



**U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Preparedness and Response**

# **Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement**

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## **Performance Measures**

Updated September 2020



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# Intent of Evaluation and Performance Measurement for the Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement

The \$175,000,000 provided through the *Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement* funding opportunity<sup>1</sup> supports the urgent preparedness and response needs of health care facilities and organizations, including:

- Acute care hospitals,
- Specialty care centers,
- Outpatient/ambulatory care (includes primary care clinics, urgent care centers, dialysis, community health centers, etc.),
- Home and residential care (includes long-term care, home health agencies, skilled nursing facilities, etc.),
- EMS/pre-hospital (also includes 911/public safety answering points (PSAP)),
- Support services (pharmacies, blood banks, medical supply chain),
- Hospital systems, and
- Other health care entities on the front lines of the COVID-19 pandemic.<sup>2</sup>

The primary recipients of this funding are state/jurisdictional hospital associations who execute sub-awards to support the aforementioned entity types in order to adequately and rapidly distribute funds to health care systems and facilities to achieve the preparedness and response capabilities needed for COVID-19. This includes preparing to safely and successfully identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, as well as to prepare for future special pathogen disease outbreaks. The Office of the Assistant Secretary for Preparedness and Response (ASPR) awarded this funding to 53 hospital associations in all states, the District of Columbia, New York City, and Puerto Rico. Recipients will determine how to adequately and rapidly distribute funds to health care systems, facilities, and organizations so they can achieve the preparedness and response capabilities needed for COVID-19.

The purpose of the *Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement* performance measures is to demonstrate the use of funding and operational outcomes that were achieved as a result of this cooperative agreement. The measures will also provide information on funding effectiveness and identify opportunities and challenges posed by supporting health care facilities through hospital associations. Consistent with the full scope of applicable grant regulations (45 CFR Part 75), the purpose of this award, and the underlying funding, the recipients and subrecipients shall provide ASPR with access to COVID-19 data pertinent to the award. This cooperative agreement is likely to generate positive secondary and tertiary effects for the entire health care system and to advance response to outbreaks of other special pathogens. While initial data collection and measurement will apply only to COVID-19 response, in the future, 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

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<sup>1</sup> Grants.gov. March 24, 2020. "[Hospital Association COVID-19 Preparedness and Response Activities](https://www.grants.gov/web/grants/view-opportunity.html?oppId=325751)." Accessed August 2020. <https://www.grants.gov/web/grants/view-opportunity.html?oppId=325751>.

<sup>2</sup> Hospital Associations are permitted and encouraged to provide sub-awards to facilities outside their membership.

the programmatic effectiveness of the funding distributed through the *Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement*. Where measures ask hospital associations and their sub-recipients to respond to questions regarding 'ASPR-funded' activities, these activities include those 1) fully funded by the *Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement*; 2) partially funded by this cooperative agreement and by the facility or organization; and 3) supported by allowable staff positions fully- or partially-funded by the cooperative agreement. Activities or supplies/materials funded by the *Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement* include those that have been or will be retroactively compensated.

All performance measures will be submitted by the hospital association recipients to HHS ASPR, but we strongly urge collaboration with sub-recipients to ensure accurate reporting. Many of the performance measures will use both required quantitative measures and optional qualitative data to measure funding effectiveness and to identify opportunities and challenges posed by supporting health care facilities and organizations through hospital associations.

# Evaluation and Performance Measures

## 1.0 Funding Use Questions

**Operational Intent:** This question will be asked of each funded sub-recipient to determine to which performance measures they should respond. Sub-recipients will only be asked to provide **data for those performance measures that correspond to the outcomes and activities for which they used Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.**

### 1.1 Sub-recipient Question on Facility and Organization Type (collected at end of project year)

**PM 1:** Please select the sub-recipient type that most closely represents your facility or organization:

- Acute care hospital
- Specialty care center
- Outpatient/ambulatory care (includes primary care clinics, urgent care centers, dialysis, community health centers, etc.)
- Home and residential care (includes long-term care, home health agencies, skilled nursing facilities, etc.)
- EMS/pre-hospital (also includes 911 and public safety answering points)
- Support service (pharmacy, blood bank, medical supply chain)
- Hospital system
- Other health care entity (free response)

### 1.2 Funding by Sub-Recipient (collected at end of project year)

**PM 2:** Report the funding amount provided to each sub-recipient.

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
Amount of <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding total and amount provided <i>per sub-award</i> (including 1 <sup>st</sup> and 2 <sup>nd</sup> rounds of funding)	Amount of <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding (in whole dollars) provided per sub-award  <i>Total amount of funding provided to each hospital association will be prepopulated</i>	Hospital association  <i>(collected at middle of project year and end of project year)</i>	N/A

### 1.3 Estimated Funding by Target Outcomes (collected at end of project year)

**PM 3:** Select the target outcomes (one or more) that your hospital association, facility, or organization directly used Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement cooperative agreement funding to achieve (this does not include money hospital associations distributed to sub-recipients). For each targeted outcome for which your hospital

association, facility, or organization used cooperative agreement funding, indicate the estimated number of cooperative agreement funding dollars used for the associated outcome. Please leave all other sections blank.

Targeted Cooperative Agreement Outcome	Estimated number of dollars of Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding used for associated activities: hospital association	Estimated number of dollars of Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding used for associated activities: sub-recipient
Update and/or train staff to implement COVID-19 pandemic or emergency preparedness plans at the sub-recipient level		
Enhance infection control <sup>3</sup> and triage <sup>4</sup> training for health care professionals and other support services workers		
Procurement of and preservation strategies for optimization of PPE and other supplies and equipment in accordance with CDC guidelines		
Plan, train, and implement expanded telemedicine and telehealth capabilities to improve access to care for individuals in their homes or residential facilities, improve 911/PSAP routing of patients to appropriate care settings, or maintain continuity of operations using innovative telemedicine or telehealth approaches		
Retrofit, adapt, or create separate health care facility areas to screen and treat large numbers of persons with suspected COVID-19 infections, including isolation areas in or around hospital emergency departments to assess potentially large numbers of PUI for COVID-19 infection		

<sup>3</sup> Centers for Disease Control and Prevention. Accessed August 2020. ["Transmission-Based Precautions."](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)  
<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.

<sup>4</sup> 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)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>.

Targeted Cooperative Agreement Outcome	Estimated number of dollars of Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding used for associated activities: hospital association	Estimated number of dollars of Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding used for associated activities: sub-recipient
Increase the number of patient care beds to provide surge capacity using alternate care sites or other surge methods.		
Administration and management of the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i>		

## 2.0 Administrative Efficiency Measures

**Operational Intent:** *These performance measures determine if Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding was distributed in a timely manner and if hospital associations have appropriate mechanisms in place to collect data and disseminate health care associated communications. These measures will help ASPR understand the benefits and challenges of reaching sub-recipients through hospital associations.*

### 2.1 Required Administrative Efficiency Measures

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
PM 4: Number of hospital associations executing all sub-awards for the first funding tranche within 30 days (requirement of 30 days)	Did your hospital association execute all 1 <sup>st</sup> round sub-awards within the first 30 days of award?  (If selecting 'no'): How many sub-awards were executed <i>after</i> the first 30 days of funding?	Hospital association  <i>(collected at middle of project year)</i>	N/A
PM 5: Number of hospital associations executing all sub-awards for the second funding tranche within 30 days (no requirement)	Did your hospital association execute all 2 <sup>nd</sup> round sub-awards within the first 30 days of award?  (If selecting 'no'): How many sub-awards were executed <i>after</i> the first 30 days of funding?	Hospital association  <i>(collected at middle of project year)</i>	N/A
PM 6: Challenges faced in executing sub-awards	(If selecting 'no' to either of the above): Please describe the challenges faced in executing sub-awards.	Hospital association  <i>(collected at middle of project year)</i>	N/A

### 3.0 Preparedness Plan Measures

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

- Update and/or train staff to implement COVID-19 pandemic or emergency preparedness plans at the sub-recipient level

#### 3.1 Required Preparedness Plan Measures

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
PM 7: Number of hospital association-supported trainings on responding to COVID-19 utilizing <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	How many COVID-19-specific trainings did your hospital association support for sub-recipients using <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds (directly rather than through funding sub-recipients)?	Hospital association  (collected at end of project year)	N/A
PM 8: Number of sub-recipient-supported trainings on responding to COVID-19 utilizing <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	How many COVID-19-specific trainings did your facility or organization support using <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds provided by your hospital association?	Sub-recipient  (collected at end of project year)	N/A
PM 9: Number of sub-recipients that updated preparedness plans to include pandemic or COVID-19 preparedness activities with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Did your facility or organization update preparedness plans to include pandemic or COVID-19 preparedness activities using <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds provided by your hospital association?	Sub-recipient  (collected at end of project year)	N/A

## 4.0 Training Measures

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

- Enhance infection control and triage training for health care professionals and other support services workers

### 4.1 Required Training Measures

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
PM 10: Number of hospital associations providing cooperative agreement-supported training or resources on COVID-19 infection control and triage with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Did your hospital association provide COVID-19 specific trainings or develop resources on the following topic areas utilizing <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds? (Select all that apply) <i>Infection control:</i> <ul style="list-style-type: none"> <li>• PPE optimization protocols, extended use, and reuse</li> <li>• Environmental cleaning and waste management</li> <li>• Transmission-based precautions</li> <li>• Handwashing hygiene</li> <li>• Infection control protocols for labs (e.g., specimen collection including nasopharyngeal swabbing for both diagnostic and clinical testing, serology testing for plasma treatment, etc.)</li> <li>• PPE donning and doffing procedures (e.g., universal masking etiquette)</li> <li>• Safe treatment protocols</li> <li>• Other (free response)</li> </ul> <i>Triage:</i> <ul style="list-style-type: none"> <li>• Assessment, transport, and treatment of COVID-19 suspected or confirmed patients</li> <li>• In-take protocols</li> <li>• Rapid identification and isolation of a PUI</li> <li>• Prioritization of clinical interventions</li> </ul>	Hospital association  <i>(collected at middle of project year and end of project year)</i>	N/A

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
	<ul style="list-style-type: none"> <li>• 911/PSAP routing of patients to appropriate care settings</li> <li>• Other (free response)</li> </ul>		
PM 11: Number of trainings on COVID-19 infection control practices supported per hospital association with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Total number of trainings on COVID-19 infection control supported by <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds (directly rather than through funding sub-recipients)	Hospital association  <i>(collected at end of project year)</i>	N/A
PM 12: Number of trainings on COVID-19 triage supported per hospital association with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Total number of trainings on COVID-19 triage supported by <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds (directly rather than through funding sub-recipients)	Hospital association  <i>(collected at end of project year)</i>	N/A
PM 13: Number of facilities or organizations providing COVID-19 infection control and triage training utilizing <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Did your facility or organization provide COVID-19 specific trainings on the following topic areas utilizing <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds? (Select all that apply) <i>Infection control:</i> <ul style="list-style-type: none"> <li>• PPE optimization protocols, extended use, and reuse</li> <li>• Environmental cleaning and waste management</li> <li>• Transmission-based precautions</li> <li>• Handwashing hygiene</li> <li>• Infection control protocols for labs (e.g., specimen collection including nasopharyngeal swabbing for both diagnostic and clinical testing, serology testing for plasma treatment, etc.)</li> <li>• PPE donning and doffing procedures (e.g., universal masking etiquette)</li> <li>• Safe treatment protocols</li> <li>• Other (free response)</li> </ul>	Sub-recipient  <i>(collected at end of project year)</i>	N/A

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
	<p><i>Triage:</i></p> <ul style="list-style-type: none"> <li>• Assessment, transport, and treatment of COVID-19 suspected or confirmed patients</li> <li>• In-take protocols</li> <li>• Rapid identification and isolation of a PUI</li> <li>• Prioritization of clinical interventions</li> <li>• 911/PSAP routing of patients to appropriate care settings</li> <li>• Other (free response)</li> </ul>		
PM 14: Number of trainings on COVID-19 infection control practices supported per sub-recipient with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Total number of trainings on COVID-19 infection control supported by <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds	Sub-recipient  <i>(collected at end of project year)</i>	N/A
PM 15: Number of trainings on COVID-19 triage supported per sub-recipient with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Total number of trainings on COVID-19 triage supported by <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds	Sub-recipient  <i>(collected at end of project year)</i>	N/A
PM 16: Changes attributed to training funded by the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i>	What specific clinical or operational modifications were made by your facility or organization as a result (fully or partially) of training in infection control and triage supported by <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds?	Sub-recipient  <i>(collected at end of project year)</i>	N/A

**5.0 PPE Procurement and Optimization Measures**

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

- *Procure and preserve PPE and other supplies and equipment in accordance with CDC guidelines*

## 5.1 Required Procurement and Optimization Measures

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
PM 17: Types of procured supplies and equipment per hospital association with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Which of the following types of supplies did you procure with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds? <ul style="list-style-type: none"> <li>• Eye protection (e.g., goggles)</li> <li>• Gowns</li> <li>• Gloves</li> <li>• Facemasks or face shields (non-respirator type)</li> <li>• N95 respirators</li> <li>• Reusable facepiece respirators</li> <li>• Powered Air Purifying Respirators (PAPRs)</li> <li>• Ventilators</li> <li>• Testing supplies, including nasopharyngeal (NP) swabs, clinical specimen transport media, etc.<sup>5</sup></li> <li>• Reagents</li> <li>• Hand hygiene products</li> <li>• Cleaning products</li> <li>• Pharmaceutical products</li> <li>• Other (free response)</li> </ul>	Hospital association  <i>(collected at end of project year)</i>	N/A
PM 18: Types of procured supplies and equipment per sub-recipient with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Which of the following types of supplies did you procure with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds? <ul style="list-style-type: none"> <li>• Eye protection (e.g., goggles)</li> <li>• Gowns</li> <li>• Gloves</li> <li>• Facemasks or face shields (non-respirator type)</li> <li>• N95 respirators</li> <li>• Reusable facepiece respirators</li> <li>• Powered Air Purifying Respirators (PAPRs)</li> <li>• Ventilators</li> </ul>	Sub-recipient  <i>(collected at end of project year)</i>	N/A

<sup>5</sup> Hospital Associations should submit a justification in writing to their Project Officer and Grants Manager on why they or their sub-recipients should be allowed to use funding for testing supplies if there is a need to use funding in this manner.

Program Performance Measure	Data Point	Data Entity and Timing	Calculation
	<ul style="list-style-type: none"> <li>• Testing supplies, including nasopharyngeal (NP) swabs, clinical specimen transport media, etc.<sup>6</sup></li> <li>• Reagents</li> <li>• Hand hygiene products</li> <li>• Cleaning products</li> <li>• Pharmaceutical products</li> <li>• Other (free response)</li> </ul>		
PM 19: Number of sub-recipients instituting PPE optimization strategies with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Did your facility or organization utilize <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding to institute PPE optimization strategies according to CDC guidelines? <sup>7</sup>	Sub-recipient  (collected at end of project year)	N/A

## 6.0 Telemedicine and Telehealth Measures

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

- *Plan, train, and implement expanded telemedicine and telehealth capabilities to improve access to care for individuals in their homes or residential facilities, improve 911 or public safety answering point routing of patients to appropriate care settings, or maintain continuity of operations using innovative telemedicine or telehealth approaches*

### 6.1 Required Telemedicine Measures

Program Performance Measure	Data Point	Data Entity	Calculation
PM 20: Number of sub-recipients supporting trainings for staff to implement or expand telemedicine and telehealth capabilities with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Did your facility or organization support trainings on administering/expanding telemedicine or telehealth capabilities with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds? (Select 'yes' or 'no')	Sub-recipient  (collected at end of project year)	N/A

<sup>6</sup> Hospital Associations should submit a justification in writing to their Project Officer and Grants Manager on why they or their sub-recipients should be allowed to use funding for testing supplies if there is a need to use funding in this manner.

<sup>7</sup> 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)" <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Program Performance Measure	Data Point	Data Entity	Calculation
PM 21: Number of staff trained on methods to implement or expand telemedicine and telehealth capabilities with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	How many staff were trained to administer/expand telemedicine or telehealth capabilities with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds?	Sub-recipient  <i>(collected at end of project year)</i>	N/A
PM 22: Number of sub-recipients reporting expanded telemedicine and telehealth capabilities as a result of <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	Which telemedicine and telehealth capabilities has your facility or organization implemented or expanded as a result of <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding? <ul style="list-style-type: none"> <li>• Outreach to patients and the community on the importance of using telehealth before entering a facility</li> <li>• Instructions for patients on the use of telehealth and their telehealth options</li> <li>• Expanded telehealth phone lines, call centers, chat systems, or patient portals</li> <li>• Additional software, platforms, or equipment to support telehealth provision</li> <li>• Identified algorithms for which patients can be managed at home and which should be admitted to an acute care facility</li> <li>• Expanded number of providers offering telemedicine or telehealth service</li> <li>• Increased ability to be reimbursed for telemedicine or telehealth services</li> </ul>	Sub-recipient  <i>(collected at end of project year)</i>	N/A

Program Performance Measure	Data Point	Data Entity	Calculation
	<ul style="list-style-type: none"> <li>Improved 911 or public safety answering point routing of patients to appropriate care settings</li> <li>Improved continuity of operations using innovative telemedicine or telehealth approaches</li> <li>Other (free response)</li> </ul>		
PM 23: Percent increase in the number of patient care visits conducted via telehealth / telemedicine year over year	(a) Number of telehealth visits year-to-date on the date of reporting (b) Number of telehealth visits year-to-date on the date of reporting in the prior year	Sub-recipient  <i>(collected at end of project year)</i>	Percent increase in staffed patient beds = $((b-a)/a) * 100\%$

**7.0 Retrofitting Measures**

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

- Retrofit, adapt, or create separate health care facility areas to screen and treat large numbers of persons with suspected COVID-19 infections, including isolation areas in or around hospital emergency departments to assess potentially large numbers of PUI for COVID-19 infection*

**7.1 Required Retrofitting Measures**

Program Performance Measure	Data Point	Data Entity	Calculation
PM 24: Number of sub-recipients with retrofitted or expanded screening/treatment areas for COVID-19 response as a result of Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding	Did your facility or organization retrofit at least one area for COVID-19 response with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funds? (Select ‘yes’ or ‘no’)	Sub-recipient  <i>(collected at end of project year)</i>	N/A

**8.0 Surge Capacity Measures**

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

- Increase the numbers of patient care beds to provide surge capacity*

## 8.1 Required Surge Capacity Measures

Program Performance Measure	Data Point	Data Entity	Calculation
PM 25: Percent increase in staffed patient beds per sub-recipient with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funding	(a) Number of staffed beds (both acute care and ICU) before increasing bed capacity with <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds (b) Number of staffed beds (both acute care and ICU) after use of <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> funds to increase bed capacity	Sub-recipient <i>(collected at end of project year)</i>	Percent increase in staffed patient beds = $((b-a)/a) * 100\%$

## 9.0 Optional Questions (A-O)

The questions in this section are optional for hospital associations. They are exploratory questions to assist ASPR to understand the challenges faced and leading practices utilized by recipients and sub-recipients in the implementation of this cooperative agreement. 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.

Collection Timeframe: *(collected at middle of project year and end of project year)*

Program Performance Measure	Data Point	Data Entity	Calculation
A. Tactics successfully used by hospital associations to execute subawards	What strategies have you used to successfully and quickly execute subawards?	Hospital association	N/A
B. Communications methods used by hospital associations	What strategies have you used to share and push communications and information out to sub-recipients? Select as many as apply: <ul style="list-style-type: none"> <li>• Email</li> <li>• Webinars and calls</li> <li>• Social media</li> <li>• Individual outreach and communication</li> <li>• Other (free response)</li> </ul>	Hospital association	N/A

Program Performance Measure	Data Point	Data Entity	Calculation
C. Successes observed/achieved that resulted from sub-recipients updating preparedness plans	For sub-recipients who updated their preparedness plans, were there any successes or positive outcomes you can highlight?	Hospital association	N/A
D. Challenges sub-recipients faced in updating preparedness plans	<p>What specific challenges have you heard most often from sub-recipients regarding implementing preparedness and response plans to address COVID-19 medical surge? Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Limitations in clinical knowledge</li> <li>• Limitations in funding to implement plan</li> <li>• Limitations in needed staff</li> <li>• Limitations in needed equipment and/or supplies</li> <li>• Limitations in physical space</li> <li>• Other (free response)</li> </ul>	Hospital association	N/A
E. Challenges in implementing infection	<p>What specific challenges have you most often heard from sub-recipients regarding their ability to train staff on effective infection control practices? Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Staff availability for training</li> <li>• Limitations in trainer clinical knowledge</li> <li>• Curriculum development</li> <li>• Material limitations to implementation (space, materials, etc.)</li> <li>• Availability of training resources, including space and materials</li> <li>• Other (free response)</li> </ul>	Hospital association	N/A
F. Challenges in implementing triage	<p>What specific challenges have you heard most often from sub-recipients regarding their ability to train staff on COVID-19 triage? Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Staff availability for training</li> </ul>	Hospital association	N/A

Program Performance Measure	Data Point	Data Entity	Calculation
	<ul style="list-style-type: none"> <li>• Limitations in trainer clinical knowledge</li> <li>• Curriculum development</li> <li>• Material limitations to implementation (space, materials, etc.)</li> <li>• Availability of training resources, including space and materials</li> <li>• Other (free response)</li> </ul>		
G. Challenges in procuring needed supplies and equipment	<p>What specific challenges have you heard most often from sub-recipients regarding their ability to procure needed supplies and equipment? Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Budget constraints or limited funding</li> <li>• Low or limited market supply</li> <li>• High cost and/or price gouging</li> <li>• Finding and vetting non-traditional suppliers</li> <li>• Securing quality supplies/products</li> <li>• Competing priorities regarding supplies to obtain</li> <li>• Lack of inventory or demand data</li> <li>• Other (free response)</li> </ul>	Hospital association	N/A
H. Successes and associated tactics in procuring needed supplies and equipment	<p>What success stories have you heard from sub-recipients regarding procurement of needed supplies and equipment, and what tactics were employed to achieve that result?</p>	Hospital association	N/A
I. Challenges in expanding telemedicine and telehealth capabilities and coverage	<p>What specific challenges have sub-recipients experienced regarding their ability to expand telemedicine and telehealth capabilities and coverage? Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Medicare payment</li> <li>• Medicaid payment</li> <li>• Private insurance payment</li> </ul>	Hospital association	N/A

Program Performance Measure	Data Point	Data Entity	Calculation
	<ul style="list-style-type: none"> <li>• Bandwidth (patient location)</li> <li>• Bandwidth (provider location)</li> <li>• Provider acceptance</li> <li>• Patient acceptance</li> <li>• Hardware capability and interoperability</li> <li>• Software capability and reliability</li> <li>• Network security</li> <li>• Coordination with existing electronic health records (EHR)</li> <li>• Internal management of telemedicine platform and workflows</li> <li>• State licensing of providers</li> <li>• Medicolegal concerns</li> <li>• Use for speakers of languages other than English</li> <li>• Use by patients with disabilities</li> <li>• Lack of training</li> <li>• Other (free response)</li> </ul>		
J. Successes and associated tactics in expanding telemedicine and telehealth capabilities and coverage	What success stories have sub-recipients experienced regarding expanded telemedicine and telehealth coverage, and what tactics were employed to achieve that result?	Hospital association	N/A
K. Challenges in retrofitting or adding additional screening/treatment space for COVID-19	<p>What specific challenges have sub-recipients experienced regarding their ability to retrofit spaces for COVID-19 screening and treatment?</p> <p>Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Budget constraints or limited funding</li> <li>• Limitations in clinical knowledge</li> <li>• Disagreement on leading practice or priorities</li> <li>• Material limitations (space, materials, etc.)</li> <li>• Other (free response)</li> </ul>	Hospital association	N/A

Program Performance Measure	Data Point	Data Entity	Calculation
L. Successes and associated tactics in retrofitting or adding additional screening/treatment spaces for COVID-19	What success stories have sub-recipients experienced regarding retrofitting areas for COVID-19 screening and treatment, and what tactics were employed to achieve that result?	Hospital association	N/A
M. Challenges in increasing patient care beds	<p>What specific challenges have sub-recipients experienced in increasing the number of available patient care beds? Select as many as apply:</p> <ul style="list-style-type: none"> <li>• Budget constraints or limited funding</li> <li>• Determining leading practice and priorities</li> <li>• Material limitations (space, materials, etc.)</li> <li>• Staffing</li> <li>• Physical space constraints</li> <li>• Ability to discharge patients</li> <li>• Other (free response)</li> </ul>	Hospital association	N/A
N. Successes in increasing patient care beds	What success stories have sub-recipients experienced regarding increasing the number of available patient care beds through cooperative agreement funding? In these cases, what tactics were used?	Hospital association	N/A
O. Novel uses of funding	For those recipients approved by NHPP to use funding in novel ways, please provide comments on your use of funding and its impact.	Hospital Association	N/A

## Annex A: Acronyms and Glossary of Terms

Term	Definition
<b>ASPR</b>	<b>The Assistant Secretary for Preparedness and Response</b>
<b>ASPR cooperative agreement funding</b>	Any funding awarded to a recipient or awarded to a sub-recipient. An activity is considered supported by ASPR cooperative agreement funding if it is: 1) fully funded by the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> ; 2) partially funded by this cooperative agreement and by the facility or other entity; or 3) supported by allowable staff positions fully- or partially-funded by cooperative agreement funding
<b>ASPR-funded</b>	An activity is considered ASPR-funded if it is: 1) fully funded by the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> ; 2) partially funded by this cooperative agreement and by the facility or other health care entity; or 3) supported by allowable staff positions fully- or partially-funded by this cooperative agreement funding
<b>Data Entity</b>	The source organization reporting a particular Data Point
<b>Data Point</b>	Individual data element reported by a Hospital Association or its sub-recipient used to calculate or assess the Program Performance Measure
<b>Facility/ Organization</b>	This term applies to the functional organization of a sub-recipient that receives a sub-award from a Hospital Association through the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> that provides care services to patients, regardless of sub-recipient type. These include acute care hospitals, specialty care centers, outpatient/ambulatory care (includes primary care clinics, urgent care centers, dialysis, community health centers, etc.), home and residential care (includes long-term care, home health agencies, skilled nursing facilities, etc.), EMS/Pre-Hospital (also includes 911/Public Safety Answering Points (PSAP)), support services (pharmacies, blood banks, medical supply chain), hospital systems, and other health care entities on the front lines of the COVID-19 pandemic
<b>Health Care Worker</b>	A health care worker is any worker who provides clinical health care services (i.e., doctors, nurses, laboratory technicians, x-ray technicians, EMS, etc.)
<b>HPP</b>	The Hospital Preparedness Program

Term	Definition
<b>Infection Control</b>	<p>Infection control prevents or limits the spread of infection in health care settings and includes a range of activities such as:</p> <ul style="list-style-type: none"> <li>• training for health care worker safety when caring for a COVID-19 patient (e.g., Personal Protective Equipment (PPE) donning/doffing, safe treatment protocols),</li> <li>• assessing and updating physical infrastructure (e.g., minor retrofitting and alteration of inpatient care areas for enhanced infection control donning/doffing rooms),</li> <li>• 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,</li> <li>• 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 Precautions<sup>8</sup></li> </ul>
<b>PPE</b>	Personal Protective Equipment
<b>PSAP</b>	Public Safety Answering Point
<b>PUI</b>	Persons Under Investigation
<b>Program Performance Measure</b>	The national-level performance measure used by ASPR to monitor and evaluate the performance of the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> . Result is typically calculated by ASPR based on Data Points reported by Hospital Associations sub-recipients
<b>Recipient</b>	For this cooperative agreement, recipients are state/jurisdictional Hospital Associations who receive awards from ASPR’s Hospital Preparedness Program through the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> . Formal definitions of recipients can be found in the Code of Federal Regulations (2 CFR—Part 200) <sup>9</sup>
<b>Sub-recipient</b>	Acute care hospitals, specialty care centers, outpatient/ambulatory care, home and residential care, EMS/Pre-Hospital, support services, and other health care entities that receive a sub-award from a Hospital Association through the <i>Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement</i> . Formal definitions of sub-recipients can be found in the Code of Federal Regulations (2 CFR—Part 200) <sup>2</sup>
<b>Support Services Worker</b>	Workers who provide support services that allow those in the health care sector to function, including environmental health workers, food preparation workers, maintenance workers, etc.

<sup>8</sup> Centers for Disease Control and Prevention. Accessed August 2020. [“Transmission-Based Precautions.”](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html) <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.

<sup>9</sup> [“Electronic Code of Federal Regulations.”](https://www.ecfr.gov/cgi-bin/text-idx?SID=2a89cb03270093638f94a6d25896dac5&mc=true&node=20200813y1.62) Updated September 2020. Accessed September 2020. <https://www.ecfr.gov/cgi-bin/text-idx?SID=2a89cb03270093638f94a6d25896dac5&mc=true&node=20200813y1.62>.

Term	Definition
<b>Triage</b>	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. <sup>10</sup> 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

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<sup>10</sup> 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)" <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>.