

**HEALTHCARE ORGANIZATION GRANT AGREEMENT
UTAH HOSPITAL PREPAREDNESS PROGRAM**

A. Payments:

1. The DEPARTMENT agrees to reimburse the GRANTEE up to the full authorized amount within 30 days of the receipt of completed deliverables related to the project. Phase I deliverables are due by the GRANTEE to the DEPARTMENT no later than December 31, 2012, and Phase II deliverables are due April 30, 2013.
2. This grant is funded with 100% Federal funds and 0% State funds. The Federal funds provided for this grant are from the following Federal program and award:
CFDA Number: 93.889
CFDA Title: National Bioterrorism Hospital Preparedness Program (HPP)
Names of Federal Agency: U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response, Office of Preparedness and Emergency Operations, Division of National Healthcare Preparedness Programs
Pass-through Agency: State of Utah, Utah Department of Health
Grant Number: 1UT90TP000555-01
Funding Opportunity Number: CDC-RFA-TP12-1201
3. This agreement funds Year One of a five-year grant program:
Program Year 1: July 1, 2012 – June 30, 2013
 Future funding of the GRANTEE is subject to availability and at the option of the DEPARTMENT. Additional funding and revised deliverables for subsequent program years will be made via written amendment provided by the DEPARTMENT.

B. Purpose:

The 2012-2017 Hospital Preparedness Program cooperative agreement focuses on achieving eight healthcare preparedness capabilities during the five-year project period to advance healthcare and medical system preparedness and surge management. The GRANTEE must use HPP funding to help build and sustain selected capabilities, to engage in planning with external partners and stakeholders (including Regional Healthcare Coalitions), and to sustain facility-level response capabilities. The purpose of the 2012-2017 HPP cooperative agreement program is to provide resources to health and medical organizations for demonstrating measurable and sustainable progress toward achieving public health and healthcare preparedness capabilities that promote prepared and resilient communities. The HPP capabilities for the 2012-2017 project period are: Healthcare System Preparedness, Medical Surge, Healthcare System Recovery, Emergency Operations Coordination, Fatality Management, Information Sharing, Responder Safety and Health, and Volunteer Management. The HPP Planning guide may be found here - <http://phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>.

In addition to working on selected capabilities, the GRANTEE must be able to describe how the funds received address the needs of at-risk individuals (also known as vulnerable or special needs) as required under PAHPA. The definition of at-risk individuals is

available at: <http://www.phe.gov/Preparedness/planning/abc/Documents/at-risk-individuals.pdf>.

C. Responsibilities of the GRANTEE:

The DEPARTMENT shall release grant funds to the GRANTEE upon receipt of the following completed deliverables. Phase I deliverables are due **December 31, 2012** and Phase II deliverables are due to the DEPARTMENT **April 30, 2013**. The GRANTEE shall submit deliverables in hardcopy to: Utah Department of Health; Healthcare Preparedness Program; PO Box 142006; Salt Lake City, UT 84114-2006 or by email to healthcarepreparedness@utah.gov as appropriate to the deliverable. The DEPARTMENT shall provide verification of receipt of deliverables to GRANTEE point of contact by a confirmation email. The DEPARTMENT shall provide the GRANTEE with additional guidance and submission details through technical assistance letters and webinars during the budget period.

Phase I Deliverables -Due December 31, 2012:

1. National Incident Management System (NIMS) Compliance. The target capability associated with this deliverable is Healthcare System Preparedness. The completion of one of the following tasks by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

1.1 If GRANTEE reported less than full NIMS compliance on May 2012 HPP survey, then it shall submit a 1-2 page plan that identifies action steps, timelines, and a description of how funds will be used for completion of NIMS elements reported as Incomplete or In-Progress in survey responses. The DEPARTMENT shall provide a template for the report.

1.2 If GRANTEE reported full NIMS compliance on May 2012 HPP survey, then it shall submit a 1-2 page plan that details (1) how NIMS compliance will be maintained throughout the five year project period; and (2) how NIMS elements are integrated into facility training and exercise activity. The DEPARTMENT shall provide a template for the report.

2. Interoperable Communications. The target capability associated with this deliverable is Information Sharing. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

2.1 The GRANTEE shall conduct a minimum of two redundant communications drills. The drills shall include one horizontal drill (partner healthcare or medical entities) and one vertical drill (local or state incident management, local public health department, fire, EMS, law enforcement) partners between July 1, 2012 and December 31, 2012. The communication drills shall test a redundant communication system (UHF/VHF radios, Satellite phones, 800 MHz radios, Voice Over Internet Protocol, Amateur Band (HAM) radio, or equivalent). The GRANTEE shall submit to the DEPARTMENT a letter confirming participation in communications drills. The letter of participation must be on hospital letterhead and state the date of the drill, the type of communication method tested, the drill

participants, and any program improvement elements identified as a result of the drill. The letter shall be signed by the GRANTEE point of contact.

- 3. Facility Survey.** This deliverable is split between multiple capabilities. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

3.1 The GRANTEE shall complete an online HPP survey that will be developed and distributed by the DEPARTMENT prior to November 1, 2012. The survey will assess GRANTEE baseline status relative to 2012-2017 HPP capabilities and request a description of planned GRANTEE activities and use of funds to achieve capabilities.

- 4. Planning.** The target capability associated with this deliverable is Medical Surge. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

4.1 The GRANTEE shall submit one of the following three plans that have been updated during the 2012 calendar year – patient decontamination/hazardous materials response plan; facility medical evacuation/shelter in place plan, and/or active shooter/workplace violence plan. The DEPARTMENT shall provide required plan components to GRANTEE in a forthcoming technical assistance letter.

Phase II Deliverables – Due April 30, 2013:

- 5. Interoperable Communications.** The target capability associated with this deliverable is Information Sharing. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

5.1 The GRANTEE shall conduct a minimum of two redundant communications drills. The drills shall include one horizontal drill (partner healthcare or medical entities) and one vertical drill (local or state incident management, local public health department, fire, EMS, law enforcement) partners between December 31, 2012 and April 30, 2013. The communication drills shall test a redundant communication system (UHF/VHF radios, Satellite phones, 800 MHz radios, Voice Over Internet Protocol, Amateur Band (HAM) radio, or equivalent). The GRANTEE shall submit to the DEPARTMENT a letter confirming participation in communications drills. The letter of participation must be on hospital letterhead and state the date of the drill, the type of communication method tested, the drill participants, and any program improvement elements identified as a result of the drill. The letter shall be signed by the GRANTEE point of contact.

- 6. Available Bed Tracking.** The target capability associated with this deliverable is Information Sharing. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

6.1 The GRANTEE shall successfully and in a timely manner report available beds to the Utah Healthcare Resources Management System (UHRMS) at minimum 8 out of 10 months (80%) for which data will be tracked by the

DEPARTMENT (July 1, 2012 – April 30, 2013). Successful reporting by the GRANTEE shall be defined as completion of bed count reports within defined timeframe during monthly bed count drills, and shall be tracked by DEPARTMENT records. If GRANTEE reports at a rate less than 80%, then GRANTEE shall submit a 1-2 page improvement plan that describes how compliance will be improved. The DEPARTMENT shall provide a template for this report.

- 7. Facility Survey.** This deliverable is split between multiple target capabilities. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

7.1 The GRANTEE shall complete an online HPP survey that will be developed and distributed by the DEPARTMENT prior to April 1, 2013. The survey will assess GRANTEE NIMS compliance and grant funds expenditures for the current budget period.

- 8. Regional Coalitions.** The target capability associated with this deliverable is Healthcare System Preparedness. The completion of the following task by the GRANTEE shall result in qualifying for **20%** of the total GRANTEE award amount.

8.1 The GRANTEE shall maintain active participation in its identified Regional Medical Surge Coalition. Active GRANTEE participation is defined as attendance by the GRANTEE point of contact or designee at a minimum of 75% of Regional Coalition meetings during the program activity period (July 1, 2012 – April 30, 2013), as recorded on attendance rolls by Regional Coordinator. If GRANTEE attendance at Regional Coalition meetings is less than 75%, then the GRANTEE shall submit a 1-2 page improvement plan that describes how compliance will be improved. The DEPARTMENT shall provide a template for this report.

- 9. Planning.** The target capability associated with this deliverable is Medical Surge. The completion of the following task by the GRANTEE shall result in qualifying for **10%** of the total GRANTEE award amount.

9.1 The GRANTEE shall submit one of the following three written and approved plans that have been updated during the 2012 calendar year (and were not submitted during Phase I) – patient decontamination/hazardous materials response plan; facility medical evacuation/shelter in place plan, and/or active shooter/workplace violence plan. The DEPARTMENT shall provide required plan components to GRANTEE in a technical assistance letter no later than September 14, 2012.

9.2 The GRANTEE may submit two written plans noted in Section 9.1 prior to the end of Phase I (December 31, 2012), and qualify for release of the funding associated with this deliverable during the Phase I timeframe. If the GRANTEE submits two required written plans during Phase I, then it shall be recorded as complete for this deliverable for the program year.

D. Use of Awarded Funds

Upon receiving awarded funds, the GRANTEE agrees to expend funds on equipment and program activities that will support advancement of emergency and disaster preparedness across any phase of the disaster cycle (preparedness, mitigation, response, recovery) and to support development of HPP Capabilities for GRANTEE facility during the current budget period (July 1, 2012 – June 30, 2013). All funds received by GRANTEE must be expended for program activities and equipment purchases that occur during the current budget period. If the GRANTEE is uncertain whether a cost is allowable, it should contact the DEPARTMENT HPP Manager for clarification. A failure to submit required reporting by the GRANTEE (Sections 1.a.vii.4, 2.a.vi.1, 3.a.ii.3) shall result in withholding of future program years funds by the DEPARTMENT until reports are submitted by GRANTEE. The specific requirements, limitations, and funding restrictions are defined as follows:

1. Equipment and Supplies (E&S)

- a. E&S purchases by GRANTEE shall be linked to HPP cooperative agreement capabilities. All E&S purchases must include related development of operational protocols and training processes for healthcare worker skill development and equipment use by the GRANTEE. The following list provides E&S that may be purchased to support capability development.

- i. Healthcare System Preparedness

1. E&S to assist with the provision of critical facility services, including power generation, potable water, facility security, redundant communication, and/or information management,

- ii. Emergency Operations Coordination

1. E&S to track, record, and manage facility response assets.
2. E&S to support facility Emergency Operations Center/Command Center development and sustainment.

- iii. Fatality Management

1. E&S to support effective facility response to mass fatality events, as coordinated with community partners.

- iv. Information Sharing

1. E&S to support disaster-related tracking of existing and new patients from entry to discharge.
2. E&S to support information sharing system development that supports coordination with local or state emergency operations information systems, that provides timely and relevant healthcare information to the common operating picture, and which adheres to applicable local and state information technology regulations regarding the receipt and transmittal of information.
3. E&S to support the development of systems to allow the provision of information to external stakeholders regarding the availability of staffed facility beds by type of bed.
4. E&S to support access to redundant, interoperable communications equipment that are capable of communication both horizontally (with other healthcare partners) and vertically

(with local and state incident management, emergency medical services, and Emergency Support Function 8 partners).

- v. Medical Surge
 - 1. Specialty E&S to increase medical surge capacity and capability, such as:
 - a. E&S to expand GRANTEE treatment space, such as tents
 - b. Medical E&S to support a surge of patients
 - c. Additional emergency response patient care supplies
 - d. Specialty care E&S (e.g burns, pediatric)
 - e. Mobile medical assets to support GRANTEE response, such as trailers
 - 2. Decontamination assets to support sustainment of current decontamination capacity, to support decontamination of more than one patient simultaneously, and/or to support both ambulatory and stretcher bound patients.
 - 3. Specialized E&S to support patient evacuation and/or shelter in place operations (e.g evacuation chairs, transport ventilators).
- vi. Responder Safety and Health
 - 1. Personal protective equipment for GRANTEE healthcare workers, based on identified risks, expected response activity, and consistency with the type of personal protective equipment used locally to support interoperability and inter-facility sharing.
- vii. Other
 - 1. Equipment and supply purchases by the GRANTEE that fall outside of the identified allowances must receive advance approval from HPP Manager. The DEPARTMENT shall provide additional guidance to the GRANTEE on defining pre-approved equipment and supplies versus the need for HPP Manager approval.
 - 2. The GRANTEE may use awarded funds to cover the costs of testing and maintenance of E&S (such as generator service), and access and service fees for information technology and communications E&S (such as satellite phone fees, radio fees, etc.) The GRANTEE must only use awarded funds to pay for service and access that takes place during the current budget period (i.e. the GRANTEE cannot prepay for monthly fees that are outside of current budget period or for reimbursement of pre-award costs).
 - 3. The GRANTEE shall coordinate E&S purchasing decisions in collaboration with Regional Coalition partners to the extent practicable. This coordination shall serve to increase interoperability of E&S between the GRANTEE and Coalition partners, and promote coordination of inter-facility sharing agreements.

- 4. All E&S purchased with HPP funds must be recorded and submitted to the DEPARTMENT in an updated facility inventory list. The GRANTEE shall submit this list to the DEPARTMENT by email or hardcopy on or before June 30, 2013.**

viii. Limitations

1. E&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&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.

2. Training and Education (T&E)

- a. T&E expenditures and activities by the GRANTEE shall be linked to HPP cooperative agreement capabilities and determined through a gap and needs assessment process conducted by GRANTEE. T&E expenditures by GRANTEE, to the extent practicable, shall be linked to planned response exercise activity.
 - i. Healthcare System Preparedness
 1. T&E to maintain or attain full NIMS compliance based on current NIMS compliance guidance. The DEPARTMENT will provide the GRANTEE with current NIMS compliance elements through a technical assistance letter.
 2. T&E to address healthcare gaps and corrective actions. T&E shall be based on the specific needs identified by GRANTEE for the facility and staff.
 3. T&E to assist GRANTEE facility staff with skill development related to exercise coordination, implementation, and evaluation.
 - ii. Emergency Operations Coordination
 1. T&E to assist GRANTEE facility staff with skill development related to functions and evaluation of command center, emergency operations center, and/or response coordination activity.
 - iii. Information Sharing
 1. T&E to assist GRANTEE facility staff with skill development related to the use of UHRMS for available bed tracking and reporting.

2. T&E to assist GRANTEE facility staff with skill development related to the use of communication equipment and protocols, including internal and external emergency communication systems (primary and redundant), information exchange protocols and regulations for transfer of health information, and other communication methods as needed.
- iv. Medical Surge
1. T&E for GRANTEE facility staff to assist with the development of a common understanding of critical operations between the GRANTEE facility and emergency medical services (EMS) operations.
 2. T&E for GRANTEE facility staff with skill development related to local EMS chemical, biological, radiological, nuclear, and explosive (CBRNE) protocols and plans. T&E should focus on development of a common understanding of critical CBRNE operations between GRANTEE facility and EMS.
 3. T&E for GRANTEE facility staff to maximize medical surge competency. This T&E must be based on existing need and determined by the defined role of the GRANTEE facility in community response plans. This T&E may include training to enhance GRANTEE facility worker capability to care for specialty patients not normally encountered (burn, pediatric, trauma) and/or training to care for the unique injuries and illnesses expected in populations impacted by a disaster.
 4. T&E for GRANTEE facility staff to support skill development related to the use of decontamination equipment and patient decontamination processes.
- v. Responder Safety and Health
1. T&E to support GRANTEE facility staff skill development related to the location, access, requesting procedures, and administration of medication in pharmaceutical cache stockpiles, both for internal GRANTEE facility and community stockpiles. This T&E shall be coordinated with entities responsible for management of stockpiles, including the DEPARTMENT (Strategic National Stockpile and Chempacks).
 2. T&E to support GRANTEE facility staff skill development related to the use of GRANTEE facility and community caches of personal protective equipment, including compliance with Federal or state OSHA guidelines.
- vi. Other
1. **All T&E activities conducted with HPP funds shall be recorded by the GRANTEE and a record of trainings shall be submitted to the DEPARTMENT by June 30, 2013 with the following information: date, name/subject matter of**

training, linked capabilities, number of individuals trained by staffing type, and link to planned exercises, if applicable.

2. The GRANTEE agrees to send a minimum of one GRANTEE facility staff to DEPARTMENT sponsored annual healthcare summit conference event.
 3. The GRANTEE shall coordinate planned T&E events with Regional Coalition partners, with a goal of identifying shared training needs. Conducting joint or shared training events with Regional partners can result in cost savings and efficiencies in the use of awarded funds.
 4. The GRANTEE may use awarded funds for T&E to support costs of reasonable program purposes, including planning and facilitation personnel, staff time to attend T&E, travel, supplies, contractual services, and consultant services.
- vii. Limitations
1. Backfilling costs of staff to cover other staff attendance at training or exercises are not allowed expenses by the GRANTEE. Backfill cost is defined as the straight-time salary and benefits and overtime of replacement personnel who perform the regular duties of other personnel while they are engaged in HPP funded training or exercise events, or responding to actual emergencies.

3. Exercise Participation

- a. Exercise planning, coordination, and activity expenditures by the GRANTEE must be linked to the testing of current HPP cooperative agreement capabilities. Preparedness is achieved by the GRANTEE through a continuous cycle of planning, organizing and equipping, training, exercises, evaluation, and corrective action. The GRANTEE must participate in at least one Regional or state-level functional or full-scale exercise during the five-year project period. The DEPARTMENT shall provide additional guidance to the GRANTEE regarding upcoming Regional and state-level exercises.
 - i. Healthcare System Preparedness
 1. The GRANTEE shall participate in coordinated exercise planning both internally, with Regional Coalition partners, and with state-level exercise planners.
 2. If awarded funds are used to support exercise participation by the GRANTEE, then the GRANTEE shall conduct exercises using the Homeland Security Exercise Evaluation Program (HSEEP) guidelines. HSEEP guidelines include the development of a post-exercise After Action Report, Improvement Plan, and integration of findings into subsequent planning cycles.
 3. Exercise events coordinated by the GRANTEE using awarded funds must include horizontal (other healthcare or medical partners) and vertical (emergency management, EMS, state, Federal partners) coordination and participation.

4. The GRANTEE shall participate in a DEPARTMENT process to identify and share best practices and lessons learned through exercise participation.
5. The GRANTEE shall provide training opportunities for GRANTEE facility workers to develop the necessary skill sets for exercise participation.

ii. Other

1. The GRANTEE shall coordinate planned exercises with Regional Coalition partners, with the goal of identifying shared exercise activity and expenditures that can result in cost savings and efficiencies in the use of awarded funds.
2. The GRANTEE may demonstrate the exercising of capabilities through events other than exercises, including planned events, unplanned events, and actual responses.
3. **All exercise activities conducted with HPP funds shall be recorded by the GRANTEE and a record of exercises shall be submitted to the DEPARTMENT by June 30, 2013 using a template provided by the DEPARTMENT.**
4. The GRANTEE may use awarded funds to conduct enhancement and upgrades to emergency operations plans based on exercise evaluation and improvement plans.
5. The GRANTEE may use awarded funds to cover release time for HCO workers to attend exercises. (Note restriction on backfill below). The GRANTEE may also use funds to cover reasonable exercise costs, including personnel, staff time to attend exercises, travel, supplies, contractual services, and consultant services
6. The GRANTEE may use awarded funds to cover costs associated with planning, developing, executing, and evaluation of exercises.

iii. Limitations

1. Backfilling costs of staff to cover other staff attendance at training or exercises are not allowed expenses by the GRANTEE. Backfill cost is defined as the straight-time salary and benefits and overtime of replacement personnel who perform the regular duties of other personnel while they are engaged in HPP funded training or exercise events, or responding to actual emergencies.

4. Travel and Meeting Attendance

- a. The GRANTEE may use awarded funds to cover reasonable costs related to travel to and attendance at training events, educational workshops, exercise events, Regional and state meetings, and other activities directly related to GRANTEE facility capability development and program participation. All travel will follow existing policies of the GRANTEE organization.

5. Additional Funding Restrictions

- a. The GRANTEE may not use funds for fund raising activities or lobbying.

- b. The GRANTEE may not use funds for research.
- c. The GRANTEE may not use funds for construction or major renovations.
- d. The GRANTEE may not use funds for clinical care.
- e. The GRANTEE may not use funds to purchase vehicles.
- f. The GRANTEE may not use funds for reimbursement of pre-award costs.
- g. The GRANTEE may supplement but not supplant existing state or federal funds for project activities.
- h. The GRANTEE in this cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- i. The GRANTEE may not use funds to pay regular salary and/or wages for GRANTEE facility staff.

E. DEPARTMENT Responsibilities

1. The DEPARTMENT shall provide additional programmatic guidance and technical assistance to the GRANTEE to increase GRANTEE understanding of HPP purpose, deliverables, use of funds, and restrictions.
2. The DEPARTMENT shall provide standardized templates and program guides to assist the GRANTEE with completion of deliverables and required reporting.
3. The DEPARTMENT shall conduct a GRANTEE site visit at minimum once during the five year project period. This site visit will include an assessment by the DEPARTMENT of GRANTEE written response plans, equipment, and training records. A site visit report will be furnished by the DEPARTMENT to the GRANTEE.
4. The DEPARTMENT shall represent GRANTEE strengths, challenges, and concerns at state and federal meetings and events.
5. The DEPARTMENT shall record and confirm receipt of grant deliverables by the GRANTEE during Phase I and Phase II. Payment to GRANTEE by the DEPARTMENT will be initiated within 30 days of the receipt and completion of **all** deliverables for Phase I and Phase II.

F. Miscellaneous Provisions

1. This grant agreement may not be modified except by written agreement between the DEPARTMENT and the GRANTEE.
2. The GRANTEE shall maintain records of all disbursements, invoices, contracts, purchase orders, and other documentation related to the expenditure of funds. The GRANTEE must maintain and store the records for a minimum of two years after the end of the budget period. At the request of the DEPARTMENT, the GRANTEE shall make available program documentation relating to the use of HPP funds.
3. Any published products created by the GRANTEE using HPP funds shall include the following citation of the funding source – “Hospital Preparedness Program Grant CFDA #93.889 U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR)” and acknowledge the UDOH-GRANTEE Partnership.