

<b>Goal:</b> To build statewide and local medical surge response capability by implementing the New Mexico Modular Emergency Medical System (NM MEMS) through public/private partnerships and regional preparedness activities.					
<b>Objective: 1</b>	<b>Develop and test local interoperable communication systems.</b>				
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. Connect primary care clinics, hospitals, DOH field offices, and the local emergency operations center into the local and statewide UHF radio system – Tier 1 Horizontal.	The State General Services Division (GSD) maintains the radio communications backbone structure for all State Public Safety Agencies. The health and medical communication system is called UHF EMSCOM (Emergency Medical Services Communications). All EMS agencies and hospitals are connected. The outcome is to provide redundant communications connectivity for primary care clinics and emergency operations centers (counties and Albuquerque city) by purchasing and locating radios, and training personnel.	Purchase radios for local EOCs by March 1, 2008. Deliver radios by April 1, 2008. Local EOCs will install and test radios by June 30, 2008. Demonstrate redundant Tier 1 communications among local health system stakeholders by conducting local communications drills. The ICC and Regional Health Preparedness Coordinators (RHPC) will collaborate with local stakeholders to develop a drill schedule. All drills shall be documented with a final exercise AAR by August 8, 2008.	All the hospitals and patient transport have access to the system. The next step will be to establish horizontal Tier 1 UHF EMSCOM Radio Connectivity by purchasing and locating radios in primary care clinics and local EOCs. BHEM will purchase and deliver equipment to local EOCs and the New Mexico Primary Care Association (NMPCA) will provide equipment to all clinics in NM.	BHEM has purchased radio equipment in the past and has demonstrated capacity; BHEM has contracted with the NMPCA for the past 3 years and has successfully conducted assessments with clinics and implemented preparedness gap remediation. The plan calls for purchase and placement of radio equipment in clinics during Phase 3. Accountability shall be established through contract deliverables.	Purchase radios for local EOCs by March 1, 2008. Deliver radios by April 1, 2008. Local EOCs will install and test radios by June 30, 2008; procure NMPCA contract by September 30, 2007 that includes relevant deliverables with timelines. All drills shall be documented with a final exercise AAR by August 8, 2008.

<b>Objective: 2</b>					
<b>Implement and test a statewide Bed Tracking System.</b>					
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
<b>a.</b> Renew EMSsystem® license	NMDOH shall contract with the New Mexico Hospital Association (NMHA) to purchase the software license for the HPP budget period Sept 07 – Aug 08.	The purchase of the EMSsystem® license shall be completed by NMHA.	This activity is a contract deliverable with positive outcome history with the contractor.	This activity will be completed according to timelines established in the past 2 years.	Purchase accomplished by May 31, 2008.
<b>b.</b> Develop EMSsystem® bed tracking policy and procedures (P&P) and distribute to stakeholders	The BHEM Interoperable Communications Coordinator (ICC), in collaboration with the Regional Health Preparedness Coordinators (RHPC) workgroup, will finalize the P&P and distribute by March 1, 2008.	Final BHEM leadership approval of P&P document for distribution by March 1, 2008. P&P will be included in BHEM document management practices, which entails periodic review and revision.	Dedicated performance measure in ICC Development and Appraisal Plan and included as a deliverable in the RHPC Contracts.	ICC and RHPCs positions are occupied, trained, and maintain necessary expertise and accountability. P&P draft exists and the document is essential to establishing a bed tracking capability; therefore, the completion and distribution of the document is a necessary step to reach the objective.	P&P revised draft by November 30, 2007; Final draft by February 15, 2008; Final approved document for distribution by March 1, 2008.
<b>c.</b> Provide EMSsystem® bed tracking P&P training and education to participating hospitals in New Mexico	BHEM EMSsystem® Educator and the RHPCs shall conduct training for participating hospitals. This activity shall be reflected in Employee Development and	There are 56 participating hospitals in New Mexico as of August 6, 2007. Twenty-five percent (25%) of them will be trained by June 15,	Bed tracking is a Level One sub-capability and is prioritized for NMDOH during the HPP budget year. The stated activities and timelines shall	Four out of 5 educators are in place with one vacancy to be filled by October 2007. Training is prioritized by educators over the HPP budget year. Outcomes have been determined	Twenty-five percent (25%) of hospitals will be trained by June 15, 2008; 50% by August 8, 2008.

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	Appraisal Plan and contract deliverables during HPP budget period.	2008; 50% by August 8, 2008.	be incorporated into BHEM FTE duties and RHPC contractual agreements, which are tied to reimbursement.	according to FTE and contractual commitments.	
<b>d.</b> Conduct a minimum of 2 EMSystem® bed tracking exercises	BHEM Exercise Coordinator (EC), ICC, EMSystem® Educator, RHPCs, and hospitals that have received training shall participate in a live drill demonstrating the State bed tracking system. Activity is measured by an After Action Report (AAR).	First completed and AAR produced by July 15, 2008; Second exercise completed and AAR produced by August 30, 2008.	BHEM has a dedicated EC and the HPP exercise activity will be included in the Employee Development and Appraisal Plan; Exercise deliverables shall be included in the NMHA agreements with participating hospitals; 2 EMSystem® bed tracking exercises will be included in the NMDOH CDC and HPP Coordinated Exercise Plan submitted at the required date.	BHEM has conducted EMSystem®-based exercises with hospitals in the past; all participating hospitals have EMSystem® accessibility and the timeline has been determined in a realistic fashion in accordance with program and contractual obligations.	First completed and AAR produced by July 15, 2008; Second exercise completed and AAR produced by August 30, 2008.

<b>Objective: 3</b>					
<b>Develop and test the New Mexico Services (NMservices) health emergency workforce registry (ESAR-VHP).</b>					
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. Develop and finalize Policies and Procedures (P&P) for NMservices, the NMDOH health emergency workforce registry.	The BHEM NMservices Registry Coordinator (NRC), in collaboration with the NMHA and stakeholders, will finalize the P&P and distribute to registry members by March 1, 2008. P&P will include intrastate, interstate, and federal assignments for registry members.	Reconvene NMservices Advisory Committee to review and provide input on P&P final draft and to address recruiting, marketing and deployment issues by January 31, 2008. Final BHEM leadership approved P&P document for distribution by March 1, 2008. NMservices P&P will be included in BHEM document management practices, which entails periodic review and revision.	BHEM has had a professional services contractual agreement with the NMHA to develop and implement the ESAR-VHP program for 3 years. During this time, an Advisory Committee was established to design, build, implement and beta test NMservices registry. During the Statewide EMS Conference, July 23 – 27, 2007, the web site became active for registration and 150 EMTs and nurses registered on line at the NMservices booth. The beta testing and recent registrations have revealed system issues that are currently being addressed. Beta testing and registry improvement will be ongoing.	The activity and timeframe is in line with the roll out of NMservices. BHEM has hired a temporary employee to assist with the launch and registration of members; BHEM has reorganized to provide additional program structure to support the implementation and maintenance of NMservices.	Reconvene NMservices Advisory Committee to review and provide input on P&P final draft and to address recruiting, marketing and deployment issues by January 31, 2008. Registry Coordinator (NRC), in collaboration with the NMHA and stakeholders, will finalize the P&P and distribute to registry members by March 1, 2008.

<p><b>b. Develop and implement a NMDOH NMservices emergency health care professional recruitment and retention plans.</b></p>	<p>BHEM NRC and staff, in collaboration with NMHA, shall develop a recruitment plan by September 30, 2008. The plan will include the recruitment of individuals and teams, such as Medical Reserve Corps. BHEM has established a professional services contract with NMHA to create an FTE to provide member services and to act as a liaison to BHEM NMservices team. This FTE shall be in place by October 30, 2007. BHEM NRC and staff, in collaboration with the NMservices Advisory Committee and the BHEM Education and Performance Development Section will develop a member retention plan by June 30, 2008. Retention plan shall include elements such as:  1. Develop a member</p>	<p>BHEM NRC and staff, in collaboration with NMHA, shall develop a recruitment plan by September 30, 2008. BHEM NRC and staff, in collaboration with the NMservices Advisory Committee and the BHEM Education and Performance Development Section will develop a member retention plan by June 30, 2008. Recruitment and Retention planning and implementation is ongoing. NMHA FTE to provide member services and to act as a liaison to BHEM NMservices team in place by October 30, 2007.</p>	<p>BHEM has had a professional services contractual agreement with the NMHA to develop and implement the ESAR-VHP program for 3 years. During this time, an Advisory Committee was established to design, build, implement and beta test NMservices registry. During the Statewide EMS Conference, July 23 – 27, 2007, the web site became active for registration and 150 EMTs and nurses registered on line at the NMservices booth. This was the first activity indicated in the recruitment plan.</p>	<p>The activity and timeframe is in line with the roll out of NMservices. BHEM has hired a temporary employee to assist with the launch and registration of members; and, BHEM has reorganized to provide additional program structure to support the implementation and maintenance of NMservices.</p>	<p>BHEM NRC and staff, in collaboration with NMHA, shall develop a recruitment plan by September 30, 2008. BHEM NRC and staff, in collaboration with the NMservices Advisory Committee and the BHEM Education and Performance Development Section will develop a member retention plan by June 30, 2008. Recruitment, retention planning and implementation are ongoing. NMHA FTE to provide</p>
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	<p>handbook;</p> <p>2. Develop NMsphere on-line orientation for NMserves membership obligations;</p> <p>3. Develop NMsphere on-line training and education curriculum;</p> <p>4. Provision of deployment equipment and supplies, and personal identification (shirts).</p>				<p>member services and to act as a liaison to BHEM NMserves team in place by October 30, 2007.</p>
<p>c. Conduct exercise of NMserves Registry by assigning registered personnel to the annual Navajo Nation (NN) Points of Dispensing (PODS) for influenza vaccine delivery.</p>	<p>BHEM NRC shall collaborate with the BHEM Native American Planner to identify specific roles and responsibilities for NMserves member assignments to NN PODS through November 30, 2007. Identified health care professional needs for NN PODS will influence recruitment planning. Assess the necessary</p>	<p>Identify specific roles and responsibilities for NMserves member assignments to NN PODS through November 30, 2007. Conduct planning meetings to develop capability to communicate assignments via CityWatch through October 30, 2007. Conduct exercise</p>	<p>Navajo Nation has conducted Mass Prophylaxis Exercises to deliver Influenza Vaccine for the past 2 years. Last year, the exercise was so successful, it was deemed a best practice by ASTHO and CDC. NMDOH participated in the planning and implementation of the exercise and committed to be a key partner for the 2007</p>	<p>The objective of NMserves participation in the NN Mass Prophylaxis Exercise is realistic. The program realizes that the means of assignment is yet to be determined. The use of HAN CityWatch is a worthy consideration; however, it is possible that these POD assignments may be made through activation of the DOC and an incident action</p>	<p>Identify specific roles and responsibilities for NMserves member assignments to NN PODS through November 30, 2007. Conduct planning meetings to develop capability to</p>

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	<p>steps to integrate NMserve database with the Health Alert Network CityWatch health emergency personnel assignment software for deployment purposes. Conduct planning meetings to develop capability to communicate assignments via CityWatch through October 30, 2007. Conduct exercise of NMserve health care professional assignment to PODS by November 30, 2007.</p>	<p>of NMserve health care professional assignment to PODS by November 30, 2007.</p>	<p>Mass Prophylaxis Exercise. NMserve will work with the planning committee to identify PODS staffing needs and to exercise assignment of registry members. BHEM staff, NMHA personnel, and Tribal partners are committed to ensure exercise success. BHEM leadership believes that the opportunity to exercise NMserve, the department operations center, and the NM POD Plan is worthy of this commitment.</p>	<p>plan that involves the planning, operations, logistics, and admin finance sections. In light of this capacity for deployment of NMserve personnel, it is believed that this objective is realistic and achievable.</p>	<p>communicate assignments via CityWatch through October 30, 2007. Conduct exercise of NMserve health care professional assignment to PODS by November 30, 2007.</p>
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<b>Objective: 4</b>	<b>Develop and test hospital fatality management plans, in coordination with local funeral service(s) and local emergency managers.</b>				
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
<p>a. Provide funding to all participating hospitals to develop and exercise a fatality management plan with local funeral service(s) that integrates with the local jurisdiction emergency operations plan.</p>	<p>BHEM shall establish a professional services contract with NMHA to enter into agreements with participating hospitals. Agreements shall include a deliverable to develop hospital fatality management plans by August 8, 2008. Hospital fatality management plans will be developed in coordination with local funeral service(s) and the local emergency managers. The hospital fatality management plan will be based on the Office of the Medical Investigator, state fatality management plan.</p>	<p>NMHA agreement with hospitals to include deliverable to develop hospital fatality management plans by August 8, 2008. Hospitals will receive the NM MEMS consultation draft, which includes the function of fatality management and NM MEMS will provide a toolkit with mass fatality planning templates by December 31, 2007.</p>	<p>BHEM shall establish professional services contracts with EMS Regional Offices, NMHA, and UNM CDM to establish RHPCs that will include the provision of technical assistance and support to hospitals. RHPC will support coordination among hospitals, funeral services, and the local emergency managers. RHPC will be provided guidance and technical assistance by BHEM personnel. Hospitals will receive the NM MEMS consultation draft, which includes the function of fatality management and NM MEMS will provide a toolkit</p>	<p>Hospitals have been working with RHPCs over the past two years. BHEM has initiated planning in relation to fatality management through consultation with RHPCs and by stakeholder participation in NM MEMS development workshops. BHEM has a current professional services contract in place with the NM Funeral Services Association. The contract deliverables include a needs assessment survey with all funeral services statewide and a report of findings on current fatality management capability. Funeral Services personnel are being funded to attend the FEMA fatality management courses.</p>	<p>NMHA agreement with hospitals to include deliverable to develop hospital fatality management plans by August 8, 2008. Hospitals will receive the NM MEMS consultation draft, which includes the function of fatality management and NM MEMS will provide a toolkit with mass fatality planning templates by December 31, 2007.</p>

			with mass fatality planning templates by December 31, 2007.	BHEM and the Association petitioned the Board of Thanatopractice to accept FEMA courses for continuing education units.	
<b>b. Provide funding to NM Funeral Service Association (NMFSA) to enable them to coordinate their current fatality management planning activities with their local partners (hospitals and emergency managers)</b>	BHEM shall establish a professional services contract with the NMFSA by December 31, 2007 to provide funding to local funeral services statewide to coordinate fatality management planning with local hospital(s) and emergency managers.	NMFSA agreement with local funeral services to include deliverable to develop coordinate fatality management planning by August 8, 2008. Local funeral services will receive the NM MEMS consultation draft, which includes the function of fatality management and NM MEMS will provide a toolkit with mass fatality planning templates by December 31, 2007.	BHEM shall establish professional services contracts with EMS Regional Offices, NMHA, and UNM CDM to establish RHPCs that will include the provision of technical assistance and support to local funeral services. RHPCs will support coordination among hospitals, local funeral services, and the local emergency managers. RHPCs will be provided guidance and technical assistance by BHEM personnel. Local Funeral Services will receive the NM MEMS	BHEM has initiated planning in relation to fatality management through consultation with RHPCs and by stakeholder participation in NM MEMS development workshops in May and June 2007. BHEM has a current professional services contract in place with the NMHA to establish agreements with participating hospitals to coordinate fatality management planning with local funeral services and emergency managers.	A professional services contract with the NMFSA by December 31, 2007; NMFSA agreement with local funeral services to include deliverable to develop coordinated fatality management planning by August 8, 2008. Funeral Services will receive the NM MEMS consultation draft, which

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			<p>consultation draft, which includes the function of fatality management and NM MEMS will provide a toolkit with mass fatality planning templates by December 31, 2007.</p>		<p>includes the function of fatality management and NM MEMS will provide a toolkit with mass fatality planning templates by December 31, 2007.</p>
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<b>Objective: 5</b>					
<b>Develop and test hospital evacuation plans, in coordination with local emergency managers.</b>					
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. Provide funding to all participating hospitals to develop and exercise a hospital evacuation plan that is coordinated with the local jurisdiction emergency operations plan and addresses sheltering-in-place capabilities.	BHEM shall establish a professional services contract with NMHA to enter into agreements with participating hospitals. Agreements shall include a deliverable to develop hospital evacuation plans, which address sheltering-in-place capabilities by August 8, 2008. Hospital evacuation plans will be developed in coordination with the local emergency managers.	NMHA agreement with hospitals to include deliverable to develop hospital evacuation plans by August 8, 2008.	BHEM shall establish professional services contracts with EMS Regional Offices, NMHA, and UNM CDM to establish RHPCs that will include the provision of technical assistance and support to hospitals. RHPC will support coordination among hospitals and the local emergency managers. RHPC will be provided guidance and technical assistance by BHEM personnel.	Hospitals have been working with RHPCs over the past two years. Joint Commission on Accreditation of Health Care Organizations (JCAHO) standard EC 4.10 requires accredited hospitals to have a plan that “provides processes for evacuating the entire building (both horizontally and, when applicable, vertically) when the environment cannot support adequate care, treatment and services.” Centers for Medicare and Medicaid Services (CMS) Conditions of Participation-Life Safety Code require hospitals to have “written fire control plans that must include provisions for evacuation.” Any hospital that receives	NMHA agreement with hospitals to include deliverable to develop hospital evacuation plans by August 8, 2008.

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				payments through Medicare must comply with the conditions of participation.	
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<b>Objective: 6</b>	<b>Alternate care sites</b>				
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
<p><b>a.</b> Develop implementation manual and tool kit to guide local jurisdictions in developing a medical surge response plan according to NM MEMS framework.</p>	<p>BHEM shall develop an implementation manual and tool kit to be used to guide local stakeholders (hospitals, emergency management, primary care clinics, and EMS etc.) in establishing a coordinated medical surge response plan by December 31, 2007.</p>	<p>BHEM shall develop an implementation manual and tool kit to be used to guide local stakeholders (hospitals, emergency management, primary care clinics, and EMS etc.) in establishing a coordinated medical surge response plan by December 31, 2007.</p>	<p>BHEM and New Mexico private sector health system stakeholders in May and June 2007 developed a NM MEMS consultation draft describing NM MEMS as the medical response-planning construct for New Mexico. Identified within that consultation draft, as a “next step” was the development of the implementation manual and tool kit.</p>	<p>BHEM has the resources in knowledge, skill and personnel to bring the project (implementation manual and tool kit development) to the next step.</p>	<p>BHEM shall develop an implementation manual and tool kit to be used to guide local stakeholders (hospitals, emergency management, primary care clinics, and EMS etc.) in establishing a coordinated medical surge response plan by December 31, 2007.</p>
<p><b>b.</b> Establish agreements with a minimum of three New Mexico communities (one rural, one frontier and one metropolitan), including the hospital(s) and local emergency</p>	<p>BHEM shall establish a professional services contract with NMHA to enter into agreements with identified communities. The deliverable shall include a local MEMS plan and a tabletop exercise of functionality, with</p>	<p>Establish agreements with a minimum of three communities (one rural, one frontier and one metropolitan), including the hospital(s) and local emergency manager, to develop NM</p>	<p>This activity is a contract deliverable with positive outcome history with the contractor.</p>	<p>BHEM and New Mexico private sector health system stakeholders in May and June 2007 developed a NM MEMS consultation draft describing NM MEMS as the medical response-planning construct for New</p>	<p>BHEM will have identified communities and contracts in place for pilot projects by December 2007. By end of August 8, 2008, the pilot project will be</p>

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<p>manager, to develop NM MEMS implementation pilot projects, in collaboration with NMDOH.</p>	<p>emphasis on Alternate Inpatient and Outpatient Care Sites.</p>	<p>MEMS implementation pilot projects, in collaboration with NMDOH. The deliverable shall include a local MEMS plan and a tabletop exercise of functionality, with emphasis on Alternate Inpatient and Outpatient Care Sites.</p>		<p>Mexico. Due to the complex agreements and necessary focus for appropriate implementation of NM MEMS, piloting in three communities was deemed realistic and achievable. By a controlled implementation process, BHEM will better accommodate lessons-learned into eventual statewide implementation.</p>	<p>underway.</p>
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<b>Objective: 7</b>	<b>Mobile Medical Assets</b>				
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
<p><b>a.</b> Create and develop a Mobile Medical Assets (MMA) plan. In order to start this activity, an assessment of current New Mexico capability will be necessary. This assessment will be concluded with recommendations on establishing a comprehensive plan.</p>	<p>BHEM will utilize Health Preparedness Coordinators (RHPC) to produce an assessment of current New Mexico MMA capability by November 30, 2007. A report will be produced by March 30, 2008, with recommendations on the existent capabilities and on closing the gap in order to be compliant with FMS requirements.</p>	<p>A report with extensive recommendations will be produced by March 30, 2008 by RHPC. The assessment will guide BHEM in the elaboration of a MMA plan, based on the data collected in the assessment. BHEM will produce a MMA plan by July 30, 2008.</p>	<p>BHEM has a working relationship with RHPC, and the assessment is a basic first step. BHEM is creating a position for a “Health System Planner” who will be in charge of the development of the plan.</p>	<p>This assessment and the development of a plan constitute a first step in building comprehensive and efficient MMA capacity for the State of New Mexico.</p>	<p>A report with recommendations will be produced by March 30, 2008 by RHPC. The report will inform BHEM in the development of the MMA plan by July 30, 2008.</p>
<p><b>b.</b> BHEM will continue to support community-based Medical Reserve Corps (MRC) development throughout the State of New Mexico.</p>	<p>BHEM shall establish a professional services contract with the University of New Mexico Center for Disaster Medicine (CDM) to provide technical assistance for MRC development according to the following activities: 1) support the New Mexico MRC Coordinating Council,</p>	<p>Activities will be deliverables in contract with CDM. Accountability reports will be required in contract.</p>	<p>Activities will be deliverables in contract with CDM. Accountability reports will be required in contract</p>	<p>This is a continuation of funding for MRC development via CDM contract.</p>	<p>The CDM will submit a final report by August 31, 2008 addressing all MRC activities including those specifically funded by the contract.</p>

	2) provide technical assistance to existing and developing MRC units, 3) support coordination between MRC and the Volunteer Organizations Active in Disaster (VOAD), and 4) support inclusion of MRC into NMserve, the volunteer health professional registry for New Mexico.				
c. Provide funding to the New Mexico Crisis Support Team (NM CRST) to maintain their response capacity in New Mexico.	Funding will be used for the following purposes: (1) to reimburse team members for mileage and per diem following crisis intervention response; (2) to reimburse team members for mileage and per diem following the quarterly meeting and trainings; (3) to support team members to attend trainings and workshops related to preparedness and psychosocial information.	Funds will be used as reimbursement and BHEM will develop accountability process to track reimbursements.	BHEM has provided funding for CRST deployment through a reimbursement process in the past.	BHEM has provided funding for CRST deployment through a reimbursement process in the past.	Ad hoc through the HPP FFY2007 budget period.

<b>Objective: 8</b>		<b>Pharmaceutical caches</b>			
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. Conduct a statewide Hazard Vulnerability Assessment of participating hospitals.	BHEM shall establish a professional services contract with New Mexico Poison & Drug Information Center (PDIC) to enter into agreements with participating hospitals. Agreements shall include a deliverable to develop a statewide HVA of participating hospitals within the State of New Mexico (56) by December 31, 2007.	PDIC will complete a HVA Assessment, develop a HVA database, perform a HVA analysis and produce a completed HVA final report by July 30, 2008.	The HVA being done by the PDIC is being built on a previous vulnerability assessment that was completed in 2003 to meet the CDC CHEMPACK Program requirements.	BHEM has contracted with the PDIC for the past 3 years and has successfully conducted assessments with clinics. The database that is going to be used for the HVA is already partially constructed and will only need minor updating. Accountability shall be established through contract deliverables.	PDIC will complete a HVA Assessment, develop a HVA database, perform a HVA analysis and produce a completed HVA final report by July 30, 2008.
<b>Objective: 9</b>		<b>Personal protection equipment (PPE)</b>			
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. BHEM will develop a PPE cache resource management plan with Public Health Division Regional Offices (PHDRO).	PHDRO will receive, store, and ensure appropriate rotation and replenishment of PPE.	Resource management plan will have an accountability process to monitor PPE cache.	Resource management plan will have an accountability process to monitor PPE cache.	BHEM has a successful agreement history with the PHDRO.	BHEM will develop a PPE cache resource management plan with Public Health Division Regional Offices (PHDRO) by September 10, 2007.

<b>Objective: 10</b>	<b>Increase decontamination capabilities statewide.</b>				
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. Conduct hazard vulnerability assessments (HVA) with participating hospitals to determine events of highest risk and associated number of patients to be decontaminated; HVA to determine current decontamination capacity of each participating hospital.	BHEM shall establish a professional services contract with the New Mexico Poison and Drug Information Center (PDIC) to conduct the HVA with all participating hospitals. The PDIC has a long standing relationship with the NMDOH to participate in public health preparedness and response activities. The HVA report will include recommendations for decontamination capacity required for each event type per hospital; inventory of decontamination equipment and supplies. HVA report deliverable by August 8, 2008.	PDIC contract executed by September 30, 2007. HVA report deliverable by August 8, 2008.	The PDIC has a long standing relationship with the NMDOH to participate in public health preparedness and response activities. Hospitals will be receiving HPP funds through the NMHA to support participation in HVA.	PDIC Director has identified assigned personnel, including pharmacy residents and center staff to conduct assessments and complete the report per deliverable deadline.	HVA report deliverable by August 8, 2008.

<p><b>b. Develop and implement decontamination training for first receivers (hospital personnel), in accordance with OSHA guidelines.</b></p>	<p>BHEM shall update current decontamination education, including hands-on training, as detailed in OSHA guidelines by September 30, 2007. Education update shall include specialized training on the decontamination of at – risk populations. The BHEM HazMat Preparedness Coordinator (HPC) will coordinate a minimum of five regional education sessions for hospitals statewide. Regional workshops will be one-day in length and will offer 2 days of training; 5 regional sessions, 2 workshops per session, 10 workshops by August 8, 2008.</p>	<p>BHEM shall update current decontamination education, including hands-on training, as detailed in OSHA guidelines by September 30, 2007. Regional workshops will be one-day in length and will offer 2 days of training; 5 regional sessions, 2 workshops per session, 10 workshops by August 8, 2008.</p>	<p>BHEM has conducted regional workshops for the past 4 years and has achieved success with educational outcome evaluations and attendance. Hospitals and other first responders and first receivers have come to look forward to these sponsored regional events. Participating hospitals will receive HPP funding to support participation in the regional education workshops through agreements with the NMHA.</p>	<p>BHEM will conduct outreach and marketing for the regional workshops in collaboration with NMHA and RHPCs. The NMDOH CDC Public Health Emergency Preparedness Learning Management System hosts a web based education program called NMsphere. This program will be utilized to provide participant access to registration and instructor class management for workshops. A minimum of 50% of hospitals will participate in regional workshops by August 8, 2008.</p>	<p>BHEM shall update current decontamination education, including hands-on training, as detailed in OSHA guidelines by September 30, 2007. Regional workshops will be one-day in length and will offer 2 days of training; 5 regional sessions, 2 workshops per session, 10 workshops by August 8, 2008. A minimum of 50% of hospitals will participate in regional workshops by August 8, 2008.</p>
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<b>Objective: 11 Integrate the needs of at-risk individuals in hospital and health system preparedness planning</b>					
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
<p><b>a.</b> Include the needs of at-risk individuals in New Mexico health system preparedness activities. The term “at-risk individuals” means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency.</p>	<p>BHEM shall mandate the inclusion of at-risk populations in hospital evacuation and shelter in place planning in agreement with hospitals.</p> <p>BHEM will ensure that NM MEMS includes a plan for at-risk populations in both core and support functions.</p>	<p>1) The UNM Center for Development and Disability (CDD) will assist NMDOH to achieve the sub-capability by performing an assessment of availability in HPP-participating hospitals of durable medical equipment, assistive devices and medicines specific to the needs of at-risk patients; and methods currently utilized by hospital staff to communicate and supervise at-risk patients. The outcome is to identify gaps in inventory and training needs of hospital personnel. Findings will result in a plan for gap remediation and recommendations</p>	<p>HPP guidance requires inclusion of at-risk individuals in exercise planning and implementation. The State has made strides in inclusion of these groups into many aspects of its public health preparedness program. Extension of this planning into the HPP program will ensure that these groups are included in hospital emergency planning activities in conjunction with local jurisdictions.</p> <p>NMDOH participates in the NM Task Force on Emergency Preparedness and Response Vulnerable Populations of State that is addressing emergency</p>	<p>HPP guidance requires inclusion of at-risk populations in exercise planning and implementation. The State has made strides in inclusion of these groups into many aspects of its public health preparedness program. Extension of this planning into the HPP program will ensure that these groups are included in hospital emergency planning activities in conjunction with local jurisdictions.</p>	<p>CDD will complete design of the assessment tool in collaboration with NMDOH by October 1, 2007.</p> <p>In collaboration with the RHPCs, the assessment of HPP-funded hospitals will be conducted by March 1, 2008.</p> <p>Findings and recommendations will be compiled and disseminated by June 1, 2008.</p> <p>Members of at-</p>

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Attachment 1: Outcome Objectives  
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		for inclusion in evacuation and shelter in place plans. 2) CDD will also serve as a conduit to at-risk individuals to be recruited to participate in drills and exercises coordinate by NMDOH and HPP partners.	preparedness for all of the groups identified by the HPP, and others, such as the incarcerated and the homeless. This group will also provide expert information and guidance to NMDOH.		risk populations will participate in drills and exercises throughout the year.
<b>Objective: 12</b>	<b>Hospital NIMS compliance</b>				
<b>Activities</b>	<b>Specific</b>	<b>Measurable</b>	<b>Achievable</b>	<b>Realistic</b>	<b>Time-framed</b>
a. NHEM will work to assure all New Mexico participating hospitals are compliant with all 17 NIMS elements by August 31, 2008.	All agreements with New Mexico hospitals will include NIMS compliance mandates for receiving HPP FFY 2007 funds.  BHEM staff and RHPC will provide support to participating hospitals to achieve NIMS compliance as per HPP guidance.	NMHA will include NIMS compliance mandates in hospital funding contracts.  BHEM and RHPC will conduct ongoing assessments of hospital NIMS compliance activities and identify barriers to success.	Compliance with all NIMS 17 elements by participating hospitals is a requirement of each HPP awardee for FYY 2007.	Compliance with all NIMS 17 elements by participating hospitals is a requirement of each HPP awardee for FYY 2007.	All New Mexico hospitals receiving HPP FFY 2007 funding will be compliant with all 17 NIMS elements by August 31, 2008.