

## **APPENDIX C**

### **SAMPLE TABLE FOR DATA ANALYSIS**

Our current analyses summarizes each element in regards to the number of participating hospitals or awardee participation for the nation and each awardee and region. The following url provides a direct link to the current HPP Progress Report:

<http://www.phe.gov/Preparedness/planning/hpp/Documents/hpp-healthcare-coalitions.pdf>

## Rhode Island Responds to Historic Flooding

In March 2010, Rhode Island experienced the worst floods in the State's history, a true test of healthcare system preparedness and response.

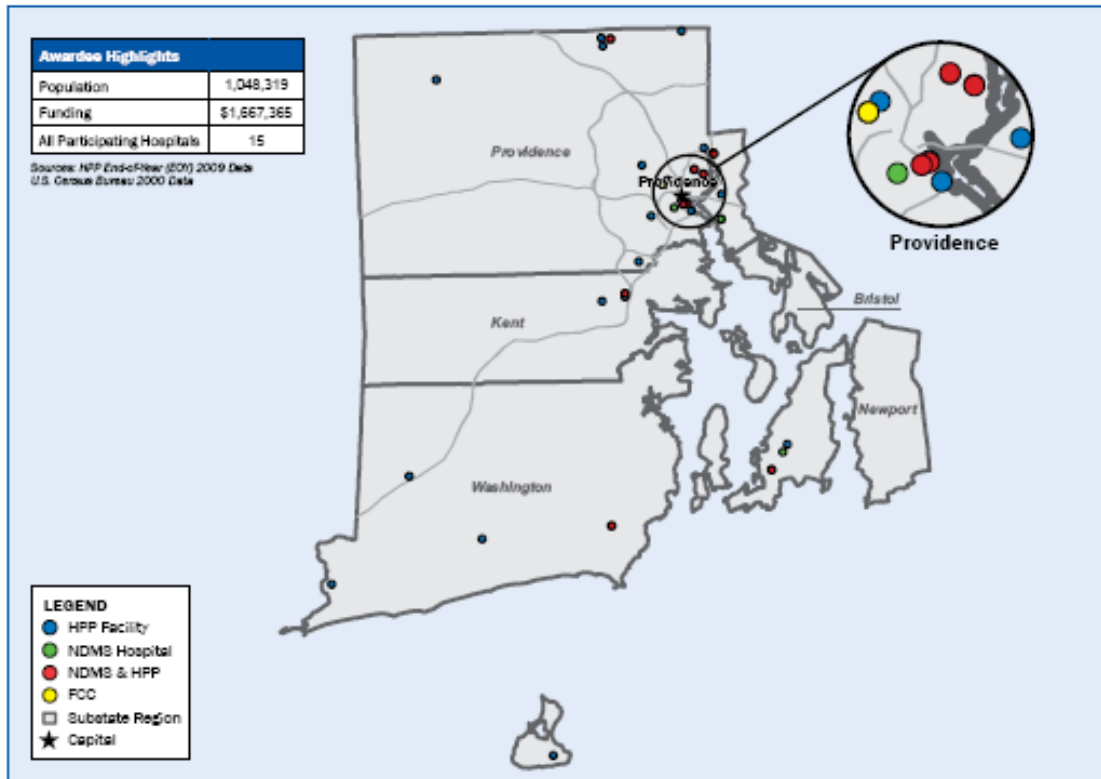
During the floods, the Rhode Island Department of Health kept a clear situational picture thanks to systems built with Hospital Preparedness Program (HPP) funding. The two capabilities addressed were interoperable communications and coalition building.

During the flooding, hospitals used a system called BaseCamp, which was put in place during H1N1, to provide detailed information sharing during emergencies. During the floods, hospitals also tested a new Global Sustainment/Area/Patient-Care/Systems (GAPS) Assessment for the first time. In addition hospital staff members familiarized themselves with completing information-sharing forms, so that the person at the HAVBED desk in the State emergency operations center

would have names and contact information of those in command and general staff positions at each hospital.

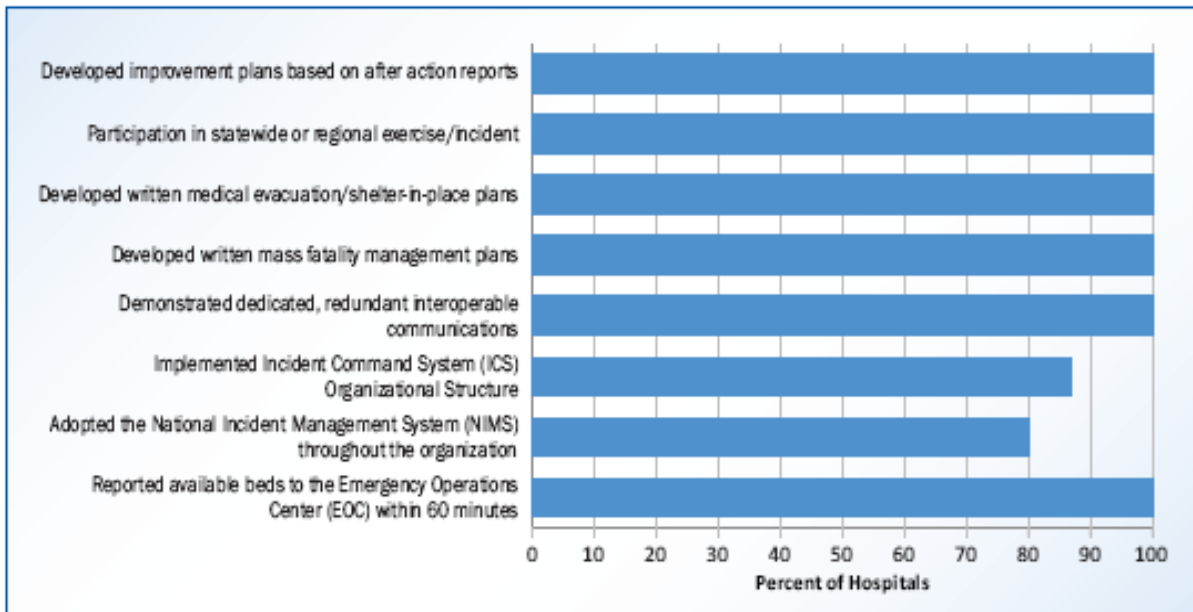
The Hospital Preparedness Planning Committee, formed in 2000, serves as a forum for State-wide collaboration among hospitals, the Department of Health, the Hospital Association of Rhode Island, Rhode Island Emergency Management Agency, and other organizations. During the floods, the committee spurred a discussion about the use of a "battle rhythm" that would forecast what information Department of Health needed from these partners, such as 800MHz and Nextel radio checks, uploading GAPS and other information-sharing forms, and coordination conference calls. Although this approach was not formally in place before the floods, the emergency provided an opportunity to build a template, test it, and modify it for other types of events, including recent winter storms. To continually improve the approach, health centers are currently being incorporated into this model.

HPP Participating Hospitals by Region



Sources: 2009 HPP and NDMS data

### HPP Participating Hospitals Preparedness Outcomes (EOY 2009)



Sources: HPP End-of-Year (EOY) 2009 Data  
U.S. Census Bureau 2000 Data  
State Reported Data and Information

### HPP Response Capacities and Capabilities (EOY 2009)

<b>Dedicated Communication Capability</b>	
Percentage of participating hospitals that demonstrated sustained two-way communication capacities during an exercise or incident	100
Were dedicated, redundant communication capabilities reflected in exercise evaluations and/or after action reports? (Y/N)	Yes
<b>Surge Capacity</b>	
Number of staffed beds per 100,000 population	300
Number of 24-hour surge staffed beds per 100,000 population	356
Number of certified trauma centers per 100,000 population	0.1
<b>Disaster and Mass Casualty Incident Capacity</b>	
Number of registered ESAR-VHP* volunteers	2408
Time required to report a verified list of available volunteer health professionals ready for deployment	1-6 hrs
Percentage of state regions that can maintain patients in negative pressure isolation in emergency departments	100
<b>Decontamination</b>	
Number of patients that can be decontaminated statewide within a 3-hour period per 100,000 population	296

\*Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

Sources: HPP End-of-Year (EOY) 2009 Data  
U.S. Census Bureau 2000 Data  
HPP Awards Reported Data and Information