

Regional Ebola and Other Special Pathogen Treatment Center COVID-19 Preparedness and Response Activities Administrative Supplement

Performance Measures

U.S. Department of Health and Human Services
Administration for Strategic Preparedness and
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Intent of Evaluation and Performance Measurement for the Regional Ebola and Other Special Pathogen Treatment Center (RESPTC) COVID-19 Preparedness and Response Activities Administrative Supplement

The Administration for Strategic Preparedness and Response (ASPR) awarded supplemental funding to the 10 recipients of the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities Cooperative Agreement (CFDA #93.817) Part B in response to the COVID-19 pandemic. This emergency supplemental funding supported the launch of the National Special Pathogen System (NSPS), which builds on the Ebola-specific treatment network to create a nationwide network for special pathogen response leveraging a regional “hub-and-spoke” model. As regional hubs for special pathogen readiness, RESPTCs play a critical role in this nationwide network. The purpose of the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement* is to support RESPTCs in the implementation of activities that increase the capability of health care systems to safely and effectively manage individuals with suspected and confirmed COVID-19.

The purpose of the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement Performance Measures* is to demonstrate the use of funding and the outcomes achieved as a result of this funding supplement. The measures will also provide information to identify challenges and successes of activities funded. Consistent with the full scope of applicable grant regulations (45 CFR Part 75) and the purpose of this award, the recipients and sub-recipients shall provide ASPR with access to data pertinent to the award in the form of reported results for the enclosed performance measures. This funding is likely to generate positive secondary and tertiary effects for the entire health care system and to advance capabilities to respond to outbreaks of other special pathogens. As such, these measures could be used to evaluate response to outbreaks of other special pathogens, especially highly infectious pathogens.

The remainder of this document describes the performance measures ASPR will use to understand the programmatic effectiveness of the funding distributed through the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement*. Where measures require RESPTCs to provide information about ‘ASPR-funded’ activities, the activities include those 1) fully funded by this administrative supplement; 2) partially funded by this administrative supplement and by the RESPTC; and 3) supported by allowable staff positions fully- or partially-funded by this administrative supplement. Activities and supplies/materials funded by the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement* include those that have been or will be retroactively compensated.¹

All performance measures will be submitted by recipients to HHS ASPR within the data collection period occurring after the end of the performance period. Performance measures

¹ Recipients may use a portion of the funding to retroactively compensate Regional Ebola and Other Special Pathogen Treatment Centers for any of the activities described in the notice of award that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must have requested retroactive compensation at the time of the budget submission.

will include 1) required quantitative measures to measure funding use and effectiveness, and 2) optional qualitative questions which will identify opportunities, needs, and challenges for RESPTCs, as well as inform future funding opportunities.

Evaluation and Performance Measures

1.0 Funding Use Questions

Operational Intent: *These questions will be asked of each funded recipient and sub-recipient to determine which performance measures they should respond to. Recipients and sub-recipients will only be asked to provide data for those performance measures that correspond to the outcomes and activities for which they used RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funds.*

1.1 Estimated Funding by Target Outcomes²

*RESPTCs are to select the target outcomes (one or more) that the RESPTC directly used funding from the **RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement**. For each target outcome for which the RESPTC used funding from this COVID-19-specific administrative supplement, indicate the estimated number of funding dollars used for the associated outcome. Please leave all other sections blank. Responses to this question are only used to determine which performance measures will be reported by the sub-recipient and do not replace other financial reporting requirements outlined in 45 CFR 75.*

<i>PM 3: Estimated RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding by Target Outcome</i>	
Target Outcome	Estimated number of dollars of RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding used for associated activities:
Continue to address preparedness and readiness gaps for RESPTCs and other health care facilities by making improvements in the following areas: <ul style="list-style-type: none"> • With attention to supply chain shortages, maintain appropriate stores and types of personal protective equipment (PPE), in accordance with CDC guidelines • Provide clinical recommendations, protocols, and standards of care for treating patients, including experimental protocols and crisis standards of care • Implement operational guidance and share promising practices for health care worker safety, including developing training opportunities for staff members outside of the immediate COVID-19 team to improve 	

² PMs 1 and 2 were previously collected by the National Healthcare Preparedness Programs (NHPP) Branch for FY20; these PMs have since been retired.

PM 3: Estimated RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding by Target Outcome

Target Outcome	Estimated number of dollars of RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding used for associated activities:
<p>infection control measures, including PPE donning and doffing techniques</p> <ul style="list-style-type: none"> • Plan for coordinating in a medical surge event, including how to screen patients for symptoms, rapidly isolate patients, provide PPE, and provide interfacility transport, if necessary • Transition ambulatory surgery centers to inpatient care (especially if they have vents or anesthesia equipment and monitors in post-anesthesia care units) for higher acuity patients • Identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity • Improve the transport of laboratory specimens to testing laboratories • Further develop plans for the segregation, storage, and processing of biohazardous waste • Improve recruitment and retention of special pathogen trained staff with specialties that may be needed in COVID-19 and future special pathogen responses, including pediatrics, geriatrics, pulmonologists, and intensivists • Develop specific plans for at-risk populations³ • Increase the capacity for all regional treatment centers to conduct clinical trials for medical countermeasures and research the spread and transmission of COVID-19 and other special pathogens • Expand travel history and symptom screening processes to points of entry other than/in addition to emergency department triage and registration areas 	

³ The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines at-risk individuals as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these individuals **may include but are not limited to** individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency. More can be found here: <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>.

PM 3: Estimated RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding by Target Outcome

Target Outcome	Estimated number of dollars of RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding used for associated activities:
Maintain the regional treatment center’s continued capability and capacity for COVID-19 care.	
Continue to use novel approaches for education, readiness, and assessment activities to support COVID-19 response, including expanding the use of media, augmented reality/virtual reality, and technology to enhance training for staff and providing National Emerging Special Pathogens Training and Education Center (NETEC) training and materials to health care facilities throughout the region (acting in a ‘train the trainer’ capacity)	
Support continued planning, development, and implementation of a national system for special pathogen patient care, including engaging state and jurisdiction special pathogen treatment centers and other health care facilities (including but not limited to settings such as nursing homes, residential care facilities, EMS, and 911 call centers). This network may be informed by and modeled using the lessons learned from already established trauma, stroke, or burn specialty networks	
Support NETEC in their activities as a ‘force amplifier’ in the region	
Collect RESPTC evaluation and performance measures for COVID-19, in addition to receiving peer assessments using metrics developed by the National Emerging Special Pathogens Training and Education Center (NETEC)	
Conduct supplemental training for health care facility workers and awareness trainings to health care entities outside the acute health care system ⁴ on COVID-19 patient identification, assessment, and treatment	
Develop and implement a 24-hour hotline and other resources (e.g., telemedicine, use of alternative care sites, etc.) to support clinical consultation and technical assistance for COVID-19	

⁴ Examples of health care entities outside the acute care system include facilities and organizations such as home health agencies, residential placement facilities, behavioral health facilities, outpatient care facilities (e.g., specialty practices), long-term care facilities, and other health care organizations that do not provide acute care services.

<i>PM 3: Estimated RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding by Target Outcome</i>	
Target Outcome	Estimated number of dollars of RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement funding used for associated activities:
Ensure a physician is in the state or jurisdiction emergency operations center full time ⁵ to manage patient facility assignments (right bed for the right patient) within their state or jurisdiction so that EMS and hospitals do not need to transfer patients; for example, participating in or establishing a Medical Operations Coordinating Cell (MOCC)	

2.0 Readiness and Preparedness Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcome:*

- *Continue to address preparedness and readiness gaps for RESPTCs and other health care facilities*

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 4: Percent of RESPTCs implementing activities to address readiness and preparedness gaps in RESPTCs and other health care facilities (disaggregated by activity)	Which of the following readiness and preparedness activities did your RESPTC implement using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply) <ul style="list-style-type: none"> • Implement operational guidance and share promising practices for health care worker safety, including developing training opportunities for staff members outside of the immediate COVID-19 team to improve infection control measures, including PPE donning and doffing 	RESPTC	Number of RESPTCs implementing activities to address readiness and preparedness gaps / Total number of RESPTCs

⁵ In this context, the National Healthcare Preparedness Programs (NHPP) Branch defines a full-time physician as a physician that is dedicated and assigned to support the jurisdictional emergency operations center (EOC) with patient load-balancing coordination. This EOC physician should have insight into available resources at hospitals and other health care facilities.

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
	<p>techniques</p> <ul style="list-style-type: none"> • Increase the capacity for your RESPTC to conduct clinical trials for medical countermeasures and research the spread and transmission of COVID-19 • Improve recruitment and retention of special pathogen trained staff with specialties that may be needed in COVID-19 response, including pediatrics, geriatrics, pulmonologists, and intensivists • Improve the transport of laboratory specimens to testing laboratories • Further develop plans for the segregation, storage, and processing of biohazardous waste • Expand travel history and symptom screening processes to points of entry other than/in addition to emergency department triage and registration areas • With attention to supply chain shortages, maintain appropriate stores and types of PPE, in accordance with CDC guidelines • Provide clinical recommendations, protocols, and standards of care for treating patients, including experimental protocols and crisis standards of care • Plan for coordinating in a medical surge event, including how to screen patients for symptoms, rapidly isolate patients, provide PPE, and 		

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
	<p>provide interfacility transport, if necessary</p> <ul style="list-style-type: none"> • Transition ambulatory surgery centers to inpatient care for higher acuity patients • Identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity • Develop specific plans for at-risk populations⁶, focusing on at-risk populations with increased morbidity and mortality from COVID-19 • Other activities to address COVID-19 readiness and preparedness gaps (please briefly describe – 500-character response length) 		
PM 5: Percent of RESPTCs implementing specific plans for at-risk populations (disaggregated by population group)	<p>Did your RESPTC implement specific plans for at-risk populations, such as individuals experiencing homelessness, older adults, individuals with chronic conditions, undocumented individuals, children, pregnant women, racial and ethnic minorities, and individuals with disabilities, focusing on populations with increased morbidity and mortality from COVID-19 using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds?</p> <ul style="list-style-type: none"> • Yes 	RESPTC	Number of RESPTCs responding ‘Yes’ to this measure / Number of RESPTCs selecting ‘Develop specific plans for at-risk populations’ in PM 4

⁶ The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines at-risk individuals as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these populations **may include but are not limited to** individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency. More can be found here: <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>.

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
	<ul style="list-style-type: none"> • No <p>If responding ‘Yes’ to the above question, please indicate the at-risk populations for which your RESPTC implemented specific COVID-19 plans. (Select all that apply)</p> <ul style="list-style-type: none"> • Individuals experiencing homelessness • Older adults • Individuals with chronic conditions • Undocumented individuals • Children • Pregnant women • Racial and ethnic minorities • Individuals with disabilities • Other (free response – 500-character response length) 		

3.0 Capability and Capacity Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcome:*

- *Maintain regional treatment center’s continued capability and capacity for COVID-19 care*

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
PM 6: Percent of RESPTCs implementing activities to maintain continued capability and capacity for special pathogen care	<p>Please briefly describe how your RESPTC used <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds to maintain continued capability and capacity for COVID-19 care.</p> <ul style="list-style-type: none"> • (Free response – 500-character response length) 	RESPTC	Number of RESPTCs implementing activities to maintain continued capability and capacity for COVID-19 care / Total number of RESPTCs
PM 7: Percent of RESPTCs implementing a 24-hour hotline or other	Did your RESPTC use <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds to develop and implement a new 24-hour	RESPTC	Number of RESPTCs implementing a 24-hour hotline

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
resources (e.g., telemedicine, use of alternative care sites, etc.) to support clinical consultation and technical assistance for COVID-19	<p>hotline or other resources (e.g., telemedicine, use of alternative care sites, etc.) to support clinical consultation and technical assistance for COVID-19? Please indicate the ways that your RESPTC used funding for this outcome. (Select all that apply)</p> <ul style="list-style-type: none"> • Establish a new 24-hour hotline • Maintain or expand an existing 24-hour hotline • Implemented other resources to support clinical consultation and technical assistance (free response – 500-character response length) 		or other resource / Total number of RESPTCs

4.0 Training Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcomes:*

- *Conduct supplemental training for health care facility workers and awareness trainings to health care entities outside the acute health care system on COVID-19 patient identification, assessment, and treatment*
- *Continue to use novel approaches for education, readiness, and assessment activities to support COVID-19 response, including expanding the use of media, augmented reality/virtual reality, and technology to enhance training for staff and providing NETEC training and materials to health care facilities throughout the region (acting in a ‘train the trainer’ capacity)*

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 8: Percent of RESPTCs providing new or adapted training resources to health care facility workers on COVID-19	<p>On which of the following topics did your RESPTC provide new or adapted COVID-19 specific trainings or resources for health care facility workers using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply)</p> <ul style="list-style-type: none"> • PPE optimization protocols, extended use, and reuse • PPE donning and doffing procedures (e.g., universal masking etiquette) • Environmental cleaning and waste management 	RESPTC	Number of RESPTCs providing new or adapted training to health care facility workers / Total number of RESPTCs

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
	<ul style="list-style-type: none"> • Transmission-based precautions • Hand hygiene • Infection control protocols for labs and transportation routes/equipment • Safe treatment protocols • Assessment, transport, and treatment of COVID-19 suspected or confirmed patients • In-take protocols • Rapid identification and isolation of a Person Under Investigation (PUI) • Prioritization of clinical interventions, including therapeutics • 911/Public Safety Answering Point (PSAP) routing of patients to appropriate care settings • Participating in post-mortem preparation of patient remains • Emergency evacuation of patient while maintaining isolation (fire, etc.) • Obtaining testing specimens • Cleaning and reprocessing patient care and/or diagnostic equipment • Information sharing, reporting, and coordination • Other (free response – 500-character response length) 		
PM 9: Number of health care facility workers participating in COVID-19 related training or exercises supported by RESPTCs	How many health care facility workers did your RESPTC provide training to ⁷ using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds?	RESPTC	Number of health care facility workers trained by each RESPTC
PM 10: Types of health care entities engaged outside the acute health care system for	Which of the following types of health care entities outside the acute health care system did you engage in awareness trainings on COVID-	RESPTC	Number of RESPTCs that provided training to

⁷ Training participants may include health care workers employed outside of the RESPTC.

<i>Required Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
awareness trainings on COVID-19 patient identification, assessment, and treatment	<p>19 patient identification, assessment, and treatment using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply)</p> <ul style="list-style-type: none"> • Home health agencies • Residential placement facilities • Behavioral health facilities • Federally Qualified Health Centers (FQHCs) and lookalikes • Rural Health Clinics (RHCs) • Other outpatient care facilities (including specialty practices, beyond those listed above) • Skilled Nursing Facilities (SNFs) • Hospice care facilities • Other long-term care facilities (beyond those listed above) • Other (free response – 500-character response length) 		each listed entity type
PM 11: Number of representatives of health care entities outside the acute health care system ⁸ participating in awareness trainings organized by RESPTCs	How many representatives of health care entities outside the acute health care system attended awareness trainings held by your RESPTC using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds?	RESPTC	Number of representatives of health care entities outside the acute health care system trained by each RESPTC
PM 12: Percent of RESPTCs using novel approaches for education, readiness, and assessment activities to support special pathogen preparedness and response	Which of the following novel approaches did your RESPTC implement for COVID-19 education, readiness, and assessment activities using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply)	RESPTC	Number of RESPTCs using novel approaches for education, readiness, and assessment activities /

⁸ Examples of health care entities outside the acute care system include facilities and organizations such as home health agencies, residential placement facilities, behavioral health facilities, outpatient care facilities (e.g., specialty practices), long-term care facilities, and other health care organizations that do not provide acute care services.

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
	<ul style="list-style-type: none"> Expanding the use of media, augmented reality/virtual reality, and technology to enhance training for staff Providing NETEC training and materials to health care facilities throughout the region (acting in a ‘train the trainer’ capacity) Other (free response – 500-character response length) 		Total number of RESPTCs

5.0 PPE Procurement and Optimization Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcome:*

- With attention to supply chain shortages, maintain appropriate stores and types of personal protective equipment (PPE), in accordance with CDC guidelines*

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 13: Percent of RESPTCs that increased health care supplies (disaggregated by PPE type)	<p>Which of the following types of supplies did your RESPTC procure with <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply)</p> <ul style="list-style-type: none"> Eye protection (e.g., goggles) Gowns Gloves Face masks or face shields (non-respirator type) N95 respirators Reusable facepiece respirators Other (free response – 500-character response length) 	RESPTC	Number of RESPTCs that increased health care supplies / Total number of RESPTCs
PM 14: Percent of RESPTCs instituting PPE optimization strategies	<p>Did your RESPTC utilize <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds to institute PPE optimization strategies according to CDC guidelines?⁹</p> <ul style="list-style-type: none"> Yes No 	RESPTC	Number of RESPTCs responding ‘Yes’ to this measure / Total number of RESPTCs

⁹ Centers for Disease Control and Prevention. Accessed August 2020. “Optimizing Supply of PPE and Other Equipment during Shortages.” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

6.0 Network Development Measures

Operational Intent: These performance measures examine the activities that have been implemented to achieve the following outcomes:

- Support continued planning, development, and implementation of a national system for special pathogen patient care¹⁰, including engaging state and jurisdiction special pathogen treatment centers; and other health care facilities (including but not limited to settings such as nursing homes, residential care facilities, EMS, and 911 call centers)
- Support NETEC in their activities as a ‘force amplifier’ in their region

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 15: Promising practices developed to support the continued planning, development, and implementation of a national system for special pathogen patient care	What promising practices have you developed to support the continued planning, development, and implementation of a national system for special pathogen patient care using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? What impact did you achieve? (Free response – 750-character response length)	RESPTC	Qualitative description of promising practices and impact achieved
PM 16: Challenges encountered by RESPTCs in the continued planning, development, and implementation of a national system for special pathogen patient care	What specific challenges have you encountered regarding your ability to plan, develop, and implement a national system for special pathogen care using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply) <ul style="list-style-type: none"> • Coordinating and communicating across facilities and partners (free response – 300-character response length) • Incentivizing participation from key stakeholders (free response – 300- 	RESPTC	Number of RESPTCs reporting each challenge Qualitative description of challenges and impact of challenges

¹⁰ Funding for RESPTCs in FY20 built on previous Ebola programming, which specified this activity at the regional level. Due to the COVID-19 pandemic, ASPR sought to evolve the regional system already established through Ebola funding into a National Special Pathogen System (NSPS). In order to capture the true intent of RESPTCs’ role in this system, this document refers to a “national system for special pathogen patient care.” RESPTCs continue to operate regionally within this national system.

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
	<p>character response length)</p> <ul style="list-style-type: none"> • Aligning regional workplans with national NETEC initiatives (free response – 300-character response length) • Other (free response – 600-character response length) <p>Please briefly describe the impact of these challenges (free response – 600-character response length).</p>		
<p>PM 17: Promising practices implemented by RESPTCs to access and use information and resources from NETEC</p>	<p>Which of the following promising practices did your RESPTC employ to access and use NETEC information and resources using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Select all that apply)</p> <ul style="list-style-type: none"> • Utilized NETEC resources to improve operations and clinical outcomes within my RESPTC • Shared NETEC resources with other health care facilities, organizations, and staff • Participated in the provision of technical assistance by NETEC Subject Matter Experts (SMEs) for facilities in my region • Utilized NETEC infrastructure to support capacity and capability to 	<p>RESPTC</p>	<p>Number of RESPTCs implementing each listed promising practice</p>

Required Program Performance Measure	Data Point(s)	Data Entity	Calculation
	participate in emergency clinical research ¹¹ <ul style="list-style-type: none"> Other (free response – 500-character response length) 		
PM 18: Promising practices used that promote coordination and collaboration between RESPTCs and other regional disaster response organizations ¹²	What promising practices did your organization use to collaborate with other regional organizations for disaster response (e.g., Regional Disaster Health Response System demonstration sites, Health Care Coalitions, etc.) using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? What impact did you achieve? (Free response – 750-character response length)	RESPTC	Number of RESPTCs collaborating with other regional organizations Qualitative description of promising practices, partners, and impact achieved

7.0 Evaluation Support Measures

Operational Intent: *These performance measures examine the activities that have been implemented to achieve the following outcome:*

- Collect RESPTC evaluation and performance measures for COVID-19, in addition to receiving peer assessments using metrics developed by NETEC

Program Performance Measure	Data Point(s)	Data Entity	Calculation
PM 19: Percent of RESPTCs receiving readiness consultations using metrics developed by the National Emerging Special Pathogens Training and Education Center (NETEC)	Did your RESPTC receive a readiness consultation from NETEC using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> ? <ul style="list-style-type: none"> Yes No 	RESPTC	Number of RESPTCs that received NETEC readiness consultations / Total number of RESPTCs

¹¹ The Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities Cooperative Agreement (CFDA #93.817) Part B permits the Regional Ebola and Other Special Pathogen Treatment Centers to participate in clinical research, clinical trials, and experimental protocols, if appropriate, but recipients may not use cooperative agreement funds for research.

¹² Note: A similar optional question also appears in performance measures for the *RESPTC FY20 Administrative Supplement*. Please limit this particular response to COVID-19-specific activities and outcomes funded by the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement*.

<i>Program Performance Measure</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
PM 20: RESPTC clinical or operational changes attributed to participation in NETEC readiness consultations	What specific clinical or operational modifications were made by your facility as a result (fully or partially) of your participation in a readiness consultation by NETEC using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement?</i> (Free response)	RESPTC	Number of RESPTCs reporting changes as a result of consultations Qualitative description of changes

8.0 Optional Questions

The questions in this section are optional for RESPTCs. They are exploratory questions to assist ASPR in understanding the challenges faced and leading practices utilized by funded recipients and sub-recipients in building regional special pathogen preparedness and response capabilities. The responses will be used to inform future program design, development of guidance, delivery of technical assistance, and support contextual understanding for reporting to national stakeholders.

<i>Topic Area</i>	<i>Data Point(s)</i>	<i>Data Entity</i>	<i>Calculation</i>
Challenges faced in implementing infection control and triage training programs	What specific challenges have you faced regarding your ability to train health care workers on effective infection control practices and/or triage? Select as many as apply: <ul style="list-style-type: none"> • Staff availability for training due to illness • Staff availability for training due to workload • Limitations in trainer clinical knowledge • Curriculum development • Material limitations to implementation (space, materials, etc.) • Availability of training resources, including space and materials • Other (free response – 500-character response length) 	RESPTC	Number of RESPTCs reporting each listed challenge

Topic Area	Data Point(s)	Data Entity	Calculation
Clinical or operational modifications or enhancements attributed to infection control and triage trainings	What specific clinical or operational modifications or enhancements were made by your facility as a result (full or partial) of training in infection control and triage supported by <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? (Free response)	RESPTC	Number of RESPTCs reporting changes as a result of trainings Qualitative description of changes
Promising practices in procuring needed supplies and equipment	What promising practices have you developed to procure needed supplies and equipment using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? What impact did you achieve? (Free response)	RESPTC	Qualitative description of promising practices and impact achieved
Challenges in addressing preparedness and readiness gaps for RESPTCs and other health care facilities	What specific challenges have had in addressing preparedness and readiness gaps for RESPTCs and other health care facilities within your region using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? What were the impacts of these challenges? (Free response)	RESPTC	Number of RESPTCs reporting challenges Qualitative description of challenges and impact of challenges
Promising practices in addressing preparedness and readiness gaps for RESPTCs and other health care facilities	What promising practices have you developed to address preparedness and readiness gaps for your RESPTC and other health care facilities within your region using <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> funds? What impact did you achieve? (Free response)	RESPTC	Qualitative description of promising practices and impact achieved

Topic Area	Data Point(s)	Data Entity	Calculation
RESPTC participation in disseminating clinical recommendations, protocols, and standards of care for treating patients	<p>If selecting ‘Provide clinical recommendations, protocols, and standards of care for treating patients, including experimental protocols and crisis standards of care’ in PM 4:</p> <p>Please briefly describe the processes that that your RESPTC participated in to disseminate clinical recommendations, protocols, and standards of care for treating patients within your jurisdiction (e.g., experimental protocols, crisis standards of care). (Free response – 500-character response length)</p>	RESPTC	<p>Number of RESPTCs participating in dissemination activities</p> <p>Qualitative description of processes</p>
Recipient participation in program activities ¹³	<p>With the 10% of funding retained by your organization, did you (the recipient) participate in any of the activities allowable under the <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i>? If yes, please briefly describe them. (Free response – 500-character response length)</p>	Recipient	<p>Number of recipients directly supporting program outcomes</p> <p>Qualitative description of activities</p>

¹³ Note: Similar optional questions also appear in performance measures for the *RESPTC FY20 Administrative Supplement*. Please limit this particular response to COVID-19-specific activities and outcomes funded by the *RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement*.

Annex A: Acronyms and Glossary of Terms

Acronym	Definition
At-Risk Individuals	At-risk individuals include children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these individuals may include but are not limited to individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency ¹⁴
ASPR	Administration for Strategic Preparedness and Response
ASPR-funded	An activity is considered ASPR-funded if it is: 1) fully funded by the <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> ; 2) partially funded by this administrative supplement and by the facility or other health care entity; or 3) supported by allowable staff positions fully- or partially-funded by this administrative supplement
Data Entity	The source organization providing a particular Data Point
Data Point	Individual data element reported by a recipient or sub-recipient used to calculate or assess the Program Performance Measure
EOC	Emergency Operations Center
Facility	In the context of this administrative supplement, this term applies to RESPTCs, defined below as ‘sub-recipient’
Health Care Worker	A health care worker is any worker who provides clinical health care services (i.e., doctors, nurses, laboratory technicians, x-ray technicians, EMS, etc.)
HPP	Hospital Preparedness Program
Infection Control	Infection control prevents or limits the spread of infection in health care settings and includes a range of activities such as: <ul style="list-style-type: none"> • training for health care worker safety when caring for a COVID-19 patient (e.g., Personal Protective Equipment (PPE) donning/doffing, safe treatment protocols), • assessing and updating physical infrastructure (e.g., minor retrofitting and alteration of inpatient care areas for enhanced infection control donning/doffing rooms), • reconfiguring patient flow in emergency departments to provide isolation capacity for Persons Under Investigation (PUIs) for COVID-19 and other potentially infectious patients, expansion of telemedicine and telehealth for the purposes of infection control, • purchase of or preservation strategies for PPE optimization in accordance with CDC guidelines, and/or other activities in accordance with CDC guidelines for Transmission-based Precautions¹⁵

¹⁴ Administration for Strategic Preparedness and Response. Accessed July 2022. “At-Risk Individuals.” <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>.

¹⁵ Centers for Disease Control and Prevention. Accessed August 2020. “Transmission-Based Precautions.” <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.

NETEC	National Emerging Special Pathogens Training and Education Center
NHPP	National Healthcare Preparedness Programs
NSPS	National Special Pathogen System, ASPR’s nationwide systems-based network approach that builds on existing infrastructure and investments in preparing for infectious disease outbreaks. NSPS supports the urgent preparedness and response needs of hospitals, health systems, and health care providers related to treating patients with special pathogens
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point
PUI	Persons Under Investigation
Program Performance Measure	The national-level performance measure used by ASPR to monitor and evaluate the performance of recipients and sub-recipients funded through the <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> . Result is typically calculated by ASPR based on Data Points reported by RESPTCs
RESPTC	Regional Ebola and other Special Pathogen Treatment Center
Recipient	For this cooperative agreement, recipients are state and jurisdictional health departments who receive awards from ASPR’s Hospital Preparedness Program through the <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> . Formal definitions of recipients can be found in the Code of Federal Regulations (2 CFR 200.1) ¹⁶
Sub-recipient	Entities, such as RESPTCs, that receive a subaward from a Recipient through the <i>RESPTC COVID-19 Preparedness and Response Activities Administrative Supplement</i> . Formal definitions of sub-recipients can be found in the Code of Federal Regulations (2 CFR—Part 200)
Triage	The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment. During infectious disease outbreaks, triage is particularly important to separate patients likely to be infected with the pathogen of concern. ¹⁷ For the purposes of these measures, activities may include rapid identification and isolation of a patient, approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19, alternative or innovative models to reconfigure patient flow or transition to inpatient care, identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity, training and technical support to EMS agencies and 9-1-1/Public Safety Answering Points on routing patients to the appropriate care setting, evolving protocols related to the dispatch of EMS for COVID-19 suspected patients, creation alternate care sites (e.g., temporary structures, etc.) to provide surge capacity for patient care

¹⁶ “Electronic Code of Federal Regulations.” Updated February 2022. Accessed February 2022. <https://ecfr.federalregister.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-A/subject-group-ECFRfe31f9a12999868/section-200.1>.

¹⁷ Centers for Disease Control and Prevention. Accessed July 2020. “Standard Operating Procedure (SOP) for Triage of Suspected COVID-19 Patients in non-US Healthcare Settings: Early Identification and Prevention of Transmission during Triage.” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>.