DEPARTMENT OF HEALTH, Health Resources Administration

Program: Healthcare-Acquired Infection

Award: $429,587

Project contact: Ms. Nancy Bartter, Ms. Betty Wood

1. For each group/category or program/project for which ARRA funds have been obtained, please provide the following information:
    a. A brief summary of the program/project, including goals
    Funded through the CDC's Epidemiology and Laboratory Capacity for Infectious Disease grant assist, this award allows public health agencies to improve surveillance for, and response to, infectious disease by 1) strengthen epidemiologic capacity; 2) enhance laboratory practice; 3) improve information systems; and 4) develop and implement prevention and control strategies.
    b. Whether funds were appropriated for expenditure by a federal agency, were awarded as a formula/block grant to a State or country agency, or were awarded on a competitive grant basis;
    Funds were appropriated by the Environmental Protection Agency on a competitive basis.
    c. Whether matching funds are required, and, if so:
        i. Are they available; N/A
        ii. Have they been secured; N/A
        iii. If they have not been secured, why not; and N/A
        iv. Will the State be required to continue that match or provide increased/full funding in the future in the future; N/A
    d. If there additional requirements to receive funds, what are they; N/A
    e. The amount of funds involved and the state/federal fiscal year within which the funds must be expended (e.g. SFY 2009 – 2010 or FFY 2009 – 2010);
    The award total was $429,587 for a 28 month project beginning September 30, 2009 (FFY 2009- 2010) and ending December 31, 2011 (SFY 2011-2012).
    f. What criteria were used to identify the program/project as a priority and how does the program/project meet them;
    An advisory council comprised of public and private sector subject-matter experts and stakeholders convened to prioritize goals and identify processes to achieve them. Funding will directly support planning and implementation activities, administrative coordination, and epidemiological/scientific support.
    g. Efforts undertaken to coordinate application for funds and administration of the program/project, including expenditure of funds, with other federal, state, and county agencies;

DOH collaborated closely federal (CDC) and state (other DOH programs and HHSC) agencies as part of the advisory council to assure support for an application and subsequent project.

h. The criteria used to select activities for the program/project;
The advisory council's criteria were based on a needs assessment.

i. Efforts made to provide public notice and seek public comment/input or, if public comment/input was not sought, why;
The project is targeted at improving hospital care through providing education and technical assistance to health care workers. Broad public input is not appropriate; however, there are two healthcare consumers on the advisory board.

j. Efforts made during the bidding/award process to ensure that it was transparent and that the funds were awarded based on merit and in a prompt, fair, and reasonable manner;
No ARRA funds have been expended to date. Normal state and county procurement practices will be followed and duly documented.

k. Measures employed to 1) reduce duplication of efforts, 2) ensure that funds were used for authorized purposes, and 3) prevent cost overruns, fraud, waste, error, and abuse;
The Department of Health has published draft guidance for internal programs as well as an internal ARR Oversight Committee to assure timeliness and accuracy, and to scrutinize for waste, fraud, error, and abuse. This Committee convenes monthly or as needed. In turn, the Department of Accounting and General Services and the Department of Business, Economic Development and Tourism also provide oversight and guidance.

l. Current status of the program/project, including percentage of awarded funds that have been obtained, percentage of awarded funds encumbered and/or expended, and what part(s) of program/project have been completed; and
Authorization to establish a special project, including grant-funded positions, is in process. The filling of positions and formal project work is expected to be well underway prior to the end of 2009.

m. Actual or anticipated economic impact to the State of the program/project, including the number of jobs saved/created and the long-term public benefits of the program/project.
The project anticipates creation of two positions (2 FTE), plus limited work for contractual trainers (less than one (1) FTE). The long-term public benefit of the projects are reductions in healthcare-acquired infections, which reduce unnecessary medical resource expenditure and increase patient quality of life and health outcomes.