

Please select the utilization and reporting method.

As a condition of receiving funds from the Assistant Secretary for Preparedness and Response (ASPR) to support hospital-related COVID-19 response activities, participating hospitals are required to provide evidence and metrics for the utilization of funds. The following are permissible activities under this agreement along with recommended reporting information. Additional details can be found on Attachment 1 of the Subrecipient Agreement.

Recipient hospitals are requested to meet quarterly submission deadlines until all funds they have received in this program have been spent and appropriate documentation submitted to THA. This will allow THA to submit the required aggregated progress reports to ASPR on behalf of our Texas hospitals throughout the program period, which ends in May 2025.

Please **select one or more** of the activities below for which your organization is providing receipts/documentation this reporting period, **enter amount** for that activity, and return all required documents to ASPR@tha.org. Funds may be retroactively applied to activities or supplies related to COVID-19 response beginning Jan. 20, 2020. Include itemized receipts/invoices whenever possible.

- \$ _____ **Purchase PPE.** Reporting: submit receipt/invoice for purchase, must include quantity. If multiple items are purchased, invoice/receipt must be itemized.
- \$ _____ **Procure supplies and equipment.** Reporting: submit receipt/invoice for purchase, must include quantity. If multiple items are purchased, invoice/receipt must be itemized.
- \$ _____ **Update and train staff to implement pandemic or emergency preparedness plans.** Reporting: submit brief report including description of training provided, number, cost per, and type of staff trained (i.e. RN, RT, MD, etc.), hours of training.
- \$ _____ **Infection control and triage training for health care professionals.** Reporting: submit brief report including description of training provided, number, cost per, and type of staff trained (i.e. RN, RT, MD, etc.), hours of training.
- \$ _____ **Retrofit separate areas to screen and treat persons with suspected COVID-19 infections.** Reporting: submit brief report of new screening area, number of persons screened, if available.
- \$ _____ **Plan for, train, and implement expanded telemedicine and telehealth capabilities.** Reporting: submit brief report including if funds were used for training staff or purchasing equipment, description of training provided, number, cost per, and type of staff trained (i.e. RN, RT, MD, etc.), hours of training, number of patients seen via telehealth, if applicable.
- \$ _____ **Increase the numbers of patient care beds using alternate care sites.** Reporting: submit the total increase number of beds, number patients impacted, if applicable.
- \$ _____ **Update existing pandemic or emergency preparedness plans.** Reporting: submit brief report including description of training provided, number, cost per, and type of staff trained (i.e. RN, RT, MD, etc.), hours of training.
- \$ _____ **Update the existing patient transport plan.** Reporting: submit brief report including description of training provided, number, cost per, and type of staff trained (i.e. RN, RT, MD, etc.), hours of training.
- \$ _____ **Provide training of staff, specifically focusing on health care worker safety when caring for a COVID-19 patient.** Reporting: submit brief report including description of training provided, number, cost per, and type of staff trained (i.e. RN, RT, MD, etc.), hours of training.

- \$ _____ **Reconfigure patient flow in emergency departments.** Reporting: submit brief report including description of change, number of patients impacted.
- \$ _____ **Consider alternative or innovative models to reconfigure patient flow or transition to inpatient care.** Reporting: submit brief report including description of change, number of patients impacted.
- \$ _____ **Provide training and technical support to EMS agencies and 9-1-1/Public Safety Answering Points.** Reporting: submit brief report including number of, cost per staff trained, type of staff trained (i.e. RN, RT, MD, etc.), number and type of agencies supported.
- \$ _____ **Ensure capability to maintain continuity of operations, leveraging alternative or innovative models.** Reporting: submit brief report including staff involved, patients impacted, description of models adopted or description of use for operational continuity.

THAF may follow-up requesting additional qualitative information about use of funds and/or implemented activity.

Questions? Contact Karen Kendrick at kkendrick@tha.org.

Complete the section below and submit with the required documentation.

Hospital Name

Total Amount ASPR Funds Received

Name

Amount Expensed This Reporting Period
(with documentation attached)

Title

Signature

Date

Please submit your completed form to ASPR@tha.org.