

**Wisconsin Hospital Emergency Preparedness Program
Healthcare Organizations H1N1 Grant Announcement
(ASPR FY2009)**

This funding opportunity is being made available to select Wisconsin Division of Quality Assurance (DQA) regulated healthcare facilities and physician offices and clinics.

The Wisconsin Hospital Emergency Preparedness Program provides financial and technical assistance to hospitals and other healthcare facilities throughout the state to enhance healthcare preparedness for public health emergencies.

In 2002, Section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417) established the Federal Hospital Preparedness Program to assist states in improving surge capacity and enhancing community and hospital preparedness for public health emergencies. The Omnibus Appropriations Act, 2009, provides funding for the FY 2009 grant awards (P.L. 111-8). The Wisconsin Hospital Emergency Preparedness Program receives funding in the form of a Cooperative Agreement grant from the US Department of Health and Human Services (DHHS).

Funding is provided by the State of Wisconsin, Division of Public Health, Wisconsin Hospital Emergency Preparedness Program via a cooperative agreement with the US Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR), Hospital Preparedness Program (CFDA 93.889, Federal Award Number U3REP080119).

AVAILABLE FUNDS

A total of \$200,000 is available to select healthcare organizations for grant awards under this announcement. Healthcare organizations may apply for a maximum of \$500.

Eligible healthcare organizations must complete an After Action Report in the required format. A template After Action Report must be used and will be provided with the Application Approval Letter. 50% of funding will be available upon submittal of the fully completed After Action Report to your Regional Hospital Preparedness Coordinator (see Attachment Two).

Eligible healthcare organizations are also to attend one of two H1N1 After Action Conferences, which will be held in Madison (May 4, 2010) and in Wausau (May 6, 2010). 50% of the funding will be available if the healthcare organization is represented at the conference as documented by the sign-in sheet. There is no cost to attend this conference.

ISSUING AGENCY: Wisconsin Hospital Emergency Preparedness Program through Shared Health Services of La Crosse LLC, which serves as the fiscal agent for this project.

IMPORTANT DATES:

Application Due Date: The healthcare organization must submit the Application (see Attachment One) to their respective Regional Hospital Preparedness Coordinator (see Attachment Two) prior to 4:30 PM on Monday, February 8, 2010.

Project Start Date: Healthcare organizations may begin to work on the After Action Report after receipt of the Application Approval Letter, which will be sent by email to healthcare organizations as soon as possible after approval, but no later than Friday, February 19, 2010. A hardcopy of this Application Approval Letter will be sent at a later date.

Note: Attachment One may be signed electronically by an authorized person from the healthcare organization and emailed to Regional Hospital Preparedness Coordinator. The healthcare organization may also FAX or postal mail Attachment One to the Regional Hospital Preparedness Coordinator.

Completion of H1N1 After Action Report: If your application is approved, the completed After Action Report must be submitted by email to the Regional Hospital Preparedness Coordinator (see Attachment Two) by 4:30 PM on Friday, April 16, 2010.

H1N1 After Action Conference: Tuesday, May 4, 2010 in Madison at the Crowne Plaza Hotel or Thursday, May 6, 2010 at the Jefferson Inn in Wausau. Both conferences begin with registration at 8:00 AM and close at 3:15 PM.

Reimbursement: Reimbursement for approved, completed projects will be issued within 45-60 days after the May 6, 2010 H1N1 Conference. The payment is contingent upon Shared Health Services of La Crosse, LLC receipt of sufficient funds from the State of Wisconsin. Eligible facilities will be notified of any change in state funding.

PROGRAM DESCRIPTION:

The outbreak of 2009 H1N1 Influenza seriously stressed healthcare providers nationally and in the state of Wisconsin. Although the response from the healthcare community was pre-planned and well-executed, healthcare providers have already identified many “lessons to be learned”.

For this reason, the Wisconsin Hospital Emergency Preparedness Program is requesting the participation of hospitals and other selected healthcare facilities throughout the state in the completion of an After Action Report and participation in a state-wide H1N1 After Action Conference. “Lessons Learned” and “Corrective Actions” documents will be developed from these two projects. The lessons and corrective actions will then be

applied to strengthen state and healthcare facility plans, develop needed resources and make these resources available to healthcare facilities.

It is also believed that many of the “Lessons Learned” and “Corrective Actions” from this H1N1 outbreak will help healthcare organizations to better respond not only to future pandemics but to all types of large scale incidents.

WHO MAY SUBMIT AN APPLICATION?

1. Nursing Homes

- a. The nursing home must have either self-administered the H1N1 vaccine or used an outside resource such as the local health department, medical provider or community immunizer to administer the vaccine to staff and residents.
- b. Since the number of facilities is limited to 150, nursing homes that apply will be selected by a random drawing, first to ensure that there is at least one facility per county and then by random drawing, based on the following nursing homes per hospital preparedness region, pro-rated by population:
 - i. Region 1 - 18
 - ii. Region 2 - 18
 - iii. Region 3 - 12
 - iv. Region 4 - 12
 - v. Region 5 - 30
 - vi. Region 6 - 18
 - vii. Region 7 - 42

2. Other DQA licensed facilities

- a. The facility must have either self-administered the H1N1 vaccine or used an outside resource such as their local health department, medical provider, community immunizer to administer the vaccine to staff and patients/residents.
- b. Since the number of facilities is limited to 100, the facilities that apply will be selected by a random drawing, first to ensure that there is at least one facility per county and then based on the following facilities per hospital preparedness region, pro-rated by population:
 - i. Region 1 - 11
 - ii. Region 2 - 11
 - iii. Region 3 - 8
 - iv. Region 4 - 10
 - v. Region 5 - 19
 - vi. Region 6 - 11
 - vii. Region 7 - 30

3. Physician Offices

- a. The physician office must have self-administered the H1N1 vaccine
- b. Since the number of providers is limited to 150, the physician offices that apply will be selected by a random drawing, first to ensure that there is at least one facility per county and then based on the following offices per hospital preparedness region, pro-rated by population with 3 drawings, based on the number of physicians at the:

Small Clinic	1 – 4 physicians
Medium-Sized Clinic	5 – 20 physicians
Large Clinic	> 20 physicians

- i. Region 1 - 18
- ii. Region 2 - 18
- iii. Region 3 - 12
- iv. Region 4 - 12
- v. Region 5 - 30
- vi. Region 6 - 18
- vii. Region 7 - 42

For further information regarding this grant opportunity, contact your Regional Hospital Preparedness Coordinator (see Attachment Two).

Attachment One

HEALTHCARE ORGANIZATION Application for H1N1 Funding Award

The following named healthcare organization is requesting funding for the completion of the following (please check all that apply):

- Completion of the template H1N1 After Action Report: **\$250** (50% of available funding if AAR is completed).
- Attendance at one of the two H1N1 After Action Conferences: **\$250** (50% of available funding if the healthcare organization has at least one representative at either Conference).

Organization	
Address	
City, State, Zip Code	

The following will serve as an electronic signature if this Application is emailed to your Regional Hospital Preparedness Coordinator (see Attachment Two). Otherwise, this Attachment should be sent by FAX or postal mail to your Regional Hospital Preparedness Coordinator.

Name	
Title	
Telephone Number	
Email Address	

The Application Approval or Declination Letter will be sent by February 19, 2010 to the email address listed above along with a template After Action Report (if approved) and further information about the H1N1 After Action Conferences.

Attachment Two

Wisconsin Hospital Emergency Preparedness Program (WHEPP) Regional Project Coordinators

