



**Transcript: Webinar/Conference Call  
Funding Opportunity Announcement, EIP  
Question and Answer Session  
May 15, 2009**

**Q1. Can recipients use funds for research?**

A1. Yes (misprint in EIP FOA)

**Q2. In respect to NHSN and how EIP Programs would work, is the intent for states to consider having EIP programs and hire staff and get them to work with EIP staff at the health departments? Is there any preference there?**

A2. The intent of the EIP Program is to facilitate training expertise collaboration within the healthcare facilities in your area and the EIP site would hire experts to perform the work; become a group user, become proficient with becoming a group user, learn how to use the data, and work with sites on collaborative efforts focused on prevention and surveillance related research. In addition, the intent is for states to build the capacity to be a cutting edge expert in the surveillance methodology so specific surveillance research questions can be answered.

**Q3. Relating to the budget, is the \$400k award for the entire 28 month period?**

A3. Yes, the award would cover entire 28 month period.

**Q4. Is there any advice on how to implement hiring someone with HAI experience just for 28 months?**

A4. This can be done through contractual mechanisms with experts on a short term, by training existing staff, and other training opportunities. There is no guarantee funds will be available in 2012, however, to rapidly build up expertise states could demonstrate program proficiency to be maintained.



**Q5. Do the remaining funds from the Carey Ford request need to be included each year with the renewal?**

A5. No. States will receive the second piece of their annual funding that was held back due to the continuing resolution restriction. The award notice will extend the budget period an additional 2 years for a total of 36 months, ending December 29, 2011. There will be no requirements for financial staff reports or carry over because the budget period will still be open and states can continue to spend and draw on funds that were awarded for the entire length of the budget period. The next annual EIP awards will be a supplement to the extended 36 month budget period.

**Q6. Regarding Surveillance information at the hospital level, is there a capacity to do surveillance work, use the information in a creative way or talk about creative ways to do the work?**

A6. The intent of the FOA is to build capacity at your state site, and know if that capacity can be used to train the facilities specific infection preventionist, coordinate surveillance activities, and maximize utility of the data.

**Q7. Will CDC add county of residence to demographics for translating NHSN Metrics vs. Population Metrics?**

A7. Details of the methodology needed to help translate the metrics will be worked out with EIP sites thru the development of a common methodology and prioritizing what's achievable.

**Q8. Does the evaluation of collecting data go into the patient safety component or research component?**

A8. Independent of what's submitted to NHSN through an EIP effort, alternative ways of capturing denominator data across facilities and EIP sites would be done the same so the EIP program could evaluate the validity of capturing denominator data independent of the NHSN submission.



**Q9. Will financial and programmatic reports for the routine non-Recovery Act EIP funds still need to be reported? Will these be required as frequently as the Recovery Act reporting requirements?**

A9. Yes, reports for the routine non-Recovery Act EIP funds will still need to be reported according to the annual EIP guidance. Non-Recovery Act reporting for EIP activities will not be as frequent as mandated for activities funded by the Recovery Act.

**Q10. What is the baseline of effort or percentage that should go into the MRSA/HAI Evaluation Activity based on the average \$400k award?**

A10. A minority of the award should go toward MRSA/HAI (10%).

**Q9. Elaborate further on the activity and level of detail required in application regarding the HAI Prevalence Survey?**

A9. CDC is engaged in one community piloting the methodology being launched in June independent of the EIP site started about a year ago. States should provide a broad perspective in the application.

**Q10. Will the second half of the project period be more personnel intensive regarding the work involved?**

A10. The second half of the project will not require a staff increase to do the work. The methodology there is meant to use the existing staff. Post award, the option is available to redirect funds between categories as long as the project objectives do not change.

**Q11. Will there be a webinar for the “Vaccine Evaluation 317”?**

A11. Yes. That webinar has not been developed yet.