

December Hospital Preparedness Program Recipient Webinar Transcript

December 14, 2022

Call Transcript

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Megan Wassef: I will now pass it over to Jennifer Hannah, who will open today's call.

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Jennifer Hannah: Thank you, Megan.

Megan, it looks like we're getting a note here that says there is no audio. If someone can give us maybe a thumbs up, let us know if the audio is working. Just got a note that says audio is good. Thanks, everyone. And thank you, Megan.

So, I am Jennifer Hannah, Director of ASPR's National Health Care Preparedness Programs or NHPP Branch, and before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. Next slide, please. Thank you.

So, first, I will provide a few ASPR health care readiness programs updates followed by a COVID-19 hospital data transition update from Brittany Seiler. Next, Rachel Lehman, the Acting Director of ASPR TRACIE, will share information on recently released resources and activities. Afterwards members of our data team and I will share early data insights from the health care coalition pediatric surge questionnaire. Finally, we will leave some time at the end for questions from the audience. Next slide, please.

As I stated, I'd like to begin today's webinar with a few administrative updates regarding the BP4 requirements. They have not been posted on the Asper website. I am the final reviewer, and I want to ensure the information is accurate, and that in flexibility are noted, although the majority of those flexibilities for BP4 were included within the BP4 continuation application instruction. Once I complete my review, and the Edison comments are adjudicated my team will work with ASPR communication to post the requirements, and of course we will certainly send out a notification to all of you once it is once it is posted. So just want to thank everyone for your continued patience, and of course, if there are any specific questions regarding BP4 requirements please feel free to reach out to your assigned Field Project Officer, and of course, if you have grant management questions, please reach out to the assigned grants management specialist.

As a reminder, the FY2023 BP5 CPG is due in Performs on February the 14th. CAT data is due by January 31st, that's for those health care coalitions, so that you can complete the CPG by February the 14th in Performs.

We anticipate that the FY 2023 BP5 continuation guidance will be released in mid-January, 2023. The continuation guidance will include planning numbers level with the FY 2022 BP4 award amount, that's what will be included within that continuation guide. Once we receive the FY 2023 appropriations, we will finalize the award amounts and will to will ensure that all of the recipients receive those updated numbers.

Finally, regarding Ebola preparedness activities, I will be emailing the HPP recipients a link to a rapid assessment. State or Jurisdiction Designated Special Pathogen Treatment Centers are

requesting that you send the link for the assessment to ASPR-funded Special Pathogen Treatment Centers. Also, you may share the link with any non-ASPR-funded Special Pathogen Treatment Centers. The rapid assessment was developed by ASPR and the National Emerging Special Pathogens Training and Education Center, or NETEC, to capture specific information related to the responding facilities, current capacity, and capability to manage and care for patients with Ebola virus disease, or Sudan virus disease. This information will be used by ASPR and NETEC to assess SPTC readiness to manage patients with EVD or SVD across the SPTC and prioritize the development of resources and tools to mitigate the gaps identified in the national readiness. Of course, we are hoping that we will not have a have a domestic case of EVD/SVD, but I think it certainly pays for us to ensure that we are prepared. So do look for that email coming out for me this this week and we'll set a timeline, of course, for those Special Pathogen Treatment Centers to complete with that.

So, with that, that concludes the updates for the ASPR health care readiness updates, I will now pass it over to Brittany Siler for a COVID-19 data transition update – Brittney.

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Brittney Seiler: Thank you so much, Jennifer, and good morning, or good afternoon, everyone. I just wanted to make sure that we provided this update and this forum as well, this is not a new update, and many of you have likely heard it or seen it from me in email. But starting tomorrow December 15th will be the first day hospitals and jurisdictions are reporting the COVID-19 hospital data into the CDC-NHSN system. This is a change from the teletracking system that has been used for the past two years to collect the COVID-19 hospital data and that's the overarching hospital data that I'll provide a link for in the chat for anyone that's not tracking on that particular data collection.

We announced this transition back in August, but we're trying to make sure that we provide reminders in as many forums as possible related to the transition to ensure that everyone is tracking on it and is in a good place for it. We've seen right now that there's about 4,400 hospitals nationwide that have already tested their data within NHSN out of about 5,300 or 6,000, so just wanted to provide an additional reminder here if you are tracking on the COVID-19 hospital data. So please ensure and talk to either your recipients or your partners, or otherwise and make sure that they're aware of the COVID-19 data transitioning over. There are no other significant changes with the transition except for the data collection system. There are no changes to the questions or to the validation rules or to anything else, the only very minor change is that one of the data fields being collected is tied to the NHSN system that will be needed for an Org ID. But other than that, there are no changes, so again just wanted to say, thank you. If you have any questions related to the transition, I'll also post the transition website in the chat, and you're also welcome to send any questions that you have to nhsn@cdc.gov and I'll also be on the line throughout the call.

Thank you all so much, and I'll turn it over, and Jennifer back to you.

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Jennifer Hannah: Thank you, Brittney. I have to comm in Brittney for all the work that she's been doing with regarding this this effort. She's been a real soldier for this, and a real advocate for all of the advocates as well as the hospital. So, thank you Brittany.

So, we'll now have our next presentation from Rachel Lehman, as I said, who is the Acting Director of ASPR TRACIE. Rachel-

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Rachel Lehman: Thank you, Jennifer and before I begin the update, I just wanted to know that it was a pleasure meeting many of you at the National Health Care Coalition Preparedness Conference earlier this month. I hope you are able to attend the ASPR TRACIE sessions, one of which focused on the DASH Tool and the other on mock strategies. And as always, if you have any questions, please do not hesitate to reach out to our assistance center. Next slide.

So, this slide highlights select newly released ASPR TRACIE resources. First, we have the Disaster Available Supplies and Hospitals Tool, or the DASH Tool, which was released in August and developed in collaboration with Health Care Ready, The Health Industry Distributors Association, The Region 7 Staff for Health Response Ecosystem, and many other SMEs. It is intended to help hospitals understand what supplies they need to have on hand for the majority of incidents that may occur in their area. Using this tool emergency planners and supply chain staff can estimate products that may need to be immediately available on site at the hospital during the various mass casualty incidents, and infectious disease emergencies. The DASH Tool has four modules, pharmaceuticals, burn, trauma, and personal protective equipment. The modules are designed to be complementary to brand kind of the duplication of supply estimates. and well each module can be completed on its own we do encourage users to complete the hospital, pharmacy, burn and, trauma supply modules to generate a full list of supplies they need for a mass casualty incident. And as the Sudan Ebola virus outbreaks continues, and Uganda, hospitals may use the PPE module to estimate which types, and how much PPE would be needed if the symptomatic patients with the relevant travel history or other potential exposure arrives at their hospital. And then to complement the tool and to assist users, we've also created a fact sheet, a really comprehensive FAQ document and a great 20 min demo video where our senior editor, Dr. John Hick, walks through how to use each module and we hope that utilization of the tool can inform discussions between a hospital and a supply chain partners, health systems and health care coalition partners.

Next, we recently released issue 16 of The Exchange which focused on decedent management during disasters and this issue of features 5 articles. This issue features five articles discussing disaster mortuary operation response teams' decedent management in New York City and Michigan during Covid, and fatality management during two very different mass violence incidents: the Robb Elementary School shooting in Uvalde, Texas, a rural area, and the Route 91 Harvest Festival shooting in Las Vegas, which happened in 2017. All these articles are both incredibly informative and really quite touching, so I highly recommend you check out issue 16 of the exchange.

We have also developed a chemical emergency consideration for health care facilities, checklists to complements our health care coalition chemical surge planning template and exercise toolkit. We continue to update and add resources to our Mpox resource page and we recently consolidated our avian influenza resources into a quick facts document and kind of additionally, and related to this, our influenza epidemic and pandemic topic collection now features an avian influenza section within it. And then finally, I know many of you are still struggling of the pediatric surge of respiratory illnesses, so we've developed a pediatric surge resources page in collaboration with inter- and intra-agency partners and our subject matter

experts. And we've also released three related tip sheets on hospital strain mitigation strategies, considerations for improving hospital pediatric surge, and improving regional pediatric surge. We also have a really great technical system response that provides clinical decision support tools developed by hospitals for the use of high flow nasal canyons in pediatric patients. Next slide.

Okay, so we've also been a very busy refreshing many of our topic collections and resources, some of which can be seen here. Please note that all three of the health care coalition focused collections were recently updated and to coincide with the release of our Exchange on the decedent management. We also updated our fatality management and family reunification and support collections. Then two of our most popular resources have been updated the evaluation of hazard vulnerability assessment tools and the health care system cybersecurity readiness and response considerations documents. And then, finally, we have numerous new speaker series presentations that maybe interest you. And then last month we hosted a webinar in collaboration with our NETEC colleagues, focused on incorporating lessons learned and managing special pathogens. And then coming up later this month, we'll be releasing our updated Partnering With the Health Care Supply Chain During Disaster's Documents, and in January we'll be releasing a new on campus hospital armed assailant planning considerations document, and we're very excited for that.

And as always, please continue to look up for kind of ASPR TRACIE resources in the weekly NHPP newsletters and our monthly Express Newsletter. Next slide. And if there are any questions, I'm happy to answer, but that that is it for ASPR TRACIE.

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Jennifer Hannah: Thank you, Rachel. And then, as if Megan, as stated at the start of the start of the call. If you have any questions, please raise your hand, and either we can take you off from mute, or you can put them in the chat. Our first question was, can these slides be found anywhere, and we will certainly be sharing these slides in our follow-up email with the entire slide deck.

So, I'm not seeing any additional questions at this time for Rachel and ASPR TRACIE, but Rachel will still be on the line. And certainly, if something comes to your mind at the end of our call you can certainly ask that question during the of the general Q&A. But we will continue with our agenda for today. But again, just want to thank Rachel and the entire ASPR TRACIE team for continuing to put together such comprehensive and relevant materials.

So, we will now move on and present some of our early insights from the care coalition pediatric surge questionnaire. Next slide, please.

So, I certainly want to thank everyone for taking the time, especially your health care coalition to complete the hospital preparedness program cooperative agreement, health care coalition, pediatric surge questionnaire. The information that was submitted will be incredibly valuable for ASPR to understand how health care coalitions are responding to the pediatric surge as well as areas for potential support and improvement. And today we will be showing you early insights from the information that was submitted through the questionnaire. As a reminder this questionnaire was sent to health care coalitions last month regarding their pediatric surge response. We will walk through gaps identified by health care coalitions as well as promising practices and lessons learned. We will also share the resource needs that were highlighted.

Before we continue, it is important to underline that these results are preliminary, and do not represent a comprehensive analysis of all questionnaire questions and responses, and ASPR will be conducting a full analysis soon. If you may have seen in the preview of the questions, or if you had an opportunity to look at the questionnaire as well you would have noticed that many of the questions were qualitative or open text responses so it takes a little bit of additional time for our team to work through all of the qualitative responses, but I certainly want to thank everyone for responding and encouraging the health care coalitions to respond. Additionally, it's important to keep in mind that not all health care coalitions responded to the survey, although we did get a relatively good response to the questionnaire. So therefore, this is not a complete picture of all the health care coalition gaps, needs, and promising practices. Occasionally when one representative, or more than one representative from a health care coalition provided a response, and where that's the case for a question you will see that reflected in the notes on the bottom of the slide. Next slide, please.

One of the first questions asked in the pediatric surge questionnaire was, "Has the health care coalition activated its response plan in pediatric surge annex of the 173 unique healthcare coalition responses?" 79% reported that their health care coalition did not activate their response plan and pediatric surge annex. However, most respondents, detailed activities that they were undertaking to respond to the pediatric surge. Examples of those activities included primarily information sharing and maintaining or monitoring situational awareness, but also included the requesting daily bed status or polling bed status, maintaining situational awareness, participating in the ASPR regional pediatric surge town halls...

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Megan Wassef: And thank you everyone for putting your comments in the chat. It looks like, Jennifer lost audio. So, she is reconnecting, which is why you aren't hearing anything right now. So just give us one moment to reconnect.

00:19:52.630 --> 00:20:34.110

Jennifer Hannah: Apologies everyone, for some reason, Zoom keeps dropping the audio today. So, I want to continue with some of the examples of those activities. Also, the health care coalitions were enacting pediatric surge dashboards distributing PPE supplies and equipment, participating in pediatric surge tabletops and etc, just to highlight a few of those examples. On the next slide members from our data team will walk through gaps and shortfalls that health care coalitions were experiencing in responding to the pediatric surge. So next slide, and then I'll turn it over to Lauren and to Aldo. Thank you.

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Lauren Egbert: Thank you very much, Jennifer. When asked what gaps in shortfalls does the health care coalition have in its capability or capacity to respond to pediatric surge, the health care coalitions that reported gaps or shortfalls you can see here most often reported "availability of pediatric staff and staffed beds" to be a challenge. And that was supported by the next most reported gap or shortfall, which had to do with "general availability of staff and of resources." Again, it was mainly in the realm of staffing, that is where most of the comments were.

We also heard concerns that facilities and some of the health care coalition were not developing or were not able to develop their own pediatric capabilities robustly enough, and there were

concerns that facilities sometimes needed to rely on either one or just a few hospitals in their area, or sometimes even needing to depend on transferring pediatric patients outside their HCC boundary, outside their region, or sometimes even outside their state. And those are the kinds of comments that we were hearing when folks were discussing the shortages of pediatric specialists and beds.

The other two items that we saw come up somewhat commonly were coordination and communication, as well as shortages of pediatric supplies and equipment. Another interesting thing to note here is that there were a few comments about behavioral health needs drawing down on pediatric resources. And of course, behavioral health needs in pediatric populations are something that we're seeing on the rise, and therefore it will be very important for us to continue to take note of those issues as you report them. A few respondents also noted that they felt they needed to exercise pediatric surge, or exercise pediatric surge further to really identify what their gaps were. One healthcare coalition, noted that they were able to use the MRSE, the Medical Response and Surge Exercise, to plan for pediatric surge. They were able to incorporate pediatric patients into their MRSE requirement, which was really great to hear. Activities to identify and plan for gaps in preparedness to manage pediatric surge are something that we'd love to encourage health care coalitions to consider, even if right now you're not one of those who are experiencing gaps as a health care coalition. All right, on to the next slide.

All right. Of the 181 submissions to the questionnaire there were 98 healthcare coalition representatives that reported promising practices, lessons learned or successful outcomes in responding to pediatric surge, and "initial additional communications and situational awareness activities" was the category with the most associated responses. There were 43 responses in that topic area. Examples of those types of actions included things like holding daily calls to forecast needs and to facilitate load balancing. Other examples included ensuring folks are aware of the procedures to request assistance, and also collaborating to transfer patients and share supplies. In some instances, health care coalitions were serving as the primary coordination entity for their health care facilities and there were also mentions of cross health care, coalition coordination. Some respondents noted leveraging policies used during COVID-19 related to licensure renewals and processing to quickly fill resource shortages that they were identifying. And for all of those examples above, relationship-building was a very common theme to support all of those activities.

You'll note that the second most common topic area was preparedness activities for pediatric surge, and there were 19 health care coalition responses that touched on that topic. You'll also note that there were quite a few responses that needed to be grouped together into an "other" category. So, we wanted to elaborate on what some of those "other" responses were, and those included disparate answers like centralizing health care coalition PPE caches, supporting equipment for surge and alternate care, leading discussions on enhancing more rural facilities with telephysician support, thereby enabling greater levels of pediatric care. And some hospitals within coalitions are proactively reviewing their alternate care site plans. Alright. Let's talk about the last one that we have here, the last questionnaire prompt that was analyzed for today that we'd like to share with you was related to resource needs. So, we can go to the next slide.

I don't think the responses here will surprise anyone based upon what we've heard previously. We noticed that staffing was the most entered resource topic area with 47 health care coalitions alluding to this topic in some way in their response, and again to no one's surprise, the second highest resource need was related to shortage of pediatric equipment and supplies.

Well, thank you very much, we can go to the next slide. Really appreciate your participation and thank you for your time today. If there are any questions or comments on the information we've presented, we would welcome those thoughts now.

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Jennifer Hannah: Thank you, Lauren, and thank you and the team for it for pulling together those insights very, very quickly. As you can imagine there were volumes and volumes of discrete pieces of information that folks have that have responded. I got a question here, can states be provided the results of the of the survey? Yes, we can certainly provide that to the to the state. Please allow us a little time to kind of clean things up a little bit, and sort through all of our responses so that we can package that appropriately. Then also, we'll be sharing that information with not only our field project officers, but with the other regional staff as well, so they can get a snapshot understanding that this was just kind of a snapshot point in time for this, I mean, I can imagine that there are probably many more activities that have been occurring, as well as, you know, identification of various gaps, and potentially other additional gaps and shortages as well. But certainly, if you have any questions at this time regarding anything that has been presented regarding these insights from the pediatric surge questionnaire, please, you know, submit your question in the chat, or raise your hand, and that will certainly allow you to come up and ask your question live. Well, I'm not seeing any questions at this time, so I think we'll Go ahead and move to the to the next slide, please.

And we thought we were only going to have a few minutes at the top of the hour. It's a survey still open for response. Actually, it is still open, so if you do have a health care coalition that would like to respond it is, it is still open. We did not close it. However, you know what we'll do is we'll also include in our follow up email and indicate that it is still open, but we will probably put it on a timeline or a deadline for closing it so that our data team can start really digging into the data and also developing more comprehensive analysis. But it is still open. It didn't close – great question.

So, we have about 30 minutes. That's way more time than we thought we were going to, we anticipated, for our general questions. But certainly, this is an opportunity for you to ask any questions regarding anything that has been presented, or anything that's currently on mind. And while we are waiting for folks to queue up to ask questions, just want to thank everyone for participating. But again, if you have any questions, please feel free to put those in the chat or ask it verbally. Please raise your hand, using the hand icon where you can ask your question live.

So, we have a question here in the CAT CPG data is due January 31st, correct? Yes, that is correct. And then they Perform CPG data is due February the 14th. So, we do have extended time for you to submit that in Performs so that so that the CAT CPG data can be completed by January 31st. Thank you for that question.

All, I really apologize for the issues with the with the audio today. I'm not quite sure what's going on. I think I'm definitely participating in the exercise and speed dialing.

I note here, though, that we have a question in the chat here. It says that at the National Health Care Coalition Preparedness Conference during the Region 3 break out, Dr. Hunt noted that NIH should be considered a regional/national EVD treatment option. Region 3 is actively

updating the regional EVD plan and would appreciate more information so we can update our state and regional plans as we've yet to receive official information on this.

And, James, thank you for that information. We have certainly escalated and elevated that information to the ASPR leadership and are trying to work through and get a response, and also make that connection with NIH about how to potentially incorporate that into the to the Region 3 plan. So, we do have that in the queue to get a response back for our Region 3 colleagues but thank you for continuing to keep that question in front of us and we will follow up.

Let's see. We have a question here, so it's that the count of participating coalitions in the pediatric survey seems low. Does a survey allow a coalition to indicate that they're designated attachment simply doesn't have any pediatric resources and that they are completely dependent on other services outside their designated area? You know, within that I would say, probably within the question that's related to activities that have been under the health care coalition has undertaken there. Yeah, there is. And, as I said, most of these questions were open in the questions, so they do have an opportunity to state if they don't have necessarily pediatric resources or pediatric capacity, or if those are being referred to other areas. So, I think that that's certainly an opportunity for us to dig into our data a little bit more to be able to pull out that that information. But I think the majority of that was captured in that follow-on question from If the health care coalition had activated their response and pediatric annex. And that's the one that we need to dig a little bit deeper in for it to be able to get additional insights for that. We will certainly capture these questions to make sure that we are able to look at them as well.

And do we think that limited coalition participation?

You know I don't know if I have a specific answer. I may have an answer to that, to that question, you know, this was currently voluntary, you know, for folks to complete, and you know. Certainly, there can be many, many reasons, many different reasons, that health care coalitions may not have been able to respond or did not respond. Maybe what we need to do is that when we make sure that we share the information, that the questionnaire is still open is to give those that did not have an opportunity to respond a chance to do so, because it just may not have been a convenient time for them to respond. If it was the height of the pediatric surge at you know, within their jurisdiction or catchment area. Or, if you know. Or if things have changed since then. So I think that by giving those that did not have an opportunity to respond an opportunity to respond, we might see additional responses, but, as I said it was certainly voluntary.

And as Rachel noted, as you know, during her segment as well, certainly want to thank everyone that we had an opportunity to see engaged during the National Health Care Coalition Preparedness Conference. I know that the conference organizers are in the process of, I would take a little bit of breather, and also assessing the assessing and evaluating the conference that just ended. But in thinking forward to the next conference, we certainly encourage you as well as your health care coalitions to submit abstracts. I believe the calls for abstracts are going to be forthcoming shortly after the new year as well. We know that there were discussions around the MRSE as well as data. We know that there were workshops related to the radiation surge annex and looking forward to conducting a similar workshop related to the chemical surge annex at next year's next year's conference. But please feel free to you know, to send information to your Field Project Officer as well as to the HPP Resource mailbox, which is hpp@hhs.gov, with additional ideas for how we can help the conference organizers meet the

needs of you as well as your health care coalition for that for that conference, and ensure that we have content that is of interest and certainly of value to all of you.

So, I'm going to pause here for another 30 seconds to a minute to see if anyone has any additional questions. Certainly, don't want to keep all of you on the call any longer than is needed, because we know that you are incredibly busy with COVID, RSV, flu, Ebola preparedness, we know that there are storms that are going across the country that are manifesting in different ways, frenetic activity as well as snow. It's going across the country from east to west and west to out west to east, so we certainly want to be mindful of that, and to be respectful of your time as well. So I'm, not seeing any additional questions, so if we could, I will move to the next slide, please.

Great. Thank you. So again, I want to certainly just thank all of our presenters for their time today, and of course, all of you for your active participation in today's meeting.

You know this is our last meeting of the of the year. Just want to continue and certainly thank everyone for your continued support of all of our programs, our entire portfolio, and just for the hard work that you do on a daily basis to support your community. So, as a reminder, we invite you to share stories regarding how you or your health care coalitions or health care coalition members are using ASPR funding to make a positive impact on the community. If you have a story to share, please fill out our Stories From the Field submission form or reach out to your assigned Field Project Officer for more information. A member of our team will drop the Story From the Field submission form link in the chat for easy reference and we look forward to hearing about the great work that all of you are doing. I help everyone has a wonderful and safe holiday season, and we look forward to seeing you in the New Year.

So, everyone have a great day, and again, happy holidays. We look forward to to seeing you in the in the new year. So, thanks everyone, have a great day.