



HPP Hospital Needs Assessment Survey 2015-2016

Purpose of Survey

The following is the annual hospital Needs Assessment Survey designed to collect information to support preparedness efforts and to meet requirements of the Health and Human Services (HHS) Hospital Preparedness Program (HPP) grant. A completed survey must be submitted through Survey Monkey by March 31, 2016.

Hospitals that do not submit a completed survey will not be eligible to receive HHS grant funds in the 2015-2016 HPP Grant period. Please read each question carefully. Because of changes in the Hospital Preparedness Program, several items have been updated from previous surveys.

Please contact the HPP Grant Staff at (225) 927-1228 with questions about this survey. Thank you!

IMPORTANT
Use Survey Monkey to submit online.
Link is available at www.lha-foundation.org



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General Information

* 1. Hospital Name

* 2. Person Completing Survey

Name

Title

Email

Phone

* 3. Did your hospital accept funds in the 2015-2016 HPP grant?

Yes No Other: Will provide matching expenses for approved regional project.

Matching Expenses may be documented using invoices, documentation showing staff time to attend emergency preparedness meetings, cost of meeting space for emergency preparedness meetings, cost of storage space for emergency preparedness equipment, or mileage to and from emergency preparedness meetings. The grant summary worksheet is used to document matching expenses and includes formulas to calculate staff time, cost of meeting space and cost of storage space. **Contact the HPP Grant Staff with questions about matching expenses.**

* 4. Region

Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7 Region 8
 Region 9

* 5. Hospital Tier

Tier 1 Tier 2

*** 6. Hospital Type**

- Acute Care Hospital with 24/7 Emergency Department
- Acute Care Hospital without 24/7 ED - Specialty Hospital
- Children's Hospital
- Rehabilitation Hospital
- Psychiatric or Behavioral Health Hospital
- Long Term Acute Care (LTAC)
- Community Critical Access Hospital (CAH)
- Veteran's Administration (VA) Medical Center

*** 7. Trauma Designation**

- Level 1
- Level 2
- Level 3
- Not Applicable

*** 8. Does your hospital have a helipad?**

- Yes No

9. Please provide the following information about your hospital helipad.

GPS Coordinates -
LATITUDE, use decimal
format.

GPS Coordinates -
LONGITUDE, use decimal
format.

Example of Decimal Format for GPS Coordinates.

The GPS coordinates for the LHA Annex building located at 2324 Weymouth, Baton Rouge, LA are expressed in decimal format as

- Latitude: 30.292084
- Longitude: -91.0826407.

10. What is the maximum weight (in pounds) that your helipad can accommodate?

Weight Limit

11. Indicate the elevation of your helipad.

- Ground
- Elevated (includes roof-top locations)

12. Indicate any site hazards present at your hospital helipad. Select all that apply.

- Natural Obstructions such as trees.
- Man-Made Obstructions such as lights/light poles, antenna or other structures.
- Vehicle traffic or parking (Example: Parking Lot is used also as a helipad.)
- Limited/poor lighting at night.
- None of the Above
- Other (please specify)



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Healthcare System Preparedness

13. Does your hospital attend regional healthcare coalition meetings and participate in other activities, such as exercises or training events?

- Yes
 No

14. In the ESF8 Portal: Has your hospital reviewed the Persons and Users associated with your hospital in the past 12 months?

- Yes
 No

15. In the ESF8 Portal: Are all Persons and Users associated with your hospital current as of today?

- Yes
 No

16. How often do you use these ESF8 Portal applications?

	At least once a day.	Once a week.	Once a month.	Only during Exercises or Drills.	Only during Actual Events	I have not used this application.
Resource Management (ED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Management (LERN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSTAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At Risk Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Healthcare System Recovery

* 17. Does your hospital have a written Continuity of Operations Plan (COOP)?

- Yes
- No
- Not Sure

18. Indicate all planning areas / components addressed in the hospital's COOP.

- Identification of essential functions.
- Delegation and succession planning.
- Sustaining hospital operations for 72-96 hours.
- Reporting status definitions and guidance on emergency and stand-by power (i.e. generator information).
- Maintaining essential services and course of action to report or request for back-up when resources are exhausted and services are compromised.
- Procedures for re-opening the facility.
- Financial plan for recovery phase.
- None of the Above



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Emergency Operations Coordination

* 19. Does your hospital have a written Emergency Operations Plan?

- Yes
- No
- Not Sure

20. Indicate all planning elements included in the hospital's Emergency Operations Plan.

- Process for **alerting** and **communicating** with hospital staff
- Identification of hospital **staff assigned to leadership and Incident Command roles**
- Process for **coordinating with community and healthcare partners** (coalition members)
- Process for **requesting resources from external resources**. (Example: Additional medications or supplies, staffing support, etc.)
- Process for **coordinating with pre-hospital/EMS** operations
- Process for **tracking patients** received in a Mass Casualty Incident.
- Process for **managing mass fatalities** / remains beyond normal morgue capacity
- Process for **supporting mental and behavioral health needs** of hospital personnel during a disaster event
- Process for **incorporating medical or non-medical volunteers** from outside the hospital organization.
- Other (please specify)

* 21. Has the hospital **identified and trained** staff who are assigned Incident Command roles?

- Yes
- No
- Not Sure

* 22. Has the hospital implemented incident command in a real event or exercise in the past 12 months?

Yes

No

Not Sure



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Fatality Management

* 23. Does your hospital have a written plan for managing fatalities from an emergency event?

- Yes
- No
- Not Sure

24. How many morgue spaces does your hospital have on site for storage of human remains?

* 25. Does your hospital have a written plan to expand morgue space in an emergency event?

- Yes
- No
- Not Sure

26. How many additional morgue spaces can be created?

* 27. Does your hospital have a written agreement with a vendor or Parish Coroner to provide for storage of human remains in an emergency event?

- Yes
- No
- Not Sure

28. Please indicate vendor name or Parish with which the agreement has been established.



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Information Sharing

* 29. Does your hospital have redundant communication systems in place for use in a disaster?

- Yes
- No
- Not Sure

* 30. Does your hospital have a process established to ensure census information (bed capacity), operating status, generator and utility status are updated during a disaster event?

- Yes
- No
- Not Sure



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Medical Surge

* 31. **Medical Surge Capacity** refers to a hospital's ability to provide adequate medical evaluation and care during incidents which exceed the limits of normal capacity. Indicate the time frame in which the hospital is able to accommodate a 20% increase in bed availability during a disaster event.

- 4 Hours
- 8 Hours
- 12 Hours

Other (please specify)

* 32. Does your hospital maintain an inventory emergency supplies, equipment and medication purchased with HPP funds?

- Yes
- No
- Not Sure

* 33. Does the hospital maintain an inventory of emergency supplies, equipment and medication not purchased with HPP funds which supplement resources used to respond in an emergency event?

- Yes
- No
- Not Sure

* 34. Does the hospital have a written Ebola / Emerging Infectious Diseases Plan?

- Yes
- No
- Not Sure

35. Indicate all planning elements included in the hospital's Ebola / Emerging Infectious Disease Plan.

- Defined area for isolating a suspected Ebola patient or Person Under Investigation (PUI).
- Defined area adjacent to the patient care area for donning/doffing PPE.
- Designated team of staff trained to provide care for a suspected Ebola patient or PUI for up to 96 hours.
- Training program to ensure staff are competent to identify and isolate a suspected Ebola patient or PUI.
- Training program to ensure staff are competent to use PPE when caring for a suspected Ebola patient or PUI.
- Clinical management plan to screen/assess potential Ebola/EID patients.
- Clinical management plan to implement isolation procedures for potential Ebola/EID patients.
- Clinical management plan to provide care to suspected Ebola patients or PUI until lab confirmation is received.
- Process for collection and transport of laboratory specimen for suspected Ebola patients or PUI.
- Process for donning and doffing PPE needed for safe care of a suspected Ebola patient or PUI.
- Process for coordinating with DHH/OPH and other external organizations related to testing, care and transport of a confirmed Ebola patient.
- Process for coordinating with EMS to safely receive a suspected Ebola patient or an identified PUI and to coordinate with State agencies to facilitate transfer of a confirmed Ebola patient.
- Process to clean and disinfect patient care areas and equipment for suspected Ebola patients.
- Process for compliant collection, storage and disposal of Ebola-contaminated waste.
- Other (please specify)



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Responder Health and Safety

* 36. Does the hospital maintain a pharmaceutical cache purchased with HPP funds for the following? Select all that apply.

- Biological Incident (Doxycycline, Ciprofloxacin, etc)
- Nerve Agent Incident (Atropine, Protopam, and anticonvulsants)
- Hospital does not maintain a pharmaceutical cache.

* 37. The Louisiana State Pharmacy Director recommends that hospitals should prepare for an anthrax event by maintaining a cache of antibiotics to prophylax their average daily census (ADC) multiplied by two. Based on your 2015 average daily census and the current cache within the facility, is your hospital able to meet this requirement?

- Yes
- No

* 38. What percentage of the antibiotic cache will expire before December 31, 2016?

- Less than 25%** of the hospital cache will expire before December 31, 2016.
- Approximately **25%** of the hospital cache will expire before December 31, 2016.
- Approximately **50%** of the hospital cache will expire before December 31, 2016.
- Approximately **75%** of the hospital cache will expire before December 31, 2016.
- More than 75%** of the hospital cache will expire before December 31, 2016.

39. What is the estimated cost of maintaining your hospital's antibiotic cache over the next 12 months?

* 40. Does the hospital have a plan or procedure to obtain additional pharmaceuticals in an event?

- Yes
- No
- Not Sure

41. Indicate resource or agreement in place to obtain additional antibiotics for staff and/or patient prophylaxis.

- Written agreement with wholesale distributor (Example: Cardinal Health, Morris-Dixon)
- Written agreement with pharmacy retailer (Example: Wal-Mart, CVS, etc.)
- Plan to obtain additional medication from health system partner.
- Other (please specify)

* 42. Does the hospital have a plan for dispensing pharmaceuticals (i.e., Mass Prophylaxis or Point of Dispensing, POD, Plan) in an emergency event?

- Yes
- No
- Not Sure

* 43. If CHEMPACK assets are needed, how should the hospital request them?

- Contact the Hospital Designated Regional Coordinator (DRC)
- Contact the Louisiana Poison Center
- Other (please specify)

* 44. Does the hospital have a cache of personal protective equipment (PPE) needed in a biological event?

- Yes
- No
- Not Sure

* 45. Indicate the type of PPE available in the biological cache.

- Gloves
- Gowns
- Surgical Masks
- N95 Respirators
- Shoe Covers
- Face Shields
- Other (please specify)

* 46. Estimate how many weeks supply of biological PPE is available in the hospital cache.

- Less than 2 weeks.
- Approximately 2-4 weeks.
- Approximately 4-6 weeks.
- More than 6 weeks.

47. What is the estimated cost of maintaining your hospital's biological PPE cache over the next 12 months?

* 48. Does the hospital have a cache of PPE needed in a chemical event?

- Yes
- No
- Not Sure

* 49. Indicate the type of PPE available in the chemical equipment cache.

- PAPR (Blower and Hood)
- PAPR Accessories (Filters, Batteries)
- Chemical Resistant / Tyvek Suits
- Boots
- Gloves
- Other (please specify)

* 50. What percentage of the chemical cache of equipment will require replacement / expire before December 31, 2016?

- Less than 25%** of the hospital cache will expire before December 31, 2016.
- Approximately **25%** of the hospital cache will expire before December 31, 2016.
- Approximately **50%** of the hospital cache will expire before December 31, 2016.
- Approximately **75%** of the hospital cache will expire before December 31, 2016
- More than 75%** of the hospital cache will expire before December 31, 2016.

51. What is the estimated cost of maintaining your hospital's chemical PPE cache over the next 12 months?



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Hospital Preparedness Program - Future Planning

Federal funding for the Hospital Preparedness Program (HPP) is anticipated to decrease, however the expectation for healthcare systems and hospitals to be ready for and respond to emergency events will remain. Please provide your feedback to help us prioritize program efforts for the next funding cycle.

* 52. Rank the following in order of importance to your hospital.

	Very Important	Somewhat Important	Not Important
ESF8 Portal - Dashboard view with bed and service capability information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESF8 Messaging System - Text, Phone and Email alerts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESF8 sponsored education about preparedness topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Designated Regional Coordinator role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional and/or State Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Please provide any other feedback or recommendations to improve healthcare preparedness in Louisiana.