

ASPR Hospital Preparedness Program Recipient Webinar

November 13, 2024

Call Transcript

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

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Jennifer Hannah: Thank you, Megan, and good afternoon everyone. As hopefully everyone knows by now, my name is Jennifer Hannah, and I am the Director of OHCR. I will start by walking through our agenda. Next slide, please.

First, Rachel Lehman, the Acting Director of the ASPR Technical Resources, Assistance Center, & Information Exchange, or TRACIE, will provide an overview of ASPR TRACIE's recently released resources. Next, Dr. Richard Hunt, the Senior Medical Advisor for OHCR, will share an update on viral hemorrhagic fevers. Then, I will provide an overview of the recently released Hospital Preparedness Program, or HPP, supplemental guidance. I will also preview upcoming supplemental guidance and submission deadlines. Afterwards, Dave Csernak and Angela Krutsinger, OHCR's Acting Regional Staff Supervisors and Field Project Officers, will provide an overview of the HPP Incident Management Template. We will leave some time at the end of each section for questions, in addition to a general Q&A at the end of today's meeting. Next slide, please. I will now pass it over to Rachel Lehman for our first presentation.

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Rachel Lehman: Thank you, Jennifer. It's a pleasure to be here. I'm excited to highlight new and upcoming resources from ASPR TRACIE. I'm going to start with our resources that can assist with the ongoing IV fluid supply challenges. With that, next slide.

So, in reaction to the temporary closure of the Baxter International Facility, ASPR TRACIE developed two tip sheets: the IV Fluid Shortage Strategies Tip Sheet outlines strategies that can help hospitals and health care providers modify traditional practices and conserve IV fluids. It provides general strategies as well as strategies that are specific to EMS, pharmacy, emergency department, surgical services, inpatient units, and incident command. The tip sheet also outlines additional resources that are available for hospitals. And then the shortage strategies and resources peritoneal dialysis solution. tip sheet provides strategies from prior shortage and disaster incidents that can help health care providers and patients adapt to a shortage of PD Solution and the tip sheet also includes again, as with the other tip sheet, additional resources for health care providers, but this one also has additional resources for patients. Both of these tip sheets can be found on ASPR TRACIE's medical product shortages and scarce resources webpage. And then some of the resources on the next slide are also useful for the ongoing IV fluid and PD solution supply challenges. With that, next slide.

Many of you know that crisis standards of care is a long-time priority of ASPR TRACIE's, but in 2024 it's been a major focus of ours. This was due to the importance of documenting lessons learned from COVID-19, but also due to technical assistance requests we've been receiving. And a friendly reminder to use our assistance center because the requests we receive really help shape the products we develop and the work that we do. We created a new CSC resource page, and we updated our CSC briefs. and the CSC briefs was one of the ASPR TRACIE resources that was highlighted in the recent CDC health advisory on the disruptions in the availability of PD and IV solutions. The briefs provide information on the principles of CSC, clinical allocation decisions, public messaging, and roles and responsibilities of health care

providers, facilities and systems, and coalitions and states while operating under CSC. Then this spring, we released our new hospital crisis standards of care resource allocation annex template. This template can help hospital emergency managers and medical directors develop an annex to their EOPs, which can complement existing surge capacity plans. It includes specific decision processes for the allocation of resources and the triage of patients for the provision of critical care when there are shortages of equipment or therapeutics, and they pose a significant risk to patient outcomes. The Speaker Series recording is a great thirty-minute presentation that summarizes lessons learned from COVID-19. It's from our senior editor, Dr. John Hick, who is one of the nation's premier CSC experts. Finally, brand new is our CSC considerations, which we developed based on a technical assistance request. The considerations are a series of tip sheets that provide brief summaries of areas of concern to crisis standards of care for health care providers and their facilities and health systems. They were designed to inform and support the challenging decisions that occur under contingency and crisis conditions. Topics covered include mitigating crisis care, the de-escalation of care, non-beneficial care, legal and regulatory considerations, pharmaceutical and supply challenges, and reducing provider distress. The tip sheet focused on the pharmaceutical and supply challenges is particularly helpful with the ongoing IV fluid shortage. Next slide.

Moving forward to some of our additional new and updated resources. Starting with our new Speaker Series and some of our new Speaker Series recordings. We have launched a new Workplace Violence Consideration Speaker Series focused on preventing, preparing for, responding to, and recovering from health care workplace violence incidents. There are four recordings in the Speaker Series so far and we're going to kind of continue to grow this series throughout 2024. The Anesthesia and Disasters and Public Health Emergency Speaker Series recording highlights the unique role of anesthesiologists in various types of natural and human-caused incidents. A new Speaker series recording, which is incredibly popular, is the recording focused on the response to the 2019 Bryce Canyon tour bus mass casualty incident. It features great lessons learned and how to manage an MCI in a rural area, and how to navigate language barriers during a response. This is because the bus that crashed outside Bryce Canyon National Park was carrying Chinese tourists.

We launched a new mock resource page, and the mock toolkit was updated. There are updates throughout the toolkit, but one of the more exciting updates is that we added two new appendices on pediatric and burn considerations for MOCCs. We have been doing quite a bit of work on burn mass casualty incidents in the last few months, and though burn mass casualty incidents are infrequent, when they do happen, they can quickly overwhelm local resources and exceed the capacity of the closest burn center to provide care. In these scenarios patients will need to be cared for initially at non-burn facilities, and they may be called to render kind of immediate critical interventions, or even prolonged care until transfer to a burn center is deemed necessary and possible. The burn mass casualty incidents, triage, assessment, and treatment considerations provides an initial approach to burn injury evaluation, and resuscitation at hospitals that are not normally providing burn care. It's a really exciting new resource, so please check that one out. To wrap this slide up, we have comprehensively updated four of our topic collections recently. Two are communications topic collections as well as our veterinary issues and volunteer management topic collections. Next slide.

To close some of our upcoming presentations and resources, we are comprehensively updating the Tips for Health Care Facilities Assisting Families and Loved Ones After a Mass Casualty Incident, and our Considerations for the Use of Temporary Search Sites at all Hazard Incidents and then issue twenty of the Exchange which will focus on burn mass casualty incidents is going to be released before the end of the year. We are also updating our burns topic collection and then a big project that we are working on is the hospital readiness and response and online

guidebook. This is going to be for the new folks entering the health care emergency management field. We are not releasing all thirty-one plan chapters at once, but we will be releasing the first five chapters this year and adding additional chapters throughout 2024.

For events and upcoming presentations, the ASPR TRACIE team will be attending and presenting at NHCPIC in December and we have a session on how MOCCs can be implemented in your jurisdiction, and how to incorporate specialty considerations such as pediatrics and burn. We will also be attending and presenting at the Association of Health Care Emergency Preparedness Professionals Annual Conference in February. We are collaborating with ASPR's Office of Critical Infrastructure Protection on RISC Toolkit presentation. Lastly, we are holding a CSC webinar on January 15th. We will focus on lessons learned from COVID-19 and recent pharmaceutical supply challenges and the registration for that webinar is actually going to be opening next week, and you'll see it in the ASPR TRACIE express, as well as different ASPR newsletters. I think that that is really all I have. I would like to thank you for listening and thank you to the OHCR team for having me on this month's call. I'm happy to answer any questions if there are any. Okay, I don't believe there is. Thank you again to the OHCR team, and thank you all for listening, and please don't hesitate to reach out to ASPR TRACIE.

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Jennifer Hannah: Thank you, Rachel. We really appreciate that overview, and as per usual, we will make sure that for all of the upcoming events that you have that we feature those within our ASPR Health Care Readiness Bulletin. But we really appreciate Rachel and the entire ASPR TRACIE team for putting together such comprehensive and relevant materials. Next slide, please. I will now pass it to Dr. Richard Hunt to provide an update on the current status of viral hemorrhagic fevers across the U.S. and around the world. Dr. Hunt.

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Richard Hunt: Yeah, thanks, Jennifer. I'm Richard Hunt, and I am a Senior Medical Advisor for the Office of Health Care Readiness. As many of you know, ASPR is actively monitoring outbreaks of several emerging special pathogens across the U.S. and around the world. Specifically, these emerging (actually emerged) special pathogens cause viral hemorrhagic fevers, or VHFs, a severe set of diseases which may lead to life-threatening symptoms. Ebola, for example, is the most well-known type of VHF. While we are not monitoring any Ebola viruses posing a health risk to the United States, we are monitoring outbreaks of Lassa Fever and Marburg Virus Disease. I'll discuss both in detail and share the relevant information you all should know. Next slide, please.

ASPR is currently monitoring a Marburg Virus Disease outbreak in the Republic of Rwanda in Eastern Africa where over sixty cases have been confirmed. Marburg Virus Disease is a rare disease, but its symptoms are on a similar level of severity to Ebola and may prove lethal for patients. Many of the patients suspected of or confirmed with Marburg Virus Disease cases in Rwanda have involved health professionals within the capital of Kigali, but the World Health Organization notes that there is a high risk of regional spread. There are no licensed vaccines or treatments for Marburg Virus Disease, though investigational medical countermeasures do exist. For health care professionals, it is absolutely critical to follow strict infection control measures, as the overwhelming number of cases have been medical staff. Additionally, it is more important than ever for health care providers to be alert to the possibility of Marburg Virus Disease cases among patients with recent travel to affected regions. Though the risk of Marburg Virus Disease in the U.S. remains low, prompt identification, isolation, and treatment are essential to preventing any spread. Moving on to Lassa Fever, another VHF common in Africa,

but which has recently spread to the United States. In late October, the Iowa Department of Health and Human Services reported a fatal case of Lassa Fever in a recent traveler from West Africa. There have been eight travel-related Lassa fever cases in the past fifty-five years, and this marked the first case in the U.S. since 2015. Lassa Fever is typically spread by rodents, and infection in humans most often occurs by exposure to materials contaminated by those rodents. In rare cases, Lassa fever can spread person-to-person through bodily fluids. Lassa Fever can spread in health care settings when not using proper personal protective equipment or properly sterilizing equipment. Health care workers should follow an “Identify, Isolate, Inform” strategy when caring for patients suspected of or infected with Lassa Fever. Treatment should occur in a biocontainment unit and health care workers should follow personal protective equipment guidance. While these situations are evolving, it is important for health care facilities and medical transport including EMS to remain vigilant and be prepared, and we at ASPR will continue to closely monitor the situation. Next slide, please.

So how you prepare, and you know all of us should be prepared for someone walking in the emergency department or presenting to emergency medical services with a special pathogen. As I mentioned, these outbreaks are largely contained to Africa and are not spreading person-to-person in the United States. Therefore, the best way for health care facilities to stay protected is to monitor patient travel and screen for symptoms among those who have recently visited affected regions. We recommend that facilities follow “Identify, Isolate, and Inform” procedures, where there are protocols to screen patients, isolate those suspected to have infections – including transporting them to a facility equipped to provide proper care – and to inform staff and public health authorities in line with local laws, regulations, and protocols. As we remain vigilant, it is essential to remain in close contact with regional and national entities on the frontlines to protect against VHF. For example, ASPR’s National Special Pathogen System, or NSPS, is a tiered system of care with four facility levels that have increasing capabilities to care for patients and connects facilities across the network via emergency medical services. I think Megan has dropped into the Q&A the NETEC website there for you. I urge each of you to visit the National Emerging Special Pathogens Training, and Education center or NETEC website to access resources with what you need to know specific to these pathogens. In addition, NETEC can provide real time consulting support and self-assessment tools to help both facilities and medical transport prepare. If a facility or medical transport services has a suspected patient, I urge them to contact NETEC as soon as possible for their support. Additionally, each HHS region has at least one regional emerging special pathogen treatment center or RESPTC which is a hospital with advanced capabilities to care for patients suspected of, or infected with a special pathogen, as well as coordinate patient transport. I urge all of your organizations to get in contact with RESPTC if you've not done so already as we prepare for any emerging pathogen outbreak. Next slide, please. I'll open it up to any questions from the audience and thank you for your kind attention.

00:18:37.070 --> 00:22:05.600

Jennifer Hannah: Thank you, Dr. Hunt. I really appreciate you providing this very timely and important update. I don't see any questions specifically related to viral hemorrhagic fevers, but certainly you can still ask those questions by entering them in the Q&A section, and then certainly we will include those at the end of our session today as part of the General Q&A. If any questions come to mind, and the same applies as well for Rachel regarding ASPR TRACIE. Next slide, please.

Now, I would like to share a brief update on the HPP supplemental guidance. All the materials listed are available on the HPP Cooperative agreement, accountability and Management Platform or CAAMP to support you and your health care coalitions or HCCs. We released the

HCC or health care coalition budget template, readiness assessment template and readiness plan template. In September, we released the medical response and surge exercise or MRSE supplemental guidance in October. The Office of Health Care Readiness hosted a webinar and office hours in October to dive into more detail on this guidance. Earlier this month, we released the template for documenting incident management components of the Health Care Coalition Governance Document, and we will be going into more detail on this document during today's webinar. Next slide, please.

We will release additional supplemental guidance in the coming months for you and your health care coalitions to complete by the submission deadline. Please note, you and your health care coalitions must define the submission deadline for the patient movement plan when you and your health care coalitions develop your readiness plan. So, as you can see here on this slide, these are the tentative dates of release, for some of the assessments and plans throughout a portion of the period of performance. So upcoming next will be, of course, the Cybersecurity Assessment, Extended Downtime Health Care Delivery Impact Assessment, Medical surge Support Plan and Patient Movement Plan are all slated tentatively for release of January 2025. Then you can see that the dates for the for the remaining of those that are listed here for our tentative dates. Just so you are aware, I know that sometimes folks are a little concerned about some of the of the submission deadlines. We continue to review all of those deadlines, take into consideration, your feedback about any potential challenges that you may be facing in meeting those deadlines, and also to review to see if we might need to make any adjustments as well. I wanted to give you a preview of our planned tentative schedule of upcoming supplemental guidance. Next slide, please. I will now pass it over to Dave Csernak and Angela Krutsinger singer, who will go further into the Incident Management Template. Dave and Angela.

00:22:07.350 --> 00:24:02.340

Angela Krutsinger: Thank you, Jennifer. The HCC Governance document is an activity requirement, as stated in the HPP Notice of Funding Opportunity or NOFO. The HPP NOFO section 1.1.5 on page 18, includes requirement to demonstrate how you and your HCCs will support incident management and response operations. This template is intended to help you and your HCCs complete the HCC governance document addressing both the incident management and response operations components of the HCC governance document, which is new in this new period of performance. Please note, you must address all components of the HCC governance document included in the NOFO requirements, including incident management planning for each of your HCCs. However, using this template is not a requirement. It is intended only as an optional resource to help you document all of the required parts of the governance document. Next slide, please.

Part One of the template asks you to outline your HCC's policies and procedures related to incident management as well as your HCC's incident, management, structure, roles and responsibilities. More specifically, you must address components, including describing your incident, management structure, roles and duties, any policies and laws impacting your HCC's ability to perform duties during a response., and how organizational contracts differ between response activation and steady state. The template provides examples on each section to guide your development. Next slide, please, and I'll turn it over to Dave now to introduce Part Two.

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David Csernak: Thank you, Angela, and good afternoon, everybody. Part 2 of the template is where you are going to take all that that foundational groundwork that you laid in the first part that Angela just talked about, and you are going to use it to outline your health care coalition's coordination with agencies that are leading the ESF-8 response to address incident

management. More specifically, this is where you are going to address those policies, any limitations that you've identified, directives, steady state responsibilities, and readiness activities related to ESF-8 coordination, integration and support. Next slide, please.

To further assist you with bringing this all together and turning this template into this operational guidance to support the Coalition's governance and organizational structure, Appendix A of the template includes a series of guiding questions intended to support you and your coalition as you complete the template. These questions were written to clarify the type of content to include in order to meet the required activities. Note that you are not required to answer all the questions in the template, but we did want to put them all together and supply them to you, because we feel that it is really a good starting point in order to help you complete the template. Next slide, please.

So, after you have the opportunity to review the material and the coalitions have the opportunity to review the material, and you start putting your heads together, we will be conducting office hours. The first office hour session is going to be 1-2 PM EST tomorrow, November 14, and that's where Angela and I are going to meet with anyone that is interested in attending to address and answer additional questions related to the template. We would also hopefully encourage folks to bring their thoughts and their ideas, and potentially even some current, real world-type materials that you may already have in some of your coalition governance documents to provide as examples and to assist other coalitions that may be seeking to include this type of content for the very first time. A member of our team will share the team's meeting link in the Q&A chat below. We have also included in the ASPR health care readiness bulletin, a link to the to the office hour session tomorrow. Note that registration is not required to attend, so just click the link at the time the office hours are scheduled to begin in your respective time zone, and you should automatically be brought right to the office hour session. You can also access the incident management template as well as all the other released supplemental guidance materials on HPP CAAMP. If you have any difficulties accessing these materials, please reach out to your field project officer. We will be more than happy to email those materials to you directly, but I encourage you to give a shot at downloading them from CAAMP first, because you'll be able to get to them right away. With that said, if you have any system, related questions or difficulties using the CAAMP system, please email the HPP CAAMP Support team mailbox at hppcaampsupport@deloitte.com. I believe that also is going to be dropped in the chat. Next slide, please, and with that I will turn it back to Jennifer. Thank you.

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Jennifer Hannah: Great. Thank you, Dave and Angela. So now we're going to move to our General Q&A and we'll open it up to answer any questions specifically about the Supplemental Guidance Incident Management Template before moving on to general questions. As a reminder, you may submit written questions via the Q&A feature located at the bottom of the task bar. Please type your questions in the Q&A. We'll try to try our best to answer as many as possible within the time we have. Please note that you can upvote questions that you would like to see answered. As questions are answered, either written or verbally, they may be moved to the answered column.

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Megan Wassef: We will start. The first question we got relating to this is, "Will any guidance be released on the strategic plan, and/or the readiness plan, both due in March?"

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Jennifer Hannah: So we have already released the guidance for the readiness plan that was released at the same time as we released the Health Care Coalition Budget Template as well as the Readiness Assessment. All of that information, and specifically as I said, the guidance regarding the readiness plan, which included the Training and Exercise Plan that is located in HPP CAAMP. If you don't have access to HPP CAAMP, please note on the previous slide to email the HPP CAAMP support and request access, but also you can reach out to your assigned field project officer for assistance. Regarding the strategic plan, we are not going to be providing specific guidance or a template. There is guidance within the NOFO. We did not want to be prescriptive about the format regarding the strategic plan, but rather we have highlighted about the specific information or the content that should be included within that strategic plan. If you but if you need any specific assistance, again, please reach out to your assigned field project officer for assistance.

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Megan Wassef: Great. Thank you, Jennifer. Another one: "In addition to the governance doc guidance, can we expect that the future guidance will also just be a reference or tool for us to use and not required? We are not always in a position to wait until the guidance comes out before pushing forward on these activities."

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Jennifer Hannah: Certainly, and that is understood as well. I think our prevailing guidance regarding that is, there are going to be some instances where we're going to say, "use our required template." In those instances, we have been very intentional in making sure that language is upfront with that template. But otherwise, please move on with developing your templates based on those deadlines. You can work very closely with your assigned field project officer as well to review, and to work with you along the way to ensure that those components are included. Now, as I said, you know, I preface this that there will be some instances that you will be required to use our template, but we will make sure that we announce in advance what is going to be required. 1st optional? Thank you for that question.

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Megan Wassef: Thank you, Jennifer. Another question. I believe this is for Dave and Angela. Will the office hours be recorded for those who have prior commitments, and will there be any other sessions?

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David Csernak: I'll take that one. So we typically don't record the office hour sessions unlike the webinars like this, but we are open to the possibility. We are looking at having an additional date but haven't set it up yet with the holidays coming up. Potentially, the week between Thanksgiving and the NHCCPC Conference, but we can schedule another session, or if you have additional specific questions, you can always email your field project officer. They can help you out or reach out to us directly and we can answer any of those specific questions you may have, but check the readiness bulletin. As soon as we have a date for any future sessions, we will post that up with enough advanced notice.

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Megan Wassef: Great. Thank you. Another question asking about the supply chain integrity assessment. They were asking, "Does it come out in April? Could you remind us of when that assessment is due?"

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David Csernak: According to the NOFO, if you look on page 45, just as a point of reference, the updated Supply Chain Integrity Assessment utilizing these updated materials is due September 31st of 2026. So that would be mid-BP 3.

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Megan Wassef: Great. Thank you. Our next question, "Will we be getting any additional information for the cyber assessment criteria?"

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Jennifer Hannah: Yes, so that information will be included within the cyber assessment information that we are anticipating releasing in January.

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Megan Wassef: Wonderful. Thank you. Another question is, "Is there a list of the government document requirements for those who will be updating current HCC governance documents rather than using the template?"

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David Csernak: I'm sorry, Megan. Can you repeat that question?

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Angela Krutsinger: I can take that one. This is Angela. Yes, and those requirements for the government's document are in the NOFO on pages 16-18.

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Megan Wassef: Thank you. Another question that came in regarding the Supply Chain Integrity Assessment. It says, "For fiscal years 2024 and budget period one, this is still based on previously completed supply chain integrity assessments, is that correct?"

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David Csernak: That's correct. And I thank the person for asking that additional clarifying question correct. In the previous project period or period performance, we had everyone complete a supply chain integrity assessment. So, that is the assessment you should be reviewing and updating annually. So BP one BP 2, as the new materials and additional guidance come out, you will be able to expand that assessment and continue to work for it. If your coalition, depending on organizational structure, reorganization, etc., doesn't have a good current supply chain integrity, assessment in place, that's what the NOFO said, everyone needs to have one completed no later than December 31st of 2026. But you should be using the one and continuing to build from the one that you currently have completed from the last project period.

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Megan Wassef: Thank you. Jennifer, I believe this next question is for you. "What happened to the Pre-decisional National Health Care Preparedness and Response Capabilities draft from June of 2023 that is referenced at the link in the bottom of the HPP NOFO?"

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Jennifer Hannah: Thank you for that question. You guys get somewhat of a preview of an answer because we're going to be planning on covering that as well at the National Healthcare Coalition Preparedness Conference. But we are anticipating the release, pending the final clearance of the *National Healthcare Preparedness and Response Capabilities*, at least hopefully by the end of end of this calendar year, if not earlier. But our anticipated release date pending final clearance will be the end of this calendar year, 2024.

00:36:07.380 --> 00:36:28.549

Megan Wassef: Thank you. Another question, "When are the updated performance measures to be released? It was noted during the May 22, 2024, briefing that a number of items like the interoperable communications drill have and will be adjusted. Knowing how this looks is very important and needed to inform many activities." The second part of that question is relating to the capabilities which you just answered.

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Jennifer Hannah: Sure. Dave, do you want to take the part regarding the interoperable communications, because I believe that we have built that into the medical response and surge, exercise.

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David Csernak: Correct Jennifer. So, in an effort to try and consolidate some of the previous requirements and incorporate them into the MRSE in order to allow coalitions to demonstrate them in kind of that real world or exercise environment rather than a standalone activity, we did take that interoperable communications piece and built it into the MRSE. If you look through the new MRSE guidance, it does talk about incorporating some aspect of the exercise itself that will drive the coalition to leverage that redundant communication capability within their exercise itself, and demonstrate their ability to actually use it during an actual scenario. That one was built into the MRSE.

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Megan Wassef: Great. Thank you. Jennifer. This next question is for you. Someone asked, "Our State emergency management. Did a THIRA this year, and our State DHS is participating. If these two bullets are met via the THIRA, will that satisfy our risk assessment deliverable? The bullets are 1. identify communities most impacted by disasters using available data and 2. reflect input from your HCCs. You must incorporate the input from the members that represent health care such as hospitals emergency management."

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Jennifer Hannah: You know, we haven't defined a specific format for the risk assessment which was formerly the jurisdictional risk assessment. I would ask you to recommend that you consult your field Project officer to review your THIRA which you referenced within your question, to ensure that it meets the criteria that has been defined for the risk assessment. I am not saying that it wouldn't meet that requirement, but I just want to make sure that you know that the content that we are requesting is included within that in that THIRA. If it is there, then it is possible that it will meet that risk assessment requirement. That is one of the reasons why we did not define a specific format, and you'll note within the notice of funding opportunity where we talk about the various assessment tools that are out there for assessing risk, and in those instances, for example, with the THIRA. The THIRA could inform the risk assessment, and the risk assessment could inform the THIRA. So, as I said, I would recommend that you reach out

to your assigned field project officer to review the THIRA to make sure that the content that we are requesting to be included within the risk assessment is there. Thank you.

00:39:32.110 --> 00:39:45.570

Megan Wassef: Great. Thank you, Jennifer. Another question: “Can you clarify the requirements to use the RISC 2.0 for the annual HVA Update? This is a tall order for those of us who have not transitioned to this yet given it is due in January.”

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Jennifer Hannah: Yes, and you know we are internally as well reviewing the risk 2.0 tool to make sure that it is at the level of where we have defined it to be within the notice of funding opportunity. So what I would ask you to do regarding the RISC 2.0 is to stand by. I think that we are very close to reaching a decision. We're not saying that we're backing off on that requirement. It's just that we may adjust that specific requirement for that. I know that folks want to move out on their on their HVAs, as well and as we stated already, move on your HVAs, and then we'll follow back up regarding the risk. The language within the notice of funding opportunity regarding the risk. 2.0 2 was that it is to be used to inform assessments to the extent possible for the health care coalitions. But if you stand by, we will plan to follow up very soon regarding the use of the risk, 2.0 tool, and provide you with additional guidance. We are also working with our critical infrastructure protection team to provide a demo and office hours related to that as well.

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Megan Wassef: Thank you, Jennifer. The final question we have right now is, “If the cyber criteria does not come out until January, will the due date for the completed assessment be moved?”

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Jennifer Hannah: You know, as I stated from the outset, we are continuing to review all of our requirements in those timelines. So, we'll take that into consideration and review it and if we need to adjust the timeline, just so you know, we are flexible enough that we might adjust that timeline. But we will follow up with you regarding that as well.

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Megan Wassef: Thank you and Jennifer, that concludes all of our current questions in the Q&A.

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Angela Krutsinger: And please note that I did put the link to the NOFO in the chat as requested.

00:42:05.460 --> 00:47:03.900

Jennifer Hannah: Thank you, Angela. I am not seeing any additional questions at this time, so I think that we may just go ahead and move to the to the next slide and just conclude this portion of the of the of the webinar, but you can certainly continue to reach out to your assigned field project officer, as well as sending any inquiries to the hpp@hhs.gov resource mailbox where we will capture those questions and make sure that we get a response out to everyone as well. We are concluding the Q&A portion of the webinar, and what we want to do, of course, is to thank all of our presenters today, and to thank all of you for attending. Thank you for your attentiveness. Thank you for all the questions as well, and we are looking forward to seeing all of you at the

upcoming National Healthcare Coalition Preparedness Conference that will be taking place December 10th through the 12th in Orlando, Florida, if you are planning to attend, as well as any other health care coalition leaders who will be in attendance. ASPR is hosting a session on Wednesday, December 11th from 4:45 to 5: 45 PM ET, entitled “ASPRs Hospital Preparedness Program New Five Year Period of Performance.” We want to thank everyone, for, as you know, we did send a questionnaire to ask you to help us to inform the content for that session. So, thank you to all that responded to that questionnaire, and we are taking your feedback in order to shape that specific session. But during the session, attendees will have the opportunity to participate in discussion with ASPR staff about the activities and requirements in the new period of performance. So, we encourage you to attend that. We know it's kind of late in the day. We will try to figure out some way to wake folks up that late in the day, but I do think that it will be a great session. Additionally, this year our communication support team will conduct individual, duo, and group interviews for our HPP impact video series. These interviews are an opportunity for you and your health care coalitions to highlight the impact HPP funding and health care coalitions have on the national stage. We will send an email with more information on the video opportunity, including the types of questions we will ask, how to reserve your interview spot, and much more. So, I really encourage as many of you as possible that are interested to participate in those videos so that you can speak to the great work we do. We do share this on a national level as well as with our leadership, just to make sure to give a little bit more of a personal touch of regarding the great work that all of you are doing. So, thank you to everyone that participated last year, and we are excited to share a couple of our new videos at this year's conference and look forward to capturing even more of the great work that all of you are doing.

So again, not only thank you for participating in today's webinar, but just thank you for the work that you do on an ongoing basis. We know that many times we don't say “thank you” enough, because it seems like there's always something going on, that you're always responding, but you just continue to show up day after day, and it's not lost on us. I just want to thank you for everything that you do on a daily basis. If there's anything that our office can do to support you, to assist you, please let us know. Reach out to your assigned field project officer, reach out to the hpp@hhs.gov mailbox, also feel free to reach out to me directly as well. I think we're going to give you thirteen minutes back on your probably very busy schedule today, but thank you, everyone, and have a have a wonderful day. Thank you.