

# Utah Department of Health Healthcare Preparedness Program Hospital 2013-14 Grant Deliverables Guidance

The purpose of this document is to provide information to Utah hospital HPP sub-grantees on the completion of required project deliverables for the **Phase I period (July 1, 2013-December 31, 2013) of the current budget period of July 1, 2013 – June 30, 2014**. This document offers instructions for the Phase I program deliverable template that sub-grantees will utilize to complete program elements. This document will be updated to include Phase II deliverable guidance by December 2013. **This document is a continuous work in progress; please provide feedback to HPP on needed edits, errors, or omissions.**

**Reminder - All program documents are posted to the UDOH website at <http://health.utah.gov/preparedness/?formname=preparedness>**

## Timelines/Important Dates

### **September 2013**

Hospital technical assistance webinars and individual technical assistance provided (Webinar dates TBA)

Completion of grants, FFATA forms, Grantee Assurances, and Tax forms

Completion of hospital matching funds requests

Review and approval of hospital Budget and Workplan Template as received by UDOH

### **October 2013**

Review and approval of hospital Budget and Workplan Template as received by UDOH  
Budget and Workplan Template due to UDOH by **October 15, 2013**

As soon as grants are signed and Budget and Workplan Template are approved, hospital may begin billing for expenditures, as often as monthly under the terms of the grant

### **December 2013**

Update to this Grant Deliverables Guidance to include Phase II and close out processes

### **January 2014**

UDOH will distribute Spring 2014 facility survey, and Closeout Packet no later than January 15, 2014

UDOH will begin accepting completed Close Out Packets for hospitals wishing to conclude expenditures and close project for 2013-14

### **March 2014**

Please complete Spring 2014 survey to submit by 4/1/14

### **April 2014**

Spring 2014 survey due to UDOH by no later than **April 1, 2014**

### **May 2014**

Preliminary funding amounts for hospitals will be released by May 15, 2014

### **June 2013**

UT DOH HPP Grantee Summit – final date and location TBA

Final and complete project Close Out Packet due to UDOH no later than **June 30, 2014**

## Phase I Deliverable \_\_\_\_\_ Due 10/15/13 \_\_\_\_\_

**1. Hospital Budget Workplan Template Document** – This Excel workbook contains **two tabs** to be completed by hospital. The completed document is due no later than October 15, 2013 to [healthcarepreparedness@utah.gov](mailto:healthcarepreparedness@utah.gov). A confirmation email will be provided to verify receipt of document.

**a. Project Planning Assessment** – This is a brief assessment of the status of certain components of hospital written plans and procedures. These are program areas that will be addressed in detail during the HPP project period (2012-2017). No negative outcomes or actions will be taken as a result of your answers, this is merely an opportunity for UDOH and HPP to develop appropriate technical assistance and guidance to sub-grantee hospitals. Complete all green sections.

### **Measurement Criteria - Columns**

**Is a written plan or process for this situation/event included in hospital documentation? (Answer: Yes, No, Partial)** – Is there some written protocol or process, whether in the Emergency Operations Plan or not, that defines how the facility and its staff will address the situation and on which staff can be trained?

**Calendar Year of most recent update/revision to this section (Answer: Year of update or Unknown)** – Note the calendar year in which the written language or document was revised or updated and approved as a policy/procedure or hospital plan.

**Have hospital staff received training on this topic in the last three years? (2011, 2012, 2013) (Answer: Yes or No)** - For identified topics, have any (not all) critical staff participated in skills-building or training to improve their ability to perform the tasks required to address the topic?

**Has this topic been tested through an exercise in the past three years? (2011, 2012, 2013) (Answer: Yes or No)** – For identified topics, has the facility conducted a functional or full-scale exercise to test identified response topic?

### **Response Topics – Rows**

**Continuity of Operations Plans (COOP)** – A plan to ensure the continued performance of critical healthcare functions during a wide range of potential emergencies. It is a collection of resources, actions, procedures, and information that is developed, tested, and held in readiness for use in the event of a major disruption of operations. COOP provides for continued performance of essential hospital functions under all circumstances; to ensure survivability of critical equipment, records and other assets; to minimize business damage and losses; to achieve orderly response and recovery from incident; and to ensure succession of key leadership.

**Medical Surge – Pandemic/Communicable Disease** – An event that generates an excess demand of patients requiring specialized care, or a significant number of patients that exceeds the normal hospital ability to provide care due to a communicable disease event or pandemic.

**Medical Surge – Mass Casualty/Trauma** - Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity as a result of a mass casualty event or trauma. Tasks may include - identify the medical needs; identify the resources to address the need in a timely manner; move the resources expeditiously to locations of patient need (as applicable); manage and support the resources to their absolute maximum capacity.

**Disaster Off-Loading Processes (bed clearing)** – Examples include the use of disaster protocols, processes to increase bed turnover, enact discharge or transfer low-acuity patients to Coalition partners or other HCO, and/or to defer elective admissions/procedures. Other topics include reverse triage, decrease ED length of stay, transfers and discharges, in-house offloads.

**Disaster On-Loading Processes (rapid intake/processing)** - Redeploy existing resources to allow for higher acuity admissions. These are activities done every day in ED. As an example, Mass. General Hospital had 90 patients and 49 full ED beds at the time of the Boston bombing, within 20 minutes of notification of the event, they had freed 30 of the emergency department beds to receive bombing victims.

**Common Operating Picture** – Is there a plan in place for hospital staff to gather and aggregate essential hospital response data and information, and to share this data and information with external partners? Is there a plan in place to receive information and data from external partners and to appropriately distribute to essential hospital staff?

**Tracking of Disaster Resources/Equipment Use** – Is there a plan in place to identify, manage, and request resources needed to support response activities at the hospital? Resources include supplies, equipment, and personnel.

**Hazards, Threat, Risk Assessment** – Has the hospital conducted a hazards assessment, and what was the date of the most current HVA conducted?

**Disaster Volunteer Plan** - Does the hospital have a plan in place to define, refine, and sustain processes that assist healthcare organizations to share staff during medical surge operations? This includes the credentialing process prior to an incident. This includes the implementation of plans to utilize the local volunteer management process to gain access to trained, credentialed staff to assist with patient care and other duties during surge operations.

**b. Project Budget** - The hospital shall provide a line item budget for proposed expenditures under the grant for which the hospital will seek reimbursement.

Important points to note:

- This is the second year Workplan of a five year project, **not all elements on form must be completed during the current budget period (7/1/13-6/30/14)**.
- The grantee should understand that at some point during the five year project period, all elements should be addressed, but should **only include in the Workplan those activities and purchases that will take place in the current budget period**.
- Not all elements require funding allocations, especially Planning elements, **however if any activity is planned for an element, it should be noted in the Activity Description column**.
- All Training and Equipment **funding allocations should be based on facility or community needs** identified through an ongoing process of hazards and gap assessment conducted by the facility emergency management team in collaboration with Regional Coalition partners. Additionally, real-life experiences, events, and/or the results of After Action Reports also provide justification for purchasing decisions.
- Any use of funds for equipment also come with the expectation that use policies and protocols will be developed in conjunction with the purchase of equipment, and that staff training will be conducted to develop competencies.
- **All expenditures must be limited to activities, equipment, fees, and expenses that occur during the current budget period (7/1/13-6/30/14)**. Prepayment for services that will not or have not occurred during the current budget period are not allowed costs. Prepayment for equipment that will not be delivered during the current budget period are not allowed. Contact the HPP Manager if questions arise.
- Any equipment purchased, with the exception of communications equipment, shall be cached and maintained separately from day-to-day hospital equipment, except for the purpose of testing and training events. **Communication equipment should be used regularly and tested** often to ensure proficiency is maintained under crisis conditions.
- Provide enough detail to allow HPP to clearly understand the intent of the expenditure. For example, in describing your intention to purchase additional body bags (Mass Fatality equipment), the facility could note that “As a result of community mass fatality assessment, it was determined that our hospital should cache 50 body bags. We currently have 20, so will purchase an additional 30 to fill the gap”.
- If expenditures have already taken place since 7/1/13 (i.e. Satellite phone bills, travel to Regional meetings, etc.), ensure these are recorded in the justification and budget columns.
- Utilize the HPP Approvable Equipment List, and the information contained in Section D (pages 3-9) of the HPP Facility Grant Agreement to determine those items and activities that are allowed costs.
- All budgets will be reviewed by HPP staff, and grantee will be contacted if clarifications or additional details are needed.
- **If significant (in excess of 10% of total awarded amount) alterations to the budget are needed after original Workplan/Budget submission, please revise and resubmit to**

**HPP.** For example, if a facility receives \$10,000 in funds, any mid-year program changes that cause changes to the Workplan/Budget in excess of \$1,000 will indicate a need to revise and resubmit budget.

- Funding distributions are based on submission of required deliverables; however the total distribution cannot exceed the total actual funds expended by the facility during the budget period. For example, if you only expend \$8,000, but your total award is up to \$10,000, you will only receive reimbursement to \$8,000. Please plan for and expend all allocated funding.
- Conversely, if the facility total award amount is not needed during the budget period, then prepare to be reimbursed only for the amount included in the budget. For example, if your facility only intends to spend \$7,000 of a \$9,000 award cap, and only budgets for \$7,000 in expenditures, then you will be reimbursed \$7,000. Carryover of unused funds is not available, so please plan for and fully expend your awarded amounts.
- If the grantee cannot locate the appropriate Capability and Resource Element for a planned activity and/or equipment purchase, utilize the “Other” section at the end of the worksheet.
- This document cannot cover all variations, unique situations, and individual hospital considerations, but is intended to provide general guidance for management of the allocated funds and program deliverable expectations. When in doubt, or if questions arise, please contact Kevin McCulley, HPP Manager at [kmcculley@utah.gov](mailto:kmcculley@utah.gov) or 801-273-6669.
- As this document is updated with additional information, and answers to commonly asked questions, hospitals will be notified and revisions will be posted to <http://health.utah.gov/preparedness/?formname=preparedness>

**Utilize the following example to assist with completion of the workplan/budget document. The document is due 10/15/13. Note that distinct entries are created for activities and equipment that are included under the same Resource Element. Hospital grantees will complete the form within the green highlighted cells.**

<p>This is the topic/program area that links with a defined Resource Element (HPP grant task)</p>	<p>This is a UDOH-generated example of the types of program work to meet the Resource Element.</p>	<p>This is a UDOH-generated example of the types of expenditures that have been completed by hospitals to meet Resource Element.</p>	<p>This is the location to provide details, justification, and additional information about the proposed activity and expenditure.</p>	<p>This is the estimated amount of expenditure for the Resource Element</p>
<p>Capability Resource Element - Basic overview of Resource Element within Capability</p>	<p>Examples of Program Activity - One or more examples of the types of program activity that will meet the Resource Element, individual facility activity may differ</p>	<p>Example of Program Expenditure - Specific Facility Needs may differ. Refer to Approvable Equipment List and Hospital Grant language for additional information</p>	<p>Equipment/Activity Description - For Planning Elements - briefly describe costs to be incurred to meet Element; For Equipment - Provide line items using additional lines for detail; For Training - Provide details sufficient to explain costs for training events.</p>	<p>Budgeted Amount</p>
<p><b>Equipment and Supplies</b></p> <p>1. E&amp;S purchased with these funds should not be routinely utilized by the GRANTEE to the extent that it becomes necessary for day-to-day operations; rather it should be maintained to support surge capacity. One exception is the use of communications and information technology E&amp;S, which shall be regularly used and tested to maintain GRANTEE proficiency on its use. 2. Cached supplies used by the GRANTEE due to an emergent need or disaster do not have to be re-supplied, however the purpose and use must be documented. 3. Trailers or storage systems purchased by the GRANTEE and funded by the HPP grant are to be utilized solely for the storage of disaster equipment and supplies.</p>				
<p><b>Critical Equipment</b> - Equipment to assist HCO with provision of critical services - power, water, HVAC, storage, security</p>	<p>Equipment to support continued provision of critical services, such as power, HVAC, potable water, information management, storage caches, facility security</p>	<p>Generators, generator accessories, generator testing and repair; water purification systems and accessories; communications/information management infrastructure (excluding communication equipment), security</p>	<p><i>The facility decon/triage room does not include adequate air conditioning. We will purchase a portable air conditioning unit to ensure cooling is adequate to use this room in response</i></p>	<p>\$895.00</p>

		equipment		
			<i>The water purification system was used during an event in 2013, we need to replace the filters so the system is ready for use.</i>	\$1,195.00
			-	\$ -
			-	\$ -
			-	\$ -
			-	\$ -
			-	\$ -
<b>Information Sharing Systems -</b> Hospital will develop a system that allows for contribution to the incident common operating picture with emergency management	Hospital will develop an information system that allows electronic communication of patient movement and facility status information to local emergency management.	Costs to purchase incident management software so information can be aggregated and shared with outside partners for response activity	<i>Nothing Planned</i>	\$ -
			-	\$ -
			-	\$ -
<b>Command Center Equipment -</b> Ensure adequacy of supplies and equipment to fulfill hospital command center functions	The hospital will maintain a functioning command center that serves as the information hub and incident management location for the facility.	HICS vests, printer, laptop, dry erase board, signage, HICS binders, monitors, storage cabinets, etc.	<i>After activation of our command center in 2013, we realized that additional supplies are needed to support ongoing command center activation. We will purchase more HICS vests, clipboards, and a storage cabinet.</i> <i>HICS Vests</i>	\$656.00
			<i>Clipboards</i>	\$130.00
			<i>Storage Cabinet for EOC</i>	\$735.00
<b>Mortuary storage equipment and supplies -</b> Assets needed to support	Based on anticipated death estimates, and gap with existing supplies,	Bioseals, body bags, morgue packs, personal possession bags, etc.	<i>Nothing Planned</i>	\$ -

anticipated death estimates	hospital will purchase equipment to support appropriate treatment of decedents			
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As with any planning and guidance, please consider this a work in progress, and subject to change. Please notify HPP staff of any errors, inconsistencies, and suggested changes or additions to this or any HPP document.