

1. Hospital Preparedness Program (HPP) Survey - Quarter 2 (11/01/2009-01/31/20...

Please fill out the following survey for each of your facilities. This survey is to be completed NO LATER than midnight on February 18, 2010. All questions are specifically referring to the time period from November 1, 2009 - January 31, 2010 (unless otherwise noted). The results of the survey will be submitted to the State.

SUBMISSION OF THIS SURVEY IS REQUIRED FOR HOSPITALS TO REMAIN SATISFACTORY WITHIN THE HOSPITAL PREPAREDNESS PROGRAM.

If you have any questions regarding the survey, please contact Hank Hufham at 817.608.0390 or hhufham@ncttrac.org. Thank you!

* 1. Name:

* 2. Your Title:

* 3. Your Facility Name:

* 4. Your Phone Number:

5. Your Cell Phone (Not Required):

* 6. Your email:

* 7. What is your hospital's average number of STAFFED hospital beds? (7.5)

Staffed hospital beds:

2. Page 2 - LEVEL ONE SUB-CAPABILITIES - COMMUNICATIONS AND PLANS

Interoperable Communication, Hospital Mass Fatality Plans, Hospital Evacuation Plans

* 8. Can your hospital provide horizontal communications between hospitals, local first responders, and/or EOC utilizing EMResource and/or WebEOC? (2.1)

Yes

No

* 9. Can your facility demonstrate sustained two-way communications capability with your local EOC and Tier 2 partners (local hospitals and healthcare coalitions) during an exercise or incident? (2.2)

Yes

No

* 10. Has your facility completed a draft plan for mass fatality (plan written but not submitted for senior management approval)? If you answer YES to this question, then you must answer NO to question 11. If you have a FINAL mass fatality plan, answer N/A to this question. (2.3c)

Yes

No

N/A

* 11. Has your facility completed a finalized written plan for mass fatality (plan has received senior management approval)? You must have answered Question 10 with N/A if you have completed a FINAL mass fatality plan. (2-3d)

Yes

No

* 12. Has your hospital completed a draft plan for evacuation (plan written but not submitted for senior management approval)? If you answer YES to this question, then you must answer NO to question 13. If you have a FINAL evacuation plan, answer N/A to this question. *Plans should address personnel training, transportation means, equipment, supplies, alternate facilities, and the operational structure and standard operating procedures for moving patients as appropriate.* (2.5d)

Yes

No

N/A

* 13. Has your hospital completed a finalized written evacuation plan (plan has received senior management approval)? You must have answered Question 12 with N/A if you have completed a FINAL evacuation plan. (2.5e)

Yes

No

* 14. Has your hospital completed a draft plan for sheltering-in-place (plan written but not submitted for senior management approval)? If you answer YES to this question, then you must answer NO to question 15. If you have a FINAL shelter-in-place plan, answer N/A to this question. (2.5f)

Yes

No

N/A

* 15. Has your hospital completed a shelter-in-place plan? (plan has received senior management approval). You must have answered Question 14 with N/A if you have completed a FINAL shelter-in-place plan. (2.5f)

Yes

No

N/A

3. Page 3 - LEVEL TWO SUB-CAPABILITIES - ALTERNATE CARE SITES

Alternate Care Sites

- * 16. In addition to Hospital Preparedness Program letters of agreement, letters of collaboration, and mutual aid agreements, how many agreements (MOUs, MOAs, etc) does your hospital have which address each of the following: (Your answer must be a number!) (2.7)

Sharing of Assets

Sharing of Personnel

Sharing of Information

- * 17. How many locations has your facility identified as alternate care sites which are fixed sites? (Answer 0 - 5) Note: List each site by site-name in Question 20. (3.1a)

jn 0

jn 1

jn 2

jn 3

jn 4

jn 5

- * 18. How many mobile / portable alternate care sites has your facility identified? (Answer 0 - 5) DO NOT COUNT regional mobile medical units. (3.1b)

jn 0

jn 1

jn 2

jn 3

jn 4

jn 5

- * 19. Has your facility executed a building of opportunity (not one of your facility-owned buildings) agreement for an alternate care site? (3.2)

jn Yes

jn No

20. Identify all fixed alternate care sites, including name of Building / Facility, City in which located, and the number of beds (3.3, 3.4)

ACS Site # 1 Name	<input type="text"/>
City #1	<input type="text"/>
# Beds #1	<input type="text"/>
ACS Site # 2	<input type="text"/>
City #2	<input type="text"/>
# Beds #2	<input type="text"/>
ACS Site # 3	<input type="text"/>
City #3	<input type="text"/>
# Beds #3	<input type="text"/>
ACS Site # 4	<input type="text"/>
City #4	<input type="text"/>
# Beds #4	<input type="text"/>
ACS Site # 5	<input type="text"/>
City #5	<input type="text"/>
# Beds #5	<input type="text"/>

* 21. I identify the highest level of care which may be provided within your alternate care site: (3.5)

Definitions:

Category I - Comprehensive Patient Care: Ability to manage critical injuries and major medical conditions, including life and or limb-threatening trauma requiring operative interventions and advanced life support for cardio-respiratory resuscitation.

Category II - Major Patient Care: Ability to stabilize and resuscitate critical injuries and major medical conditions prior to transferring patients to a higher level of care. Includes the ability to suture uncomplicated lacerations; casting of orthopedic injuries; cardiac monitoring; establishing intravenous access and delivering IV medications, etc...

Category III - Minor Patient Care: Capacity to provide advanced first aid to include bandaging and splinting; delivering OTC medications

***NOTE: Select highest level of care! Please report ACS sites in the same order as in question 20 above.

	Category I	Category II	Category III	N/A
ACS Site 1	€	€	€	€
ACS Site 2	€	€	€	€
ACS Site 3	€	€	€	€
ACS Site 4	€	€	€	€
ACS Site 5	€	€	€	€

* 22. Provide a text summary of plans for staffing, supply, and re-supply in support of your Alternate Care Site(s): (3.6)

23. Identify if your alternate care site plans provide for staffing and supply of the ACS: (3.7)

Please report ACS sites in the same order as in question 20 above.

	STAFF	SUPPLIES
ACS Site 1	€	€
ACS Site 2	€	€
ACS Site 3	€	€
ACS Site 4	€	€
ACS Site 5	€	€

24. Please list any other assets that you may have that will support your alternate care site(s)? (3.8)

4. Page 4 - LEVEL TWO SUB-CAPABILITIES - MOBILE ASSETS

Mobile Medical Asset Sharing Capacity

- * 25. For each Mobile / Portable asset, please identify the highest level of care which may be provided within your alternate care site: (3.9)

***NOTE: Select ONLY the highest level of care! If you do not have a Mobile / Portable ACS, select N/A.

Definitions:

Category I - Comprehensive Patient Care: Ability to manage critical injuries and major medical conditions, including life and or limb-threatening trauma requiring operative interventions and advanced life support for cardio-respiratory resuscitation.

Category II - Major Patient Care: Ability to stabilize and resuscitate critical injuries and major medical conditions prior to transferring patients to a higher level of care. Includes the ability to suture uncomplicated lacerations; casting of orthopedic injuries; cardiac monitoring; establishing intravenous access and delivering IV medications, etc...

Category III - Minor Patient Care: Capacity to provide advanced first aid to include bandaging and splinting; delivering OTC medications

	Category I	Category II	Category III	N/A
Mobile/Portable Site 1	jñ	jñ	jñ	jñ
Mobile/Portable Site 2	jñ	jñ	jñ	jñ
Mobile/Portable Site 3	jñ	jñ	jñ	jñ
Mobile/Portable Site 4	jñ	jñ	jñ	jñ
Mobile/Portable Site 5	jñ	jñ	jñ	jñ

26. I identify if your hospital has staff and supplies available for the operation of your mobile medical assets: (3.9b, 3.9c)

Please report Mobile / Portable assets in the same order as in question 24 above.

	STAFF	SUPPLIES
Mobile/Portable Site 1	€	€
Mobile/Portable Site 2	€	€
Mobile/Portable Site 3	€	€
Mobile/Portable Site 4	€	€
Mobile/Portable Site 5	€	€

* 27. What is the estimated bed capacity level that can be provided by your mobile medical asset(s)? (3.10)

(Answer must be a positive whole number)

Bed Capacity for

Category I - Mobile

Medical Assets

Bed Capacity for

Category II - Mobile

Medical Assets

Bed Capacity for

Category III - Mobile

Medical Assets

5. Page 5 - LEVEL TWO SUB-CAPABILITIES - PHARMACEUTICAL CACHES and STRATEGIC N...

- * 28. Does your facility have access to pharmaceutical caches sufficient to cover your hospital personnel, hospital-based emergency first responders and their family members for a 72-hour period? (3.11)
- Yes
- No
- * 29. Has your hospital completed a finalized written distribution plan for a pharmaceutical cache (plan has received senior management approval addressing the dissemination of prophylaxis to essential hospital personnel, hospital-based emergency first responders and their family members)? (3.12)
- Yes
- No
- * 30. Has your facility received training on the Strategic National Stockpile (SNS) Program? (3.13)
- Yes
- No

6. Page 6 - LEVEL TWO SUB-CAPABILITIES - PPE AND DECON

PPE and Decon Equipment

- * 31. If your facility is a GENERAL or SPECIAL hospital, do you have at least 12 sets of Level-C Personal Protective Equipment (PPE)? (3.14)

If your facility is a LTAC, REHAB, or PSYCHIATRIC hospital, enter N/A.

Yes

No

N/A

- * 32. If your facility is a GENERAL or SPECIAL hospital, how many sets of Level-C Personal Protective Equipment (PPE) does your hospital have *FROM ANY FUNDING SOURCE??* (3.14)

Enter zero if your facility is a LTAC, REHAB, or PSYCHIATRIC hospital.

GENERAL OR SPECIAL HOSPITALS
ONLY - Please enter number of
sets of Level C PPE:

- * 33. If your facility is a LTAC, REHAB, or PSYCHIATRIC hospital, do you have at least 6 sets of Level-C Personal Protective Equipment (PPE)? (3.15)

If your facility is a GENERAL or SPECIAL hospital, enter N/A.

Yes

No

N/A

- * 34. If your facility is a LTAC, REHAB, or PSYCHIATRIC hospital, how many sets of Level-C Personal Protective Equipment (PPE) does your hospital have *FROM ANY FUNDING SOURCE??* (3.15)

Enter zero if your facility is a GENERAL or SPECIAL hospital.

LTAC, REHAB, or PSYCHIATRIC
HOSPITALS ONLY - Please enter
number of sets of Level C PPE:

* 35. If your facility is a GENERAL or SPECIAL hospital, have you completed a finalized, written plan for disseminating and maintaining appropriate Personal Protective Equipment (PPE) for your staff (plan has received senior management approval)? (3.16)

Enter N/A if your facility is a LTAC, REHAB, or PSYCHIATRIC hospital.

Yes

No

N/A

* 36. If your facility is a LTAC, REHAB, OR PSYCHIATRIC hospital, have you completed a finalized, written plan for disseminating and maintaining appropriate Personal Protective Equipment (PPE) for your staff (plan has received senior management approval)? (3.17)

If your facility is a GENERAL or SPECIAL hospital, enter N/A.

Yes

No

N/A

* 37. Can your hospital decontaminate ambulatory and non-ambulatory patients? (3.18)

Yes

No

* 38. How many AMBULATORY patients can your hospital decontaminate per hour? (3.19)

Number of AMBULATORY patients
that can be decontaminated per
hour:

* 39. How many NON-AMBULATORY patients can your hospital decontaminate per hour? (3.20)

Number of NON-AMBULATORY
patients that can be
decontaminated per hour:

* 40. Does your hospital have the sufficient and appropriate decontamination equipment in place to decontaminate ambulatory and non-ambulatory patients at the rates listed in questions 38 and 39 above? (3.21)

Yes

No

41. If your answer to question 40 above indicated that your hospital does not hold sufficient and appropriate decontamination equipment, please identify required improvements in the box below.

7. Page 7 - OVERARCHING REQUIREMENTS - NIMS

NIMS Questions - Part I

NOTE - These questions ask you to report NIMS integration requirements.

- * 42. Has your facility met the requirements for NIMS - Element #1 - Organizational Adoption? (4.2)

[Element #1 - Adopt the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.]

Yes

No

- * 43. Has your facility met the requirements for NIMS - Element #2 - Ensure HPP funds support NIMS implementation? (4.3)

[Element #2 - Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).]

Yes

No

- * 44. Has your facility met the requirements for NIMS - Element #3 - Revise and update plans and SOPs to incorporate NIMS? (4.4)

[Element #3 - Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.]

Yes

No

- * 45. Has your facility met the requirements for NIMS - Element #4 - Participate in and promote mutual aid agreements? (4.5)

[Element #4 - Participate in and promote interagency mutual-aid agreements, to include agreements with public and private sector and/or nongovernmental organizations.]

Yes

No

- * 46. Has your facility met the requirements for NIMS Element #5 - Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.? (4.6)

Yes

No

- * 47. Has your facility met the requirements for NIMS - Element #6 - Identified personnel to complete IS-800b? (4.7)

***NOTE - Personnel who have taken IS-800 are not required to complete IS-800b.

Yes

No

- * 48. Has your facility met the requirements for NIMS - Element #7 - Incorporate NIMS/ICS into training and exercises? (4.8)

[Element #7 - Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.]

Yes

No

- * 49. Has your facility met the requirements for NIMS - Element #8 - Ensure relevant standards and guidance are incorporated (Resource Management)? (4.9)

[Element #8 - To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.]

Yes

No

- * 50. Has your facility met the requirements for NIMS - Element #9 - Apply standardized and consistent terminology (Communication & Information Management)? (4.10)

[Element #9 - Apply standardized and consistent terminology, including the establishment of plain English communication standards across the public safety sector.]

Yes

No

- * 51. Has your facility met the requirements for NIMS - Element #10 - Collection and distribution of consistent and accurate information? (4.11)

[Element #10 - Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.]

Yes

No

- * 52. Has your facility met the requirements for NIMS - Element #11 - Managing all incidents, exercises and preplanned events with ICS/NIMS? (4.12)

Element #11 - Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.

Yes

No

- * 53. Has your facility met the requirements for NIMS - Element #12 - Incident Action Planning (IAP)? (4.13)

Element #12 - ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.

Yes

No

- * 54. Has your facility met the requirements for NIMS - Element #13 - Public Information System? (4.14)

[Element #13 - Implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center (JIC).]

Yes

No

- * 55. Has your facility met the requirements for NIMS - Element #14 - Public information procedures and processes? (4.15)

[Element #14 - Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.]

Yes

No

- * 56. Has your facility met all 14 elements of NIMS as listed above? (4.1)

Yes

No

8. Page 8 - OVERARCHING REQUIREMENTS - EDUCATION AND TRAINING

NIMS Questions - Part II

NOTE - These questions ask you to report NIMS training requirements / accomplishments.

For each course, you should answer:

1. How many staff are required to take the course
2. How many total staff have completed the course
3. How many staff completed the course this quarter

- * 57. How many personnel at your facility have been identified for ICS-100 training? [to include all those already trained] (4.17a)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

- * 58. How many personnel at your facility that have been identified for ICS-100 training HAVE COMPLETED ICS-100? (4.17b)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

- * 59. How many personnel at your facility that have been identified for ICS-100 training have completed ICS-100 THIS QUARTER? (4.20a)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

- * 60. How many personnel at your facility have been identified for ICS-200 training? [to include all those already trained] (4.17c)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 61. How many personnel at your facility that have been identified for ICS-200 training HAVE COMPLETED ICS-200? (4.17d)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 62. How many personnel at your facility that have been identified for ICS-200 training have completed ICS-200 THIS QUARTER? (4.20b)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 63. How many personnel at your facility have been identified for IS-700 training? [to include all those already trained] (4.17e)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 64. How many personnel at your facility that have been identified for IS-700 training HAVE COMPLETED IS-700? (4.17f)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 65. How many personnel at your facility that have been identified for IS-700 training have completed IS-700 THIS QUARTER? (4.20e)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 66. How many personnel at your facility have been identified for IS-800b training? [to include all those already trained] (4.17g)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 67. How many personnel at your facility that have been identified for IS-800b training HAVE COMPLETED IS-800b? (4.17h)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 68. How many personnel at your facility that have been identified for IS-800b training have completed IS-800b THIS QUARTER? (4.20f)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 69. How many personnel at your facility that have been identified for ICS-300 training have completed ICS-300 THIS QUARTER? (4.20c)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

* 70. How many personnel at your facility that have been identified for ICS-400 training have completed ICS-400 THIS QUARTER? (4.20d)

(This requires a whole positive number. Please enter the number zero if no one has completed the class)

9. Page 9 - OVERARCHING REQUIREMENTS - DRILLS AND EXERCISES

* 71. How many exercises / actual events (during this quarter) has your facility conducted and / or participated in that incorporated NIMS concepts and principles? (6.2a)

0

1

2

3

4

5 or more

* 72. How many exercises / actual events (during this quarter) has your facility conducted and / or participated in that included a component(s) that tested partnerships / coalition agreements, memorandums of agreement (MOAs), memorandums of understanding (MOUs), or mutual aid agreements (MAAs)? (6.2b)

0

1

2

3

4

5 or more

* 73. Has your facility conducted and / or participated in exercises DURING THE QUARTER testing the following components: (6.5 / 6.6)

	Yes	No	Indicate here if exercise(s) listed in specific row were conducted in, or with the City of Dallas
Incorporated NIMS Concepts	€	€	€
Interoperable Communications	€	€	€
Redundant Communications	€	€	€
ESAR / VHP	€	€	€
Fatality Management	€	€	€
Medical Evacuation	€	€	€
Shelter-in-Place	€	€	€
Tracking of Bed Availability	€	€	€
Use or Operation of Hospital	€	€	€
Decontamination	€	€	€
Resource Request	€	€	€

* 74. Please indicate the number of HOSPITAL STAFF that participated in exercises / drills DURING THE QUARTER (6.7)

* 75. Has your facility produced an after action report (AAR) within 60 days for each exercise / event? (6.9)

Yes

No

* 76. Has your facility developed corrective action / improvement plans and initiated execution of correction actions (related to exercise after action reports (AARs)) (6.10)

Yes

No

* 77. Have you met DURING THIS QUARTER with jurisdictional emergency management and public health partners to discuss integration of their responsibilities related to at-risk individuals? (6.11)

Yes

No

78. Briefly describe any community activities conducted that are aimed at or included at-risk populations (6.12)

