

**OMB Control Number 0920-1282**

**Performance Measures Project**

**Request for genIC Approval (for data collection in 2023, 2024, 2025)**

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**CIO:** National Center for Emerging Zoonotic Infectious Diseases

**PROJECT TITLE:** HAI/AR Programs

**PURPOSE AND USE OF COLLECTION:**

CDC's Epidemiology and Laboratory Capacity cooperative agreement (ELC; CK19-1904) provides funding to support and enhance the capacity of local and state health departments. Specifically, Program G1: Healthcare-associated Infections, Antibiotic Resistance, and Antibiotic Stewardship (hereafter G1) within ELC funds a network of Healthcare-Associated Infections (HAIs) & Antibiotic Resistance (AR) Programs within health departments that work to improve patient safety by preventing HAIs, containing emerging AR, and improving use of antibiotics. During the COVID-19 pandemic, CDC received supplemental funding that was distributed through the ELC mechanism to support the HAI/AR programs and their COVID-19 healthcare infection prevention, control, and response efforts.

**This request for genIC approval is applicable to performance measures reported for all recipients of CK19-1904 G1 and the following COVID-19 supplements that work together to support CDC-funded HAI/AR programs:** ELC Firstline Infection Prevention and Control (IPC) Training Supplement (Project Firstline), CARES and Enhancing Detection Expansion (CARES/EDEX), Strengthening HAI/AR Program Capacity (SHARP), and Nursing Home and Long-term Care Strike Team Infrastructure Project (NH Strike Teams). COVID response dollars funded the supplements listed for this genIC request. The broader ELC cooperative agreement may have other PRA packages associated with additional data collections and other performance measurement activities due to the breadth of programs across CDC using the funding mechanism, but the performance measures included in this application are unique to CK19-1904, G1 and the other related supplements. The funded activities associated with this request are described in additional detail below:

- G1: Provides funds to 59 health departments through the core ELC cooperative agreement to support and enhance the capacity of local and state health departments to improve patient safety by preventing HAIs, containing emerging AR, and improving use of antibiotics.
- Project Firstline: Provides HAI/AR Program COVID-19 funding for training of frontline healthcare personnel. To stop the spread of COVID-19 and other infectious diseases, all healthcare personnel need at least a foundational understanding of IPC. Project Firstline, CDC's national training collaborative on healthcare IPC, includes an innovative IPC training curriculum delivered through a variety of interactive modalities. Health departments will assist in reaching targeted front-line healthcare personnel while also creating IPC training expertise in the public health workforce.

- CARES/EDEX: As part of the “Coronavirus Aid, Relief, and Economic Security Act” or the “CARES Act” of 2020, in a program-initiated component funding under Project E: Emerging Issues of CK19-1904, funds were awarded to 64 health departments to bolster their HAI/AR program’s ability to rapidly establish and monitor key activities related to COVID-19 in the areas of epidemiology, laboratory, and informatics (CARES). To provide additional critical support to jurisdictions as they continue to address COVID-19 within their communities, funds from the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021*, P.L. 116-260, provided additional resources to prevent, prepare for, and respond to coronavirus by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation (Enhancing Detection Expansion).
- SHARP: Through the *American Rescue Plan Act of 2021*, P.L. 117-2, as program-initiated component funding under Project E: Emerging Issues of CK19-1904, funds were awarded to 64 health departments’ HAI/AR programs to provide additional critical support to recipients as they continue to address COVID-19 within their communities.
- NH Strike Teams: Through the *American Rescue Plan Act of 2021*, P.L. 117-2, as program-initiated component funding under Project E: Emerging Issues of CK19-1904, funds were awarded to 64 health departments to assist recipients with supporting long-term care facilities during their response to SARS-CoV-2 infections, and also to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety.

The specific combinations of funds received by each recipient are detailed in the attachment ‘[NCEZID] – Funding awards by recipient [new 2023-2025] [07-12-2023]’.

The purpose of the collection is to assess recipients’ individual and collective progress toward implementing priority activities funded, direct technical assistance (TA) to recipients, and obtain information needed to help assess the awards’ contribution to public health impact. Findings will be disseminated to funded recipients and key CDC staff and partners to be used for internal program improvement and planning and accountability purposes.

**NUMBER AND TITLE OF NOFO:** CK19-1904, Epidemiology and Laboratory Capacity and supplements

**NUMBER OF PARTICIPATING RECIPIENTS: 64**

- For CK19-1904: **59** health departments are funded for core ELC, G1, HAI/AR work.
- For all remaining supplemental awards associated with this application, **64** health departments are funded for additional HAI/AR and COVID-19 response and prevention work.

**DESCRIPTION OF NOFO (check all that apply):**

- Funds all 50 states
- Has budget higher than \$10 million per year
- Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

The ELC cooperative agreement supports critical public health infrastructure by funding and providing technical assistance to 64 state, local, and territorial health departments. Through the G1 project within ELC, the Division of Healthcare Quality Promotion (DHQP) awards approximately \$33M annually to Healthcare-Associated Infection and Antibiotic Resistance (HAI/AR) programs in state, local, and territorial health departments, to improve patient safety by preventing HAIs, containing emerging AR, and improving use of antibiotics within their communities. Significant supplemental funding went out through ELC/DHQP to further HAI/AR programs' ability to apply their strategies for patient safety in response to the COVID pandemic. Supplemental funds went to all 64 ELC recipients to support COVID-19 healthcare infection prevention and response efforts, including \$80M for ELC Project Firstline, \$385M for SHARP, and \$500M for NH Strike Teams. Supplemental funds provided through ELC CARES (\$631M), Enhancing Detection (\$10.25B), and Enhancing Detection Expansion (\$19.11B) also supported healthcare infection prevention and control activities and staffing for HAI/AR Programs. Given the amount of funds awarded and the importance of demonstrating how funds have been used to support state and local public health efforts to respond to COVID-19 and other infectious disease threats, this work has significant stakeholder interest.

#### **PERFORMANCE METRICS USED & JUSTIFICATIONS:**

CDC developed the proposed performance measures associated with this application based on the required activities of funded recipients, as outlined in the Notice of Funding Opportunity guidance documents, and priorities defined by each project area as outlined in supplemental guidance. The performance measures primarily focus on the quantitative aspect of measuring recipients' expected performance; this was done in an effort to balance the burden on recipients and need to track progress and accountability.

Performance measures will be collected periodically (either once or twice per year as noted in the table below). Measures reported twice per year are intended to provide timely information to inform how CDC provides TA to recipients. Technical specifications were developed in alignment with previous ELC performance measures, to provide consistency to recipients in how performance measures are presented across the cooperative agreement.

There are a total of 14 performance measures associated with this application. Some measures are shared across funding streams, and some are unique to one (see table below). This reflects the intent of the awards, as supplemental funds were awarded to build upon and strengthen existing infrastructure through increases or improvements to existing activities and new, related activities. Given the relationship of many measures to more than one funding stream, measures have been organized by topic or project area: (1) Response and Prevention, (2) Antibiotic Stewardship, (3) National Healthcare Safety Network (NHSN), and (4) Project Firstline. CDC subject matter experts developed the measures specifically for their project areas, to ensure that the data for each measure are collected in a way that is most appropriate for the specific topic area. Details for each performance measure can be found in the attachment '[NCEZID] - Technical specifications [new 2023-2025] [07-12-2023]'. Forms detailing how these data will be collected from recipients can be found in the attached REDCap forms (Form 1 through Form 5) and associated recipient notification email ('[NCEZID] - Sample Email [new 2023-2025] [07-12-2023]'). The data collection forms are summarized in the attachment '[NCEZID] - REDCap form cover page [new 2023-2025] [07-12-

2023].’ While the attached forms show every item a respondent could possibly see, respondents will complete the forms on the web-based REDCap application, which will accommodate skip patterns and only show relevant questions to the respondent. Use of the web-based application and skip patterns will significantly streamline the respondent’s user experience and minimize burden to the respondent.

Table: Measures, with frequency and funding stream

Project Area	Performance Measure Number	Frequency of Reporting	Associated Funding Stream				
			G1	Project Firstline	CARES/EDEX	SHARP	NH Strike Teams
Response and Prevention	HARP PM1	1x/year	X				
	HARP PM2	2x/year	X			X	X
	HARP PM3	2x/year	X		X	X	X
	HARP PM4	2x/year	X		X	X	X
	HARP PM5 (formerly called SHARP PM I.1, I.2, Strike PM2)	1x/year			X	X	X
	HARP PM6 (formerly called Strike PM1)	2x/year					X
Antibiotic Stewardship	SHARP PM III.1	1x/year				X	
	SHARP PM III.2	1x/year	X			X	
NHSN	SHARP PM IV.1	1x/year				X	
	SHARP PM IV.2	1x/year				X	
Project Firstline	PFL PM1	2x/year		X		X	
	PFL PM2	2x/year		X		X	
	PFL PM3	2x/year		X			
	SHARP PM V.1	2x/year				X	

Data will be collected through REDCap, a secure web application compliant with the Federal Information Security Management Act (FISMA). Health departments are already familiar with REDCap, since it is used in other ELC activities, which helps to minimize burden. Five forms will be used: one form for each project area (4) and one cross-cutting staffing form for all projects (1). REDCap further helps to streamline reporting by giving recipients access to all forms from one central location.

**CERTIFICATION:**

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions

Name: \_\_\_Margaret Paek\_\_\_\_\_ 

To assist review, please answer the following questions:

**ANNUALIZED BURDEN HOURS:**

This table calculates the total estimated burden per year for all recipients.

The column “Associated Funding Streams” lists the corresponding funding source(s) for each form. Form 1 is described in three rows, to delineate (1) differences in frequency of reporting and (2) the number of respondents. Skip patterns in the web-based application ensure that the respondent only sees the minimum number of fields.

Type of Respondent	Form Name	Associated Funding Streams	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response (in hours)	Burden in Hours
State, local, or territorial health departments	Form 1 - HAI/AR Response & Prevention Performance Measures PM1	G1	59	1	5/60	5
State, local, or territorial health departments	Form 1 - HAI/AR Response & Prevention Performance Measures PM2, PM3, PM4, PM6	G1, CARES/EDEX, SHARP, NH Strike Teams	64	2	8	1024
State, local, or territorial health departments	Form 1 - HAI/AR Response & Prevention Performance Measures PM5	CARES/EDEX, SHARP, NH Strike Teams	64	1	5/60	5
State, local, or territorial health departments	Form 2 - HAI/AR Performance Measures (SHARP Project III;	G1, SHARP	62	1	45/60	47

	Antibiotic Stewardship					
State, local, or territorial health departments	Form 3 - HAI/AR Performance Measures (SHARP Project IV; NHSN)	SHARP	64	1	45/60	48
State, local, or territorial departments	Form 4 - HAI/AR Performance Measures (SHARP Project V; Project Firstline)	Project Firstline, SHARP	64	2	1	128
State, local, or territorial departments	Form 5 - HAI/AR Program Staffing Directory	G1, Project Firstline, CARES/EDEX, SHARP, NH Strike Teams	64	2	78/60	166
<b>Totals</b>						<b>1,423</b>

**TOTAL BURDEN HOURS FOR THIS GENIC:**

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2023, 2024, 2025	3	1,423	4,269

*See examples provided with this template.*

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\$34,254 per reporting cycle\_\_\_\_\_

**ADMINISTRATION OF THE INSTRUMENT:**

1. How will you collect the information? (Check all that apply)

Web-based

Email

Postal Mail

Other, Explain

**Please make sure all instruments, instructions, and scripts are submitted with the request.**