U.S. Department of Health and Human Services
Hospital Preparedness Program (HPP)
HPP EOY Progress Report

Grantee Name	Grantee/Awardee
POC Name	
Report Type	Award Fiscal Year:　　　HPP Award Amount　$0

Capability	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
Administrative Information	$0	$0	$0	$0
Overarching Requirements	$0	$0	$0	$0
Level One Sub Capabilities	$0	$0	$0	$0
Level Two Sub Capabilities	$0	$0	$0	$0
Additional Considerations	$0	$0	$0	$0
Other HPP Areas	$0	$0	$0	$0
Total	$0	$0	$0	$0

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Typed or Printed Name and Title of Authorized Certifying Official	Telephone (area code, number and extension)
	Email Address
Signature of Authorized Certifying Official	Date Report Submitted (Month, Day, Year)

2. Preparedness Element: Facilities

Facilities	State (#)	Participating (#)
Hospitals		
All		
VA		
DoD		
IHS		
Children's		
Trauma Centers		
All		
Level I		
Level II		
Other Health Provider Organizations		
Community Health Centers		
Mental Health Centers		
Nursing Homes		

Long Term Care Facilities (excluding nursing homes)

3. Administrative Information

	Category	Activity Description	Progress Description	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
No. 1				$0	$0	$0	$0
Total				$0	$0	$0	$0

4. Overarching Requirements

	Category	Activity Description	Progress Description	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
No. 1				$0	$0	$0	$0
Totals:				$0	$0	$0	$0

5. Level I Sub Capabilities

	Category	Activity Description	Progress Description	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
No. 1				$0	$0	$0	$0
Totals:				$0	$0	$0	$0

6. Level II Sub Capabilities

	Category	Activity Description	Progress Description	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
No. 1				$0	$0	$0	$0
Total				$0	$0	$0	$0

7. Additional Considerations

	Category	Activity Description	Progress Description	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
No. 1				$0	$0	$0	$0
Total				$0	$0	$0	$0

8. Other HPP Areas of Interest

	Category	Activity Description	Progress Description	Amount Proposed	Amount Unobligated	Amount Obligated-Not Liquidated	Amount Obligated-Liquidated
No. 1				$0	$0	$0	$0
Totals:				$0	$0	$0	$0

9. HPP Best Practices

HPP is interested in learning about successes in the implementation of the mission and requirements of the program. Provide a brief summary of the State's demonstrated best practices for at least two of the categories (1.1 through 1.5) described below and 1.6. The State may provide more responses should the State have additional successes to share.

Stories and scenarios related to (category):	Please describe the activity, action, policy, incident or event that best reflects the category description	Please describe the intended goal and how the goal of the activity described is reflective of the goals described in the application and the FOA	Please describe the planned and/or unplanned impact, results, success, and lessons learned as a result of the activity described
1.1 Integrating of medical capabilities with public health services			
1.2 Increasing preparedness and response capabilities			
1.3 Addressing at-risk public health and medical needs			
1.4 Reducing duplication and ensuring coordination			
1.5 Maintaining of vital public health and medical services			
1.6 Documenting unplanned response events and/or new capabilities changing policy			

10. Preparedness Element: Beds

Bed Type	State Total of Staffed Beds (Number)	State Total 24-Hour Surge Bed Availability (Number)	State Total 24-Hour Surge Bed Capacity
All Hospital			
Adult Intensive Care Unit (ICU)			
Medical/Surgical (Med/Surg)			
Burn			
Pediatric ICU			
Pediatric			
Psychiatric (Psych)			
Negative Pressure Isolation			
Operating Room			

Can the State EOC report available beds for at least 75% of participating hospitals, according to HAvBED definitions, to the HHS SOC within 4 hours or less of a request, during an incident or exercise at least once during the current project period?	
Can the State report available beds, according to HAvBED definitions to the HHS SOC or other Federal Partners within 4 hours of request during and exercise or event? (Y/N)	
How many participating hospitals are included in the State's report to the HHS SOC or other Federal Partner? (Number)	
Report in number of hours, the amount of time required to report available beds according to HAvBED definitions to the HHS SOC (Number)	
Report the number of participating hospitals that can report available beds, according to HAvBED definitions, to the State EOC within 60 minutes or less of a State request at least once during the current project period (Number)	
Did participating hospitals report available beds, according to HAvBED definitions, to the State EOC within 60 minutes or less of a State request at least once during the current project period? (Y/N)	

Collection Method	Table Top	Drill	Functional Exercise	Full Scale Exercise	Real Event
Survey or Interview Tool					
Electronic Data System					
Phone or Fax					
Other					

11. Preparedness Element: NIMS

Identify the number of participating hospitals that report completion of the following NIMS implementation activities

NIMS Concepts and Principles	Number of Participating Hospitals
1. Adoption 1: Adopt NIMS throughout the healthcare organization	
2. Adoption 2: Awards support NIMS implementation	
3. Preparedness: Planning: Revise EOPs, SOPs, SOGs, NRF	
4. Preparedness: Planning: Mutual aid and/or assistance agreements	
5. Preparedness: Training: IS 100, IS 200, and IS 700	
6. Preparedness: Training: IS 800/800B	
7. Preparedness: Training: Promote NIMS	
8. Communication and Information Management: Equipment, communications, and data interoperability	
9. Communication and Information Management: Common and consistent terminology	
10. Communication and Information Management: Collection and distribution of consistent and accurate information	
11. Command and Management: ICS Organizational Structure	
12. Command and Management: Incident Action Plan (IAP)	
13. Command and Management: Joint Information Center (JIC) and Joint Information System (JIS)	
14. Command and Management: Public Information Systems	

List all healthcare facilities participating in NIMS implementation activities. Use the drop down boxes to indicate the status of each activity. The choices are: X = Achieved,IP = In Progress,UNK = No report or status known.

Participating Healthcare Facilities	ProviderID	1	2	3	4	5	6	7	8	9	10	11	12	13	14
No. 1															

12. Preparedness Element: Exercises

Preparedness Element: Exercises	
Report the total number of table top exercises conducted during current budget period that included hospital personnel, equipment or facilities (Number)	
Report the total number of drills conducted during current budget period that included hospital personnel, equipment or facilities (Number)	
Report the total number of functional exercises conducted during current budget period that included hospital personnel, equipment or facilities (Number)	
Report the total number of full scale exercises conducted during current budget period that included hospital personnel, equipment or facilities (Number)	
Report the number of participating hospitals that have participated in at least one statewide exercise, regional exercise, and/ or incident during the current reporting period (Number)	
Report the number of hospitals that have developed improvements plans based on after action reports (Number)	
Report the number of statewide and regional exercises conducted that incorporate NIMS concepts and principles during the current project period	
Did the State/Territories conduct statewide and regional exercises that incorporate NIMS concepts and principles and included hospitals during the current project period? (Y/N)	
Report the number of statewide and regional exercises conducted that incorporate NIMS concepts and principles and included hospitals during the current project period (Number)	
How many Cities Readiness Initiatives (CRI) Cities does the State have? (Number)	
Report the number of exercises that included regions which encompass CRI cities (Number)	

As required in the Funding Opportunity Announcement (FOA), States were expected to test the following capabilities during each of the required exercises. Please report the number of statewide and/or regional exercises conducted that tested each of the following capabilities. (Number)

Capabilities	Table Top	Drill	Functional Exercise	Full Scale Exercise	Real Event or Incident
Interoperable Communications					
ESAR-VHP					
Interoperable Communications and ESAR-VHP					
Fatality Management					
Medical Evacuation					
Bed Tracking Availability					
Memorandum Of Understandings between Partnerships					

Awardees must have tested the operational capability of the following medical surge components: 1. Interoperable communications and Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR VHP); 2. A tabletop component to test the MOUs that are in place in partnerships/coalitions within the areas selected (further information on what these MOUs should contain is described below in the Partnership/Coalition description below); and

3. Fatality Management, Medical Evacuation, Tracking of Bed Availability (at least 2 of these other Level-One capabilities).

Provide a brief overview of your state's exercise activities during this funding period. **(E.g. Provide healthcare system AAR summaries from regional exercises/ real-world events in accordance with the current Funding Opportunity Announcement (FOA) CRI/Non-CRI exercise requirements). Attach here**	Major Strengths (1)	Areas of Improvement/Corrective Action Plan Summaries (1)
	Major Strengths (2)	Areas of Improvement/Corrective Action Plan Summaries (2)
	Major Strengths (3)	Areas of Improvement/Corrective Action Plan Summaries (3)

No.	Exercise Name/Real-World Event	Types of Exercise	Capabilities Tested
No. 1			

Based on these exercises/Real-World Event, what should future exercises focus on?	**What capabilities should be addressed?**
	National Incident Management System (NIMS)
	Exercises Evaluation and Corrective Actions
	Needs of At-Risk Populations
	Interoperable Communications
	Tracking of Bed Availability (HAvBED)
	ESAR-VHP
	Fatality Management
	Medical Evacuation/Shelter-in-Place
	Partnership/Coalition Development
	Alternative Care Sites (ACS)
	Moblile Medical Assets
	Pharmaceutical Caches
	Personal Protective Equipment
	Decontamination
	Medical Reserve Corps
	Critical Infrastructure Protection (CIP)

13. Preparedness Element: Communications

Report the number of participating hospitals that demonstrate dedicated, redundant communications capability during an exercise or incident, as evidenced by exercise evaluations or after action reports at least once during the current project period	
Report the number of participating hospitals that indicate they have dedicated redundant communications capability (Number)	
Report the number of participating hospitals that demonstrated dedicated, redundant communications capability, during an exercise or incident using the following communications capabilities (Number)	
UHF Radio (Number)	
VHF Radio (Number)	
700 MHz Radio (Number)	
800 MHz Radio (Number)	
POTS Telephone (Number)	
Cellular Telephone (Number)	
LAN (Number)	
WAN (Number)	
VoIP (Number)	
Microwave (Number)	
Other type of communication equipment	
Are demonstrations of dedicated, redundant communications capabilities during an exercise or incident reflected in exercise evaluations and/or after action reports? (Y/N)	
Report the number of participating hospitals that demonstrate sustained two-way communications capability with the local EOC and Tier 2 partners during an exercise or incident, as evidenced by exercise evaluations or after action reports at least once during the current project period (Number)	
Report the number of participating hospitals that indicate they have two-way communications capability	
Report the number of participating hospitals that demonstrated sustained two-way communications capabilities, during an exercise or incident using the following	
UHF Radio (Number)	
VHF Radio (Number)	
700 MHz Radio (Number)	
800 MHz Radio (Number)	
POTS Telephone (Number)	
Cellular Telephone (Number)	
LAN (Number)	
WAN (Number)	
VoIP (Number)	
Microwave (Number)	
Other type of communication equipment	
List at least two Tier 2 partners with which the State was able to sustain two way communications	
Tier 2 partner 1	
Tier 2 partner 2	
Report the number of participating hospitals that tested sustained-two way communications capabilities with the local EOC or Tier 2 Partners for the following time parameters:	

Time Parameters	Number of Participating Hospitals
0-59 Minutes	
1-2 hours	
>2 hours	
Are demonstrations of sustained two-way communications with local EOC or tier 2 partners during an exercise or incident reflected in exercise evaluations and/or after action reports? (Y/N)	

14. Preparedness Element: Fatality Management

Preparedness Element: Fatality Management	

Report the number of participating hospitals that have written plans to address mass fatality management (Number)

Report the number of participating hospitals that have draft plans to address mass fatality management (Number)

15. Preparedness Element: Medical Evacuation/Shelter-In-Place

Preparedness Element: Medical Evacuation/Shelter-in-Place	

Report the number of participating hospitals that have written plans to address medical evacuation/shelter-in-place (Number)

Report the number of participating hospitals that have draft plans to address medical evacuation/shelter-in-place (Number)

16. Preparedness Element: Education and Preparedness Training

Report the number of participating hospitals that have identified appropriate hospital personnel for training and have verified their completion of the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800/800B	
Report the number of participating hospitals that have identified appropriate personnel for training for the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800/800B (Number)	
Report the number of participating hospitals that have verified completion of training by appropriate hospital personnel for the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800/800B (Number)	

Training	Number of Appropriate Hospital Personnel Identified for Training	Number of Appropriate Hospital Personnel Identified That Completed Training
IS 100		
IS 200		
IS 300		
IS 400		
IS 700		
IS 800/800B		

Preparedness Element: Education and Preparedness Training

	Provider Class	Disaster Specific Class	Incident Command Specific	Specify Class Name (if 'other' is selected)	Type of Training	Overarching Requirement or Sub Capability Addressed	# Personnel Trained
No. 1							

17. Preparedness Element: Countermeasures

Preparedness Element: Countermeasures	
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? (Number)	
How many doses of antivirals are available statewide for the purposes of providing prophylaxis to hospital personnel, hospital based EMS, and their family members in the first 72 hours of an event? (Number)	
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? (Number)	
What is the number of dedicated state caches of pharmaceutical countermeasures available for treating hospital personnel, hospital-based emergency first responder, and family members in the first 72 hours of an event? (Number)	
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? (Number)	
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? (Number)	
Estimate the current level of TOTAL state funds allocated to purchase the state caches dedicated for the treatment of hospital personnel, hospital based emergency first responders and family members ($)	$0
Estimate the amount of HPP funds allocated to purchase the state caches dedicated for the treatment of hospital personnel, hospital based emergency first responders and family members ($)	$0

18. Preparedness Element: Isolation

Preparedness Element: Isolation	
Report the number of regions in the State (Number)	
Report the number of sub State regions that can maintain patients in negative pressure isolation in EDs (Number)	
Report the number of sub State regions that can maintain patients in negative pressure isolation in non-ED settings (Number)	

19. Preparedness Element: Decontamination

Preparedness Element: Decontamination	
How many ambulatory patients can be decontaminated in the State within a 3-hour period? (Number)	
How many non-ambulatory patients can be decontaminated in the State within a 3-hour period? (Number)	

20. Preparedness Element: Labs

Preparedness Element: Labs	
How many hospital-based lab personnel (medical and clinical laboratory technologists and technicians) are there in the State, territory, or municipality? (Number)	
How many hospital-based lab personnel (medical and clinical laboratory technologists and technicians) are trained in the protocols for referral of clinical samples and associated information to public health labs? (Number)	

21. Preparedness Element: Telecommunications Services Priority Programs (TSP)

Funding proposed for the State's TSP efforts ($)						$0
Describe the State?s biggest challenge for implementation of the TSP						

	TSP Funding Details Hospital Facilities Funded for TSP	Sub State Region	Number of Lines Funded	Activation Charge	Monthly Charge	TSP Service Provider/Carrier
No. 1				$0	$0	

22. Preparedness Element: ESAR-VHP

Can the State/Territory demonstrate the ability to query their ESAR-VHP system during a drill, exercise, or actual event to generate a list of potential volunteer health professionals, by discipline and credential level, within 2 hours or less of a request being issued by a requesting body or HHS SOC during the current project period?	
Can the State/Territory query the ESAR-VHP 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? (Y/N)	
Did the State/Territory test the ability to query their ESAR-VHP 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? (Y/N)	
If yes, how did the State/Territory test the ability to query their ESAR-VHP 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?	

Testing Method	Y/N
Table Top	
Drill	
Functional Exercise	
Full Scale Exercise	
Real Event	
Other	

Report in hours/minutes the amount of time it took to query the ESAR-VHP system to generate a list of potential volunteer health professionals, by discipline and credential level (Number)	0
Can the State/Territory compile an initial list of volunteer health professionals, by discipline and credential level, within 12 hours or less of a request being issued by a requesting body or HHS SOC during the current project period? (Y/N)	
Report in hours the amount of time it took to compile an initial list of willing volunteer health professionals, by discipline and credential level after a request being issued (Number)	
Can the State/Territory report a verified list of available volunteer health professionals, by discipline and credential level, within 24 hours or less of a request being issued by a requesting body or HHS SOC during the current project period? (Y/N)	
Report in hours how much time it took the State/Territory to report a verified list of available volunteer health professionals, by discipline and credential level to a requesting body or HHS SOC during the current project period (Number)	
Has the State/Territory developed an electronic registration system for recording and managing volunteer information based on the data definitions presented in the ESAR-VHP Guidelines? (Y/N)	
Is the ESAR-VHP system capable of assigning volunteers to all four ESAR-VHP credential levels? (Y/N)	
Is the electronic system capable of recording ALL volunteer health professional/emergency preparedness affiliations of an individual, including local, State, and Federal entities? (Y/N)	
Is the electronic system capable of identifying volunteers willing to participate in a federally coordinated emergency response? (Y/N)	
Is the State capable of updating volunteer information and re-verifying credentials every 6 months? (Y/N)	
Upon receipt of a request for volunteers, is the State capable of completing the following requirements:	

Timeframe	Y/N
Within 2 hours query the electronic system to generate a list of potential volunteer health professionals to contact	
Within 12 hours provide the requester an initial list of willing volunteer health professionals that includes the names, qualifications, credentials, and credential levels of volunteers	
Within 24 hours provide the requester with a verified list of available volunteer health professionals	

Has the State developed and implemented a plan to recruit and retain volunteers? (Y/N)	
Has the State developed a plan for coordinating with all volunteer health professional/emergency preparedness entities to ensure an efficient response to an emergency, including but not limited to Medical Reserve Corps (MRC) units and the National Di	
Has the State developed protocols for deploying and tracking volunteers during an emergency (Mobilization Protocols)? (Y/N)	
Has the State developed a plan for regular testing of its ESAR-VHP system through drills and exercises? (Y/N)	
Has the State developed a plan for reporting program performance and capabilities? (Y/N)	
How many volunteer health professionals are currently registered in the ESAR-VHP system? (Number)	
Of the total number of volunteer health professionals registered, how many are affiliated with the Medical Reserve Corps (MRC)? (Number)	
Of the total number of volunteer health professionals registered, how many are affiliated with National Disaster Medical System (NDMS)? (Number)	

23. Preparedness Element: ESAR-VHP Credentialing

Number of volunteer health professionals by discipline and credential level: Health Profession	Level 1(Number)	Level 2(Number)	Level 3(Number)	Level 4(Number)
Allopathic Physicians (M.D.)				
Osteopathic Physicians (D.O.)				
Registered Nurses				
Nurse Practitioners				
Certified Nurse Anesthetists				
Certified Nurse Midwives				
Clinical Nurse Specialists				
Licensed Practical Nurses and Licensed Vocational Nurses				
Pharmacists				
Psychologists				
Clinical Social Workers				
Mental Health Counselors				
Radiological Technologists and Technicians				
Respiratory Therapists				
Medical and Clinical Laboratory Technologists				
Medical and Clinical Laboratory Technicians (including Phlebotomists)				
Physician Assistants				
Dentists				
Marriage and Family Therapists				
Veterinarians				
Cardiovascular Technologists and Technicians				
Diagnostic Medical Sonographers				
Emergency Medical Technicians and Paramedics				
Medical Record and Health Information Technicians				

Number of volunteer health professionals by discipline and credential level: Health Profession	Other Categories Description	Level 1(Number)	Level 2(Number)	Level 3(Number)	Level 4(Number)
Other Categories# 1					

24. Partnership/Coalition Status

Address the folowing Items:
a. The name of the partnership/coalition b. The location of the partnership/coalition c. The participant healthcare organizations and other partners d. Number and type of MOUs that exist

	Name of Partnership/Coalition	Area Covered	Location	Names of the Participant Healthcare Organizations or Partners	# of MOUs that Exist	Types of MOUs that Exist
No. 1						