Program Element # 72: Hospital Preparedness Program

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/Health Security, Preparedness & Response/ Hospital Preparedness Program

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver technical assistance and administrative program assistance in the research, design, implementation, monitoring, and evaluation of programs, projects, contracts or grants in the Hospital Preparedness Program (HPP) Region 1 (HPR1) regarding HPP response.

Critical work activities include maintaining ongoing situational awareness, responding to requests for information, assisting with fulfilling hospital resource orders, and tracking reporting/data requirements. The Health Preparedness Region (HPR) is a geographic unit for surge capacity planning for a public health or medical emergency. There are seven HPRs in Oregon.

HPR1 is comprised of Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington counties. HPR1 collaborates with and serves informally as a partner to the SW Washington Hospital Preparedness Region (SWWA-HPR). OHA retains the right to change HPR boundaries with advance written notice of 30 days.

All changes to this Program Element are effective the first day of the month noted in Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to HPP.

a. Administration for Strategic Preparedness and Response (ASPR): The Administration for Strategic Preparedness and Response was created under the Pandemic and All Hazards Preparedness Act in the wake of Hurricane Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.

b. Health Care Preparedness and Response Capabilities: A national set of standards, created by ASPR, for public health preparedness capability-based planning that will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining response capabilities (see Attachment 1).

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program	Foundational Capabilities

	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services		Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
				Population Health	Direct services							
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
Health Care Preparedness and Response Capabilities	**X**			**X**	**X**	**X**	**X**	**X**	**X**		**X**	**X**

b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric, Health Outcome Measure:

Not applicable

c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric, Local Public Health Process Measure:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements and referring to the Health Care Preparedness and Response Capabilities:

LPHA must:

a. Plan Development and Updates

- Pediatric Surge Annex
- Radiation Annex due 2023
- Annual updates to the Preparedness and Response Plans
- Incorporating lessons learned from COVID-19 After Action Reviews into existing plans
- Preliminary work (data gathering, document outline) for Chemical Surge Annex due 2024
- Integrated Preparedness Plan development
- Supply Chain Integrity Self-Assessment follow-up

b. <u>Exercises and Tabletops</u>

- Radiation Annex TTX
- Crisis Standards of Care ConOps TTX

- Twice annual communications drills
- Cascadia Rising 2023 exercise
- Partner exercises – participation and/or support

c. <u>Response</u>

- All-hazards monitoring: maintaining ongoing situational awareness, responding to requests for information, and sharing critical information with HPO members/partners
- Assisting hospitals and health systems with resource request processing and fulfillment
- Situation reporting
- Meeting coordination and support

d. <u>Other Work</u>

- RDPO Equity Subcommittee member
- Regional PIO Workgroup member
- RDPO Disaster Messaging Workgroup member
- Supporting statewide Northwest Neonatal Improvement Priority Alliance (NWIPA)
- Regional Health Medical Multi-Agency Coordination Group (RMACG) facilitator

5. Non-Supplantation.

Funds provided under this Agreement for this Program Element must not be used to supplant state, local, other non-federal, or other federal funds.

6. Audit Requirements.

In accordance with federal guidance, LPHA must audit its expenditures of HPP funding not less than once every two years. Such audits will be conducted by an entity independent of LPHA and in accordance with the federal Office of Management and Budget under Title 2, CFR Part 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. Audit reports will be sent to the OHA, who will provide them to the OHA HPP. Failure to conduct an audit or expenditures made not in accordance with the HPP Program guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.

7. General Revenue and Expense Reporting.

LPHA must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

8. Reporting Requirements.

Not applicable

9. Performance Measures.

Not applicable

Attachment 1

Summary of Capabilities:

The four Health Care Preparedness and Response Capabilities from the Office of the Assistant Secretary for Preparedness and Response along with the respective Objectives and Activities for the Capabilities are detailed at the following website: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf.

The four capabilities are summarized below.

Capability	Capability Goal
Foundation for Health Care and Medical Readiness	The community's health care organizations and other stakeholders—coordinated through a sustainable Health Care Coalition (HCC)—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
Health Care and Medical Response Coordination	Health care organizations, the HCC, their jurisdiction(s), and the Emergency Support Function (ESF-8) lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
Continuity of Health Care Service Delivery	Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well- educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
Medical Surge	Health care organizations—including hospitals, Emergency Medical Service (EMS), and out-of- hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.