



US Department of Health and Human Services
Assistant Secretary for Preparedness and Response (ASPR)
Office of Preparedness and Emergency Operations (OPEO)
Division of National Healthcare Preparedness Programs (DNHPP)
FY 2007 Hospital Preparedness Program (HPP)
Project Officer Report and Performance Measures

Objective: This Excel workbook is a form to collect data for both the End of Year Report and the Cooperative Agreement Performance Measures

Contents: The workbook contains 10 worksheets. Each worksheet can be accessed by clicking on the tabs on the bottom of the screen.

Instructions - Performance Measures Section
 The instructions for how to complete each worksheet in the Measures Section will be found below.
 In order to for the overall form to be complete, **all individual worksheets must be fully completed**

Worksheet	Description	User Action
Instructions	Cover page and instructions	None
Demographic Info	Demographic Information for the Cooperative Agreement	Answer every question in the space provided, by typing the answer into the tan colored cells
Measures	Information for the Performance Measures	Answer every question in the space provided, either by using the provided drop-down boxes or by typing the answer into the tan colored cells. <i>Note: Questions seeking additional detail may appear in the form depending on the answer to each original question. Please answer all questions that can be seen on the form.</i>
Data Elements	Information about the data elements	Answer every question in the space provided, either by using the provided drop-down boxes or by typing the answer into the tan colored cells. <i>Note: Questions seeking additional detail may appear in the form depending on the answer to each original question. Please answer all questions that can be seen on the form.</i>
Data Elements - ESAR	Information about the ESAR data elements	Answer every question in the space provided, either by using the provided drop-down boxes or by typing the answer into the tan colored cells.
Completion Summary	Summary of Answered Questions	Check this sheet before submitting. Only submit the form if the form status says "Complete"

Definitions:	There are a number of terms that are frequently used in the questions on the following pages. Please use the definitions below as guidelines for the answers
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After Action Report/Improvement Plan AAR/IP	The main product of the Evaluation and Improvement Planning process is the AAR/IP. The AAR/IP has two components: an AAR, which captures observations of an exercise and makes recommendations for post-exercise improvements; and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The final AAR/IP should be disseminated to participants no more than 60 days after exercise conduct. Even though the AAR and IP are developed through different processes and perform distinct functions, the final AAR and IP should always be printed and distributed jointly as a single AAR/IP following an exercise.
Corrective Action:	Corrective actions are the concrete, actionable steps outlined in Improvement Plans (IPs) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.
Coordination:	The process of systematically analyzing a situation, developing relevant information, and the synchronization of the activities of all relevant stakeholders to achieve a common purpose.
Collaboration	The development and sustainment of broad relationships among individuals and organizations to encourage trust, advocate a team atmosphere, build consensus, and facilitate communication.
Competency-Based Training (CBT):	CBT is an approach to vocational education and training that places emphasis on what a person can do in the workplace as a result of completing a program of training. Competency-based training programs are often comprised of modules broken into segments called learning outcomes, which are based on standards set by industry, and assessment is designed to ensure each student has achieved all the outcomes (skills and knowledge) required by each module.
Drill:	A drill is a type of operations-based exercise. It is a coordinated, supervised activity usually employed to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.
Emergency Operations Center (EOC):	The EOC is the physical location at which the coordination of information and resources to support domestic incident management activities take place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. An EOC may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or by some combination thereof.
Emergency Operations Plan (EOP):	An EOP is the "steady-state" plan maintained by various jurisdictional levels for managing a wide variety of potential hazards.
Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)	ESAR-VHP is a program designed to assist health professionals in volunteering for disasters by providing verifiable, up-to-date information regarding the health professional volunteer's identity and licensing, credentialing, privileging and certification to hospitals and other medical facilities that request their services.
Full-Scale Exercises (FSE):	A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., firefighters decontaminating mock victims).
Functional Exercise (FE):	A functional exercise is a single or multi-agency activity designed to evaluate capabilities and multiple functions using a simulated response. An FE is typically used to: evaluate the management of Emergency Operations Centers, command posts, and headquarters; and assess the adequacy of response plans and resources.

Hospital Available Beds of Emergencies and Disasters (HAvBED) System:	HAvBED is a system of hospital bed definitions that provide uniform terminology for organizations tracking the availability of beds in the aftermath of a public health emergency or bioterrorist event. Definitions were vetted by members from Federal and State governments, hospitals around the Nation, and the private sector for the following: Licensed Beds, Physically Available Beds, Staffed Beds, Unstaffed Beds, Occupied Bed, and Vacant/Available Beds. Beds also can be categorized according to the type of patient they serve: Adult Intensive Care (ICU), Medical/Surgical, Burn or Burn ICU, Pediatric ICU, Pediatrics, Psychiatric, Negative Pressure/Isolation, and Operating Rooms. For purposes of estimating institutional surge capability in dealing with patient disposition during a large mass casualty incident, the following bed availability estimates also may be reported: 24-hour Beds Available and 72-hour Beds Available. Additional information on the HAvBED System can be accessed at: http://www.ahrq.gov/research/havbed/definitions.htm .
Hospital Preparedness Program (HPP) Participating Hospitals:	HPP participating hospitals are hospitals that receive funding, benefits, and/or services through the State/Recipient's Cooperative Agreement with HPP during the specified funding/reporting period.
Improvement Plan (IP):	An IP lists the corrective actions that will be taken, the responsible party or agency, and the expected completion date. The IP is included at the end of the AAR.
Incident Commander (IC)	The IC is the individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.
Incident Command System (ICS):	The ICS is a standardized on scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating with a common organizational structure, designed to aid in the management of resources during incidents. ICS is used for all kinds of emergencies and is applicable to small as well as large and complex incidents.
Integration:	Integration is ensuring unity of effort among all levels of government and all elements of a community.
Mass Immunization:	An immunization is the introduction of antigens into the body in order to stimulate the development of antibodies against a particular disease. Mass immunization is the prophylaxis of large numbers of individuals (certain populations) against a specific disease agent, usually within a prescribed period of time.
Mass Prophylaxis	Particular action(s) that lead to the prevention of disease or of the processes that can lead to disease. Mass prophylaxis refers to the distribution of materiel to large numbers of individuals (certain populations) to prevent them from contracting a particular disease. A mass vaccination or prophylaxis plan or clinic can be implemented for a variety of public health emergencies. Local health departments provide vaccination or prophylaxis services for the general public in their jurisdiction, whereas hospitals provide these services for their staff and families.
National Incident Management System (NIMS):	The NIMS standard was designed to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive system for incident management. It is a system mandated by HSPD-5 that provides a consistent, nationwide approach for Federal, State, local, and tribal governments, the private sector, and non-governmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.
National Preparedness Goal:	The National Preparedness Goal was set to achieve and sustain capabilities that enable the Nation to successfully prevent terrorist attacks on the homeland and rapidly and effectively respond to and recover from any terrorist attack, major disaster, or other emergency that does occur in order to minimize the impact on lives, property, and the economy.
Negative Pressure/Isolation:	Beds provided with negative airflow, providing respiratory isolation.

Operations-Based Exercises:	Operations-based exercises are a category of exercises characterized by actual response, mobilization of apparatus and resources, and commitment of personnel, usually held over an extended period of time. Operations-based exercises can be used to validate plans, policies, agreements, and procedures. They include drills, functional exercises, and full scale exercises. They can clarify roles and responsibilities, identify gaps in resources needed to implement plans and procedures, and improve individual and team performance.
Personal Protective Equipment (PPE):	PPE is specialized clothing or equipment worn by employees for protection against health and safety hazards. PPE is designed to protect many parts of the body, i.e., eyes, head, face, hands, feet, and ears.
Pharmaceutical Cache:	Pharmaceutical Caches are established to provide emergency medical support in the event of a natural disaster, emergency, or terrorist attack. The cache is a stockpile of medications, treatment kits, intravenous solutions, and other medical supplies.
Prophylaxis:	Prophylaxis refers to any medical or public health procedure whose purpose is to prevent, rather than treat or cure, disease. Vaccines and antibiotics are prophylactic: they are used before illness develop, either being administered to large numbers of people in order to prevent infection, or in some cases (such as the smallpox vaccine) to people who have been exposed to a disease but have not yet become ill.
Public Information Officer (PIO):	The PIO is a member of the Command Staff responsible for interfacing with the public, media, or with other agencies with incident related information requirements. The responsibility of the Public Information Officer is to ensure the rapid dissemination of accurate instructions and information to the public and to the State using available public information systems.
Redundant Communication:	Redundant communications is the use of multiple communications capabilities to sustain business operations and eliminate single points of failure that could disrupt primary services. Redundancy solutions include having multiple sites where a function is performed, multiple communications offices serving sites, and multiple routes between each site and the serving central offices.
Secretary's Operation Center (SOC):	The focal point for synthesis of critical public health and medical information on behalf of the United States Government. During emergency situations or exigent circumstances, the Secretary's Operations Center coordinates incident management system responses for the Department of the Health and Human Services (HHS).
Tabletop Exercise (TTX):	TTX are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident. During a TTX, senior staff, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem-solving rather than the rapid, spontaneous decision-making that occurs under actual or simulated emergency conditions.



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FY 2007 Hospital Preparedness Program (HPP)
Progress Report

Grantee Name:	Fill in name here	State Code:	
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	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Administration:	\$0.00	\$0.00	\$0.00	\$0.00
Level One Sub-Capabilities	\$0.00	\$0.00	\$0.00	\$0.00
Level Two Sub-Capabilities	\$0.00	\$0.00	\$0.00	\$0.00
Additional Consideration and Emerging Item	\$0.00	\$0.00	\$0.00	\$0.00
**This entire section will prepopulate when you fill out the sections below	\$0.00	\$0.00	\$0.00	\$0.00

FY 07 Award Amount:	\$0.00	\$0.00	\$0.00
			(This must equal \$0.00)

Name:	
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Date:	09/14/07
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Grantee Name:	Fill in name here
Date:	09/14/07

Activity Category	Description of Activity	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Travel			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name:	Fill in name here
Date:	09/14/07

Activity Category	Description of Activity	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Activity Category	Description of Activity	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
(Select one)			\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here
Date: 09/14/07

Activity	Description of Activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Activity	Description of Activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Activity	Description of Activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
(Select one)				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Activity	Description of Activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Activity	Description of Activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Activity	Description of Activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Additional considerations and emerging items of interest

Activity	Description of activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Additional considerations and emerging items of interest

Activity	Description of activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00

Grantee Name: Fill in name here

Date: 09/14/07

Additional considerations and emerging items of interest

Activity	Description of activity	FY06 Goal	Progress	Amount Proposed	Amount Obligated	Amount Unobligated	Amount Spent
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
Select one				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00

Question	Response
Start of Period of Performance	
End of Period of Performance	
Report Type	
Contact person name (name of person filling out the application)	
Phone number	
Email address	
Number of Regions in the State	
Number of hospitals statewide	
Number of participating hospitals (including VA and Indian Health Service)	
Number of VA hospitals	
Number of IHS hospitals	
Number of trauma centers	
Number of hospital beds statewide	
Number of specialty beds statewide	
Adult Intensive Care Unit (ICU) beds	
Medical/Surgical (Med/Surg) beds	
Burn beds	
Pediatric ICU beds	
Pediatrics beds	
Psychiatric (Psych) beds	
Negative Pressure Isolation beds	
Operating Room beds	
Number of other health provider organizations statewide	
Number of Community Health Centers	
Number of Mental Health Centers	
Number of Nursing Homes	
Number of other health provider organizations participating	
Number of Community Health Centers	
Number of Mental Health Centers	
Number of Nursing Homes	

Sheet Status
Incomplete

HAVBED		
PM	First Question	Response
1.1	The number of participating hospitals that can report available beds, according to HAVBED definitions, to the State or State DOH EOC within 60 minutes of a request during an exercise or event	

Bed Reporting				
PM	First Question	Response	Additional Details	Response
2.1	Can you report available beds, according to HAVBED definitions to the HHS SOC or other Federal Partners within 4 hours of request during an exercise or event?			
2.2				

Dedicated, Redundant Communications

PM	First Question	Response	Additional Details	Response
3.1	Number of participating hospitals that indicate they have dedicated, redundant communications capability			
3.2				
3.3				
3.4				
3.5				
3.6				
3.7				
3.8				
3.9				
3.10				
3.11				
3.12				
3.13				

Two-Way Communications

PM	First Question	Response	Additional Details	Response
4.1	Number of participating hospitals that indicate they have two-way communications capability			
4.2				
4.3				
4.4				
4.5				
4.6				
4.7				
4.8				
4.9				
4.10				
4.11				
4.12				
4.13				

Volunteer Health Professionals		
PM	First Question	Response
5.1	Can you query your system to generate a list of potential volunteer health professionals to contact, by discipline and credential level, within 2 hours of a request being issued by a requesting body or the HHS SOC?	
5.2	Can you compile an initial list of willing volunteer health professionals , by discipline and credential level, within 12 hours of a request being issued by a requesting body or the HHS SOC?	
5.3	Can you report a verified list of available volunteer health professionals within 24 hours of a request being issued by a requesting body or the HHS SOC?	

Fatality Management		
PM	First Question	Response
FM.1	Number of participating hospitals that have a fatality management plan	

Hospital Evacuation		
PM	First Question	Response
HE.1	The number of participating hospitals that have evacuation plans	

Sheet Status
Incomplete

HAVBED		
PM	Question	Response
	Number of beds your state is capable of surging to within 24 hours of an incident or exercise for the following HAVBED categories:	
1.1	Adult Intensive Care Unit (ICU) beds	
1.2	Medical/Surgical (Med/Surg) beds	
1.3	Burn beds	
1.4	Pediatric ICU beds	
1.5	Pediatrics beds	
1.6	Psychiatric (Psych) beds	
1.7	Negative Pressure Isolation beds	
1.8	Operating Room beds	

Negative Pressure Isolation		
PM	Question	Response
2.1	Number of regions that can maintain patients in negative pressure isolation in EDs	
2.2	Number of regions that can maintain patients in negative pressure isolation in non ED settings	

Decontamination		
PM	Question	Response
3.1	How many ambulatory patients can be decontaminated in your state within a 3-hour period?	
3.2	How many non-ambulatory patients can be decontaminated in your state within a 3-hour period?	

Counter-measures		
PM	Question	Response
4.1	How many doses of antibiotics are available statewide for the purpose of providing prophylaxis to hospital personnel, hospital based EMS, and their family members in the first 72 hours of an event?	
4.2	For planning purposes, what is the estimated number of hospital personnel, hospital based EMS, and their family members for whom the state will provide prophylactic antibiotics in the first 72 hours of an event	
4.3	How many doses of antivirals are available statewide for the purpose of providing prophylaxis to hospital personnel, hospital based EMS, and their family members in the first 72 hours of an event?	
4.4	For planning purposes, what is the estimated number of hospital personnel, hospital based EMS, and their family members for whom the state will provide antivirals for the purpose of providing prophylaxis in the first 72 hours of an event	

Pharmaceutical Countermeasure Caches		
PM	Question	Response
5.1	Number of dedicated state caches of pharmaceutical countermeasures available for treating hospital personnel, hospital-based emergency first responders, and family members in the first 72 hours of an event?	

Healthcare Workers Requiring Counter-Measures

PM	Question	Response
6.1	What is the estimated number of hospital personnel (and hospital based EMS personnel) that may require prophylactic antibiotics from the state cache in the first 72 hours of an event?	
6.2	What is the estimated number of family members that may require prophylactic antibiotics from the state cache in the first 72 hours of an event?	

Countermeasures Purchasing

PM	Question	Response
7.1	Of the present state caches (dedicated for the treatment of hospital personnel, hospital based emergency first responders and family members), what is the estimated percentage purchased with NBHPP/HPP funds?	

Incident Command Structure

PM	First Question	Response
8.1	How many participating hospitals have adopted the incident command structure for handling emergency events?	

FEMA Courses		
PM	Question	Response
	Number of hospital personnel that have completed the following courses in the current year:	
9.1	IS 100 (including 100.FW, 100.HC, 100.LE, 100.PW)	
9.2	IS 200	
9.3	IS 300	
9.4	IS 400	
9.5	IS 700	
9.6	IS 800	

Trained Lab Personnel		
PM	Question	Response
10.1	How many hospital-based lab personnel are trained in the protocols for referral of clinical samples and associated information to public health labs?	

Hospital Exercises		
PM	Question	Response
11.1	Number of hospitals that have participated in an exercise or incident during the reporting period	
11.2	Number of hospitals that have developed improvement plans based on after-action reports	

Integrated Community Exercises

PM	Question	Response	Additional Details	Response
12.1	How many statewide or regional exercises were conducted during the reporting period?			
12.2				

Sheet Status

Incomplete

ESAR-VHP Compliance Requirements

PM	First Question	Response	Requirement Definition
13.1	Has your State/Territorial ESAR-VHP Program met compliance requirement 1?		Requirement 1: Each State is required to develop an electronic registration system for recording and managing volunteer information based on the data definitions presented in the ESAR-VHP Guidelines
13.2	Has your State/Territorial ESAR-VHP Program met compliance requirement 2?		Requirement 2: The ESAR-VHP system must be able to assign volunteers to all four ESAR-VHP credential levels
13.3	Has your State/Territorial ESAR-VHP Program met compliance requirement 3?		Requirement 3: Each electronic system must be able to record ALL volunteer health professional/emergency preparedness affiliations of an individual, including local, State, and Federal entities
13.4	Has your State/Territorial ESAR-VHP Program met compliance requirement 4?		Requirement 4: Each electronic system must be able to identify volunteers willing to participate in a Federally coordinated emergency response
13.5	Has your State/Territorial ESAR-VHP Program met compliance requirement 5?		Requirement 5: Each State must be able to update volunteer information and re-verify credentials every 6 months

Health professional occupations included in the ESAR-VHP system

PM	First Question	Response
14.1	Is your ESAR-VHP system capable of registering all 20 ESAR-VHP health professional occupations?	
14.2	Can you register physicians (Allopathic and Osteopathic) in the ESAR-VHP system?	
14.3	Can you register registered nurses in the ESAR-VHP system?	
14.4	Can you register advanced practice registered nurses (Nurse Practitioners, Certified Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse Specialists) in the ESAR-VHP system?	
14.5	Can you register licensed practical nurses and licensed vocational nurses in the ESAR-VHP system?	
14.6	Can you register pharmacists in the ESAR-VHP system?	
14.7	Can you register mental health counselors in the ESAR-VHP system?	
14.8	Can you register psychologists in the ESAR-VHP system?	
14.9	Can you register clinical social workers in the ESAR-VHP system?	
14.10	Can you register radiologic technologists and technicians in the ESAR-VHP system?	
14.11	Can you register respiratory therapists in the ESAR-VHP system?	
14.12	Can you register medical and clinical laboratory technologists in the ESAR-VHP system?	
14.13	Can you register medical and clinical laboratory technicians (including phlebotomists) in the ESAR-VHP system?	
14.14	Can you register physician assistants in the ESAR-VHP system?	
14.15	Can you register dentists in the ESAR-VHP system?	
14.16	Can you register marriage and family therapists in the ESAR-VHP system?	
14.17	Can you register veterinarians in the ESAR-VHP system?	
14.18	Can you register cardiovascular technicians and technologists in the ESAR-VHP system?	
14.19	Can you register diagnostic medical sonographers in the ESAR-VHP system?	
14.20	Can you register emergency medical technicians and paramedics in the ESAR-VHP system?	

14.21 Can you register medical records and health information technicians in the ESAR-VHP system?

ESAR-VHP Credential Level Definitions

ESAR-VHP Credential Level 1: Assignment to Level 1 requires the verification that the volunteer is actively employed or has privileges in a hospital. Implicit in this requirement is that the volunteer is allowed to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications identified in the ESAR-VHP Guidelines.

ESAR-VHP Credential Level 2: Assignment to Level 2 requires verification that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home, etc.). Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications identified in the ESAR-VHP Guidelines.

ESAR-VHP Credential Level 3: Assignment to Level 3 requires verification of a volunteer's license, certification, or other State requirement to practice. In situations where the State does not govern a profession, ASPR has identified requirements that are deemed to be usual and customary for employment in the profession, which must be verified.

ESAR-VHP Credential Level 4: Assignment to Level 4 requires that the volunteer possess verified documentation of health professional education or experience. This level may include, but is not limited to, health professional students or retired health professionals who no longer hold a license.

Number of volunteer health professionals currently registered in the ESAR-VHP system

PM	First Question	Response			
15.1	How many volunteer health professionals are currently registered in your ESAR-VHP system?				
15.2	Number of volunteer health professionals by discipline and credential level:	# of Level 1	# of Level 2	# of Level 3	# of Level 4
15.3	Physicians (M.D. or D.O.)				
15.4	Registered Nurses				
15.5	Nurse Practitioners				
15.6	Certified Nurse Anesthetists				
15.7	Certified Nurse Midwives				
15.8	Clinical Nurse Specialists				
15.9	Licensed Practical Nurses and Licensed Vocational Nurses				
15.10	Pharmacists				
15.11	Psychologists				
15.12	Clinical Social Workers				
15.13	Mental Health Counselors				
15.14	Radiologic Technologists and Technicians				
15.15	Respiratory Therapists				
15.16	Medical and Clinical Laboratory Technologists				
15.17	Medical and Clinical Laboratory Technicians (including Phlebotomists)				
15.18	Physician Assistants				
15.19	Dentists				
15.20	Marriage and Family Therapists				
15.21	Veterinarians				
15.22	Cardiovascular Technologists and Technicians				
15.23	Diagnostic Medical Sonographers				
15.24	Emergency Medical Technicians and Paramedics				
15.25	Medical Record and Health Information Technicians				
15.26	Other Health Professionals (Please List Below)				
15.27	Other Category 1				
15.28	Other Category 2				
15.29	Other Category 3				
15.30	Other Category 4				
15.31	Other Category 5				

Sheet Status

Incomplete

Completion Summary

Sheet	Questions		
	Total	Answered	Unanswered
Demographic	27	0	27
Measures	9	0	9
Data Elements	31	0	31
Data Elements (ESAR)	27	0	27
Total	94	0	67

Form Status
Incomplete
67 Questions Have Not Been Answered