



HOSPITAL PREPAREDNESS PROGRAM (HPP) UPDATES

WHAT'S IN AND WHAT'S OUT...

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HPP Coordinator
Inland Counties EMS Agency
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Federal Authority for Public Health and Medical Preparedness: Pandemic and All Hazards Preparedness Act (PAHPA)

- Provides authority for: Assistant Secretary of Preparedness and Response (ASPR) as federal coordinator for all federal public health and medical emergency preparedness and response activities
- Originally enacted in 2006, is up for reauthorization in 2012



Nicole Lurie, MD, MSPH
Assistant Secretary of Preparedness
and Response (ASPR)

PAHPA

- Authorizes funding for PHEP and HPP cooperative agreements
- Authorizes funding for Strategic National Stockpile (SNS) and biomedical preparedness
- Specifies State requirements to receive HPP and Public Health Emergency Preparedness cooperative agreements



California's Public Health and Medical Emergency Preparedness Funding Comes from 2 Federal Grants:

- Public Health Preparedness Program (PHEP) grant for State and Local Health Department preparedness
- Hospital Preparedness Program (HPP) to support health care facilities and emergency medical services
- Los Angeles County receives PHEP and HPP funding directly from federal government



PUBLIC HEALTH EMERGENCY PREPAREDNESS

CDPH is designated as lead State agency for **Public Health response** to emergencies by the California Emergency Management Agency (Cal EMA)



MEDICAL EMERGENCY PREPAREDNESS

EMSA is designated as lead State agency for **Medical** response to emergencies by Cal EMA.

**CALIFORNIA EMERGENCY MEDICAL
SERVICES AUTHORITY**



Cal E·M·A
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY



PUBLIC HEALTH AND MEDICAL EMERGENCY SYSTEM (EF-8)

CDPH and EMSA jointly are the primary State departments for the Public Health and Medical Emergency System



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY



California Department of Public Health (CDPH) Allocation Methodology

- Health and Safety Code 101317 specifies: Local Entities submit agreement, work plan and budget
 - On approval, CDPH issues quarterly payment
 - LHDs submit mid year and final progress reports: Narrative
 - Fiscal
- CDPH authorized to withhold payments for non-compliance
- Statute sunsets in September 2012; AB1793 would reauthorize



Hospital Preparedness Program

California's HPP grant supports:

- Local HPP Entity in 57 Operational Areas
- Emergency Medical Services Authority (EMSA)
- California Hospital Association (CHA)
- California Association of Health Care Facilities (CAHF)
- California Primary Care Association (CPCA)



HPP UPDATE – Summary of Changes

ALIGNMENT OF HPP AND PHEP (NOT COMBINE):

- New 5 Year Project Period – FY 2012-13 to FY 2017-18
- Aligned Grant Cycle for All Funding Streams – July 1 to June 30
- Increase Program Impact and Advance Preparedness
- Reduce Administrative Burdens
- Promote Innovation
- Demonstrate a Clear Return On Investment (ROI)
- Communicate Accomplishments to Ensure Sustainability of HPP (and PHEP) Cooperative Agreements
- Tiers are OUT, Capabilities are IN



CAPABILITIES-BASED PLANNING

HOSPITAL PREPAREDNESS PROGRAM



CAPABILITIES-BASED PLANNING APPROACH

This approach focuses on the Local Entity's ability capacity to take a course of action. Capabilities-based planning answers the question,

“Do I have the right mix of training, organizations, plans, people, leadership and management, equipment, and facilities to perform a required emergency function?”*

• 2012-13 APPLICATION GUIDANCE FOR LOCAL HEALTH DEPARTMENTS AND LOCAL HOSPITAL PREPAREDNESS PROGRAM ENTITIES



CAPABILITIES-BASED PLANNING Cont'd

- In January 2012, ASPR released Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness. This document outlines eight Capabilities for healthcare system, Healthcare Partnerships, and healthcare organization preparedness.
(<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>)
- The California Department of Public Health – Emergency Preparedness Office (CDPH-EPO) has prioritized the eight capabilities for HPP and issued guidance focused on six of the Capabilities for FY 2012-13.*



HEALTHCARE PREPAREDNESS CAPABILITIES PRIORITY LEVELS

CDPH-EPO Guidance for FY 2012 - 2013

CDPH-EPO developed a two level prioritization approach for implementation of the Healthcare Preparedness Capabilities.

HEALTHCARE PREPAREDNESS CAPABILITIES

Priority level I

1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
4. Information Sharing
5. Medical Surge
6. Volunteer Management



HEALTHCARE PREPAREDNESS CAPABILITIES

Priority level II

5. Fatality Management

14. Responder Safety and Health



FIVE YEAR STRATEGY

Begins with Level I Capabilities that focus on:

- Healthcare Partnership development, and
- Planning and Overarching Response Capabilities



HEALTHCARE PARTNERSHIP

WHERE WE ARE - WHERE WE NEED TO BE



HEALTHCARE PARTNERSHIP DEVELOPMENT

Currently at *Partial* Stage 1:

- Geographic Boundaries are defined (Operational Area)
- Have Identified Essential Partners via MOU's (HPP and PH)

Still Need to determine Governance Structure (e.g., charter or by-laws)

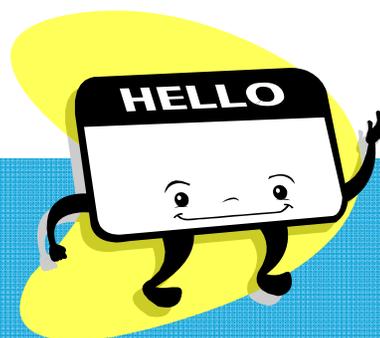


CHARTER



PARTNERSHIP NAMES

1. Healthcare Preparedness Planning Partnership (HP³)
2. Hospital Preparedness Program Partners (HP³)
3. Inland Counties Healthcare Preparedness Partnership (ICHPP)
4. Inland Counties Healthcare Emergency Local Partners (ICHELP)
5. Healthcare Emergency Local Planning Partners (HELPP) – *with a new mission/policy statement*
6. Local Emergency Planning Partners (LEPP)
7. MHOAC Planning Partners (MP²)
8. Suggestions?





ALLOCATIONS

Hospital Preparedness Program



HPP YR 11 (FY 2012 - 2013)

ICEMA HPP Allocations:

Base	\$768,226
Multi-County LEMSA	\$ <u>(51,000)</u>
Final Base	\$717,226
Inyo/Mono LEMSA	\$ 14,000*

*ICEMA will receive \$7,000 from Inyo and Mono Counties' HPP Allocation for the LEMSA Coordinator



ALLOCATION FORMULA OPTIONS

Facility Types:

1. General Acute Care Hospitals*
 - Trauma
 - Basic ED
2. Medical Long Term Care
3. Clinics
4. Other Healthcare Facilities

**Could include number of licensed ED Beds in Allocation Formula.*



ICEMA HPP ALLOCATIONS METHODOLOGY

Ongoing Costs (salaries, warehouse rent, RB Associates, 800 MHz access, etc.)	\$	364,000*
Training and Exercises	\$	4,000
Travel	\$	16,000
Base Allocations to Healthcare Facilities	\$	347,226*

*Includes \$14,000 from Inyo and Mono Counties for LEMSAC



TIMELINE FOR APPLICATION

Application Submission Due Date	August 6, 2012
Funds Withdrawn if Complete Application is not Submitted	August 20, 2012
All Work Plans and Budgets Approved	October 30, 2012
Fully Executed Signed Agreement Submitted*	October 30, 2012
25% advance payments to Local HPP Entities	November 1, 2012
Reimbursement payments based on approved invoices and supporting documentation	Ongoing



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