

NWX-OS-OPHS-OEP-RG9 (US)

**November 4, 2015
1:00 pm CT / 2:00 pm ET**

Coordinator: Welcome and thank you for standing by. All participants will be on listen-only mode until the question and answer session of today's conference.

At the time if you wish to ask a question you may do so by pressing Star 1.

This conference is also being recorded. If you have any objections you may disconnect at this time.

I will now turn the conference over to Melissa Harvey, Director of NHPP.
Thank you and please begin.

Melissa Harvey: Hi. Good afternoon and good morning to our colleagues on the West Coast and the islands as well. And welcome to today's Ebola Measures Technical Assistance Review.

We really wanted to be sure that we had this opportunity to walk you through many of the measures for our Ebola Preparedness Funding Opportunity Announcement for a number of reasons.

First we want to always make sure you have an opportunity to do this even for measures that might be relatively uniform from prior years for our awardees and their sub recipients.

But particularly with regard to the Ebola measures because we do recognize that these measures are a bit of a departure from our conventional measures and really do use a tremendous amount of time based a numeric value often based on exercise type measures which is obviously very different from our core measure for our annual HPP awards.

So we are excited about these measures and certainly want to glean information from them and how they work for you also.

With regard to thinking about what measures might look like for the next project period of our core possible Preparedness Program Award.

So with that we are today going to spend some time just reviewing some of the measures. We're not going to walk through every single one of them. But also too we received a number of frequently asked questions either from you directly or from our MMWG, our working group that really focuses on the measurements and the metrics as well as others.

And we wanted to make sure we had an opportunity to share those frequently asked questions with all of you because while you might not have asked them you might be thinking the same thing.

Lastly we wanted to also spend some time to have plenty of time for question and answers that might not be part of the frequently asked questions set.

So with that I'm going to turn it over to Dr. Isaac Weisfuse who is our Branch Chief of our Science Healthcare Preparedness Evaluation and Research what we call Sharper Branch so on to Dr. Weisfuse.

Dr. Isaac Weisfuse: Thanks Melissa. I also want to join with in thanking you for attending today's Webinar.

A couple of other issues before we begin, as Melissa said we've specifically designed this Webinar to allow for lots of questions.

So as opposed to some Webinars where you only can get two or three in we're trying to get in as many as we can.

So as I'm going through this it might be useful for you to jot down questions just so that when we put it open for questions we'll get as many as possible in the time available.

The second issue before I begin this presentation, this Webinar will be posted on the Sharper Web site in the near future.

So I know that there may be people who aren't able to attend and you can certainly direct them to this Website. And I'm sure this is something that you're going to want to see over and over and over again so you have multiple times to enjoy it.

Okay by the end of today you're going to be going over and learning key terms and definitions as it relates to the Ebola measures, the details of Ebola Part A and Part B.

As Melissa said we're going to go through some frequently asked questions and then we're going to list towards the end some additional recourses.

And the objective here is to make sure we give you guidance to increase your effectiveness in implementing the programs initiatives and to report on these measures.

So if you recall back to last spring with the Funding Opportunity Announcement there was a Part A and Part B which came out under the same FOA but are really two different things.

Part A deals with healthcare system preparedness for Ebola. And that provided funding to all 62 awardees.

And the idea behind Part A was it's going to help awardees develop an integrated approach to dealing with Ebola patients including the establishment of the Ebola treatment centers and assessment hospitals and also provides a role for healthcare coalition within overall preparedness.

Part B was a little different. We know it's a development of a regional network for Ebola patients care.

The background to Ebola care is quite a complex undertaking. And also that Congress asked Health and Human Services to create a regional approach to Ebola patient care. And that led to the development of about ten regional Ebola and other special passage and treatment centers who are going to have significantly enhanced Ebola capabilities that can accept confirmed Ebola patients both from their region or across the United States or should a medical evacuation be needed from really anyplace in the world they may accept such a patient.

In order to do so they too are going to have to develop some pretty good concept of operations to make sure they're coordinated with the other entities in Part A.

Keep in mind that Part A also allowed for compensation of healthcare entities for funds expended in preparedness for Ebola since July 2014.

Now I want to review some of the facilities that are involved in this approach. And again this is the regional and tiered approach to Ebola patient care.

I think a refresh on the facilities is useful because a lot of them come up within the measure.

So first we'll start with the frontline facilities which are described as acute care facilities equipped for emergency care where unrecognized Ebola viral diseases patients may present.

Then the next in the tier approach is an assessment hospital. These are places that can receive and isolate patients under investigation for Ebola viral disease and can make an assessment until either a diagnosis is ruled in or ruled out of EVD.

Then continuing up the chain so to speak are Ebola treatment centers. These are facilities that plan to care for and manage patients with confirmed EVD for the duration of the patient's illness.

And then what I mentioned just before as in the tiered approach the regional Ebola and other special passage and treatment centers and these as we discuss

have enhanced capabilities to provide care for Ebola patients in the United States. And again they can take patients from a number of different areas.

Now one group that's left out of this slide that I want to make sure is understood to be primarily involved are EMSs because the transport of an Ebola patient between these facilities has to be done quickly and safely.

And so the ability of EMS to be involved within transfers of all of these is really critically important and the ability of the healthcare coalition to interact with EMS to make sure they're prepared is also critically important.

This is obviously a map of the US. And the pink areas with the red triangle are the locations of the regional Ebola and other special pathogen treatment centers of which there are currently nine.

You'll notice that in Region 9 in the West Coast of the United States there currently is not one of these centers and we hope to have one up and running in the near future.

But you can see that many of them are in large population states. That was one of the - and places where there is a risk for Ebola in terms of travelers or that they ask for community of people who may be at higher risk for Ebola. And so that was one of the selection criteria for these centers but you show - it shows that there is pretty good coverage across the United States.

The next issue I wanted to bring up was another creation of the Ebola funds which is called the National Ebola Training and Education Center.

This was competed out in a separate FOA. It was not part of the Part A and Part B.

And the National Ebola Training and Education Center or NETEC is composed of three groups that have direct experience in providing patient care for persons with Ebola.

So they are Bellevue Hospital which is a part of the New York City Health and Hospitals Corporation in the city of New York, Emory University Hospital and the University of Nebraska Hospital which is located in Omaha. So those are the three that are providing leadership for the NETEC.

Their objectives are to develop metrics, conduct peer reviews assessments and training to create and maintain in-house training and education materials and in general provide support for all of the awardees and all the healthcare facilities involved in this effort.

NETEC is going to be conducting site visits but they're going to be conducting them on a prioritized basis so let me just review that for a second.

The first priority is other regional Ebola and other special pathogen treatment centers. Those three entities are regional centers themselves and their top priority are the other six places where - which have the regional centers.

Then they're going to prioritize state or jurisdictional Ebola treatment centers that are funded through this program. And they're going to prioritize first those centers that haven't had a prior rapid Ebola preparedness visit and then go to other Ebola treatment centers that had such a visit but want additional assistance.

They're going to do limited visits to assessment hospitals and they're going to try to prioritize those to those requiring substantial assistance beyond the CDC Ebola readiness assessment.

So you can see they're going to conduct site visits but it's again not every facility within the FOA is going to get one. And these are the priorities for the NETEC.

If you want a NETEC visit the people to speak to are your HPP field project officer or FPO or your local healthcare association infection lead.

So that's a thumbnail sketch of the NETEC and they play a critical role in achieving these measures.

So now I want to talk getting to the measures themselves. We have a separate set of measures for Part A and a separate set of measures for Part B.

Looking at the Part A measure we have 22 in total. And of those 22, 12 are based on exercises or real events. So there's a heavy emphasis on specific data that is collected either on an exercise or real event.

Of the 22 measures 18 are what we call performance measures and those were made to many of the entities involved in this tiered approach so the awardees, the coalition, the ETCs and assessment hospitals.

And four are what we call impact measures that are filled out by the awardee. And we're going to go into specifically some of these measures so you get an idea of it.

Turning to the Part B group which is for the regional centers they have 12 measures of which four are based on exercises of real events. And it breaks down to eight performance measures and four impact measures.

And I will be going through some of these measures to give you some examples of each.

As I said many of these measures are going to be relied upon or measured through exercises or real events. And keep in mind that the intent here is to develop these capabilities in year one of this grant and then to maintain them in years two through five.

So presumably the first year is going to have a lot of activity and then after that when you have achieved these metrics you're going to be maintaining them.

For the first year all of the exercises have to be about Ebola or an exercise or a real event.

In subsequent years we will provide you guidance whether it has to be an Ebola event or exercise or some other possibility. So that is something we'll be telling you in subsequent years.

We will be providing templates to all of these facilities to facilitate and conduct exercises to capture these metrics that I'm some of which I'm about to go on to.

And they're because the FOAs went out at different times there are slightly different months where the metrics will be collected for Part A and Part B.

So annually we're going to collect metrics in May for Part A and June for Part B with reporting due in August and September August for Part A and September for part be.

Now let's go through the measures. As Melissa said in the beginning it's not our intent to read all these measures. We don't think this would be the most efficient way to use our time together.

So instead I'm going to concentrate on a couple of measures that we think are indicative or show off some of the issues that we're looking for.

And I'm going to try to cover at least one measure for every activity.

So the first activity was to develop a concept of operations. And the measure is the time in minutes it takes from an assessment hospital's notification to the health departments of the need for an inter-facility transfer of a patient with confirmed Ebola to the arrival of a staff and equipped EMS or inter-facility transport unit as evidenced by no notice exercise or real world events. And the goal is within 240 minutes or four hours.

So I wanted to make a couple of points on that. The reason why this is under development of a concept of operations is that in order to carry this out you really have to have a good integrated plan that cuts across many of these facilities. And you really can't do it without having prior concept of operation.

We also give you a goal here as Melissa pointed out that maybe a little different than what you've seen in the past from HPP in terms of the metric.

We're giving many of these have time limit goals so this one is to do this within four hours. And we're saying that this information can come from either a coalition or assessment hospital exercise or real event.

And again this is focusing on the concept of operation. And this is really a key one to get started.

The next activity is to focus on the Ebola treatment centers. And let's look together at Number 5 which reads the proportion of roster staff contacted by a hospital within four hours of a patient with confirmed Ebola's admission to a regional Ebola and other special pathogen treatment center. And the goal is 100%.

So couple of comments on that, the rosters staff are not every staff member of an institution but rather the staff member's who've been designated to deal with an Ebola patient.

So why would they be mobilizing at the time that a regional facility gets a patient? Well obviously if a regional Ebola and other special pathogen center gets a patient there may be followed by a cluster of patients. So that's sort of the warning signal if you will that the Ebola treatment centers should start to get up and running.

In the goal here instead of a time is a percentage which we also give for a couple of these metrics. And the goal here is 100% of your Ebola treatment center hospitals.

And this again can be done and measured through either an exercise or real event.

Next set of measures deals with assessment hospitals. So let's look at Number 9. The time and minutes it takes an assessment hospital to identify and isolate a patient with the Ebola or other highly infectious disease following emergency department triage as evidenced by real world case or no notice exercise.

This is something that many hospitals have been doing because you might have a case of measles where the person involved may need to be isolated very quickly.

And the purpose here is to protect others either in the ED waiting room or the emergency departments themselves or staff members.

So the idea here is to do it as quickly as possible. And that's why we gave you a goal of five minutes. And this one is really a key one that hopefully hospitals feel comfortable doing.

Okay the next measure has to deal with the healthcare coalitions. We know the healthcare coalitions play a critical role in both preparedness and response for emergencies and that is true as well for Ebola patients.

So looking at Number 17 the proportion of EMS agencies that are required to execute the awardees CONOPS that are engaged in all phases of Ebola and other special pathogen preparedness process.

As I said before EMS is really a critical player here. And the healthcare coalitions in the FOA are described as coordinating with EMS and other institutions within their jurisdiction.

And obviously that requires a good concept of operation. And all of the involved EMS agencies need to be involved in this plan.

We also know that in some jurisdictions there are many, many EMS agencies but we're only looking at the agencies that are officially involved in the plan.

So that concludes the Part A measures. And now we're going to turn to Part B measures. So remember Part B has to do with regional plan for regional network for Ebola patient care. And these are the nine and hopefully ten places across the country that are dealing that have specialized abilities to deal with the Ebola viral disease patients.

So looking at Number 19, the time from confirmation of an Ebola patient at assessment hospital or ETC to notification by the health department and/or transferring hospital (assessment hospital or ETC) to the health department in the stated jurisdiction with the regional Ebola and other special pathogen treatment center is located about the need for patient transfer. And the goal there is within 30 minutes.

And again this really emphasizes the fact that there has to be a really good plan for coordination and communication between all of the entities that may be involved in this process.

The next part of Part B measures look at developing supporting and maintaining regional Ebola and other special pathogen treatment centers.

And looking at Number 24, the time it takes for an on-call team to report to the unit upon notification of an incoming patient with Ebola as evidenced by real world events or no-notice exercise.

Obviously this is one of the key metrics because, you know, an Ebola patient can show up or be transferred to the hospital at any time. And you want to make sure that at the time the patient is admitted to the hospital that the Ebola unit and Ebola staff are up and running and to accomplish treatment of those patients.

Now I want to remember I said that we had four impact measures to Part A and additional for impact measures for Part B. So I wanted to talk for a few seconds on the impact measures.

So look at 27A and 27B on the slide.

So 27 A states my state or jurisdiction including coalitions frontline healthcare facilities and inter-facility transport providers was prepared for Ebola event in our before July 2014, in or before July 2014.

27 B is the exact same question except for how are you prepared for such an event after July 2014?

This is going to be answered by the awardees. And we're asking you to put down a number on the (Likert) scale so one is being not prepared up to five being very prepared.

We want to see the impact on your jurisdiction to be able to deal with Ebola virus patients - viral patients for all of these facilities before and after July and that is a good measure of the impact of this program.

Next I wanted to point out the impact measures for Part B. 29 A and 29B are very, very similar to the ones that I just described in Part A.

But looking below at 30A and 30B these are really written measures at the awardee level and the written response is in 250 words or less so we're not looking for long tones here.

30A describes the impact of the HPP Ebola preparedness and response activity funding on the overall preparedness of your region for Ebola or other special pathogen events.

This may include capabilities developed as a result of funding or guidance from this program or other synergies you've experienced. In addition describe any impact that translates to all hazard preparedness.

These are things that we need to know because it will help guide us in the future and help make sure that people who are - want to know more about the activity can really look at stories or incidents of where you've been helped.

30 B is a little different. It's again a 250 word or less written response by the awardee and it's to describe any remaining gaps in your overall preparedness. And gaps are not limited to the existing capabilities.

That's important for us to know because if we look and see a lot of gaps that are similar or across awardees that will help us provide technical assistance and maybe steer the program.

So as Melissa stated in the beginning we are now going to dive into what we call frequently asked questions. The frequently asked questions came from two sources. One is the Sharper mailbox which I'll give you the address at the end of this presentation.

And we've gotten a bunch of questions to that mailbox. And also as stated the Measurements and Metrics Working Group which is an advisory group that Sharper provided some excellent questions. So with that let's go into them.

So question one, how were the HPP Ebola measures created?

Well, you know, they really come from the - directly from the FOA. But the FOA is based on what happened in 2014 so real life events and the epidemiologic and clinical characteristics of the Ebola virus disease. So it relates back to the science of dealing with Ebola.

We had a lot of input from a number of interesting stakeholders or interested stakeholders such as ASTHO, the American Hospital Association and the Association of Academic Medical Colleges and other US healthcare facilities are dealt with Ebola provided input into the creation of the FOA.

Next how will the measures be collected?

Again what I said a few times is the majority of the measures are going to be collected during a training or exercise or real world event.

The NETEC which I described previously are going to develop exercise templates to help all of the facilities involved capture the exercise-based measures.

And again reporting will be required once a year for the next five years with the regional centers having to measure some of their measures quarterly.

And so we will be providing you with templates to capture the programs mid or annual year reporting.

Next if my jurisdiction only has assessment hospitals do awardees need to answer questions two through seven which relate to Ebola treatment centers?

And the answer is no they don't. But recall that assessment hospitals are expected to be able to coordinate with a whole lot of other groups such as front-line hospitals, coalitions and the regional Ebola centers.

So even if you don't have an Ebola treatment center you have to make sure all those bases are covered.

How would awardees best manage assessment hospitals as well as the requirements with limited funding?

I think the awardees with limited funding have to sort of think through really how many assessment hospitals they really need.

And you think it through based on the risks that you have for getting an Ebola patient in your jurisdiction which is defined by the number of returning travelers and the (disaster) population residing within that jurisdiction.

If you feel that the risk for these two groups are low then you might want to have less - fewer assessment hospitals rather than more. So that's a guidance for how to spend the money in that situation.

If the assessment hospitals plan to send confirmed patients to the regional Ebola and other special pathogen treatment center and that facility is full what then happens?

So the state EPC belongs to that jurisdiction. Unless there's a national emergency they don't have to accept patients from outside that jurisdiction.

Only the regional Ebola and other special pathogen treatment centers have to accept patients from outside their state or outside their region.

Therefore if you're regional Ebola and other special pathogen treatment center is full then we will meaning ASPR will facilitate coordination communication among the regions including referring and potential receiving facilities and other health departments. So that is it would go to a different regional center.

That's our recommendation however we know that on the case by case basis things like clinical judgment, transport resources and other specific issues might involve the decision about where to send this patient.

Next we have four Ebola treatment centers within the city which also serve as assessment hospitals.

For the purposes of the pro performance measures would ASPR expect that Ebola treatment centers meet all of the program measures for both Ebola treatment centers and assessment hospitals or just the Ebola treatment center?

The answer is we would we need you to fulfill both. Remember if a facility is an assessment hospital in the ETC. They have somewhat although overlapping somewhat different functions.

So you need - you're going to need to report both on the facility as an assessment hospital and as an Ebola treatment center.

You may be able to do one back to back exercise to be able to measure the metrics. And that's up to you but again you have to report on both the assessments aspects and the ETC aspects.

Okay for measure one Part A the time it takes for assessment hospitals notification of the health department of the need for a transport as evidenced by an exercise or real world event.

Is the source of the data the healthcare coalition or the assessment hospital and why is there a choice?

The reason why we gave a choice is because we realize that different jurisdictions are structured differently and we want to provide flexibility.

So sometimes if a healthcare coalition is structured so that it includes all of the entities involved such as health department, EMS and the facilities that may be the source of information.

If it's not structured that way then the assessment hospital may be the source. So you really have to fit who reports to the actual structure within your region and recognizing that way wanted to give you some flexibility.

Okay who fills out the performance measure - measures, the state awardee or the ETC? Well similar to the HPP grant of the total over the last since its inception the awardee is responsible for providing this information.

So they are - they need to fill out the form. However they need to be able to get that information from local healthcare coalitions and then provided it in template we provide.

So this is nothing different than what we do with the usual grants in the same will hold.

For measure 16 Part A, proportion of front-line facilities that receive coalition funded training. Is it training funded by the coalition or coalition led training regardless of the source of funding?

A great question and our answer is that this measure is reporting on coalition led training regardless of source of funding. And the objective is to make sure that the best possible and most comprehensive training is given to the facilities that the healthcare coalition works with regardless of who paid for the training.

Will these measures stay in place for five years or will they change? Will they be validated or reviewed during the five years?

What are reasonable expectations for the continuation of these measures?

So to accurately monitor incremental progress and to reduce awardee burden the performance measures are expected to stay in place for the next five years.

Again recognize that the all these metrics are to be achieved in the first year of funding and then to maintained in the latter five years. And yes they will be validated and reviewed within the five years and that data is shared with awardees.

Which measures will we have to report on the midyear report? So the midyear report is coming up. The data will be - the questions will be sent to the Part A folks in mid-November of 2016 this month and in December for Part B.

The midyear questions are not going to involve any of the metrics that are based on exercise or real world events.

We recognize that you're getting up and running. And we thought it was too soon to ask that data. So we're going to ask some questions but none of them will have to do with the metrics that deal with exercise or real world events because they may not have happened at this stage and we recognize that.

Will awardees only report on Ebola exercises or real events in the first year?

So in the first year we really wanted to concentrate on an Ebola exercise or a real event. And as I stated previously after the first year we'll be providing guidance if non-Ebola events can be included as well.

I want to just finish up. First of all thank you for your attention. The following are resources that are available to all of the awardees and healthcare coalitions.

First of all there's an implementation guide on our Web site on the - in the (PHE) Web site. And then there's a Sharper Web site that has the measures and will have in the future this webinar.

And then the CDC really has an excellent web site providing a lot of detail about how to deal with Ebola patients.

So as I said we're happy to take questions now. We hope we can take as many as possible.

If for some reason you are viewing this on our web site or can't get in a question today please use our mailbox sharper@hhs.gov and send in

questions. And we will respond as soon as you do so we will be getting back to you with the answers.

So with that I'd like to invite people to ask some questions.

Coordinator: At this time if you wish to ask a question over the phone line please ensure your phone is on muted, press Star and record your name when prompted so I may introduce your question.

Again that is Star 1 if you wish to ask a question over the phone line. The questions will take one moment to queue up. Please stand by.

We do have participants queuing up. One moment for the first question.

Our first question will come from (Cheryl Brower). Your line is open.

(Cheryl Brower): Yes hi, thank you. When will this first midyear reports be due? If were receiving the questions in mid-November when will they be do?

Melissa Harvey: Hi. This is Melissa Harvey. The midyear reports are due 90 days after they go out. So they will be sent out I believe November 17 I think is the date of the six month mark of the Part A and you will have 90 days to report them.

(Cheryl Brower): And thank you Melissa. Can you just go over again into what portal we will submit these? It's not performs. It is what other place please?

Melissa Harvey: So we're actually exploring for the midyear using a Survey Monkey type of platform recognizing that if you do need to kind of make any inquiries either into your coalitions or individual facilities you'll need some kind of template.

So in that case we would send you out kind of the award or PDF version but it - we're not using Performs. If anything it will be a Survey Monkey Web based type survey tool.

At the end of the year we're still exploring that but likely an Excel type document for you to put in the all the - all the different measures for the end of year.

(Cheryl Brower): Great. Thank you very much.

Coordinator: As a reminder it is Star 1 to ask a question. Our next question comes from (Dana Johnson). Your line is open.

(Dana Johnson): Hello. Our question actually is about reports as well. So the first report is due November 17. I'm sorry we jumped on a little late. The midyear report, that's due 90 days after.

The end of year with the performance measures and that is due annually in May?

Melissa Harvey: So that's similar to the midyear. That will go out to you in May and you'll have 90 days from May to turn that in.

(Dana Johnson): Okay. And then these are the same questions that are being asked both times?

Melissa Harvey: No the midyear are a much shorter subset of questions that are not going to be based on exercises. We think it's too soon to have expected you to do your exercises.

And so they will not be based on exercises of real world events but primarily be focused on things that we can't give from your FFRs.

So while we get the total amount that you have obligated in your FFRs we don't know specifically by the midyear what types of activities you're spending that money on, for example how much went to hospitals for retrofitting, how much went for purchasing personal protective equipment.

So some financial information will be asked and some questions about any changes to your ETC or assessment hospitals as well as questions about where you might be with regard to the development of your concept operations for example fully recognizing that it's okay if you don't answer yes, you know, you're completed on all of those. So this is a midyear report and we don't expect all of that to be done by the end of the year.

Dr. Isaac Weisfuse: Also I had some people view concept of operations as never being done because they always can be improved on.

But I think that, you know, we'll - you should probably eliminate that concept in answering the questions and just say, you know, even though you might be working on it for a long time and improving it if you have it you'll tell us so yes or no.

(Dana Johnson): Okay great. Thank you. Thanks for the clarification. Sorry I was a little late jumping on if that was a repeat.

Coordinator: Our next question comes from (Rebecca Hathaway). Your line is open.

(Rebecca Hathaway): He there. Good afternoon. I'm hoping you can help me. I'm a little confused around exercise and data collection especially as it relates to the Ebola treatment centers and the assessment hospitals.

I had understood that we were waiting for the NETEC to put together exercise templates through which treatment centers and assessment hospitals would use. And those templates would be used to collect the information.

Are you saying that if they are doing exercises on their own if they can collect this information they can respond to the performance measures or are we waiting for something else to come to us or to them that they - that are standardized that they will use to perform an exercise to collect the performance measures?

Melissa Harvey: Sure so certainly it's your choice. So the National Ebola Training and Education Center will be providing facility level templates in the very beginning of the New Year which should give you at least five months to actually have your facilities do the exercise and then roll up the information in the 90 days post May to get that back to us.

If your facilities that are doing them now and they have a copy of our implementation guidance and would like to do their own exercises and not wait for these templates that is fine too.

Our biggest issue is more that the measures are measured in time and minutes and the exact ways that they're asked.

But if they went through their own scenario or do their own exercise that specifically relates to them as opposed to waiting for the more broad template

that will come out from the National Ebola Training and Education Center that is fine too.

(Rebecca Hathaway): Okay. Thanks very much. That's very helpful.

Coordinator: And as a reminder it is Star 1 to ask a question. Our next will come from (John Holman). Your line is open.

(John Holman): Hi. I. I just wanted to be clear. Is the end of your reporting is that exclusively reporting on the 21 Part 1 measures or is there - are there other components to the end of year reporting?

Dr. Isaac Weisfuse: The end of year reporting there's actually 22 Part A measures. So it will - your reporting will be based on those.

(John Holman): Okay. And that - it's reporting exclusively on the measures or is there other things that will need to be reported in the end of year report?

Dr. Isaac Weisfuse: It will be exclusively on the measures and all those measures are laid out in the hospital preparedness program measurements implementation guidance.

Melissa Harvey: Now for clarification that is for the performance measures. There are going to be grants related requirements in terms of official documents you'll have to submit for grants management purposes.

(John Holman): Okay that was my question. Okay thank you.

Coordinator: Our next question will come from (Kerry Kane). Your line is open.

(Kerry Kane): Hi. This is (Kerry Kane) from Texas. And I was just wondering if there would be on narrative opportunity and that midyear report? Because while I certainly appreciate that you're not asking us to provide all of the information about the exercises at this time we have had a few coalitions and a few of us in the hospitals that have already begun those exercises. And we would love to tell you all of about some of the things that we've learned from that.

Dr. Isaac Weisfuse: You know, right now in the midyear report there are some text boxes that you can provide that information in.

Melissa Harvey: And we can certainly look into providing just a text box at the very bottom where you can tell us any additional information that might not be captured by a measure that you would just like to share like that. That would be helpful. Thank you.

Coordinator: Our next question comes from (Betty Decker). Your line is open.

(Betty Decker): Thank you. We have a question on when will the templates be available on the web site for the exercises?

Melissa Harvey: Sure. Again this is Melissa Harvey. So I'm also the Project Officer for the National Ebola Training Education Center.

Our guidance for them after hearing from many awardees was to focus on the coalition ones first largely because we know the exercise schedules, at least the annual exercise schedules for many coalitions are set well in advance and some of those are already happening now.

So I actually did get a draft of their template for the coalition exercise which still needs a little bit of work. So we're hoping that one will come out in December.

The facility ones are likely to be very early in the New Year so that you have at least five months to have your - distribute them down to your facilities and have them conduct the exercise and then get the information back to us 90 days later.

(Betty Decker): Okay thank you.

Coordinator: Our next question comes from (Rick Johnson). Your line is open.

(Rick Johnson): Yes hi. This is (Rick Johnson) from Kentucky. Can you hear me okay?

Melissa Harvey: Yes we can.

(Rick Johnson): Oh good. I'm looking at the measurement implementation guidance. I'm a little confused.

Under readiness of Ebola treatment centers it indicates that those measures two through seven are Part A.

And each one of them - the source of the data that would come from the performance measures would come from an Ebola treatment center either an exercise or a real world event.

And I thought that Part A measures were really for those awardees with just assessment hospitals and that the Part B fund was for Ebola treatment centers. Could you clarify that?

Melissa Harvey: Sure. So Part actually did also have Ebola treatment centers in it but not every state has to have one.

We did have 18 high risk jurisdictions designated in Part A that those 18 either had to have at least one state or jurisdiction designated Ebola treatment center which really what that means is that that resource is for their state or jurisdiction unless there is a national emergency.

They are not required to otherwise take patients from other parts of the region or other parts of the country.

So those 18 either it had to have one of those or a memoranda of understanding with a neighboring state to use their Ebola treatment center.

But again...

(Rick Johnson): How...

((Crosstalk))

Melissa Harvey: ...other jurisdictions did not have to have an Ebola treatment center and were able to do so to the extent that their allocation allowed.

Part B on the other hand are those regional treatment centers that are required to take patients from across their entire HHS region, the country if other regional facilities are full or even possibly medically evacuated to the United States.

So if you do not have an Ebola treatment center in your jurisdiction and you do not fund one with Part A you do not have to answer Numbers 2 through 7.

(Rick Johnson): All right thank you. I have a big sigh of relief because we set out guidance to that effect so that's great. Thank you.

Melissa Harvey: Sure.

Coordinator: As a reminder please press Star 1 now to ask a question. One moment for further questions.

I'm showing that we have no further questions.

Melissa Harvey: Great well if there are no additional questions on behalf of the entire division we just want to thank all of you for joining today.

And even if you have a question immediately when we hang up don't feel that you can't ask it. You can always email sharper@hhs.gov and we will ensure a timely response back to you.

And certainly I'll turn it over to Dr. Weisfuse to see if there's any other closing comments.

Dr. Isaac Weisfuse: No just a reminder first of all I'm glad that we were able to get a lot of questions in today.

A reminder that in the near future this Webinar is going to be posted on the Sharper Web site so if you have colleagues who weren't able to join us today please refer them to that.

And again the Sharper mailbox is always open for any questions you have.
But thanks so much for your attention today.

Coordinator: And with that we'll conclude today's conference. Thank you for your participation. You may disconnect your lines at this time.

END