US
Virgin Islands**

New York City, Chicago, Los Angeles.



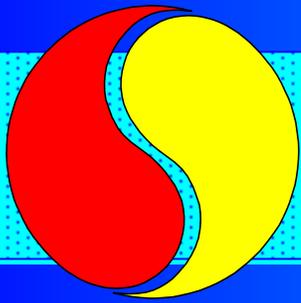
Coordinated Applications

- **HRSA Hospital Preparedness Program**
- **CDC**
- **Office of Emergency Preparedness for municipalities with Metropolitan Medical Response Systems**



Coordinated Applications

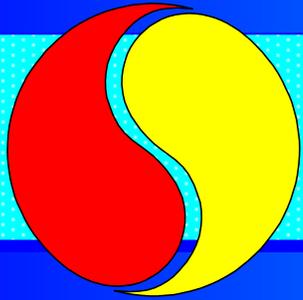
- **The Hospital Preparedness Program application must be distinct and discrete from the other agency applications**
 - ↖ **needs assessment,**
 - ↖ **implementation plan, and**
 - ↖ **budget**



Cooperative Agreement

Substantial HRSA programmatic collaboration with grantees during the project period by Federal staff and a technical assistance center.

- disseminating information**
- conducting regular meetings**
- coordinating activities with CDC and OEP as appropriate**

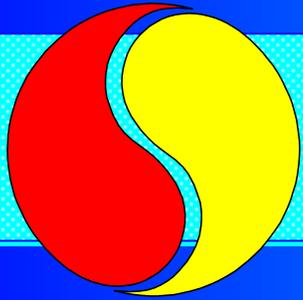


Cooperative Agreement

Grantee Obligations:

Appointing staff

- ↖ **Bioterrorism hospital preparedness coordinator**
- ↖ **Medical director**
- ↖ **Appropriate administrative staff**



Cooperative Agreement

Grantee Obligations

Convening a Hospital Preparedness

Planning Committee

- ⤵ Assure membership has representation from appropriate entities.
- ⤵ Committee meets at least quarterly



Planning Committee

Required Members

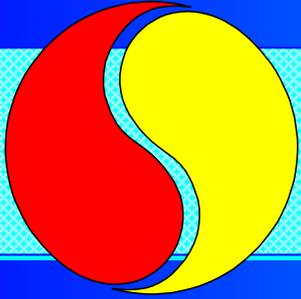
- ↖ State, territorial, or municipal health department
- ↖ State EMS office
- ↖ State emergency management agency
- ↖ State hospital association
- ↖ State office of rural health
- ↖ Veterans Affairs and military hospitals
- ↖ Primary care associations



Planning Committee

Optional Members

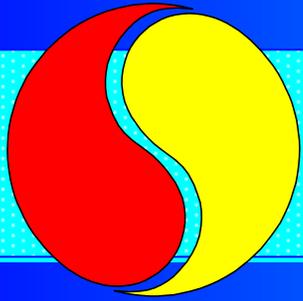
- ↖ Tribal and Indian Health Services hospitals
- ↖ Professional societies
- ↖ Local emergency medical systems
- ↖ Poison control centers
- ↖ MMRS and DMAT
- ↖ Experts (emergency medicine, primary care, infectious disease, toxicology)
- ↖ Consumers



Cooperative Agreement

Grantee Obligations, cont.

-  **Completing a Needs Assessment**
-  **Developing an Implementation Plan**
-  **Ensure that priority is given to biological terrorist threats.**



Cooperative Agreement

Grantee Obligations, cont.

-  Addressing priority areas of medications and vaccines, personal protection, quarantine and decontamination, communications, and biological disaster drills
-  Submitting semi-annual reports

Timeline - Phase 1

Application Due Date: February 25th

Application Review Process:

week of February 25th

Anticipated Award Date: March 15

\$25 million awarded

Timeline - Phase 2

Work Plan Due Date:

March 15 to April 15

Work Plan Review Process:

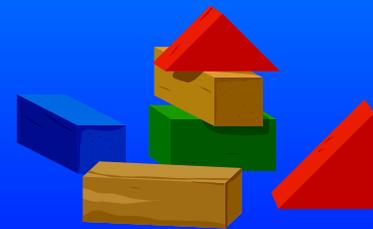
30 days after receipt

Anticipated Funding Date: May 15

\$100 million awarded

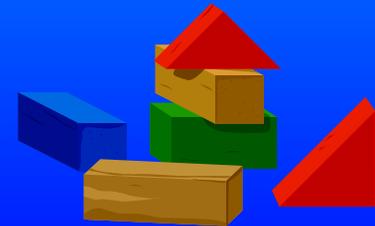
Role of Health Departments

- ☞ **Knowledge of existing resources on every level**
- ☞ **Plan for linking these into a practical system to prepare hospitals for bioterrorism attacks**



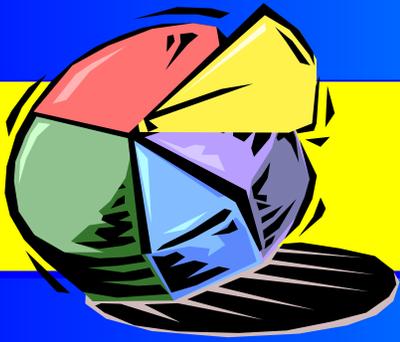
Role of Health Departments

- ➡ **Submission of work plan that meets requirements**
- ➡ **Timeline and planning should be for a 24 month period**
- ➡ **Start date for timeline - March 15**



Application Process

- ➡ **PHS 5161-1 application form**
- ➡ **Narrative page limits for each section**
- ➡ **Submit to HRSA**
- ➡ **Grant guidance, state allotments, and resources are available on the HRSA website.**
- ➡ **www.hrsa.gov/bioterrorism**



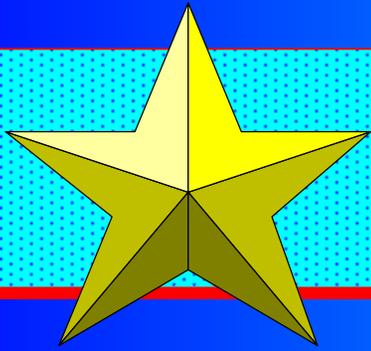
Phase 2 Requirements

Completion of a Needs Assessment and Implementation Plan for

- ↖ Epidemic planning (500 patients)
- ↖ Medications and Vaccines
- ↖ Personal protection, quarantine, decontamination
- ↖ Communications
- ↖ Bioterrorism disaster drills

Secondary Priority Planning Areas

- ☞ **Personnel - emergency increases in staffing**
- ☞ **Training of clinicians at all levels**
- ☞ **Patient Transfer**



Critical Elements

- ➡ **Program Direction**
- ➡ **Hospital Preparedness Planning Committee**
- ➡ **Regional Hospital Plans**



Infrastructure

- ➔ **Staffing and Medical Direction**
- ➔ **Coordination and Collaboration**
- ➔ **System Development**
 - ➔ look for opportunities to integrate CDC and MMRS grant/program elements
- ➔ **Legislation and Regulation**



Review Criteria for Phase 2

- Addresses First Priority Areas**
- Project narrative is complete and clear
- Objectives are measurable, achievable, sustainable**
- Realistic approach to accomplish the plan



Review Criteria for Phase 2

Management Plan

- ↖ Qualified personnel, adequate to fulfill objectives
- ↖ Logical timeline
- ↖ Coordination with MMRS and DMATs
- ↖ Quality improvement plan



Review Criteria for Phase 2

Letters of Support

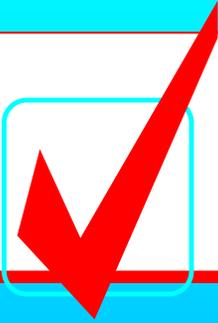
- ⤵ Documented collaboration with state agencies
- ⤵ Representatives on hospital preparedness committee
- ⤵ Referral facilities for bioterrorism incidents



Review Criteria for Phase 2

Budget

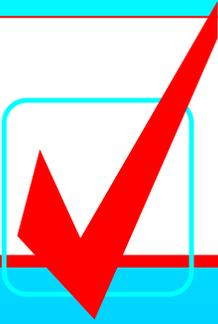
- ↖ Capital equipment requests relate to program goals and needs assessment data
- ↖ Coordination with other sources of funding, especially from CDC and OEP
- ↖ Administrative costs and travel can be related objectively to infrastructure needs



Review Criteria for Phase 2

Budget

- ↖ Indirect costs are capped at 10% of the total award for phases 1 and 2
- ↖ State health department needs may not exceed 20% of direct costs for phase 2



Review Criteria for Phase 2

Budget

- ⌞ 80% of funds are expected to be allocated to hospitals through contracts by States, to upgrade the ability of hospitals and other collaborating health care entities to respond to bioterrorist events
- ⌞ Some funds may be allocated to collaborating entities that contribute to hospital preparedness.

State Review

- ☞ **To assure integration of CDC and HRSA activities submit work plans to your Governor for review and approval.**
- ☞ **Copies of the application and letter of endorsement from the Governor are then submitted to HRSA and to the Secretary of HHS.**

Implementation Plan

Outcome Expectation

- » **Hospitals and other health care entities have an improved ability to respond to biological terrorist events.**
- » **A multi-tiered system exists to triage, isolate, treat, stabilize and refer multiple casualties of a bioterrorist incident to identified centers of excellence.**

Bioterrorism Preparedness Staff

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