

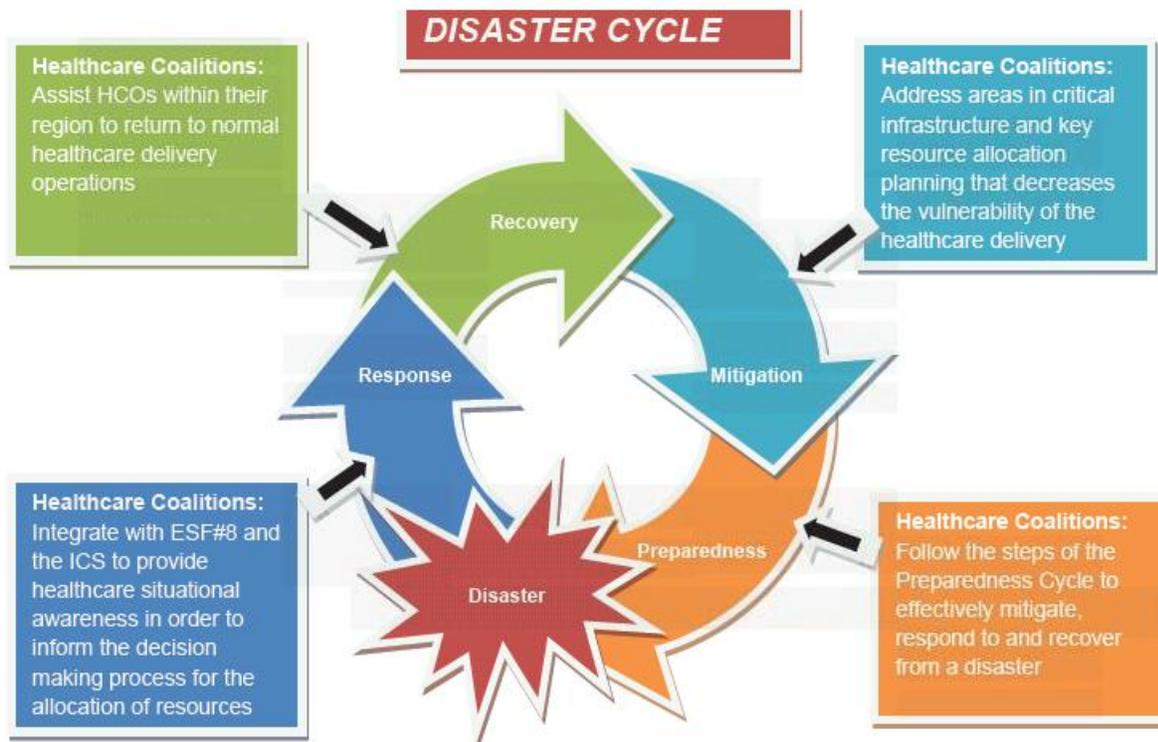
OVERVIEW OF HPP FY12 CAPABILITIES AND THEIR ASSOCIATED PERFORMANCE MEASURES

INTRODUCTION

Trauma Centers, Hospitals, and Healthcare Systems face multiple challenges daily in addition to the growing list of man-made and natural threats. Emergency department overcrowding, the rising uninsured, and an aging population all inhibit the healthcare system's ability to respond effectively. Regardless of the threat, an effective medical surge response begins with robust hospital-based systems and effective Healthcare Coalitions to facilitate preparedness planning and response at the local level. Simply put, strong and resilient Healthcare Coalitions are the key to an effective state and local ESF #8 response to an event-driven medical surge.

In response to these challenges and in preparation for a new Hospital Preparedness Program and Public Health Emergency Preparedness aligned Cooperative Agreement that takes effect in July 2012, ASPR has used an aligned process for defining a set of Healthcare Preparedness Capabilities, in conjunction with the 15 PHEP Capabilities previously released in March 2011, to assist healthcare systems, Healthcare Coalitions, and healthcare organizations with preparedness and response.

The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness will assist state, local, Healthcare Coalition, and ESF #8 planners identify gaps in preparedness, determine specific priorities, and develop plans for building and sustaining healthcare specific capabilities. These capabilities are designed to facilitate and guide joint ESF #8 preparedness planning and ultimately assure safer, more resilient, and better-prepared communities.



CAPABILITY 1: HEALTHCARE SYSTEM PREPAREDNESS

DESCRIPTION OF THE CAPABILITY

Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:

Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community

Provide timely monitoring and management of resources

Coordinate the allocation of emergency medical care resources

Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions

PERFORMANCE MEASURE

The Performance Measure that will be used to capture awardee progress toward building this capability is:

Percent of healthcare coalitions (HCCs) that have established formalized agreements and demonstrate their ability to function and execute the capabilities for healthcare preparedness, response, and recovery as defined in *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Healthcare System Preparedness Capability Functions
Function 1: Develop, refine, or sustain Healthcare Coalitions
Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster
Function 3: Identify and prioritize essential healthcare assets and services
Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation
Function 7: Coordinate with planning for at-risk individuals and those with special medical needs

Summary Description of Performance Measure Data Elements
Are there formal documents that define the HCC membership list, resource sharing plans, representation rights, member response roles and responsibilities, and methods for cooperating with other community organizations?
Has the HCC established a formal self-governance structure?
What is the total percentage of the State population covered by each HCC within the State?
Does the HCC include emergency management and public health as integral partners?
Have the HCC and its members participated in at least one HSEEP-compliant exercise to test State, regional and facility-level healthcare disaster plans considering scenarios identified by a Hazard Vulnerability Assessment (HVA) within the past year?
If so, did enough HCC members participate in the exercise that occurred, or in the absence of an exercise, in an event that occurred, to appropriately constitute an exercise that demonstrates the HCC’s capability?
Has the HCC successfully implemented “lessons learned” and corrective actions from an exercise or event within the past year?

Resource Elements		
<ul style="list-style-type: none"> Healthcare Coalition regional boundaries Healthcare Coalition primary members Healthcare Coalition essential partner memberships Additional Healthcare Coalition partnerships/memberships Healthcare Coalition organization and structure Multi-agency coordination during response Healthcare system situational assessments Healthcare System disaster planning 	<ul style="list-style-type: none"> Identify and prioritize critical healthcare assets and essential services Priority healthcare assets and essential services planning Equipment to assist healthcare organizations with the provision of critical services Healthcare resource assessment Healthcare resource coordination Address healthcare information gaps Healthcare organization - National Incident Management System (NIMS) training 	<ul style="list-style-type: none"> Training to address healthcare gaps and corrective actions Exercise plans Exercise implementation and coordination Evaluation and improvement plans Best practice and lessons learned sharing Exercise and evaluation training Healthcare planning for at-risk individuals and functional needs Special medical needs planning

CAPABILITY 2: HEALTHCARE SYSTEM RECOVERY

DESCRIPTION OF THE CAPABILITY

Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community. Performance Measure

THE PERFORMANCE MEASURE THAT WILL BE USED TO CAPTURE AWARDEE PROGRESS TOWARD BUILDING THIS CAPABILITY IS:

Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Healthcare System Recovery Capability Functions
Function 1: Develop recovery processes for the healthcare delivery system
Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster

Resource Elements
<ul style="list-style-type: none"> • Healthcare recovery planning • Assessment of healthcare delivery recovery needs post disaster • Healthcare organization recovery assistance and participation • COOP planning assistance for healthcare organizations • Healthcare organization COOP implementation assistance • Healthcare organization recovery assistance

Summary Description of Performance Measure Data Elements
Has a risk-based regional/jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the past 3 years that identifies events and incidents that may impact the ability of HCC member hospitals and other HCOs to deliver healthcare?
If yes, have those identified events or incidents been assessed as to their potential impacts on the HCC members, such as power outages, water outages, road outages and supply chain disruptions?
Have healthcare recovery needs been identified and prioritized based on those potential impacts?
Have recovery processes been included in the portion of the jurisdiction’s Emergency Operations Plans that is intended to meet prioritized healthcare recovery needs?
Have the HCC and its HCO members implemented plans and processes for continuing and sustaining operations, and tested those plans within the past three years?
Does the HCC coordinate with each of its member HCOs to enhance member support in planning for continuity of operations plans?
Has the state or HCC coordinated with the member HCOs to develop a regional COOP plan?
Does the HCC coordinate its member HCOs’ use of Electronic Medical Records, and link their use in their COOP plans?
Do member HCOs incorporate guidance on messaging to their workforce into their COOP plans?
Can HCC hospitals and other HCOs maintain essential functions to sustain revenues to operate during and after an emergency?
Has the HCC successfully tested processes for short-term recovery of healthcare service delivery and continuity of business operations in an exercise or event within the past year?
If yes, has the HCC successfully implemented lessons learned and corrective actions from this exercise or event?

CAPABILITY3: EMERGENCY OPERATIONS COORDINATION

DESCRIPTION OF THE CAPABILITY

Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

PERFORMANCE MEASURE

The Performance Measure that will be used to capture awardee progress toward building this capability is:

Percent of healthcare coalitions (HCCs) that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among HCC organizations (including emergency management and public health) during disasters

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Emergency Operations Coordination Capability Functions

Function 1: Healthcare organization multi-agency representation and coordination with emergency operations

Function 2: Assess and notify stakeholders of healthcare delivery status

Function 3: Support healthcare response efforts through coordination of resources

Function 4: Demobilize and evaluate healthcare operations

Summary Description of Performance Measure Data Elements

Have the HCC and its members successfully exercised protocols for notifying non-partner support agencies to activate mutual aid agreements for resource support within the last year?

Has the HCC planned with partner hospitals and other HCOs to identify each hospital and other HCO's maximum patient capacity to establish its baseline as a coalition?

Has the HCC coordinated healthcare response operations with appropriate patient transport operations within the community, in an exercise or event, within the past year?

If yes, which of the following functions were successfully demonstrated by the HCC's member hospitals and other HCOs in the exercise or event in which the HCC participated?

- Triage
- Treatment
- Transport
- Tracking of patients
- Documentation of care
- Off-loading

Has there been an HCC-triggered activation of the HCC incident response within the last year, in an event or exercise? Has the HCC successfully exercised notification protocols for its hospitals and other HCC members within the last year?

Resource Elements

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Healthcare organization multi-agency coordination during response • Healthcare organization and emergency operations decision coordination • Healthcare organization resource needs assessment • Incident information sharing | <ul style="list-style-type: none"> • Community notification of healthcare delivery status • Identify available healthcare resources • Resource management implementation • Public health resource support to healthcare organizations | <ul style="list-style-type: none"> • Managing and resupplying resource caches • Inventory management system • Resource demobilization • Evaluation and continuous program improvement • Evaluation training |
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CAPABILITY 5: FATALITY MANAGEMENT

DESCRIPTION OF THE CAPABILITY

Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

PERFORMANCE MEASURE

The Performance Measure that will be used to capture awardee progress toward building this capability is:

Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Fatality Management Capability Functions
Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations
Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance
Function 3: Mental/behavioral support at the healthcare organization level

Summary Description of Performance Measure Data Elements
Has the HCC identified the roles and responsibilities of member organizations and other key partners for managing mass fatalities?
Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities?
Has the HCC established systems and processes to manage a surge of concerned citizens requesting information about missing family members, including how to contact the responsible agency for family support, and protocols to ensure coalition member HCOs can connect with family assistance and/or family reception centers?
Has the HCC successfully tested its systems and processes for managing mass fatalities during an exercise or event within the past year?
Has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

Resource Elements		
• Anticipate storage needs for a surge of human remains	• Mortuary storage equipment and supplies	• Mental/behavior health support
• Healthcare organization human remain surge plans	• Procedures for a surge of concerned citizens	

CAPABILITY 6: INFORMATION SHARING

DESCRIPTION OF THE CAPABILITY

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

PERFORMANCE MEASURE

The Performance Measures that will be used to capture awardee progress toward building this capability is:

HPP-Specific Performance Measure:

Percent of healthcare coalitions (HCCs) that can continuously monitor Essential Elements of Information (EIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture

Joint HPP-PHEP Performance Measure:

Percent of local partners that reported requested Essential Elements of Information (EEI) to health and medical lead within the requested timeframe

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Information Sharing Capability Functions

Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture

Function 2: Develop, refine, and sustain redundant, interoperable communication systems

Resource Elements

- Healthcare information sharing plans
- Healthcare essential elements of information
- Healthcare incident information validation
- Healthcare information sharing with the public
- Healthcare information systems
- Bed tracking
- Bed tracking system
- Bed tracking system training
- Patient tracking
- Patient tracking system
- Patient record tracking
- Interoperable communications plans
- Interoperable communication system
- Communication training

Summary Description of Performance Measure Data Elements HPP-Specific Measure

Has the HCC identified essential elements of information (EIs) that the HCC members must report for specific types of events to inform the common operating procedure?

If EEI data has been identified, has the HCC defined data usage and access policies for the EEI data?

Does the HCC have redundant systems and processes in place to electronically send and receive the EEI data?

Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?

Are the HCC members able to report the identified EEs electronically within the timeframe requested and is the HCC able to receive and quickly process the EEI data to provide timely, relevant, and actionable healthcare information to the common operating picture as evidenced by performance during exercises or events?

If yes, have HCC members successfully implemented lessons learned and corrective action from this exercise or event within the past year?

Summary Description of Performance Measure Data Elements HPP-PHEP Joint Measure

How many local partners received a request for EEI?

How many local partners reported requested EEI to the health and medical lead within the requested timeframe ?

Type of incident/exercise/planned event?

What types of local partners responded to the request?

Who was the requesting entity?

What types of EEI were requested?

What type of system was used to request EEI from local partners?

What type of system did local partners use to report requested EEI.

CAPABILITY 10: MEDICAL SURGE

DESCRIPTION OF THE CAPABILITY

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

PERFORMANCE MEASURE

The Performance Measure that will be used to capture awardee progress toward building this capability is:

Percent of healthcare coalitions that have a coordinated mechanism established that supports their members' ability both to deliver appropriate levels of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients), as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Medical Surge Capability Functions

Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge

Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations

Function 3: Assist healthcare organizations with surge capacity and capability

Function 4: Develop Crisis Standards of Care guidance

Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations

Summary Description of Performance Measure Data Elements

Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?

Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster?

If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

Has the HCC demonstrated the ability to communicate regional healthcare surge status during surge operations in an exercise or event within the past year?

Does the HCC have the ability to expand its coalition-wide surge capacity according to the scope and magnitude of the incident?

Does the HCC have the ability to communicate and coordinate support to its member organizations so that members can perform surge functions and coordinate distribution of resources to support those functions?

Resource Elements

- Healthcare Coalition preparedness activities
- Multi-agency coordination during response
- Healthcare organization coordination with EMS during response
- Coordinated disaster protocols for triage, transport, documentation, CBRNE
- Training on local EMS disaster triage methodologies
- Coordinated CBRNE training
- Medical surge planning
- Medical surge emergency operations coordination
- Assist healthcare organizations maximize surge capacity
- Medical surge information sharing
- Healthcare organization patient transport assistance
- Medical surge considerations for at-risk individuals and those with special medical needs
- Specialty equipment to increase medical surge capacity and capability
- Special training to maximize medical surge competency
- Mobile medical assets for surge operations
- Mobile Medical Assets
- Decontamination assistance to healthcare organizations
- Decontamination assets
- Decontamination training
- Mental/behavior health support
- Crisis standards of care training
- State crisis standards of care guidance
- Indicators for crisis standards of care
- Legal protections for healthcare practitioners and institutions
- Provide guidance for crisis standards of care implementation processes
- Provide guidance for the management of scarce resources
- Healthcare organization evacuation and shelter-in-place plans
- Healthcare organization preparedness to receive evacuation surge
- Transportation options for evacuation
- Specialized equipment needed to evacuate patients

CAPABILITY 14: RESPONDER SAFETY AND HEALTH

DESCRIPTION OF THE CAPABILITY

The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations. Performance Measure

The Performance Measure that will be used to capture awardee progress toward building this capability is:

Percent of healthcare coalitions that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees)

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

<i>Responder Safety and Health Capability Functions</i>
Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers
Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE)

<i>Summary Description of Performance Measure Data Elements</i>
Has the HCC implemented an occupational safety and health program to protect employees of the organizations within the HCC and their families, based on a Hazard Vulnerability Analysis (HVA) conducted within the last 3 years?
If yes, do HCC member organizations have access to the elements of an occupational safety and health program that include: <ul style="list-style-type: none"> • Pharmaceutical caches, or access tregional caches • PPE • Medical countermeasures • Risk communications • Family member protections and considerations • Social distancing protocols • Behavioral health • Security
Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees (including healthcare and non-healthcare employees) in an exercise or event within the past year?
If yes, has the HCC successfully implemented lessons learned and corrective actions from the exercise or event within the past year?

<i>Resource Elements</i>		
<ul style="list-style-type: none"> • Pharmaceutical needs assessment • Pharmaceutical cache storage, rotation, replacement, and distribution • Medical Countermeasure dispensing • Pharmaceutical cache protection 	<ul style="list-style-type: none"> • Pharmaceutical cache training • Personal protective equipment needs assessment • Personal protective equipment caches 	<ul style="list-style-type: none"> • Personal protective equipment supply and dispensing • Personal Protective Equipment for healthcare workers • Personal protective equipment training

CAPABILITY 15: VOLUNTEER MANAGEMENT

DESCRIPTION OF THE CAPABILITY

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

PERFORMANCE MEASURE

The Performance Measures that will be used to capture awardee progress toward building this capability is:

HPP-Specific Performance Measure:

Percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.

Joint HPP-PHEP Performance Measure:

Proportion of volunteers deployed to support a public health/medical incident within an appropriate timeframe

SIDE-BY-SIDE COMPARISON OF THE FUNCTIONS AND RESOURCE ELEMENTS BELONGING TO THIS CAPABILITY AND SUMMARY DESCRIPTIONS OF THE DATA ELEMENTS THAT INFORM THE ASSOCIATED PERFORMANCE MEASURE

Volunteer Management Capability Functions
Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations
Function 2: Volunteer notification for healthcare response needs
Function 3: Organization and assignment of volunteers
Function 4: Coordinate the demobilization of volunteers

Summary Description of Performance Measure Data Elements HPP-Specific Measure
Does the HCC have procedures for identifying the type and quantity of volunteers needed to support healthcare response?
Does the HCC have or have access to an electronic registration system for recording and managing volunteer information that is compliant with the current guidelines of the HHS ESAR-VHP program?
Has the HCC coordinated with the State and HCC members to develop plans, processes and procedures to manage volunteers?
Has the HCC successfully tested its plans, processes and procedures for managing volunteers during an exercise or event within the past year?
If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

Resource Elements
<ul style="list-style-type: none"> • Volunteer needs assessment for healthcare organizations response • Collect, assemble, maintain and utilize volunteer information • Electronic volunteer registration system • Process to contact registered volunteers • Process to confirm credentials of responding volunteers • Volunteer request process • Volunteer deployment protocols • Briefing template for healthcare volunteers • Volunteer support services • Volunteer Release Processes • Volunteer exit screening protocols

Summary Description of Performance Measure Data Elements HPP-PHEP Joint Measure
For each incident/planned event/exercise reported on, please answer the following questions:
Please identify the type of incident/planned event/exercise upon which the request for volunteers was based.
Please identify the type of deployment (e.g., to assembly areas, hospitals, clinics, PODs).
Briefly describe how the deployment was organized.
Who made the request?
To whom did the request go?
Number of deployed volunteers registered in ESAR-VHP
Number of volunteers deployed from other systems
Please describe how the awardee or local entity identifies volunteers from other registries/systems, and the degree of coordination with those entities.
Please describe any barriers /challenges to deploying volunteers to support a public health/medical incident within an appropriate timeframe.