



## The Pandemic Influenza Hospital Preparedness Program (PIHPP) Frequently Asked Questions

### \*What is PIHPP?

The purpose of the Pandemic Influenza Hospital Preparedness Project (PIHPP) that is to provide grant funding that may be utilized to develop or enhance existing preparedness plans and procedures as it relates to H1N1. The overarching goal provided for by this funding is for Hospitals to improve their healthcare systems' ability to adequately plan for their mitigation, preparation, response and recovery efforts as it relates to H1N1.

In FY '09, the Hospital Preparedness Program (HPP) preformed structured, in-depth analysis of hospitals after the H1N1 event, and documented many gaps in pandemic influenza preparedness within healthcare systems. This is partially due to the increased demand on all healthcare facilities but also due to lack of comprehensive planning and education. **Therefore, the Pandemic Influenza Hospital Preparedness Project is being offered to fund healthcare systems with identified hospital preparedness and response issues.**

### \*How can PIHPP funds be used?

This grant will focus on three areas of H1N1 Hospital Preparedness Planning and may be awarded up to the following amounts for each category:

**1.\$10,000.00 Hospital Continuity of Operations Plan (COOP)**

Information should be included to demonstrate how hospitals educate their existing and prospective staff members regarding specific H1N1 policies and procedures. . If hospitals do not have a COOP, then this funding may be utilized in the development of a COOP that addresses H1N1. If hospitals have a COOP that does not include H1N1 or information is not current; hospitals may consider applying for grant funds that will assist with revising their existing COOP to include H1N1

**2.\$15,000.00 Hospital Medical Surge Capacity Plan**

If hospitals have a current COOP that addresses H1N1, but do not have a current plan that provides for Medical Surge Capacity for managing H1N1, then funds may be utilized for the revision of existing Medical Surge Capacity Plans or to develop new Medical Surge Capacity Plans that address how the hospital will manage the surge of patients at their facility due to H1N1 and

**3.\$100,000.00 Hospital Alternate Care Facility Plan**

If hospitals have a current COOP and a current Hospital Medical Surge Capacity Plan that address H1N1, then this funding may be utilized to address the planning and limited equipment needs for an Alternate Care Facility as it relates to H1N1.



**\*What is a COOP?**

A Continuity of Operations Plan (COOP) is a plan that details how the essential functions of an organization or agency will be handled during any emergency or situation that may disrupt normal operations, leaving office facilities damaged or inaccessible or causing a surge on the organization's capacity to operate. It is an effort within individual organizations to ensure that Mission Essential Functions (MEF) and Primary Mission Essential Functions (PMEF) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents, technological or attack-related emergencies and currently, H1N1 Pandemic Influenza.

**\*What should a COOP include?**

At a minimum, a viable COOP plan should contain the following elements as they relate to and include H1N1:

- \*Plans and Procedures
- \*Identification of essential functions
- \*Delegations of authority
- \*Orders of succession
- \*Alternate facilities
- \*Interoperable communications
- \*Vital records and databases
- \*Tests, training and exercises

For additional information, please visit:

[Federal Preparedness Circular](#) and/or [Sample COOP](#)

**\*What is Medical Surge Capacity?**

A management system for integrating medical and health resources during large-scale emergencies that present a sudden rise in demand for health care following an incident with real or perceived adverse health effects

**\*What should a medical surge capacity plan include?**

Please refer to the following document for guidelines for Medical Surge Capacity plans: [HHS MSCC Guide](#)

**\*What is an Alternate Care Facility (ACF)?**

Alternate Care Facilities (ACFs) are community based medical facilities such as ambulatory surgical centers, which can be rapidly mobilized for medical surge. ACFs are typically buildings that serve a medically-related purpose when not requisitioned for use in an emergency to house patients.



**\*What should an ACF plan include?**

Please refer to the following websites for guidelines on ACF plans: [HHS ACF Guide](#) and [Joint Commission ACF Guide](#)

**\*Can I apply for all of the grants or just one of them?**

Funding is offered in a 3-Tier format as shown in Projects 1, 2 and 3 and hospitals may apply for all three projects. **Funding will be awarded with the Continuity of Operations Plan (COOP) as the primary priority followed by the remaining projects as funding allows. However, hospitals should be able to demonstrate that they have a current COOP before applying for funds from the Hospital Medical Surge Capacity Plan or Hospital Alternate Care Facility Plan as they relate to H1N1 Pandemic Influenza.**

Also, hospitals should be able to demonstrate that they have an active Hospital Medical Surge Capacity Plan before applying for Hospital Alternate Care Facility Plan funds.

**\*Do I have to apply for the full amount of the funding in each project?**

No, hospitals do not have to apply for all of the funds available in each project. In fact if hospitals do not need the full amount of funds in the category selected, the remaining funding will go to assist other facilities with their preparedness efforts as it relates to H1N1.

**\*Is there an approved list of items that can be purchased for category 3, the Hospital Alternate Care Facility Plan?**

Funding is considered for the purchase of temporary shelters, beds, ventilators, Personal Protection Equipment (PPE) to include N95 Respirators, further staff training, and advanced planning. [Waiver of Rules for Hospitals that Provide Temporary Shelters](#)

**\*What are the eligibility requirements?**

Any hospital licensed by the state of North Carolina with an Emergency Department is eligible to apply for these funds with the exception of hospitals listed on the North Carolina Office of State Budget and Management's *Suspension of Funding List*.

**\*What is the process and time line for the PIHPP Application?**

<b>Application Due Date</b>	November 25, 2009 – 5PM
<b>Review of Applications</b>	December 1-4, 2009
<b>Notice of Grant Award</b>	December 15, 2009
<b>Project Period</b>	Upon Execution of Contracts – May 31, 2010

**\*What is a completed application?**



A PIHPP Application is not considered complete until the following information has been received:

- \*The electronically submitted PIHPP Application submitted no later than 5PM on Wednesday, November 25, 2009
- \*One original and two paper copies, appropriately endorsed that would include signatures from the Chief Executive Officer (CEO) or his/her designee, Chief Financial Officer (CFO), and the person completing the application, have been postmarked and mailed no later than November 25, 2009

**\*How do I submit the completed application?**

- \*Please save the final application to your computer by using the “Save Form” button found on page 1 of the application. Adobe Acrobat will prompt you for a location where you may save the form.
- \*Click the “Print Form” button found on page 1 of the application to print your form. Be sure to print a copy of the application for your records and to obtain the required original signatures on the Signature Page.
- \*The applicant is strongly encouraged to contact the EMS Performance Improvement Center (EMSPIC) at (866) 773-6477 or via email at [pihpp@emspic.org](mailto:pihpp@emspic.org) before submitting the final application to the North Carolina Office of EMS (NCOEMS).
- \***Electronic Submission of the application must be made using the following web portal – directions on its use are provided on the site:**  
<https://www.emspic.org/documents/projects/uploadapp/storeit.php>
- \***Formal submission of the PIHPP Application is through the North Carolina Office of EMS.** To formally submit your application, the signed original and two paper copies may be mailed to:

Carolyn Ingram  
North Carolina Office of Emergency Medical Services  
2707 Mail Service Center  
Raleigh, North Carolina 27699-2707  
Phone: 919-855-3948  
Fax: 919-733-7021  
Email: [carolyn.ingram@dhhs.nc.gov](mailto:carolyn.ingram@dhhs.nc.gov)

**\*All paper copies must be received at the above address with a postmark on or before November 25, 2009 in order for the application to be considered complete.**

**\*What role does the EMSPIC have in reviewing the applications?**

The EMSPIC under the direction of the North Carolina Office of Emergency Medical Services (NCOEMS) will assist NCOEMS in coordinating logistics of the PIHPP Application Review. The EMSPIC will not play any role in reviewing applications since their primary role is that of technical assistance. Brad Thompson, H1N1 Coordinator NCOEMS, will staff this external and impartial review panel.



The EMS Performance Improvement Center (EMSPIC)

Phone: 919-843-0201

Toll Free Phone: 866-773-6477

Email: [pihpp@emspic.org](mailto:pihpp@emspic.org)

Web Address: [www.emspic.org](http://www.emspic.org)

**\*Who reviews the PIHPP applications?**

An impartial and external panel will score applications in December 2009. The external grant review panel will consist of the following representatives:

- \*North Carolina Department of Public Health
- \*North Carolina Office of Rural Health
- \*North Carolina Hospital Association
- \*Regional Advisory Committees

**\*Where can I find out more information or speak to someone about the PIHPP?**

If you have any additional questions regarding the completion or submission of this application, please contact Brad Thompson, H1N1 Coordinator, NC OEMS, at 919-855-3947 or [brad.thompson@dhhs.nc.gov](mailto:brad.thompson@dhhs.nc.gov).