



United States Department of
Health & Human Services

Office of the Secretary
Office of the Assistant Secretary for
Preparedness and Response (ASPR)

Health and Medical Sub-Panel Governor's Secure Commonwealth Initiative

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Timeline of Changes

2002 National Bioterrorism Hospital Preparedness Program (NBHPP)

Administered through HRSA

2002 – 2005 Focus was BT

Critical benchmarks, Sentinel Indicators

Focus was capacity building for healthcare systems

2006 Focus was Capabilities

Personnel

Systems

Plans

Exercises

Scenarios

Pan Flu

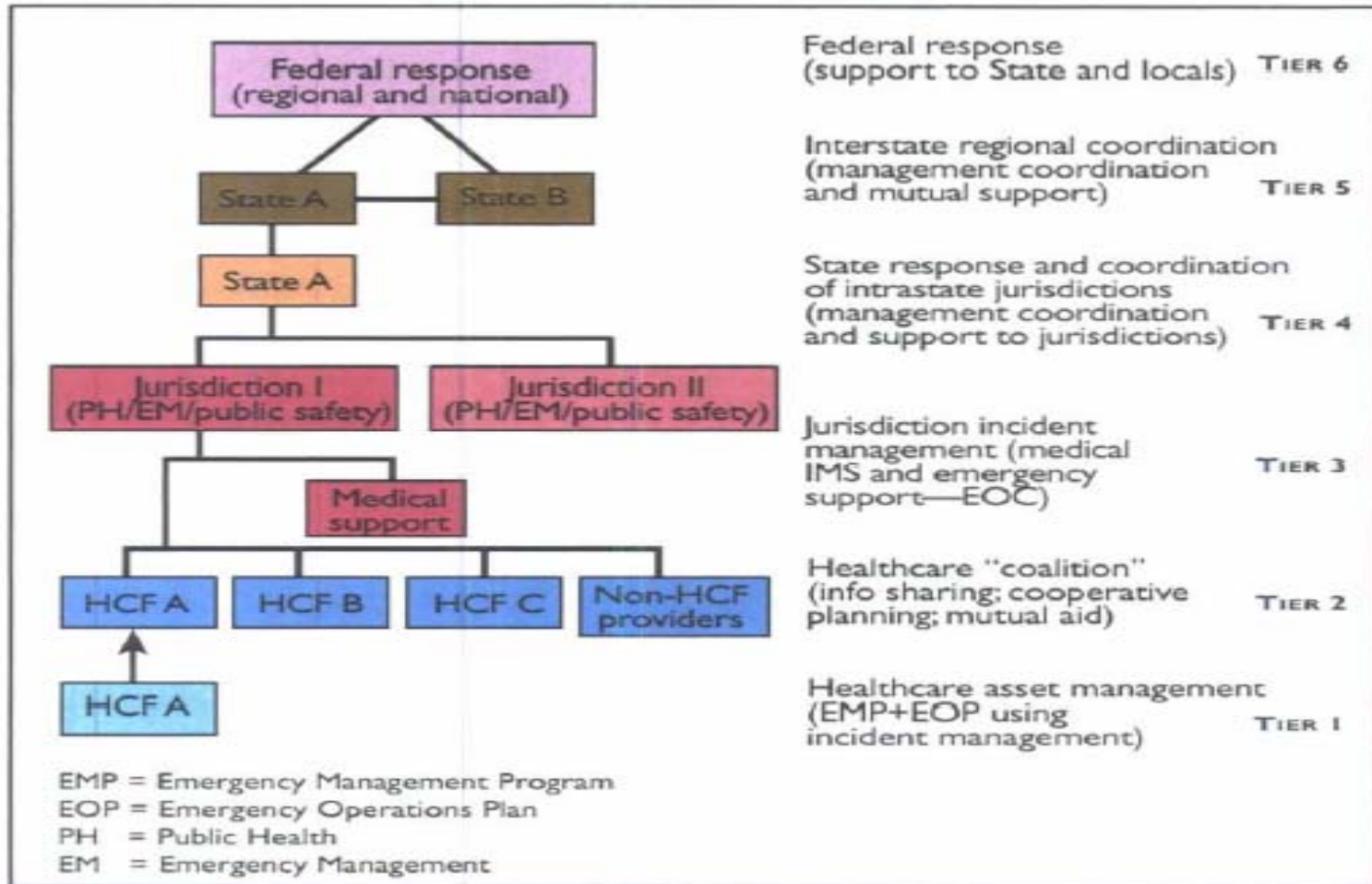
Explosives

Other from HVA

MSCC Tiers of Response (Medical Surge Capacity & Capability Model)

Tiers of Response

Figure I-2. MSCC Management Organization Strategy



Timeline Cnt'd

December 2006

- Pandemic and All Hazards Preparedness Act (PAHPA) passes
- Created Assistant Secretary for Preparedness and Response (ASPR)
- Transferred NDMS
- Transferred the Hospital Preparedness Program (HPP) to ASPR

Focus Pandemic Influenza and All-Hazards

- Allowed Secretary to “carve-out” money for competitive Partnership awards
- Mandated Accountability provisions covering:
 - Maintenance of Funding
 - Matching
 - Withholding of Funds on States that fail to meet Benchmarks and Performance Measures
 - Establish Maximum Carry over amounts

2007 – 4 Programs Announced through ASPR

- HPP - \$415 million (62 awardees)
- Healthcare Facility Partnerships - \$18 million (11 awardees)
- Emergency Care Partnerships - \$25 million (5 awardees)
- Pandemic Influenza Supplemental Funds - (\$75 million, one time, same 62 awardees as HPP)

2007 Hospital Preparedness Program (HPP)

All activities have to be support 5 goals found in PAHAP:

Integration: Insure the integration of public and private medical capabilities with public health and other first responder systems

Medical- Increasing the preparedness, response capabilities, and surge capacity of hospitals, other health care facilities (including mental health facilities), and trauma care and emergency medical service systems, with respect to public health emergencies

At-Risk Individuals- Being cognizant of and prepared for the medical needs of at-risk individuals in their community in the event of a public health emergency.

Coordination- Minimizing duplication of, and ensuring coordination between, Federal, State, local, and tribal planning, preparedness, response and recovery activities

Continuity of Operations - Maintaining vital public health and medical services to allow for optimal Federal, State, local, and tribal operations in the event of a public health emergency

2007 HPP Foci

All proposed activities must consider:

- NIMS Compliance

- Education and Training Requirements

- Needs of At-risk Individuals

- Exercises

 - Encouraging adherence to HSEEP principles

Mandated activities:

- Bed tracking

- Interoperable Communications

- Fatality Management Plans

- Evacuation Plans

- ESAR VHP

FY 08 Directions and Enhancements

Added back in clarifying language around majority of funds being directed to hospitals including Children's facilities, EMS, Poison Control Centers (PCC), Community Health Centers (CHC), long-term care facilities and others

All activities and capabilities map to the 5 PAHPA Goals

Integration

Medical

At-risk Individuals ([Expanded definition of At-risk incorporated](#))

Coordination

Continuity of Operations

Overarching Requirements and [ASPR Expectations](#)

NIMS

Education and Preparedness Training

Exercises, Evaluation and Corrective Action

Need of At-Risk Populations

FY 08 Directions and Enhancements

Tiered Capabilities and [ASPR Expectations](#)

Level 1 Sub-capabilities

Interoperable Communications ([Language added on participation in FCC programs](#))

Fatality Management Planning

Medical Evacuation / Shelter in Place Planning ([Language added on Shelter-in-place activities](#))

Bed Tracking System

ESAR VHP

[Partnership/Coalition Building](#) (moved up to Level 1 this year)

Level 2 Sub-capabilities

Mobile Medical Assets

Pharmaceutical Caches

PPE

Decontamination

Alternate Care Site Planning

Additional Considerations

MRC

CIP

FY 08 Directions and Enhancements

Award Amount = \$398,095,000 (FY 2007 = \$415,032,000) (↓ \$16,937,000)

Budget and Project Period = August 9, 2008 – August 10, 2008

State Matching

heavy lean forward language alerting to the implementation in FY 2009

Still much work to be done during the FY 2008 cycle to define this further and give more concrete guidance to awardees on actual implementation

Sample table of match requirement based on FY 2008 award will be included

Maintenance of Funding – definition of Healthcare Preparedness added

Performance Measurement

Measures and associated data elements will be collected with mid-year and end-of-year reports

The percent of participating hospitals that can report available beds, according to HAvBED definitions, to the State EOC within 60 minutes of a State request

The percent of State EOCs that can report available beds, for at least 75% of participating hospitals, according to HAvBED definitions, to the HHS SOC with 4 hours of a request, during an incident or exercise.

The percent of participating hospitals that have demonstrated dedicated, redundant communications capability during an exercise or incident, as evidenced by exercise evaluations or after action reports

The percent of participating hospitals that have demonstrated two-way communications capability with the Incident Command and Tier 2 partners during an exercise or incident, as evidenced by exercise evaluations or after action reports

The percent of States able to query the system to generate a list of potential volunteer health professionals to contact, by discipline and credential level, within 2 hours of a request being issued by a requesting body or HHS SOC.

The percent of States that can compile an initial list of willing volunteer health professionals, by discipline and credential level, within 12 hours of a request being issued by a requesting body or HHS SOC.

The percent of States that can report a verified list of available volunteer health professionals, by discipline and credential level, within 24 hours of a request being issued by a requesting body or HHS SOC

The Grantee has developed a plan to address Fatality Management

The Grantee has developed a plan to address Mass Evacuation.

The Grantee has submitted timely and complete data for the midyear report, the end-of-year report, and the final FSR.

QUESTIONS

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QUESTIONS

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QUESTIONS

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