

**National Bioterrorism Hospital  
Preparedness Cooperative  
Agreements: A Status Report  
September 2003**

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# Program Mission

- To ready hospitals and supporting health care systems
- To deliver coordinated and effective care
- To victims of terrorism and other public health emergencies

# Program Purpose

- To improve the capacity of the Nation's health care system to respond to biological, chemical and radiological terrorist attacks, infectious disease epidemics and acute mass casualty events.
- The primary focus to develop, implement and intensify regional terrorism preparedness plans and protocols for hospitals, outpatient facilities, EMS systems and poison control centers in collaborative statewide or regional models.

# Program Budget History

➤ FY 2002      \$135 M

➤ FY 2003      \$514 M

➤ FY 2004      \$518 M

# Hospital Preparedness Program

- 62 Cooperative Agreements with:
  - State Health Departments
  - District of Columbia
  - Municipalities of New York City, Chicago, Los Angeles County
  - Territories: PR, USVI, American Samoa, Guam, CNMI
  - Freely associated nations: Marshall Islands, Micronesia, Palau

# NBHPP 2003 Guidance

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- Administration
- Surge Capacity
- Emergency Medical Services
- Education/Training
- Linkages to PH Depts.
- Exercises/Drills

# Regional Hospital Planning and Surge Capacity

- Each State plan for a public health emergency involving at least 500 patients per million population
- Describe the plan for increasing hospital capacity to accommodate increases in admissions from a biological, chemical, radiological or explosive emergency over an extended period of time
- Describe the plan to address overcrowding and the need for hospital diversion, with large numbers of acute casualties arriving on their own or by ambulance
- Rapid communication plan at all levels that allows efficient utilization of resources system-wide

# Regional Hospital Planning and Surge Capacity

- Describe the plan for ensuring capacity for isolation of infectious patients in hospitals
- Describe how the special needs of children, pregnant women, the elderly and those with disabilities will be addressed in ensuring access to medically appropriate care.
- Describe how essential goods and services such as food, water, electricity and shelter will be delivered to patients and hospitals

# Hospital Capacity Assessed in terms of Systems

- **Services: Medical/surgical/emergency department, trauma/burn care, mental health**
- **Support: Personnel (credentialing), personal protective equipment, laboratory, hospital surveillance, pharmacy**
- **Management Information Systems Infrastructure: Information systems, communications, data and tracking systems**

# Reporting

- 1<sup>st</sup> 6 month report, Nov 2002
- 2<sup>nd</sup> 6 month report, July 2003
- Database, 150 data elements
  - Program monitoring & management
  - Congressional inquiries
  - Targeted T/A
  - Strategic Plan
  - Structure annual grantee meeting

# Progress Made FY 2002

| <b>Funding</b>                        | <b>March 2003<br/>(59/59 Awardees)</b> | <b>July 2003<br/>(52/59 Awardees)</b> |
|---------------------------------------|--|---------------------------------------|
| Hospitals                             | \$50,876,525                           | \$81,553,525                          |
| Hospitals (via Hospital Associations) | \$6,697,108                            | \$21,560,000                          |
| Community Health Centers (CHCs)       | \$567,064                              | \$1,168,064                           |
| CHCs (via Primary Care Associations)  | \$100,000                              | \$431,000                             |
| Emergency Medical Services            | \$231,542                              | \$893,542                             |
| Poison Control Centers                | \$785,000                              | \$785,000                             |
| Pediatric Hospital Associations       |  | \$23,000                              |
| American Indian/Tribal Governments    |  | \$360,000                             |
| Veterans Administration               |  | \$35,000                              |

# Progress Made FY 2002

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- 59.32% of grantees have planned for a potential epidemic involving at least 500 patients in the State or region.
- 94.74% of plans describe the SHD readiness plan for immediate receipt and distribution of antibiotics and smallpox vaccines made available from Federal sources.
- 73.68% of plans describe how communication systems will be made redundant; to ensure communication backup in the event of failure or excess load on land line and cellular telephone systems and internet communications.

# Progress Made FY2002

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- 59.65% of awardees describe how responding clinicians and their families will be protected from exposures to biochemical casualties and environments (such as provision of personal protective equipment, antibiotics and vaccines).
- 69.64% of plans describe ensuring support for hospitals and EMS systems through mutual aid agreements, metropolitan medical response systems or disaster medical assistance teams.
- Project Officers reported that 76.79% of plans describe training and educating hospital and EMS clinicians to respond to a bioterrorism event, including components for managing fears about personal exposure to biological agents.

# Program Monitoring & Evaluation

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- General Accounting Office (GAO) studies
- OMB, PART
- Inspector General reports
- GPRA Performance Measures

# Children and Terrorism

- Pediatric Preparedness for Disasters and Terrorism: A National Consensus Conference, May 2003, cosponsored by HRSA and AHRQ
- Secretary's Advisory Committee on Children and Terrorism

# Emergency Advance Registration of Volunteer Healthcare Personnel (EAR-VHP)

- ✓ “Sources Sought” and a “Request for Information”
- ✓ A RFC to create a “turn key” model for the States.
- ✓ A pilot project for a limited number of States to implement a “turn key” or ready to use the model
- ✓ FY 2005, NBHPP program guidance to promote use of model & provide TA and incentives to the States who choose to use turn key model in their State.

# Hospital Emergency Incident Command System

- an emergency management tool for hospitals incorporating the principles of the incident command system and paralleling the day-to-day operational roles within hospitals and healthcare facilities.
- HEICS Version III – Will need to partner on adequacy and look at addressing changes updating HEICS to meet current emergency management concepts and principles and compatibility with NICS

# AHRQ IAA 2003

- ✓ **Continue the development and evaluation of the HRSA/AHRQ Emergency Planning and Preparedness Questionnaire for Health Facilities.**
- ✓ **Examine and analyze current regional hospital/healthcare system surge capacity, examine methods to rapidly increase capacity incorporating issues of costs, and develop transportable regional models for state grantees.**
- ✓ **Examine and analyze current health professional education and training efforts including professionals trained, integration with state preparedness plans, relationships with professionally approved competencies and generated outcomes.**

# Booz Allen Hamilton

## Technical Assistance Contractor

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- Study of Syndromic Surveillance
- Personal Protective Equipment Study
- Annual Grantee meeting
- Stakeholders meetings
- Agency Strategic Plan
- Redesigned website
- General T/A to grantees

# DHHS/HRSA/CDC Partnership

- Coordinating role by DHHS, OASPHEP
- Weekly conference call communication
- Program Directors personal communication
- Budget periods
- Periodic joint site visits
- Annual grantee meetings
- Crosscutting Benchmarks in '03 Guidance
- ListServ
- ASTHO Conference Calls