
Project Plan

Gap Analysis for Health and Medical Readiness-Part 2, a Continuation Project

Contact Information

Contact name: **Donald Shell, MD, MA**

Title: **Gap Analysis for Health and Medical Readiness-Part 2, a Continuation Project**

Organization affiliation: **Prince George's County Health Department**

Jurisdiction: **Prince George's County, Maryland**

E-mail address: **dshell@co.pg.md.us**

Phone number: **301.883.7834**

Facsimile number: **301.883.7896**

Mailing address: **1701 McCormick Drive Suite 200 Largo, MD 20774**

Project Information: **Donald Shell, MD,MA**

Period of Performance: **FY 2007**

Grant Award: **\$125,000; FY 2006,**

Related Documents: **None**

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I. Project Summary

In 1-2 paragraphs, summarize your project, covering the following areas:

Initiative: The National Preparedness Guide identifies eight Critical Capabilities that must be developed and maintained in the health arena. We propose to begin an analysis of the region’s status regarding those critical capabilities. The Priority Capabilities included in the proposed gap analysis include:

Coordination - Region-wide risk assessment framework, determination of public/private vulnerabilities

Communication – evaluate strategic communication plan, ESF/ SPG/CAO linked decision- making, assessment of standardized alert notification, and long-term recovery issues

Collaboration - Evaluate stakeholder involvement and agreement, NCR oversight and accountability

Plan - Incorporation of lessons learned, real time emergent incidents, media partnership in NCR, methods of public emergency information dissemination, presence of public and individual preparedness plans

Approach: The Surge Planning Team will build on work done in preparing the Surge Capacity Concept of Operations, which describes the coordination structure for surge response. During the writing of that document, the team saw a need to identify appropriate standards applicable to the unique multi-jurisdictional NCR. The region needs to research standards and protocols, find the ones that apply in this regional situation, and then check to see where the region falls short in both planning and implementation capacity and capability.

Benefits: The Gap Analysis for Health and Medical Readiness continuation project will identify where either planning and or implementation breaches exist in the NCR’s capacity and capability to meet the goals outlined in the National Priorities and Priority Target Capabilities. Recognition of NCR mass care shortcomings is ultimately required.

II. Project Background and Goals

A. Project Background

The National Capital Region’s ability to collaborate regionally in the implementation of the National Incident Management System, National Response Plan, and the National Infrastructure Protection Plan must be evaluated. The Gap Analysis for Health and Medical Readiness continuation project will evaluate the NCR’s capacity to provide medical care and or mass prophylaxis to a surge in the number of NCR residents requiring triage, treatment, health advice or direction in the event of a health threat confronting the NCR. The NCR’s current capability to share information, collectively disseminate information, and collaborate in the utilization of resources requires analysis. The NCR’s competence in responding to the early detection of chemical, biological, radiological, nuclear, and or explosive (CBRNE) threats with timely interoperable law enforcement, public health, hospital, private healthcare providers, and Fire/EMS communications must be established. The Gap Analysis for Health and Medical Readiness continuation project will build on work done in preparing the Surge Capacity Concept of Operations, which describes the coordination structure for surge response.

NCR Strategic Initiatives	DHS Target Capabilities & Performance Measures
<ul style="list-style-type: none"> • 1.2.1 Design and conduct a risk-based threat analysis to identify gaps in regional preparedness • 1.3.1. Establish regional oversight and accountability function with appropriate tools and resources for performance transparency 	<p><u>Medical Surge</u></p> <ul style="list-style-type: none"> • After the first event, minimize new cases due to preventable exposure to disease, contamination or injury

<ul style="list-style-type: none"> • 1.3.2 Develop investment lifecycle planning approach to ensure infrastructure and resources are available to support multi-year operational capabilities • 3.1.3 Develop and implement an integrated plan related to health surveillance, detection and mitigation functions between NCR Partners • 3.3.1 Conduct an inventory of completed CIP assessments in the region and develop a comprehensive regional list of critical infrastructure assets and recommended protective action needs based on existing assessments • 4.1.1 Establish a corrective action program to modify plans by addressing gaps identified in analyses, exercises and events 	<ul style="list-style-type: none"> • The at-risk population receives the appropriate protection (countermeasures) and treatment in a timely manner.
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B. Goals and Outcomes

Describe your project goals and the outcomes for each in the table below.

Goal	Outcomes
1. Region-wide risk assessment framework	NCR regional gaps coordinated assessment
2. Determination of public and private vulnerabilities	NCR regional gaps coordinated assessment
3. Identify ESF/ SPG/CAO decision making process	NCR regional gaps increased collaboration
4. Assessment of NCR alert notification	NCR regional gaps communication development
5. Identify long-term recovery issues	NCR regional gaps coordinated assessment
6. Evaluate NCR strategic communication plan	NCR regional gaps communication development
7. Evaluate stakeholder involvement and agreement	NCR regional gaps planning
8. Review NCR oversight and accountability <ol style="list-style-type: none"> 1. Document lessons learned, real time emergent incidents, media partnership in NCR, methods of public emergency information dissemination, presence of public and individual preparedness plans 	NCR regional gaps planning

Other discussion you may choose to cover includes relevant portions of your Concept Paper

C. Project Managers

Let us know who contributed on your team to help you achieve your goals. Please list them using the following format:

Donald Shell, MD, MA

Deputy Health Officer, Prince George's County Health Department

D. Project Assumptions

The regional construct will include the entire NCR, including the capability of the regions jurisdictions as a part of their statewide capabilities.

Item Number	Description	Notes
1	Staff is available, with the required skill set, to complete all tasks identified in the project schedule	Requires commitment from all jurisdictions
2	Operating funds will be available in each jurisdiction for FY06 and beyond to accommodate the ongoing maintenance costs	Confirmed with CAOs on MM/DD/YYYY
3	Planning for a separate project to implement Phase II of this initiative can start before the completion of this project plan	Confirmed with SAA via email on MM/DD/YYYY
4	This project meets the basic measures defined in the target capabilities list (TCL) published by DHS on MM/DD/YYYY	Confirmed with SAA, SPG, and DHS on MM/DD/YYYY

III. Project Approach

Now that we know what you want to accomplish, we'd like to understand in greater detail how you'll accomplish the project. Effectively completing this section will likely determine whether you succeed; it's also the section we most closely scrutinize before issuing sub-grants.

A. Activities

This is part two of surge planning. Part 1 was the NCR Surge Capacity Concept of Operations. The Surge Planning Team established by the SPG, developed a Surge Capacity Plan inclusive of Emergency Medical Services, medical care (especially hospitals) and Public Health. This team, consisting of representatives of states and district public health and EMS, hospitals, medical societies and local public health, has been working together since summer of 2004 supported by Lynn Frank (a former local health director) and COG staff. Federal guidelines and state and local plans exist in various formats and varying detail, but need to be adapted to provide the regional plan requested by the SPG and expected by the Federal government. The service of the consultant, Lynn Frank, is required to continue her support for the surge team. The participants will continue to obtain input, feedback, and buy-in from their discipline areas. This is essential to the success of the plan.

B. Resources

Tell us about the resources you'll need: People, facilities, and equipment. (Budget is included in the next section.) For each resource, complete the adjacent columns in the same row.

Resource Name	Type	Responsibility	Duration
Lynn Frank, Principal	People	6 meetings at COG at 4 hrs each	24 hours
		6 specialty meetings at 4 hour each	24 hours
		Assessing progress, reviewing team comments, phone calls, email response	60 hours
		Conference calls with team members ,chairperson and contract manager devoted to assuring project is meeting expectations of committee and contract manager	18 hours
		Research and report analysis of conflicting indicators and our benchmarks, review State and local plans	150 hours
		Direct specific tasks associated with subject matter experts, as directed by SPT	90 hours
			Total hours 366
Senior Editor, Martha Rosacker	People	Manage project	200 hours
		Research medical surge benchmarks, standards, indices	233 hours
		Compile gap analysis	400 hours
		Attend 7 SPT meetings at COG (may be different meetings from principal)	28 hours
		Edit all documents—Benchmarks, Gap Analysis, and various interim documents	230 hours
			Total hours 1,090
Subject Matter Experts	People	Specific Consultation to clarify specialty medical capabilities	70 hours
		Specialty analysis of conflicting	80 hours

		standards or indicators	
		Clarification of credentialing of medical staff	20
		Clarification of technical legal issues as directed by the committee	20
			Total hours 190

C. Deliverables

The consultant will work with the Surge Planning Committee to

- Research the most up-to-date standards, benchmarks and indices for regional health and medical surge planning
- Choose or adapt those most appropriate for this unique multi-jurisdictional region
- Determine the region's status in relation to these benchmarks, measuring the gaps between the benchmarks and the region's current readiness

Two documents will result from this yearlong collaborative project:

- A set of benchmarks for the region
- An analysis of the gaps between the benchmarks and the reality

Both of these documents will help to inform funding and allocation decisions throughout the region.

Deliverable	Delivery Date	Estimated Cost
9. Region-wide risk assessment framework	September 1, 2006	13,889
10. Determination of public and private vulnerabilities	September 1, 2006	13,889
11. Identify ESF/ SPG/CAO decision making process	January 1, 2007	13,889
12. Assessment of NCR alert notification	January 1, 2007	13,889
13. Identify long-term recovery issues	January 1, 2007	13,889
14. Evaluate NCR strategic communication plan	January 1, 2007	13,889
15. Evaluate stakeholder involvement and agreement	March 1, 2007	13,889
16. Review NCR oversight and accountability	March 1, 2007	27,778
17. Document lessons learned, real time emergent incidents, media partnership in NCR, methods of public emergency information dissemination, presence of public and individual preparedness plan	July 1 2007	

D. Next Steps

Gaps identified in the NCR's competence in responding to the early detection of chemical, biological, radiological, nuclear, and or explosive (CBRNE) threats with timely interoperable law enforcement, public health, hospital, private healthcare providers, and Fire/EMS communications require correction. The NCR's ability to respond may require further addition of equipment, personnel, and or training.

IV. Project Methodology

For complex projects we ask that you complete the sections below.

A. Project Dependencies

The surge planning effort is under the governance of the SPG and led by the appointed state representatives, who have asked the Health Officials Committee to provide a chairperson. Additional members come from the four main discipline areas of EMS, Hospitals, Medical Societies and Local Public Health. Final approval of plan(s) involves the state health departments, SPG and local jurisdictions' health departments and CAOs. Logistics of the Surge Team work, including Ms. Frank's contract is managed by COG at the request of the SAA.

Question	Yes or No (If yes, please describe how)
Does this project conflict or compete for resources with any other project?	No
Does any other project depend on this project?	No
Are there any other important dependencies that will affect this project?	No

Project Asset –

- Principal Lynn L Frank \$125/hour
- Senior Advisors subject matter experts as needed \$75/hour
- Senior Editor \$55/hr

Project Risk Assessment

Benchmarking and Gap Analysis are important to *Planning*, especially in the health and medical arena, since they are new to the emergency preparedness process. The Homeland Security Target Capability Areas addressed by this project include *Triage and Pre-Hospital Treatment, Isolation and Quarantine, and Medical Surge*. This initiative also addresses the target areas of *Critical Resource Logistics and Distribution, Mass Prophylaxis and Responder Safety*.

Planning, Medical Surge, and Mass Prophylaxis is three of the 15 priority capabilities for the NCR. Among the NCR “Priority Initiatives” listed for the NCR Strategic Plan is 1.3.2 *Prepare Comparative Gap Analysis*. This project addresses the health and medical piece of that initiative.

1. *Scope*

Identify factors that could expand or contract the scope of the project as it is defined in the grant proposal. For each factor, list it in the table below and complete the adjoining columns.

Area of Risk or Threat	Likelihood	Mitigation Steps
Jurisdictional buy in, conflicting goals, resistance to change	Low	Increase communication about project goals and direction Engage NCR Program Manager for escalation and intervention

2. *Budget*

The budget for the project is threatened primarily by the availability of resources, the potential for vendor agreements and contract terms that may cause unexpected cash outlays, and the potential for changes in project sponsorship or direction. The chart below summarizes the Team’s assessment of potential risk areas with respect to the project budget. This does not represent a wholly comprehensive list relative to the budget risks – the threat to the budget is also discussed as an element of the other risks areas discussed in this section.

Area of Risk or Threat	Likelihood	Mitigation Steps
Project sponsor	High	Re-sequence tasks or re-scope project based on input

3. *Timeline*

This section provides consideration for events or factors that could most directly affect the time line of the project and the ability of the project manager to meet the grant performance terms. These factors are in addition to the topics presented above which – as discussed – could affect the project time line as well.

Having skilled resources available as defined in the work breakdown structure is critical to achieving success. The absence of necessary skills or delays in each functional area providing a skilled resource will affect the timeline of the project, may threaten the quality of the planned deliverables and may result in cost overruns. This is a significant area of risk for the project manager to manage.

The table below summarizes the impact of resource availability on the project timeline. Resource availability is seen as a primary area of concern.

Area of Risk or Threat	Likelihood	Mitigation Steps
Jurisdictional timely availability of principals required for interview for assessment completion	High	Communicate schedule to CAO's and all functional areas Provide timeline to all NCR stakeholders Engage NCR DCAO's to encourage director timely participation

4. Executive Support

This section assesses the effect a change in leadership or executive direction, or the absence of executive support and sponsorship, could have on the overall project plan – cost, scope, and timeline.

Area of Risk or Threat	Likelihood	Mitigation Steps
Priorities change due to state, local, or federal events	Low	Communicate progress and next steps to County Executives and or Mayors Balance project progress with definition of outcome
Sponsorship change	Low	Continue communication around the outcomes relative to the strategic plan via monthly status reports to NCR PMO Include benefits of outcomes in all project communication to management and NCR PMO

B. Communication

Communicate evaluation and discovery process to all ESF/ SPG/CAO groups at target dates indicated during each groups regularly scheduled meetings.

C. Training

Incorporation of lessons learned from gaps analysis by the use of exercises, real time emergent incidents, media partnerships in NCR, methods of public emergency information dissemination with the development and drilling of NCR stakeholder's involvement, oversight, and shared accountability.

D. Project Team

Role	Name	Description of Activities

Principal	Lynn Frank	Assessing progress, reviewing team comments, phone calls, email response
		Conference calls with team members ,chairperson and contract manager devoted to assuring project is meeting expectations of committee and contract manager
		Research and report analysis of conflicting indicators and our benchmarks, review State and local plans
		Direct specific tasks associated with subject matter experts, as directed by SPT
Senior Editor	Martha Rosacker	Manage project
		Research medical surge benchmarks, standards, indices
		Compile gap analysis
		Attend 7 SPT meetings at COG (may be different meetings from principal)
		Edit all documents—Benchmarks, Gap Analysis, and various interim documents
Subject Matter Experts		Specific Consultation to clarify specialty medical capabilities
		Specialty analysis of conflicting standards or indicators
		Clarification of credentialing of medical staff
		Clarification of technical legal issues as directed by the committee

Project Plan

Medical Prophylaxis and Surge Planning

Contact Information

Contact name: **John A. Clizbe**

Title: **Medical Prophylaxis and Surge Planning**

Organization affiliation: **Eight local jurisdiction Health Departments in National Capital Region Frederick county Health Department (under the 10-mile UASI expansion allowance)**

Jurisdiction: **National Capital Region**

E-mail address: john.clizbe@vdh.virginia.gov

Phone number: **703-838-4400 extension 275**

Facsimile number: **703-838-4038**

Mailing address: **4480 King Street, Alexandria, VA 22314**

Project Information: Acquire nine full time professionals to support emergency planning, preparation, response, and recovery within the Public Health jurisdictions in the National Capital Region

Period of Performance: **July 1, 2006 – May 31, 2008**

Grant Award: **\$1,125,000, Fiscal Year 2006**

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V. Project Summary

The overarching goal of this project is to help all of the people in the National Capital Region be better prepared for, and able to respond to and recover from, public health emergencies. Public Health Departments have established lofty homeland security-related goals including well-trained employees, well-selected and trained volunteers, wisely chosen and placed essential equipment, well-designed and frequently-conducted drills and exercises, well-prepared special populations who are particularly vulnerable, solid health emergency-related preparedness information to the general public, and fully-integrated and coordinated plans throughout the Region. To meet the predicted requirements for Mass Prophylaxis and Medical Surge, all of those ingredients are of critical importance. This project provides one major factor essential to accomplishing any and all of the emergency preparedness objectives established by Public Health throughout the Region – the people required to make it all happen.

The approach of this project is straightforward: add the people needed. Currently, every Public Health Department in the Region is seriously understaffed in their Emergency Preparedness and Response units – so much so that, in spite of remarkable progress over the past few years, these Departments simply cannot achieve their objectives as quickly as desired without additional people. By adding just one person per jurisdiction, the rate of preparedness will actually double in most instances. More staff training will occur faster, more volunteers will be integrated into the response capacity, the right kinds of needed supplies and equipment will be managed, the preparedness needs of all people in our Region will be better met, and more drills and exercises of a more complex scope will be implemented. Public Health in the National Capital region will be measurably better prepared to be an effective partner in regional homeland security.

VI. Project Background and Goals

A. Project Background

Public Health Emergency Planners and Epidemiologists currently exist in local jurisdictions and some parts of the Region. Clear progress has been made in Public Health Emergency Preparedness over the last three years, including concrete substantial enhancements to mass prophylaxis plans to address a widespread anthrax release (CRI), improvements in communication protocols and interoperability, and implementation of trainings and exercises. This momentum provides the opportunity on which to build.

At the same time, as Public Health and the general public set higher goals and objectives, the demands and expectations are simultaneously elevating and expanding. Annually (and often monthly), new Public Health challenges emerge. Most jurisdictions have a single person responsible for health-related emergency planning and preparedness, training, exercising, supply management, outreach to the community and special populations, inter-jurisdictional coordination and response, and in some instances, volunteer management. This project's goal is make all of those areas of responsibility manageable and achievable. Virtually every single Public Health emergency planning and response goal, objective, and process will be impacted. Each jurisdiction will, of course, have its own unique gaps and priorities, and this project allows for that individuality. It simultaneously, however, strengthens the collective capability of the Region through the project's process of region-wide coordination with the Bioterrorism Emergency Planners Subcommittee (BEPS) of the Health Office Committee at the National Capital Regions Council of Governments.

The project supports the following National Capital Region Strategic Goals and DHS Target Capabilities:

NCR Strategic Initiatives	DHS Target Capabilities & Performance Measures
3.3.1 Conduct an inventory of completed CIP assessments in the region and develop a comprehensive regional list of critical infrastructure assets and recommended protective action needs	Expanded Regional Collaboration; Implement the NIMS and NRP; Medical Prophylaxis; Medical Surge; Planning

based on existing assessments	
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B. Goals and Outcomes

Describe your project goals and the outcomes for each in the table below. We've added an example; please delete it before you add yours.

Goal	Outcomes
<i>Trained employees</i>	All local Health Department employees are provided training in an orientation to terrorism, in the National Incident Management System, and in the Incident Command System
Additional volunteer resources	Recruit more volunteers so that number is doubled. Train comprehensively all volunteers in health-related emergency preparedness and response, in Mass Prophylaxis processes, and in response to a Medical Surge.
Resource management	Develop local health department resource acquisition and management systems Identify and utilize additional storage capacity Acquire additional required resources.
More and better drills and exercises	Conduct and/or repeat Cities Readiness Initiative-related drills and exercises. Conduct receipt and utilization of Strategic National Stockpile.
Better prepared special populations	Identify more vulnerable populations and people in each jurisdiction, whether because of physical, cultural, or other attributes. Develop vehicles for distributing health-related emergency preparedness information and materials to these populations.
A better informed and prepared community	Disseminate health-related emergency preparedness information to a minimum of 50% of local populations.

This project will, then, allow for the provision of adequate attention to all possible threat scenarios, to gaps in plans that have not yet been addressed, to the needs of special populations and cultural, to comprehensive ESF8-wide planning, to essential training needs, and to the building of human and material resources. To date, more emphasis has been placed on “tools” and equipment than on the people necessary to implement the processes and utilize the tools. Public Health has the primary responsibility for Mass Prophylaxis and much responsibility for Medical and Public Health Surge – two of the highest priorities for the Region – and this project will help fulfill that responsibility.

C. Project Managers

Let us know who contributed on your team to help you achieve your goals. Please list them using the following format:

Josephine Peters	Emergency Planner, Arlington County Health Department
Steven Church	Emergency Planner, Fairfax Count Health Department
Arthur Webb	Emergency Planner, Loudon County Health Department
Kathy Wood	Emergency Planner, Montgomery County Health Department
Gabriel Gonzalex	Emergency Planner, District of Columbia Health Department
Clark Beil	Emergency Planner, Virginia Department of Health Northern Region
David Wilder	Medical Coordinator, Virginia Department of Health Northern Region
Sean O'Donnell	Public Health Staff, Metropolitan Washington Council of Governments

D. Project Assumptions

It is appropriate to list assumptions your team is operating under which guide decision making, priorities, resource engagement, etc. The table below provides an example of assumptions a Team may make in the course of planning a project. The Team will periodically revisit the assumptions list to determine if the assumption is still valid and if there are any new items to include on the list.

Item Number	Description	Notes
1	<i>Competent professionals can be located and recruited</i>	<i>Requires very effective recruitment and selection campaign.</i>
2	<i>No major health emergencies arise which would divert attention and resources.</i>	<i>An unknown</i>
3	<i>Local health jurisdictions can devote sufficient staff time to manage newly recruited employees.</i>	<i>Confirmed by Emergency Planners from jurisdictions except for temporarily vacant positions</i>
4	<i>This project meets the basic measures defined in the target capabilities list (TCL) published by DHS and the plans and objectives established by local Health Officers.</i>	<i>Confirmed by Health Officers Committee of COG</i>

VII. Project Approach

Now that we know what you want to accomplish, we'd like to understand in greater detail how you'll accomplish the project. Effectively completing this section will likely determine whether you succeed; it's also the section we most closely scrutinize before issuing sub-grants.

A. Activities

Activities	Accomplishment	Date completed
18. Recruit and select people for the roles -- 9 people hired		August 30, 2006
19. Job descriptions and responsibilities assigned to selectees		September 30, 2006
20. Current staff reallocate duties -- time reallocated to highest priorities		September 30, 2006
21. Design and implement staff training programs - all staff trained		December 30, 2006
22. Volunteers recruited -- numbers doubled		June 1, 2007
23. Volunteers trained -- core courses conducted		July 31, 2007
24. Fill gaps in planning --currently-incomplete elements of health planning completed		March 1, 2007
25. ESF 8-wide planning -- Integrated ESF8 planning in place		September 1, 2007
26. Integrate local plans into region-wide collaboration – all local plans reflect regional collaboration		September 1, 2007
27. NIMS compliance assured		September 1, 2007
28. Integrated Mass Prophylaxis and Medical Surge plans region-wide		January 30, 2007
29. Support development of plans for Special Needs populations -- populations identified and information provided to them		September 1, 2007
30. Support development of plans for cultural groups -- groups identified, methods of reaching them identified, and information disseminated		September 1, 2007
31. Conduct drills/exercises		October 30, 2006

You may choose to present the material as timeline with work activities, target dates, and expected deliverables. Remember monthly status reports are required by terms and conditions in the award of the funding.

B. Resources

Tell us about the resources you'll need: People, facilities, and equipment. (Budget is included in the next section.) For each resource, complete the adjacent columns in the same row.

Resource Name	Type	Responsibility	Duration
9 staff	People	Each jurisdiction	2 years

Organization charts are an effective way to convey how your project team is organized.

C. Deliverables

Include a list that identifies each deliverable, a description, and the estimated cost. Again, we've included a table to make your life easier:

Deliverable	Delivery Date	Estimated Cost

9 people hired, including benefits and support	August 30, 2006	\$1,125,000 annually
All local health department staff trained	December 30, 2006	
Volunteers doubled	June 1, 2007	
Volunteers trained	July 31, 2007	
Integrated planning	September 1, 2007	
Special populations identified and information provided to them	September 1, 2007	
Cultural groups identified, methods of reaching them identified, and information disseminated	September 1, 2007	
Conduct drills/exercises	October 30, 2006	

Ensure you include all deliverables promised in your Concept Paper, grant application, and other commitments from stakeholders and sponsors.

Monthly status reports are required by terms and conditions in the award of the funding.

D. Next Steps

If appropriate, spell out next steps following the completion of the project. For example, you may want to set expectations for acquiring additional funding, or presenting the findings or outcome of the project to a specific group, or a media campaign to announce the project completion.

VIII. Project Methodology

For complex projects we ask that you complete the sections below.

A. Project Dependencies

Thinking about dependencies, like the examples below, will identify where the availability of resources could affect your success. Example: financial or human assets that support your project.

Question	Yes or No (If yes, please describe how)
<i>Does this project conflict or compete for resources with any other project?</i>	No other than UASI competition for funds
<i>Does any other project depend on this project?</i>	All Mass Prophylaxis and Surge projects depend on this in some form, as do any projects related to public health or health-related emergencies
<i>Are there any other important dependencies that will affect this project?</i>	

Question	Yes or No (If yes, please describe how)

Project Asset - defines the resources – financial and human - required to support the successful execution of the plan, along with a high-level estimate of the resources and costs for implementing the project

This project will require the active support, including some time, of the Emergency Planner and the Health Officer in each jurisdiction. Some additional office supply support will be required from each jurisdiction. Almost all costs are indirect, however, and consistent with typical Public Health reliance of creative shifting and utilization of resources.

B. Project Risk Assessment

Possibly the most challenging portion of the project plan, the risk assessment plan describes the how you will deal with risks that would prevent successful completion of the project. If you anticipate the risks, you'll be more likely to either avoid them or minimize the effect.

Typically, the risk areas teams are likely to encounter include the following:

- Scope: You need to do more than you anticipated
- Budget: You need more funds to get the job done
- Timeline: You can't get everything done fast enough
- Executive support: You can't get executive support to help make decisions.

For each of the four risk areas listed above, we've included a section below to identify and manage risks. For each risk, you'll want to give it a good name, indicate how likely it is to happen, and what steps you can take to prevent it from happening.

1. Scope

Identify factors that could expand or contract the scope of the project as it is defined in the grant proposal. For each factor, list it in the table below and complete the adjoining columns.

Area of Risk or Threat	Likelihood	Mitigation Steps
<i>The scope of the challenges facing Public Health in homeland security far exceed the activities and objectives of this project alone – many have not even been articulated herein</i>	<i>Certain</i>	<i>Prioritization is essential</i>

2. Budget

The budget for the project is threatened primarily by the availability of resources, the potential for vendor agreements and contract terms that may cause unexpected cash outlays, and the potential for changes in project sponsorship or direction. The chart below summarizes the Team's assessment of potential risk areas with respect to the project budget. This does not represent a wholly comprehensive list relative to the budget risks – the threat to the budget is also discussed as an element of the other risks areas discussed in this section.

Area of Risk or Threat	Likelihood	Mitigation Steps
<i>Some expenses associated with the utilization of these people may be greater than anticipated</i>	<i>Moderate</i>	<i>Continue to seek additional support for indirect costs</i>

3. Timeline

This section provides consideration for events or factors that could most directly affect the time line of the project and the ability of the project manager to meet the grant performance terms. These factors are in addition to the topics presented above which – as discussed – could affect the project time line as well.

Having skilled resources available as defined in the work breakdown structure is critical to achieving success. The absence of necessary skills or delays in each functional area providing a skilled resource will affect the timeline of the project, may threaten the quality of the planned deliverables and may result in cost overruns. This is a significant area of risk for the project manager to manage.

The table below summarizes the impact of resource availability on the project timeline. Resource availability is seen as a primary area of concern.

Area of Risk or Threat	Likelihood	Mitigation Steps
By far the most challenging timeline is the recruitment of volunteers – it may not be possible to recruit the desired numbers in the time planned	Moderate	Look for means of recruited large blocks of people Be prepared to have recruitment be a long-term and on-going project

4. Executive Support

This section assesses the effect a change in leadership or executive direction, or the absence of executive support and sponsorship, could have on the overall project plan – cost, scope, and timeline.

Area of Risk or Threat	Likelihood	Mitigation Steps
The Health Officers are so unanimously and completing in support of this project that executive support is virtually guaranteed. A change of Health Officer in a jurisdiction could hypothetically change that support.	Low	Educate new Health Officer if necessary

C. Communication

This sub-section includes a description of project level communication the team will initiate. One standard project level communication is the monthly status report to the NCR PMO. From a communication standpoint, the project plan should consider how the project team will update the project sponsor and stakeholders regarding progress, or how the project manager will provide input to the Public Information Officers to announce the delivery or availability of new or improved capabilities. (required in sub grant terms and conditions)

The Bioterrorism Emergency Planning Subcommittee of the Health Officers Committee at the National Capital Region Council of Governments meets at least monthly. The monitoring of this project would be a routine item on their agenda, and required monthly reports completed. This Subcommittee routinely keeps the PIOs abreast of all activities.

D. Training

This sub-section includes assumptions or plans with respect to training the recipients of the project outcome. For example, if this project includes the implementation of a new or upgraded software application, this sub-section would include a discussion of how the Team expects to prepare the new end users of the application to operate the system 'live' once it is in production.

Training is inherent to the project.

E. Project Team

This sub-section describes the resources the Team expects to engage in completing the project. Each resource named on the chart below should be included in the WBS with specifically assigned tasks that show how each resource will be tasked to complete the project. The chart below includes a sample of roles; the resources for each project will vary based on the project goals, objectives, timeline, and funding.

Role	Name	Description of Activities
Oversight of new hire, chair of BEPS	John Clizbe	Supervision of new hire for Alexandria Assurance project is on track and being reported
Oversight of new hire	Josephine Peters	Supervision of new hire for Arlington

Oversight of new hire	Steven Church	Supervision of new hire for Fairfax
Oversight of new hire	Arthur Webb	Supervision of new hire for Loudon
Oversight of new hire	Kathy Wood	Supervision of new hire for Montgomery County
Oversight of new hire	Gabriel Gonzalez	Supervision of new hire for District of Columbia
Oversight of new hire	TBD	Supervision of new hire for Prince William
Oversight of new hire	TBD	<u>Supervision of new hire for Prince Georges</u>
Oversight of new hire	TBD	Supervision of new hire for Frederick

Project Plan

Medical Surge

Contact Information

Contact name: Gwendolyn T. Clerkley

Title: Surge Capacity for Public Health: Medical Reserve Corps in the National Capitol

Region

Organization affiliation: Prince Georges County Health Department

Jurisdiction: Prince Georges County, Maryland

E-mail address: gtclerkley@co.pg.md.us

Phone number: 301-883-7819

Facsimile number: 301-883-7896

Mailing address: 1701 McCormick Dr., Largo, MD 20721

Project Information: Increasing the number of MRC volunteers in the NCR

Period of Performance: July 1, 2006 – May 31, 2008

Grant Award: FY 2006

Related Documents: All Emergency Response Plans

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IX. Project Summary

The ESF 8 (Health and Medical) and ESF 15/16 (Volunteers) have collaborated to recruit, manage and train qualified personnel across the National Capital Region to serve as Medical Reserve Corps (MRC) volunteers. This proposal builds on the UASI funding awarded in FY 2005, as it adds sustainability to the program. The MRCs are a critical public health resource as they provide the human resource surge capacity needed in the event of a biological attack or any other public health emergency, to include pandemic influenza. MRC volunteers have already made significant contributions in national events to include Hurricane Katrina, the Reagan funeral and the most recent presidential inaugural.

Additional funding will allow MRCs across the National Capital Region to coordinate training, credentialing and recruitment strategies. In addition, with the administrative support that will be provided by this grant, the MRCs will be able to develop cross jurisdictional deployment protocols and procedures and establish partnerships with area universities for training expertise and assistance.

X. Project Background and Goals

A. Project Background

There are two objectives for this program: (1) to provide funding for local health departments or other MRC administrative bodies to sustain and further develop the Medical Reserve Corps; and (2) to coordinate across the NCR region on all aspects of volunteerism to include training, credentialing, and development of regional volunteer protocols.

NCR Strategic Initiatives	DHS Target Capabilities & Performance Measures
<ul style="list-style-type: none"> • 2.4.1. Civic Involvement • 3.1.3 Develop and implement an integrated plan related to health surveillance, detection and mitigation functions between NCR Partners • 4.3.1 Develop a regional resource management system for deployment and utilization of resources 	<p><u>Medical Surge</u></p> <ul style="list-style-type: none"> • After the first event, minimize new cases due to preventable exposure to disease, contamination or injury • The at-risk population receives the appropriate protection (countermeasures) and treatment in a timely manner.

B. Goals and Outcomes

Goal	Outcomes
<i>Improve MCR sustainability and response capability</i>	<ul style="list-style-type: none"> ▪ Increase the number of volunteers in the Medical Reserve Corps (MRC) across the National Capital Region (NCR) ▪ Standardize trainings offered to volunteers and share training opportunities across the NCR

Goal	Outcomes
	<ul style="list-style-type: none"> ▪ <i>Develop communication strategies to maintain contact with volunteers during non-emergency times</i> ▪ <i>Develop regional protocols and procedures</i> ▪ <i>Develop regional MRC registration to avoid duplicating volunteers</i>
Establish jurisdictional notification procedures and protocols	<ul style="list-style-type: none"> ▪ <i>Develop written procedures and MOU for all NCR Medical Reserve Corps</i>

C. Project Managers

Let us know who contributed on your team to help you achieve your goals. The following regional Medical Reserve Corps contributed to this concept paper:

- Arlington County MRC
- City of Alexandria MRC
- District of Columbia MRC
- Fairfax County MRC (Includes Falls Church and Fairfax cities)
- Loudoun County MRC
- Montgomery County MRC
- Prince George's County MRC
- Prince Williams County MRC (Includes Manassas and Manassas Park cities)

D. Project Assumptions

It is appropriate to list assumptions your team is operating under which guide decision-making, priorities, resource engagement, etc. The table below provides an example of assumptions a Team may make in the course of planning a project. The Team will periodically revisit the assumptions list to determine if the assumption is still valid and if there are any new items to include on the list.

Item Number	Description	Notes
1	<i>Staff is available, with the required skill set, to complete all tasks identified in the project schedule</i>	<i>Requires commitment from all jurisdictions</i>
2	<i>Operating funds will be available in each jurisdiction for FY06 and beyond to accommodate the ongoing maintenance costs</i>	<i>Confirmed with CAOs on MM/DD/YYYY</i>
3	<i>Planning for a separate project to implement Phase II of this initiative can start before the completion of this</i>	<i>Confirmed with SAA via</i>

Item Number	Description	Notes
	<i>project plan</i>	<i>email on MM/DD/YYYY</i>

XI. Project Approach

A. Activities

Insert a list of the work activities you will perform to complete the project. Here is an example of typical activities:

- Conduct volunteer recruitment (includes personal contact, public service announcements, direct mail, speaking engagements and all forms of media.
- Provide training opportunities for volunteers and include them in exercises and drills held throughout the National Capital Region.
- Work as a group to develop regional protocols for training, credentialing and notification procedures for volunteers.
- Develop common outreach material.
- Develop basic training competencies and curriculum and provide training opportunities as web-based and onsite.

B. Resources

Resource Name	Type	Responsibility	Duration
People	Human	All Medical Reserve Corps coordinators in local health departments.	Present – the duration of the MRC
Facilities for meetings and training	Physical	Each jurisdiction with an MRC will take turns hosting meetings and providing training opportunities.	Present – the duration of the MRC
Equipment	Audiovisual	Will be purchased with existing funding by each jurisdiction.	Present – the duration of the MRC

C. Deliverables

Deliverable	Delivery Date	Estimated Cost
Increase the number of volunteers in the Medical Reserve Corps by 10% or 500 new volunteers	October 2007	\$100,000

Develop a media campaign for the region to include flyers, posters and education materials	October 2007	\$100,000
Increase sustainability by providing administrative support to all MRCs	October 2007	\$400,000
Develop basic training competencies and curriculum for the NCR	October 2007	\$96,075

D. Next Steps

In order for Medical Reserve Corps to remain viable, funding will be needed annually to support training, administration, web based registration and notification and advertising efforts.

XII. Project Methodology

For complex projects we ask that you complete the sections below.

A. Project Dependencies

Thinking about dependencies, like the examples below, will identify where the availability of resources could affect your success. Example: financial or human assets that support your project.

Question	Yes or No (If yes, please describe how)
<i>Does this project conflict or compete for resources with any other project?</i>	
<i>Does any other project depend on this project?</i>	
<i>Are there any other important dependencies that will affect this project?</i>	

Project Asset - defines the resources – financial and human - required to support the successful execution of the plan, along with a high-level estimate of the resources and costs for implementing the project

B. Project Risk Assessment

Possibly the most challenging portion of the project plan, the risk assessment plan describes the how you will deal with risks that would prevent successful completion of the project. If you anticipate the risks, you'll be more likely to either avoid them or minimize the effect.

Typically, the risk areas teams are likely to encounter include the following:

- Scope: You need to do more than you anticipated

- Budget: You need more funds to get the job done
- Timeline: You can't get everything done fast enough
- Executive support: You can't get executive support to help make decisions.

For each of the four risk areas listed above, we've included a section below to identify and manage risks. For each risk, you'll want to give it a good name, indicate how likely it is to happen, and what steps you can take to prevent it from happening.

1. Scope

Identify factors that could expand or contract the scope of the project as it is defined in the grant proposal. For each factor, list it in the table below and complete the adjoining columns.

Area of Risk or Threat	Likelihood	Mitigation Steps
<i>Conflicting goals, resistance to change</i>	<i>Low</i>	<i>Increase communication about project goals and direction</i> <i>Meet on a frequent basis with all jurisdictional MRC managers</i>

2. Budget

The budget for the project is threatened primarily by the availability of resources, the potential for vendor agreements and contract terms that may cause unexpected cash outlays, and the potential for changes in project sponsorship or direction. The chart below summarizes the Team's assessment of potential risk areas with respect to the project budget. This does not represent a wholly comprehensive list relative to the budget risks – the threat to the budget is also discussed as an element of the other risks areas discussed in this section.

Area of Risk or Threat	Likelihood	Mitigation Steps
<i>Procurement and contracting difficulties</i>	<i>Low</i>	<i>Ensure all jurisdictions know this is a reimbursement grant; therefore they will need to spend the fund first; then be reimbursed.</i> <i>Ensure all jurisdictions follow the procurement regulations for their County.</i>
<i>Appropriation of the award</i>	<i>Low</i>	<i>Request a supplemental appropriation in the first quarter of the upcoming fiscal year.</i>

3. Timeline

This section provides consideration for events or factors that could most directly affect the time line of the project and the ability of the project manager to meet the grant performance terms. These factors are in addition to the topics presented above which – as discussed – could affect the project time line as well.

Having skilled resources available as defined in the work breakdown structure is critical to achieving success. The absence of necessary skills or delays in each functional area providing a skilled resource will affect the timeline of the project may threaten the quality of the planned deliverables and may result in cost overruns. This is a significant area of risk for the project manager to manage.

The table below summarizes the impact of resource availability on the project timeline. Resource availability is seen as a primary area of concern.

Area of Risk or Threat	Likelihood	Mitigation Steps
<i>No foreseen risk in this area.</i>		

4. Executive Support

This section assesses the effect a change in leadership or executive direction, or the absence of executive support and sponsorship, could have on the overall project plan – cost, scope, and timeline.

Area of Risk or Threat	Likelihood	Mitigation Steps
Business dynamics – priorities change due to state, local, or federal events	Low	Communicate progress and next steps Balance project progress with definition of outcome

C. Communication

All jurisdictions will submit a monthly report to the grant project manager. In addition, the MRC Team leaders will meet or hold a conference call on a monthly basis.

D. Training

Once the grant has been approved, the team will meet in Fairfax to review a system already in place that allows for web based registration of volunteers. Each member will be trained on the use of the system and be provided the information on how to build the system in their own jurisdiction.

E. Project Team

This sub-section describes the resources the Team expects to engage in completing the project. Each resource named on the chart below should be included in the WBS with specifically assigned tasks that show how each resource will be tasked to complete the project. The chart below includes a sample of roles; the resources for each project will vary based on the project goals, objectives, timeline, and funding.

Role	Name	Description of Activities
Fiscal Manager	Kimberly Y. Smith	Responsible for budget appropriations and monitoring expenditures
Author of Concept Paper	Donna M. Foster	Responsible for implementation in jurisdictions MRC and for working with other jurisdictions on their implementation. Also will serve as a Team leader for organizing the group.
Co-author of Concept Paper	Cynthia Baker	Responsible for implementation in jurisdictions MRC and for working with other jurisdictions on their implementation.

Project Plan

National Capital Region

UASI FY 06 Medical Surge

Contact Information – Northern Virginia

Kevin J. Harlen – Executive Director – Northern Virginia Hospital Alliance

E-mail address: kevinharlen@novaha.com

Phone number: 703-209-5074

Facsimile number: 703-783-0550

Mailing address: 10332 Main Street, #273, Fairfax, VA 22030-3410

Contact Information – DC

Jeffrey A. Elting – Medical Director – DC Hospital Association

E-mail Address: jelting@dcha.org

Phone number: 202-289-4927

Mailing address: 1250 Eye Street NW #700, Washington, DC 20005

Contact Information – Maryland

Patricia Hawes – Regional Representative for Montgomery County Hospital Collaborative and Prince Georges County Hospital Coalition

E-mail Address: PHawes@Suburbanhospital.org

Phone number: 301-896-3167

Mailing address: 8600 Old Georgetown Road, Bethesda, MD 20814 – Attn: Employee Health

Project Information:

Period of Performance: September 2006 – June 2007

Grant Award: **\$2,000,000, Fiscal Year 2006**

Related Documents:

Project Summary

This project is a National Capitol Region (NCR) initiative including thirty-four (34) hospitals in the specific geographic area.

National Capital Region Hospitals have a baseline of approximately 8000 operational beds operated at near full capability without significant surge capability. In 2004 and 2005, UASI funds totaling \$6 million were expended to increase NCR medical surge capability so that, in a major disaster, the region can provide healthcare for an additional 1000 acute medical patients above the baseline capability. Nevertheless, there is still a critical shortfall (capability to care for 2000 patients) in hospital medical surge capability in the NCR. Federal guidelines must be met. Therefore, the region's 34 hospitals will increase medical surge capability so that definitive medical care may be available for the residents of the National Capital Region with a focus on increasing the NCR hospital capability to care for an additional 216 acute care patients who require hospitalization.

Additionally, improvements in medical surge capability will require concurrent upgrades in hospital detection, triage, decontamination, isolation, critical hospital infrastructure, medical stockpiles, citizen/staff education, security, transportation and communications.

This project will enable the NCR to achieve an acute care medical surge capability that is greater than 50% of the federal requirement.

The following are the hospitals included in this project:

National Capitol Region Hospitals

Virginia – 11

Fauquier
Inova Alexandria
Inova Fairfax
Inova Fair Oaks
Inova Mount Vernon
Inova Loudoun
Mary Washington Hospital
Potomac Hospital
Inova Prince William Hospital
Reston Hospital
Virginia Hospital Center

Maryland – 10

Doctor's Community Hospital
Fort Washington Hospital
Laurel Regional Hospital
Southern Maryland Hospital
Prince Georges Hospital
Suburban Hospital
Shady Grove Adventist Hospital
Washington Adventist Hospital
Montgomery General Hospital
Holy Cross Hospital

District of Columbia – 13

Children's National Medical Center
George Washington University Hospital
Georgetown University Hospital
Greater Southeast Community Hospital
Hadley Memorial Hospital
Howard University Hospital
The Specialty Hospital of Washington
National Rehabilitation Hospital
Providence Hospital
Riverside Hospital
Sibley Memorial Hospital
Washington Hospital Center

XIII. Project Background and Goals

A. Project Background

The goal of this project is to provide hospital surge capability for the NCR as mandated by federal guidelines. The National Capitol Region is a high exposure area with the concentration of government facilities and staff clustered in a concentrated geographic area. The likelihood of a Mass Casualty Incident in the region is high; the requirement to respond quickly and effectively is critical.

This project continues the enhancement of medical surge in the NCR and continues to provide equipment on a regional basis to provider responders with the equipment necessary to protect the region. Healthcare workers are included in the definition of first responders and hospitals are where the sick and injured will go for care and treatment during a crisis. Expansion of medical surge supports the Homeland Security Strategy.

NCR Strategic Initiatives	DHS Target Capabilities & Performance Measures
3.1.3 Develop and implement an integrated plan related to health surveillance, detection and mitigation functions between NCR Partners 4.1.3 Define capabilities and expectations for decontamination and re-entry 4.2.3 Develop architecture, infrastructure, and concept of operations for regional interoperable communications. 4.3.1 Develop a regional resource management system for deployment and utilization of resources	

B. Goals and Outcomes

Goal	Outcomes
Increase NCR hospital capability to care for an additional 215 acute patients.	<ul style="list-style-type: none"> Establish additional medical surge capability supported by relevant equipment and supplies in preparation for an MCI.
Upgrade hospital detection, triage, isolation, critical hospital infrastructure, decontamination, critical communications, medical stockpiles, education, security and transportation.	<ul style="list-style-type: none"> Measurable improvement in each of the listed areas with assessment of progress and definition of needed changes.

C. Project Managers

The following are our team contributors:

Kevin Harlen	Executive Director – Northern Virginia Hospital Alliance
Jeffrey Elting	Medical Director – District of Columbia Hospital Association
Patricia Hawes	Regional Representative/Montgomery County Hospital Collaborative and Prince Georges County Hospital Coalition

D. Project Assumptions

Item Number	Description	Notes
1	Grant funds will be available for FY 06 to accommodate the requirements of this project.	Interruption in the funding stream may impact project completion and effectiveness.
2	Qualified regional staff will be available to complete tasks specified in the project plan.	Requires periodic status assessment, update and report.

XIV. Project Approach

A. Task List

The project separates into six specific elements/areas of activities:

1. Project Initiation

Identify Project Team, Project Manager, Project Risks, Refine Project Charter/Objectives, Complete Project Plan, Secure Funding Authorization.

2. Project Planning

Categorize Hospitals by Size and Capability, Review/Refine Lists/Levels of Supplies, Develop Level and Type of Training Required.

3. Project Execution

Identify Viable Suppliers, Negotiate Price/Delivery Purchase/Receive Materials, Schedule/Deliver Training, Obtain Reimbursements for Hospitals.

4. Project Management/Control

Schedule/Conduct Status Meetings, Prepare/Deliver Status Reports, Obtain Hospital Acceptance.

5. Project Review

Conduct Pre-closure Project Review, Document Project Successes/Failures

6. Project Closure

Submit Project Closure Report, Close Project

B. Resources

Resource Name	Type	Responsibility	Duration
Project Manager/Region	Senior	Manage day to day project elements to ensure adherence to project plan steps and requirements	Duration of Project
Financial Manager/Region	Senior CPA	Manage financial/fiscal aspects of project to ensure adherence to financial objectives.	Duration of Project

C. Deliverables

:

Deliverable	Delivery Date	Estimated Cost
Hospital plans for maximizing utilization of current facilities and expansion to adjacent facilities.	September 2006	Included in project cost
Refine Memoranda of Understanding and other sharing agreements to maximize regional medical surge capability.	September 2006	Included in project cost
Procure materials, pharmaceuticals, equipment and supplies specified as part of the final grant review process. Prior year UASI grant funds were expended primarily to increase surge capability in NCR hospitals	June 2007	\$1,300,000
Make infrastructure improvements to support medical surge increase	June 2007	\$700,000

XV. Project Methodology

A. Project Dependencies

Question	Yes or No (If yes, please describe how)
Does this project conflict or compete for resources with any other project?	Continuous funding will be critical to the successful completion of this project.

B. Project Risk Assessment

1. Risk Assessment

Materials shipped from vendors are delayed.

Level of staff training and education needs enhancement

Storage space for materials is insufficient

2. Risk Mitigation

Develop alternate sources of supply

Review training materials with hospitals to develop modifications as required

Assess storage requirements and budget to rent/purchase climate controlled storage facilities.

3. Scope

Area of Risk or Threat	Likelihood	Mitigation Steps
Coordination complexity inherent in a multi-jurisdictional environment.	High	<p>Increase communication about project goals and direction.</p> <p>Engage NCR Program Manager for escalation and intervention.</p> <p>Secure Memoranda of Understanding with hospitals/vendors.</p>

4. Budget

Area of Risk or Threat	Likelihood	Mitigation Steps
Funding/Budget – project is based on funding level of \$2,000,000. changes to funding level will affect	Med	Re-sequence tasks or re-scope project based on input if necessary. Appropriate project/financial management will preclude this occurrence if funding level remains at

project deliverables.		\$2,000,000
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5. Timeline

This section provides consideration for events or factors that could most directly affect the time line of the project and the ability of the project manager to meet the grant performance terms. These factors are in addition to the topics presented above which – as discussed – could affect the project time line as well.

Having skilled resources available as defined in the work breakdown structure is critical to achieving success. The absence of necessary skills or delays in each functional area providing a skilled resource will affect the timeline of the project, may threaten the quality of the planned deliverables and may result in cost overruns. This is a significant area of risk for the project manager to manage.

The table below summarizes the impact of resource availability on the project timeline. Resource availability is seen as a primary area of concern.

Area of Risk or Threat	Likelihood	Mitigation Steps
Resource availability	Low	<p>Communicate schedule to all functional areas.</p> <p>Provide suggestions for functional back ups.</p> <p>Engage NCR Program Manager for escalation and intervention.</p> <p>Minimize number of resources required.</p>

6. Executive Support

Area of Risk or Threat	Likelihood	Mitigation Steps
Business dynamics – priorities change due to state, local, or federal events	Low	<p>Communicate progress and next steps..</p> <p>Balance project progress with definition of outcome.</p>
Sponsorship change	Low	<p>Continue communication around the outcomes relative to the strategic plan via monthly status reports to NCR PMO.</p> <p>Include benefits of outcomes in all project communication to management and NCR PMO.</p>

C. Communication

Multi level multi faceted communications are prerequisite to project completion on time and within budget. These critical communications will be at critical project levels/milestones including implementation, coordination and completion as required and as scheduled.

D. Training

Training in the application/utilization of new products/techniques will be available at the care provider/hospital level.

E. Project Team

Role	Name	Description of Activities
Project Manager/NVHA	Martin Breen	Manage day to day project elements to ensure adherence to Project Schedule steps and requirements.
Financial Manager/NVHA	Denise Carson	Manage Financial/Fiscal tasks of project to ensure adherence to budget and manage project costs.
Project Executive	Kevin Harlen	Provide executive support and direction.
Project Manager - Maryland	Patricia Hawes	Montgomery County Hospital Collaborative and Prince Georges County Hospital Coalition
Project Manager - DC	Jeffrey Elting	Medical Director – District of Columbia Hospital Assn.

Project Plan

National Capital Region Syndromic Surveillance Network

Contact Information

Contact name: **Sheri Lewis**

Title: **NCR Syndromic Surveillance Network**

Organization affiliation: **Johns Hopkins University Applied Physics Laboratory**

Jurisdiction: **National Capital Region**

E-mail address: **sheri.lewis@jhuapl.edu**

Phone number: **240-228-7604**

Facsimile number: **240.228.5868**

Mailing address: **11100 Johns Hopkins Road, Laurel, MD 20723**

Project Information:

Period of Performance: **July 1, 2006 – May 31, 2008**

Grant Award: **\$1,000,000.00**

Related Documents: **Concept Paper and Initiative Plan**

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XVI. Project Summary

The National Capital Region Syndromic Surveillance Network (NCR SSN), while operational since 2004, needs system strengthening in order to transition a completely sustainable system to the local jurisdictions. This will include evaluation and validation studies that direct the classification and utilization of data, tools to improve the ease of operations, and additional refinements to ensure that the NCR has the most-up-to-date disease surveillance capability for CBRNE detection of not only a bioterrorism agents but also communicable diseases and emerging infectious diseases, such as pandemic influenza.

As we move forward towards our goal of transitioning the system to our NCR partners, we are requesting continuation funds to continue to operate and maintain the NCR and state-bases surveillance sites, improve the sensitivity and specificity, ease of system use, and enhance compatibility with traditional surveillance tools. These capabilities will significantly strengthen the system especially the hospital partners along with fostering a higher degree of system independence and sustainability for local and State governments, thus aiding in the transition of the system to the jurisdictions.

XVII. Project Background and Goals

A. Project Background

Stand-alone ESSENCE systems exist in Washington DC, Maryland, and Virginia to receive, house, and make available fully identifiable data to respective local health departments for early event detection. In 2004 a central integrated node was built and hosted at JHU/APL so that regional surveillance nodes could transmit de-identified data for aggregation and viewing at the cross-jurisdictional level. As proposed, this system was built, and an operational NCR Syndromic Surveillance Network was deployed and has been continuously available since the summer of 2004.

While much needed work has been performed under the FY '03 and FY '05 UASI monies, many of the efforts have gone into understanding the needs of the local and State health departments along with their hospital and EMS partners . In more specific language, the team then appropriately addressed critical infrastructure – such as developing regional views, modifying existing algorithms for a regional perspective, coordinating regional response, determining how to share information with data providers (i.e. hospitals) etc. FY '05 monies are currently being used to continue the development of these tools to meet the region's unique needs – such as the development of communication tools, tailored training materials, etc.

The NCR has the only multi-regional surveillance capability in the nation, and has been a leader in the development of the technology behind such systems. The final phase of money is needed to strengthen the system to allow for transitioning a sustainable system to the local jurisdictions.

NCR Strategic Initiatives	DHS Target Capabilities & Performance Measures
<ul style="list-style-type: none"> 3.2.1 Develop common regional information sharing and collaboration frameworks, to include determining roles, responsibilities and protocols 	<p><u>Medical Surge</u></p> <ul style="list-style-type: none"> After the first event, minimize new cases due to preventable exposure to disease, contamination or injury The at-risk population receives the appropriate protection (countermeasures) and treatment in a timely manner.

B. Goals and Outcomes

Describe your project goals and the outcomes for each in the table below. We've added an example; please delete it before you add yours.

Goal	Outcomes
<i>Build IT Enhancements To Prepare For Transition</i>	<ul style="list-style-type: none"> ▪ Enhancements that allow ESSENCE installations and system patches to be done simply and quickly by a State IT specialist in place of requiring ESSENCE developers to install upgrades by hand ▪ Portlets/services-based capability that allow users to create new ESSENCE user interfaces with any component they require ▪ Enhanced ESSENCE spatial detection capabilities with the ability to view movies or slideshows of GIS maps to allow users to examine progression of disease over time ▪ Improved Graphical User Interface ▪ ESSENCE made affordable for States/Counties to install by accomplishing a collection of set tasks ▪ Tools in place that allow database systems to monitor when alerting and notification failures are detected
<i>Conduct Evaluation And Validation Studies</i>	<ul style="list-style-type: none"> ▪ Better identification of “true outbreaks” captured via syndromic surveillance and improved specificity from minimizing “noise” that sometimes leads to unrelated alerts
<i>Develop Framework For Simulation Exercises</i>	<ul style="list-style-type: none"> ▪ Framework of standards and software tools to create “table top” exercises that mimic disease outbreaks, to use at the desktop by County, State, or Regional levels to exercise response plans, train users, or run drills with external partners such as hospitals; a framework that reflects unique threats associate with individual public health entities within the NCR.
<i>Strengthen System By Enabling Remote Data Capture</i>	<ul style="list-style-type: none"> ▪ Public health technology tools that utilize wireless devices to assist in data collection and dispersion during large events such as mass vaccination clinics or quarantine and isolation situations.
<i>Strengthen System by Enhancing The Event/Communications System (Phase II)</i>	<ul style="list-style-type: none"> ▪ New enhancements and changes to the Event Communications System (an embedded system that allows users to communicate via the ESSENCE website on alerts that they may be investigating created under the '05 grant) per feedback received from users during the spring '06 exercise.

Other discussion you may choose to cover includes relevant portions of your Concept Paper

C. Project Managers

Let us know who contributed on your team to help you achieve your goals. Please list them using the following format:

APL Project Managers

Sheri Lewis NCR SSN Project Manager, JHU/APL
 Rekha Holtry Public Health Technical Lead, JHU/APL
 Wayne Loschen IT Technical Lead, JHU/APL
 Howard Burkom Algorithm Technical Lead, JHU/APL
 Lynn Frank Consultant to JHU/APL

Enhanced Surveillance Operating Group

Charles Konigsberg ESOG Chair and Alexandria Health Officer
 Denise Sockwell Virginia Department of Health
 Diane Woolard Virginia Department of Health
 Michael Coletta Virginia Department of Health
 Benita Boyer Epidemiologist, Loudoun County Health Department
 John Davies-Cole DC Department of Health
 Chevelle Glymph DC Department of Health
 Alvina Chu Epidemiologist, MD DHMH
 David Blythe Epidemiologist, MD DHMH
 Kathy Hurt-Mullen Epidemiologist, Montgomery County DHHS
 Daphne Gassett Prince George's County Health Department

D. Project Assumptions

It is appropriate to list assumptions your team is operating under which guide decision making, priorities, resource engagement, etc. The table below provides an example of assumptions a Team may make in the course of planning a project. The Team will periodically revisit the assumptions list to determine if the assumption is still valid and if there are any new items to include on the list.

Item Number	Description	Notes
1	<i>Staff is available, with the required skill set, to complete all tasks identified in the project schedule</i>	<i>JHU/APL is committed to providing the staff to complete this work</i>
2	<i>Operating funds will be available in each region to accommodate the ongoing maintenance costs after</i>	<i>There are no major costs associated with the project after transition. As the tool</i>

Item Number	Description	Notes
	<i>the system is transitioned to each of the jurisdictions</i>	<i>is updated, there will be automatic downloads available during the project year. All local and State governments have IT experts familiar with ESSENCE</i>
3	<i>Jurisdictions will continue to have the staff available to monitor the system.</i>	<i>Infrastructure exists in all health departments via Disease Control Specialist and Epidemiologist who use the system as a tool in outbreak investigation, and identification of emerging pathogens</i>
4	<i>The system will be able to be transitioned to a participating jurisdiction</i>	<i>Since the State of Maryland and Commonwealth of Virginia and the District of Colombia have now incorporated the system into there respective surveillance system , we anticipate full transition once the system in completed</i>
5	<i>This project meets the basic measures defined in the target capabilities list (TCL) published by DHS</i>	<i>The project meets critical capabilities contained in interoperability;, CBRNE detection, and Mass prophylaxis</i>

XVIII. Project Approach

Now that we know what you want to accomplish, we would like to understand in detail how you'd accomplish the project. Effectively completing this section will likely determine whether you succeed; it is also the section we most closely scrutinize before issuing sub-grants.

The equipment required to house the system is already in place at both the JHU/APL and the health departments. There is connectivity between the health departments and hospitals, and response protocols are being developed. This project has been funded since April 2004, and the FY '06 work plan outlined by our Enhanced Surveillance Operating Group (ESOG), a collaborative body comprised of the Johns Hopkins University Applied Physics Laboratory (JHU/APL) and the NCR Public Health community, includes funds to: 1) continue the transition of ESSENCE to the local public health entities 2) reduce the noise generated by the data and improve detection capabilities 3) merge traditional surveillance data with syndromic surveillance data 4) provide remote data visualization and entry 5) create a simulation framework to enable scalable exercises 6) provide training opportunities at the local level and 7) strengthen IT capabilities..

A. Activities

Insert a list of the work activities you will perform to complete the project.

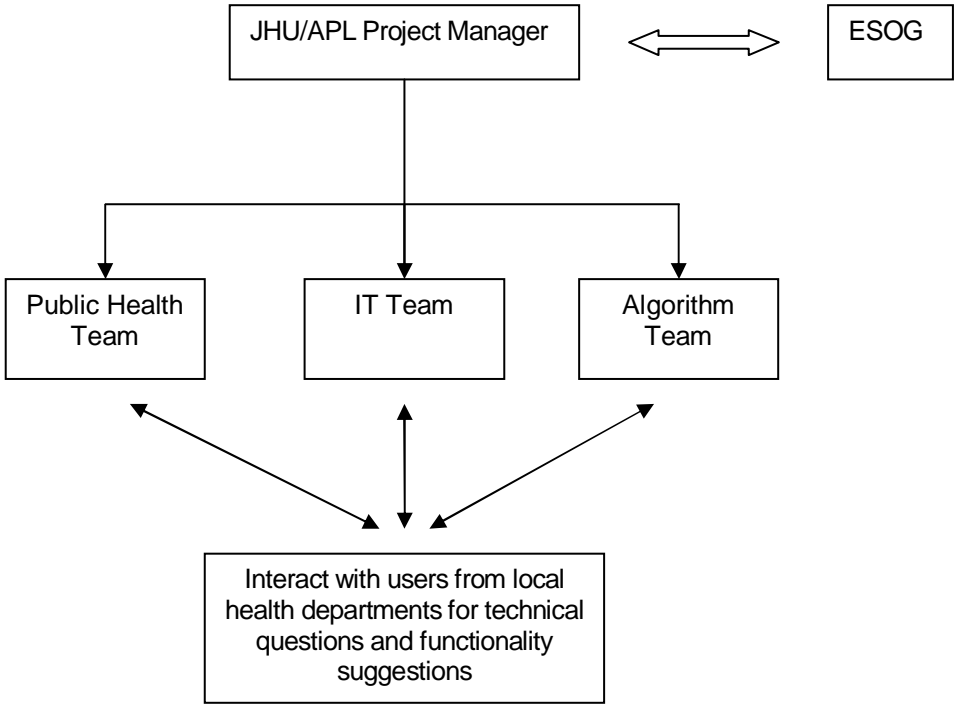
- Continue system maintenance and upgrades
- Conduct evaluation / validation studies
- Integrate traditional data with existing syndromic data
- Create a simulation framework
- Develop ability for remote data capture
- Finalize event communication system
- Strengthen IT capabilities
- Develop user preferences
- Strengthen alerting algorithms
- Transition system

B. Resources

Tell us about the resources you'll need: People, facilities, and equipment. (Budget is included in the next section.) For each resource, complete the adjacent columns in the same row.

Resource Name	Type	Responsibility	Duration
Labor	JHU/APL staff	Performing all tasks outlined	07/01/06 – 05/31/08

NCR SSN Organizational Chart



C. Deliverables

Include a list that identifies each deliverable, a description, and the estimated cost. Again, we've included a table to make your life easier:

Deliverable	Delivery Date	Estimated Cost
Simulation Framework	Spring '07	\$100,000
Event Communication System (Phase II)	Spring' 07	\$50,000
User Preferences System (Phase II)	Spring '07	\$50,000
Remote Data Capture	Summer '07	\$100,000
Evaluation / Validation Studies	Fall '07	\$200,000
IT Strengthening (different from routine maintenance, upgrades, bug fixes, and work with local IT departments – this cost is captured in the \$500K of maintenance money that is being requested)	Spring '08	\$300,000
Algorithm Strengthening	Ongoing throughout project	\$100,000

System Transition	Spring '08	\$100,000
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Ensure you include all deliverables promised in your Concept Paper, grant application, and other commitments from stakeholders and sponsors.

Monthly status reports are required by terms and conditions in the award of the funding.

D. Next Steps

At the completion of the project, the NCR SSN will be transitioned to the local jurisdictions. JHU/APL will continue to work with the NCR to provide software upgrades as they become available and will be able to assist with technical issues as they arise.

XIX. Project Methodology

For complex projects we ask that you complete the sections below.

A. Project Dependencies

Thinking about dependencies, like the examples below, will identify where the availability of resources could affect your success. Example: financial or human assets that support your project.

Question	Yes or No (If yes, please describe how)
<i>Does this project conflict or compete for resources with any other project?</i>	No, the project is planned for intergration with the patient tracking system, and is compatible with CDC's federal surveillance system
<i>Does any other project depend on this project?</i>	NO
<i>Are there any other important dependencies that will affect this project?</i>	NO

Project Asset - defines the resources – financial and human - required to support the successful execution of the plan, along with a high-level estimate of the resources and costs for implementing the project

B. Project Risk Assessment

Possibly the most challenging portion of the project plan, the risk assessment plan describes the how you will deal with risks that would prevent successful completion of the project. If you anticipate the risks, you'll be more likely to either avoid them or minimize the effect.

Typically, the risk areas teams are likely to encounter include the following:

- Scope: You need to do more than you anticipated:

Once the funding is determined, the mission will be scaled to match the funding based on the collaborative guidance of the NCR steering committee, composed of local and State Epidemiologists and Health Officials.

- Budget: You need more funds to get the job done N/A
- Timeline: You can't get everything done fast enough N/A
- Executive support: You can't get executive support to help make decisions. N/A

For each of the four risk areas listed above, we've included a section below to identify and manage risks. For each risk, you'll want to give it a good name, indicate how likely it is to happen, and what steps you can take to prevent it from happening.

1. Scope

Identify factors that could expand or contract the scope of the project as it is defined in the grant proposal. For each factor, list it in the table below and complete the adjoining columns.

Area of Risk or Threat	Likelihood	Mitigation Steps
Emergence of Pandemic Flu may alter priorities requiring modification to the data gathering system.	Low probability/High impact	If NCR steering committee directs the project to reprioritize the order , minor modification will be make ,in timing various medications,, but should not delay, or alter the core mission., only enhance application

2. Budget

The budget for the project is threatened primarily by the availability of resources, the potential for vendor agreements and contract terms that may cause unexpected cash outlays, and the potential for changes in project sponsorship or direction. The chart below summarizes the Team's assessment of potential risk areas with respect to the project budget. This does not represent a wholly comprehensive list relative to the budget risks – the threat to the budget is also discussed as an element of the other risks areas discussed in this section.

Area of Risk or Threat	Likelihood	Mitigation Steps
<i>Project sponsor</i>	<i>High</i>	<i>Re-sequence tasks or re-scope project based on input</i>

3. Timeline

This section provides consideration for events or factors that could most directly affect the time line of the project and the ability of the project manager to meet the grant performance terms. These factors are in addition to the topics presented above which – as discussed – could affect the project time line as well.

Having skilled resources available as defined in the work breakdown structure is critical to achieving success. The absence of necessary skills or delays in each functional area providing a skilled resource will affect the timeline of the project, may threaten the quality of the planned deliverables and may result in cost overruns. This is a significant area of risk for the project manager to manage.

The table below summarizes the impact of resource availability on the project timeline. Resource availability is seen as a primary area of concern.

Area of Risk or Threat	Likelihood	Mitigation Steps
Example: Resource availability	High	Communicate schedule to all functional areas Provide suggestions for functional back ups Engage NCR Program Manager for escalation and intervention

4. Executive Support

This section assesses the effect a change in leadership or executive direction, or the absence of executive support and sponsorship, could have on the overall project plan – cost, scope, and timeline.

Area of Risk or Threat	Likelihood	Mitigation Steps
Example: Business dynamics – priorities change due to state, local, or federal events	Low	Communicate progress and next steps Balance project progress with definition of outcome
Sponsorship change	High	Continue communication around the outcomes relative to the strategic plan via monthly status reports to NCR PMO Include benefits of outcomes in all project communication to management and NCR PMO

C. Communication

This sub-section includes a description of project level communication the team will initiate. One standard project level communication is the monthly status report to the NCR PMO. From a communication standpoint, the project plan should consider how the project team will update the project sponsor and stakeholders regarding progress, or how the project manager will provide input to the Public Information Officers to announce the delivery or availability of new or improved capabilities. (required in sub grant terms and conditions)

D. Training

This sub-section includes assumptions or plans with respect to training the recipients of the project outcome. For example, if this project includes the implementation of a new or upgraded software application, this sub-section would include a discussion of how the Team expects to prepare the new end users of the application to operate the system 'live' once it is in production.

E. Project Team

This sub-section describes the resources the Team expects to engage in completing the project. Each resource named on the chart below should be included in the WBS with specifically assigned tasks that show how each resource will be tasked to complete the project. The chart below includes a sample of roles; the resources for each project will vary based on the project goals, objectives, timeline, and funding.

Role	Name	Description of Activities