

Assistant Secretary for Preparedness & Response: Hospital Preparedness Program

Applicant/Agency Name: Nevada Hospital Association

WORKPLAN AND TIMETABLE

Level I GOAL: Interoperable Communication Systems – Equip participating hospitals and other healthcare entities, to the extent possible, with communication devices which allow them to communicate horizontally and vertically with EMS, fire, law enforcement, local and state public health agencies, nearby community health centers, long term care facilities, nursing homes and other medical and referral centers. Develop operational, redundant communication systems capable of communicating both horizontally between healthcare providers, and vertically, within the jurisdiction incident command structure as described in the tiered response framework outlined in the MSCC Handbook. The systems will link health related organizations that participate in the HPP program, as well as those deemed necessary by the State for both State and local jurisdiction health and medical response operations, including law enforcement, public works and others. Systems will have the ability to exchange voice and/or data with all partners on demand, in real time, when needed, and as authorized in the operational plans developed by the State and local jurisdictions.

Objective	Activities	Measurable Outcome/s	Timeline/s	Responsible Person/s/Agency
Develop communications redundancy composed of landline/cellular phones; two-way VHF/UHF radios, Satellite phones and Amateur (ARES) Radio for hospitals statewide.	<p>NHA’s Hospital Preparedness Director will continue to act as the hospitals’ representative at Nevada’s:</p> <ul style="list-style-type: none"> Public Safety Interoperable Communications (PSIC) Workgroup Statewide Communications Interoperability Plan (SCIP) Working Group Nevada’s Communication Steering Committee (NCSC) NCSC Subcommittee For IOC SOP Development 	<p><u>NHA will capture ASPR FY08 Targets (Measure H2.1.):</u></p> <p><u>Mid-Year:</u> 50% of participating hospitals demonstrated dedicated, redundant communications capability</p> <p><u>End-of-Year:</u> 100% of participating hospitals demonstrated dedicated, redundant</p>	<p>August 2008-August 2009</p> <p>Continuous</p>	NHA

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	<p>Utilize the results of NHA’s IOC assessment of Nevada’s hospitals to identify gaps.</p> <p>Participate in local, regional and statewide activities as needed to help identify and address hospitals’ IOC needs.</p> <p>Provide Regional Hospital Preparedness Workshops to share and gather information.</p> <p>These workshops will include a session to assist hospitals in IOC planning and development.</p> <p>Act as a pass through for the IOC subgrant funds/equipment to address hospitals immediate IOC needs</p> <p>Promote communications horizontally and vertically with EMS, fire, law enforcement, local and state public health agencies.</p>	<p>communications capability</p>	<p>The workshops will take place in November 2008 and/or May 2009, as time, schedules and priorities allow</p> <p>The development of these workshops will occur August 2008-October 2008 and/or December 2008-April 2009</p>	<p>NHA</p>
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Level I GOAL: Telecommunications Service Priority (TSP) Program- Identify a minimum of 3 hospitals or healthcare entities per sub-state region for participation in the Federal Communication Commission's (FCC) Telecommunications Service Priority Program (TSP). Provide a list of facilities currently participating in TSP (noting whether federal funds were used to achieve this purpose) and a list of those being considered for participation through this funding opportunity.

Objective	Activities	Measurable Outcome/s	Timeline/s	Responsible Person/s/Agency
Promote participation in Federal Communications Commission's (FCC) TSP to the hospitals	<p>Create and distribute a survey to determine which, if any, hospitals are participating in the FCC TSP. Utilize this data to measure the increase in participation and help deliver the measureable outcome.</p> <p>Educate the hospitals about TSP and encourage their participation.</p>	Identify a minimum of 3 hospitals per sub-state region for participation in the Telecommunications Service Priority Program (TSP)	<p>August-September 2008</p> <p>Continuous</p>	NHA
Promote hospitals participation in Government Emergency Telecommunications Service (GETS) and Wireless Priority Service (WPS) for mobile cellular phones.	<p>Work with hospitals to identify a baseline, those with & without GETS and WPS.</p> <p>Discuss and promote GETS and WPS at the various IOC related meetings and with hospitals</p>	Increased numbers of Nevada hospitals participating in GETS and WPS, this measurement will be captured in the survey created by NHA.	August 2008-August 2009	NHA

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Level I GOAL: Fatality Management- Work closely with participating hospitals and other appropriate healthcare entities to ensure that facility level fatality management plans are integrated into local, jurisdictional and State plans for disposition of the deceased. Continue building robust plans that integrate mass fatality planning within the MSCC tiered response framework, with a focus on: Tier 2- Management of the Healthcare Coalition; Tier 3- Jurisdiction Incident Management; and Tier 4- Management of State Response and Coordination of Intrastate Jurisdictions.				
Objective	Activities	Measurable Outcome/s	Timeline/s	Responsible Person/s/Agency
Assist NSHD and other HPP partners in building upon the results of the MFM survey/assessment NHA conducted in FY 2007, to build robust plans that integrate mass fatality planning within the MSCC tiered response framework.	NHA's Director of Hospital Preparedness will continue to attend and participate in NSHD's MFM Workgroup and act as the clearing house for information to and from the hospitals.	Nevada's Statewide MFM Plan integrates mass fatality planning within the MSCC tiered response framework.	August 2008- August 2009	NHA
Help ensure that all hospitals have written plans to address mass fatality management.	<p>Develop a template Mass Fatality Management Plan that hospitals can use as a tool to develop MFM annexes to their Emergency Operations Plans.</p> <p>Review the template with hospital preparedness POCs and the MFM workgroup.</p> <p>Work with hospitals to adjust the template</p>	<p><u>NHA will capture ASPR FY08 Targets (Measure H4.1.):</u></p> <p><u>Mid-Year:</u> 100% of Awardees have a completed draft plan for mass fatality management.</p>	<p>November – January 2009</p> <p>February 2009</p> <p>March 2009</p>	NHA

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	<p>as needed.</p> <p>Distribute the MFM planning tool to all of the hospitals.</p> <p>Work with the hospitals to help ensure that they all have written plans to address MFM.</p>	<p>End- of- Year: 100% of Awardees have a finalized written plan for mass fatality management.</p>	<p>April 2009</p> <p>Continuous</p>	
<p>Purchase and distribute equipment identified by the hospitals as necessary for fatality management.</p>	<p>In coordination with NSHD, local public health agencies and the hospitals, NHA will act as a pass through to the hospitals for the \$300,000 allocated to address the hospitals equipment needs for fatality management and evacuation.</p>	<p>Hospitals receipt of the equipment they identified as needed for fatality management will be demonstrated with MOUs and measured using NHA’s survey results to determine a completion rate.</p>	<p>August 2008- August 2009</p>	

Level I GOAL: Medical Evacuation/Shelter in Place – Continue integrating planning of participating hospitals into Tiers 2, 3 and 4 of the tiered response framework. Encourage all participating hospitals to consider the following when working on the integration of local/regional plans: personnel, equipment and systems, planning and training needed to ensure safe evacuation, and the safety of personnel and family members.

Objective	Activities	Measurable Outcome/s	Timeline/s	Responsible Person/s/Agency
<p>Assist NSHD, LPHAs and the hospitals in evaluating the advisability of evacuation and</p>	<p>NHA Hospital Preparedness Director will continue to participate in the Governor’s Evacuation Taskforce’s Medical Subcommittee and Legislative Subcommittee as well as continue as a member of NSHD’s Hospital Evacuation</p>	<p>Provide updates/information on hospital evacuation issues to the hospitals and preparedness partners</p>	<p>August 2008- August 2009</p>	<p>NHA</p>

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sheltering in place of patients in the event of a catastrophe or degraded infrastructure.	Workgroup	via NHA's hospital preparedness list serv and Healthlink		
Help Nevada Hospitals attain plans for evacuation.	<p>Develop a template for hospitals that they can use as a tool to expand their evacuation planning.</p> <p>Review the template with hospital preparedness POCs and NSHD's Hospital Evacuation workgroup.</p> <p>Work with hospitals to adjust the template as needed.</p> <p>Distribute the planning tool to all of the hospitals.</p> <p>Work with the hospitals to help ensure that they all have written plans to address Hospital Evacuation.</p> <p>NHA Preparedness Director will attend the Altered Standards of Care & Surge Capacity Conference October, 2008 in Washington DC</p>	<p><u>NHA will capture ASPR FY08 Targets (Measure H5.1.):</u></p> <p><u>Mid-Year:</u> 100% of Awardees have a completed draft plan for hospital evacuation.</p> <p><u>End-of-Year:</u> 100% of Awardees have a finalized written plan for hospital evacuation.</p>	<p>August-September 2008</p> <p>October 2008-November 2009</p> <p>December 2008</p> <p>January 2008</p> <p>Continuous</p> <p>October 2008</p>	<p>NHA</p> <p>NHA</p>
Advocate for hospitals and LPHAs to integrate hospital evacuation plans in local/regional plans.	Encourage all participating hospitals to integrate their evacuation plans with local/regional plans	Conduct pre and post surveys to measure the % of plans integrated into local/regional plans	August 2008-August 2009	NHA

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<p>Work with the hospitals and local and state preparedness partners to help identify the resources hospitals will need for evacuations.</p>	<p>Provide Regional Hospital Preparedness Workshops to share and gather information.</p> <p>These workshops will include a session to assist hospitals in further developing their evacuation plans to take into account their facility's (a) personnel training in evacuation procedures; (b) transportation means, equipment, supplies, and alternative facilities, and, (c) the operational structure and standard operating procedures for moving patients as appropriate.</p> <p>NHA's Nurse Executive will continue to attend and participate in the Patient Transfer of Care (PTOC) Committee</p>	<p>Measurement for the workshops will be the number of attendees.</p> <p>100% attendance of NHA at the PTOC</p>	<p>The workshops will take place in November 2008 and/or May 2009, as time, schedules and priorities allow.</p> <p>Development of the regional workshops will occur August 2008- October 2008 and/or December 2008 -April 2009</p> <p>August 2008- August 2009</p>	<p>NHA</p>
<p>Purchase and distribute equipment identified by the hospitals as necessary for hospital evacuations.</p>	<p>In coordination with NSHD, local public health agencies and the hospitals, NHA will act as a pass through to the hospitals for the \$300,000 allocated to address the hospitals equipment needs for fatality management and evacuation.</p>	<p>Hospitals receipt of the equipment they identified as needed for hospital evacuations will be demonstrated with MOUs and measured using NHA's survey results to determine a completion rate.</p>	<p>August 2008- August 2009</p>	

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Level I GOAL: Partnership/Coalition Development- Develop operational partnerships/coalitions that encompass Nevada’s CRI city (Las Vegas) plus an equal number of partnerships/coalitions involving non-CRI sub-state regions. Partnerships will plan and develop MOUs to share assets, personnel and information; develop plans to unify management of healthcare during a public health emergency; and integrate communication with jurisdictional command in the area. MOUs will be tested through tabletop components of exercises conducted in CRI and non-CRI cities as described in the exercise plan.

Objective	Activities	Measurable Outcome/s	Timeline/s	Responsible Person/s/Agency
Participate in and continue partnership development.	<p>NHA will continue to attend and be a member of the various hospital partnerships/coalitions in Nevada. The IHCC and SNHCA plan and develop MOUs to share assets, personnel and information; develop plans to unify management of healthcare during a public health emergency; and integrate communication with jurisdictional command in the area. These consist of:</p> <ol style="list-style-type: none"> 1. The Inter-Hospital Coordinating Council (IHCC) in Washoe County – non-CRI 2. The Southern Nevada Healthcare Association (SNHCA) in Clark County - CRI <p>NHA will also continue to present and provide information to/from the Nevada Rural Hospital Partners via the list serv and presentations at the NRHP board meetings.</p>	NHA representation at 100% of the IHCC and SNHCA Meetings.	<p>Continuous</p> <p>August 2008- August 2009</p>	NHA
NHA will also continue to coordinate hospital	Provide Regional Hospital Preparedness Workshops to share and gather information.	Measurement for the workshops will be the number of attendees.	Continuous	NHA

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<p>preparedness activities to minimize duplication of effort and ensure coordination among, Federal, State, local, and tribal planning, preparedness, and response activities</p>	<p>Continue to maintain and utilize the hospital preparedness point of contact list serv that NHA created in FY 2007 to share and gather information and help coordinate activities and minimize duplication and misinformation.</p> <p>NHA Hospital Preparedness Director will continue to participate in the HSC, NCSC, NRHP, IHCC, NSHD's ASPR working groups, HSWG and PSIC.</p> <p>NHA CEO will continue to participate as the hospitals representative on Nevada's Homeland Security Commission, with NHA's HP Director as his back-up.</p> <p>NHA Preparedness Director will attend the National Preparedness Conference and/or the National Disaster Management Conference in 2009</p>	<p>At least one POC from each hospital and hospital preparedness partner/ASPR grant sub-grant awardee on the POC list serv.</p> <p>Attendance records and meeting minutes</p> <p>Notes and materials from the conference will be made available to the hospitals via NHA's preparedness POC e-mail group and website</p>	<p>February-March 2009</p>	
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Goal: Overarching Requirements and ASPR Expectations – NIMS; Education and Preparedness Training; Exercises, Evaluation and Corrective Actions & Needs of At-Risk Populations.				
Objective	Activities	Measurable Outcome/s	Timeline/s	Responsible Person/s/Agency
Help increase the number of participating hospitals that incorporate the National Incident Management System (NIMS) concepts and principles for handling emergency events.	<p>Work with the hospitals and local and state preparedness partners to identify the training and planning needed to help hospitals attain NIMS compliance.</p> <p>NHA will continue to look for ways to combine and leverage resources and crosswalk requirements to help hospitals meet preparedness requirements.</p> <p>Build upon the results of the NIMS survey/assessment of Nevada hospitals that NHA conducted in FY 2007 to capture the H6.1 measurements and report it to NSHD.</p>	<p><u>NHA will capture ASPR FY08 Targets (Measure H6.1.):</u></p> <p><u>Mid-Year:</u> 50% of participating hospitals have incorporated the National Incident Management System (NIMS) concepts and principles for handling emergency events.</p> <p><u>End-of-Yr:</u> 100% of participating hospitals have incorporated NIMS concepts and principles for handling emergency events.</p>	Continuous	NHA
Help hospitals identify and ensure appropriate hospital	Work with the hospitals and local and state preparedness partners to identify the training and planning needed to help	<u>NHA will capture ASPR FY08 Targets (Measure H7.1.):</u>		NHA

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<p>personnel complete the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800B</p>	<p>hospitals ensure that IS 100, 200, 700 & 800B are completed for appropriate hospital personnel.</p> <p>Build upon the results of the IS Training survey/assessment of Nevada hospitals that NHA conducted in FY 2007 to capture the H7.1 measurements and report it to NSHD.</p>	<p>Mid-Year: 50% of participating hospitals ensured that appropriate hospital personnel have completed the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800B.</p> <p>End-of-Year: 100% of participating hospitals ensured that appropriate hospital personnel have completed IS 100, IS 200, IS 700, IS 800B – or their equivalent</p>	<p>January 2009</p> <p>July 2009</p>	
<p>Promote hospital participation in NSHD’s preparedness training and exercise plan/activities.</p>	<p>NHA will continue to maintain the hospital exercise calendar on NHA’s website and encourage hospitals and local and state preparedness partners to coordinate and collaborate on exercises and trainings.</p> <p>NHA will add NSHD’s HP training and exercise plan to NHA’s website and will send it to all of the hospitals.</p>	<p>Update the exercise calendar at a bi-weekly at a minimum.</p>	<p>Monthly</p>	<p>NHA</p>
<p>Attendance at the ASPR Data Conference, Spring 2009 in DC</p>	<p>NHA Preparedness Director will attend the ASPR Data Conference, Spring 2009 in Washington DC</p>	<p>Attendance at the Spring 2009 ASPR meeting</p>	<p>Spring 2009</p>	<p>NHA</p>