



**PA Department of Health  
American Recovery and Reinvestment Act (ARRA)  
2010-2011 Hospital Mini-Grant Award Guidelines for the  
National Healthcare Safety Network (NHSN) Multidrug-Resistant Organism (MDRO) and  
Clostridium Difficile-Associated Disease (CDAD) Module Implementation**

The Pennsylvania Department of Health (Department) is offering mini-grants to acute care hospitals to support implementation of the NHSN's MDRO/CDAD module. This module was added to the Patient Safety Component Protocol of NHSN, and reporting under this module will become mandatory effective January 1, 2011. These mini-grants are to assist with implementation efforts.

The MDRO/CDAD module includes instructions for performing infection surveillance, laboratory-identified (LabID) event reporting, and prevention process and active surveillance testing outcome measures. Prevention process measures include compliance with hand hygiene and gown and gloves use procedures. MDROs monitored include: Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin-resistant Enterococcus, Klebsiella, and Acinetobacter. For more information and training for this module, visit: [http://www.cdc.gov/nhsn/mdro\\_cdad.html](http://www.cdc.gov/nhsn/mdro_cdad.html).

**Purpose:**

Act 52 of 2007 requires that all hospitals report all components as defined in the NHSN Manual, Patient Safety Protocol and any successor editions. This module requires hospitals to conduct surveillance activities. This is a complex module, and these mini-grants are to be used to support implementation activities.

The Department applied for and received a grant from the ARRA to build and sustain state programs to prevent healthcare associated infections. In an effort to implement the NHSN MDRO/CDAD module and collect and analyze information related to MDRO screening, the Department is offering mini-grants to hospitals of up to either \$2,500 or \$5,000, depending on the hospital's licensed beds, from the ARRA grant funds received by the Department.

To receive a mini-grant, Acute Care Hospitals must apply for the Mini-Grant as directed in this notice, and meet and comply with the Mini-Grant requirements. The eligible dollar amount awarded shall be contingent upon the hospital's licensed beds and the ability to meet all participation requirements. Acute Care Hospitals with less than 250 licensed beds may apply for a grant of up to \$2,500. Acute Care Hospitals with 250 or more licensed beds may apply for a grant of up to \$5000. Award notices are contingent upon the availability of funding and will be awarded to eligible Acute Care Hospitals on a first-come, first-serve basis.

### **Target Audience:**

The following hospital staff positions are encouraged to participate in infection control and surveillance education and implementation activities related to the MDRO/CDAD module:

- Infection Preventionists
- Directors of Nursing/Assistant Director of Nursing
- Administrative Support Staff
- Medical Staff

### **Grant Requirements and Timeline:**

- Hospitals must submit Attachment A by May 15, 2010.
- Attachment A must include a plan for spending the funds.
- Hospitals receiving mini-grants will receive a letter from the Department indicating that their mini-grant application and spending plan has been approved.
- Hospitals receiving mini-grants shall implement the MDRO/CDAD module no later than October 1, 2010.
- Hospitals receiving mini-grants must confer rights to the Department of Health group in NHSN by October 1, 2010.
- Mini-grant funds must be spent on activities that support implementation of the MDRO/CDC module. Expenditures must be completed by June 30, 2011.
- Hospitals shall be required to share 'lessons learned' with the Department and other facilities and may be asked to present them at a statewide meeting.
- Hospitals must submit Attachment B and required documentation by June 30, 2011.
- Mini-grant funds will be dispersed to grantees after June 1, 2010, and when the Department has received Attachment B and the required documentation.

### **Eligible Expenses:**

Mini-grant funds may be used for:

- Any activities that support implementation of the MDRO/CDC module, including but not limited to:
  - Equipment and services, such as administrative and informatics costs.
  - Training and education.
  - Administrative support.
  - Consultative and technical assistance.

## **Application Requirements:**

### **To be eligible for a mini grant, the applicant shall:**

- a) Be licensed as an acute care hospital in the Commonwealth.
- b) Be registered with the Pennsylvania Department of General Services, "Central Vendor Management Unit" (CVMU) as a Non-Procurement Vendor and have a valid vendor number.

If your hospital does not already have a vendor number, please click on or copy the following link into your web-browser and follow the directions to register as an approved vendor with the Department of General Services:

<http://www.vendorregistration.state.pa.us/cvmu/paper/GranteeRegistration.aspx>).

If your hospital has a vendor number and you have questions regarding this number or need to make a change to the name or address listed in the vendor management system, please contact the CVMU at (717) 214-2868 (Harrisburg Area) or (866)-775-2868 (Toll-Free).

- c) Include the exact same hospital address associated with the vendor number on Attachment A, the Hospital Mini-Grant Award Notice and Acceptance Attestation.

The name and address on Attachment A and the name and address identified in the vendor management system must be exactly the same or the application will not be processed.

- d) Submit by mail or by facsimile the completed original and one copy of the Hospital Mini-Grant Award Notice and Acceptance Attestation (Attachment A) to the Pennsylvania Department of Health by **May 15, 2010**, to the attention of:

Healthcare Associated Infection Prevention Section  
Pennsylvania Department of Health  
8th Floor, Forum Place  
555 Walnut Street  
Harrisburg, PA 17101  
Fax number 717.525.5514

The completed original and one copy of the Hospital Mini-Grant Award Notice and Acceptance Attestation must be **RECEIVED** by the Healthcare Associated Infection Prevention Section by **MAY 15, 2010**. Award notices are contingent upon the availability of funding and will be awarded to eligible hospitals on a first-come, first-serve basis. Any applications received after the deadline may be awarded on a first come, first served basis if funding is available.

Funding will be awarded to Acute Care Hospitals meeting the application requirements on a first-come, first-serve basis. The amount of funding awarded is contingent upon the applicant's number of licensed beds, the timely submission of the completed application, and the availability of funding.

All Hospital Mini-Grant applicants will be notified by June 1, 2010 of mini-grant award approval or disapproval. Notification of award approval will be in the form of a letter issued to the hospital contact person listed on the application form with a copy to the hospital CEO.

**Mini-Grant Award Documents to be submitted:**

The following instructions apply to completing the attachments:

**1. Attachment A , “Hospital Mini-Grant Award Notice and Acceptance Attestation”:**

Hospitals applying for a mini-grant award must complete and print and submit Attachment A as part of the application. Incomplete applications will not be accepted. Upon submitting Attachment A, the hospital CEO agrees to spend the mini-grant funds as stated in the grant requirements and in the eligible expenses portion of this notice and to submit Attachment B with all required documentation by the June 30, 2011 deadline.

The name and address on Attachment A and the name and address identified in the vendor management system must be exactly the same or the application will not be processed.

**2. Attachment B, “Hospital Mini-Grant Award Notice of Training Completion”:**

Hospitals must submit “Attachment B” by June 30, 2011, demonstrating how the mini-grant funds were spent in accordance with the grant requirements. All receipts and documentation supporting the expenditures must be submitted.

A hospital that does not submit Attachment B and related documents by June 30, 2011, shall be required to return all or any unspent or unaccounted for grant funds.

Please note that grantees shall be audited to verify that the mini-grant funds were spent appropriately.

Please use the following address and phone number if you have questions or require assistance completing the required mini-grant award attachments.

Healthcare Associated Infection Prevention Section  
Pennsylvania Department of Health  
8th Floor, Forum Place  
555 Walnut Street  
Harrisburg, PA 17101  
Phone: 717-425-5422 | Fax: 717-525-5514



Vendor Number \_\_\_\_\_

Healthcare Associated Infection Prevention  
Hospital Mini-Grant Notice and Acceptance Attestation  
2010-2011 Hospital Mini-Grant Award

Mini-Grant Information:

I, \_\_\_\_\_, am providing the following information for  
(Hospital CEO)  
release of the mini-grant award for the implementation of the NHSN MDRO/CDAD module:

1. Name of Hospital (As it appears on license issued by the Division of Acute and Ambulatory Care): \_\_\_\_\_
2. Name of Hospital (As it appears in the Central Vendor Management Unit Non-Procurement Vendor System): \_\_\_\_\_
3. License Number of Hospital (As it appears on license issued by the Division of Acute and Ambulatory Care): \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
**The name and mailing address must match the name and address submitted to the Commonwealth of PA Central Vendor Management Unit (CVMU) for the SAP Vendor Number, otherwise payment cannot be processed.**

5. Mini-Grant Amount Requested: \$ \_\_\_\_\_
6. Contact Person Name: \_\_\_\_\_
7. Contact Person Telephone Number: (\_\_\_\_\_) \_\_\_\_\_
8. Contact Person Fax Number: (\_\_\_\_\_) \_\_\_\_\_
9. Contact Person E-mail Address: \_\_\_\_\_

10. Hospital CEO Name: \_\_\_\_\_

11. Hospital CEO E-Mail Address: \_\_\_\_\_

12. Plan for spending the Hospital Mini-Grant Award (*Please identify how the hospital plans to spend these funds in incorporating the NHSN MDRO/CDAD module*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, acknowledge notice of availability of mini-grant award for the purpose of the implementation of the NHSN MDRO/CDAD module and accept said funds to be spent consistent with the provisions outlined in the “2010-2011 Hospital Mini-Grant Award Guidelines for the NHSN MDRO/CDAD Module Implementation.” Additionally, I agree to submit a copy of all expenses and documentation supporting those expenditures, and a copy of the Notice of Training Completion (Attachment B) by June 30, 2011. I understand failure to submit Attachment B by June 30, 2011, means the hospital must return the mini-grant money in full to the Commonwealth. I further understand that any portion of the mini-grant that is not accounted for on Attachment B must also be returned to the Commonwealth.

\_\_\_\_\_  
Hospital CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

One original and one copy of this Attachment must be **received by** the Healthcare Associated Infection Prevention Section by **May 15, 2010**.

Mail or fax all correspondence to:

Healthcare Associated Infection Prevention Section  
Pennsylvania Department of Health  
8th Floor, Forum Place  
555 Walnut Street  
Harrisburg, PA 17101

Phone: 717-425-5422 | Fax: 717-525-5514



Vendor Number \_\_\_\_\_

Healthcare Associated Infection Prevention  
Hospital Mini-Grant Notice of Training Completion  
2010-2011 Hospital Mini-Grant Award

I, \_\_\_\_\_, Administrator at \_\_\_\_\_  
(Hospital CEO Name) (Hospital License Number)

\_\_\_\_\_  
(Name of Hospital)

am providing copies of all related expenses as a result of the implementation of the NHSN MDRO/CDAD module obtained from the 2010-2011 Hospital Mini-Grant Award.

Invoice Amounts		
Itemize training and related expenses:		
1.	_____	= \$ _____
2.	_____	= \$ _____
3.	_____	= \$ _____
4.	_____	= \$ _____
5.	_____	= \$ _____
6.	_____	= \$ _____
7.	_____	= \$ _____
8.	_____	= \$ _____
9.	_____	= \$ _____
10.	_____	= \$ _____
		<b>TOTAL = \$ _____</b>

\_\_\_\_\_  
Hospital CEO Signature Date

One original and one copy of this Attachment must be received by the Healthcare Associated Infection Prevention Section by **June 30, 2011**.

Mail all correspondence and attachments to:  
Healthcare Associated Infection Prevention Section  
Pennsylvania Department of Health  
8th Floor, Forum Place  
555 Walnut Street  
Harrisburg, PA 17101  
Phone: 717-425-5422 | Fax: 717-525-5514