

**TRAINING NEEDS ASSESSMENT
FOR THE NATIONAL DISASTER MEDICAL SYSTEM (NDMS)
HOSPITALS**



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INSTRUCTIONS FOR CONDUCTING THE SURVEY

Introduction to the survey

Please use the language provided (*italics*) as a guide. You can use your own words as long as the content is provided to the respondent.

- Confidentiality of responses to the survey**
Your name will not be recorded. Confidentiality will be maintained and individual responses will be combined across hospitals so that neither individuals nor hospitals are identifiable in the results. This is to ensure that responses are free of any potential bias, and that you can feel free to be candid in your responses.
- Preliminary set-up of the questionnaire following introduction**
The questionnaire includes sections specific to your job title and you will be asked to answer selected questions. It is designed to take less than an hour to complete the survey. Most of the questions are structured as multiple-choice. I will read you the question and the response available to you, and record your responses. The first few questions provide us with basic information about your background and your position within the organization.

After Section I, please keep in mind there are three groups of interviewees: 1) NDMS Point-of-Contact or Emergency Planner, 2) Administrator and 3) Clinical Service Director. Please follow the matrix to locate sections designed for the relevant group of interviewees.

Person	Section	I	II	III	IV	V	VI	VII
Interviewee	Point-of-Contact/Emergency Planner	<div style="border: 1px solid black; display: inline-block; padding: 2px;">POC</div>	•	•	•	•		
	Administrator	<div style="border: 1px solid black; border-radius: 50%; display: inline-block; padding: 2px;">ADM</div>	•	•	•		•	
	Clinical Service Director	<div style="border: 1px solid black; width: 20px; height: 10px; transform: rotate(45deg); margin: auto;"></div> <div style="border: 1px solid black; width: 20px; height: 10px; transform: rotate(-45deg); margin: auto;"></div> <div style="text-align: center; font-size: 8px;">CSD</div>	•		•			•
Interviewer								•

Interviewers should maintain neutrality to all respondents' answers by withholding personal comments. At all times, please display courtesy and appreciation for each interviewee's time and participation.

TRAINING NEEDS ASSESSMENT FOR NDMS HOSPITALS

Instruction: Please use black pencil or pen to record all responses. Please print legibly. When applicable, please mark responses completely, like this ●, not like this ⊗ or ∅.

SECTION I: INTERVIEWEE DEMOGRAPHICS (This section should be answered by all interviewees)

POC
 ADM
 CSD

1. Please indicate your job title:

2. Please briefly describe your primary job responsibility:

3. Please indicate the group that *best* describes your role/position relevant to NDMS.

NDMS Point-of-Contact or Emergency Planner (If this category is selected, please stop after Question 26)	<input type="checkbox"/> POC	○
Administrator (If this category is selected, please skip questions 17-26 and continue on Questions 27 to 31)	<input type="radio"/> ADM	○
Clinical Service Director (If this category is selected, please fill out Sections I, III, and VI)	<input type="checkbox"/> CSD	○

SECTION II: NDMS FEDERAL COORDINATING CENTER (FCC) AREA DEMOGRAPHICS (This section should be answered by both NDMS Point-of-Contact/Emergency Planner and Administrator)

POC
 ADM

4. What is your FCC location?

5. Did this hospital participate in the last NDMS patient reception exercise?

Yes	No	Don't know
○	○	○

If yes, please indicate the level of exercise, date of exercise, and topics that were covered.

	Tabletop exercise	Functional area drill	Team training	Other related event (Please specify)
Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date				

Topic	Covered
a. NDMS alert and activation notifications	<input type="radio"/>
b. Communications with the FCC regarding incoming patients	<input type="radio"/>
c. Communications with the local Patient Reception Team	<input type="radio"/>
d. Communications with the nearest military medical facility regarding military patients	<input type="radio"/>
e. Reporting of NDMS admissions and discharges to the FCC	<input type="radio"/>
f. Reporting of beds available to the FCC	<input type="radio"/>
g. Discharge/transfer home of NDMS patients requiring additional medical treatment	<input type="radio"/>
h. Discharge/travel of NDMS patients not requiring additional medical treatment	<input type="radio"/>
i. Billing and reimbursement processes and procedures	<input type="radio"/>

6. How frequently does the hospital staff attend NDMS planning meetings/training sessions?

7. Does this hospital have a designated NDMS Point-of-Contact?

Yes	No	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please indicate the date that the hospital signed the NDMS Memorandum of Understanding.

SECTION III: NDMS–PARTICIPATING HOSPITAL DEMOGRAPHICS (This section should be answered by all interviewees)

POC
 ADM
 CSD

9. Hospital Code: _____

10. City: _____ 11. State: _____ 12. Zip code: _____

13. Hospital's service area:

	Urban/Suburban	Rural
	<input type="radio"/>	<input type="radio"/>

14. Hospital's specialty:

	General	Psychiatric	Pediatric	Other (Please specify)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Hospital's form of ownership:

	For-profit	Non-profit	Other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How many full-time hospital employees work at this hospital facility?

	<500	500-1000	>1000
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION IV: QUESTIONS FOR NDMS POINT-OF-CONTACT /EMERGENCY PLANNER (This section should be answered by either hospital's NDMS Point-of-Contact or Emergency Planner *only*)

POC

17. Are you aware of your role as an employee of this hospital in the event the NDMS is activated and your hospital is called upon to participate?

a. Aware of my hospital's designation as an NDMS hospital and aware of my role	<input type="radio"/>
b. Not aware of my role but aware of my hospital's designation as an NDMS hospital	<input type="radio"/>
c. Not aware of either my role or my hospital's designation as an NDMS hospital	<input type="radio"/>

18. Does your hospital's Emergency Operations Plan include written procedures for NDMS support?

a. Don't know if we have one	<input type="radio"/>
b. Have one but never tested	<input type="radio"/>
c. Have one, it is tested every 1 to 3 years, but not fully integrated into the greater community emergency response plan	<input type="radio"/>
d. Have one, it is tested every 1 to 3 years, and it is fully integrated into the greater community emergency response plan	<input type="radio"/>

19. In your opinion, is the hospital staff that would support an NDMS operation knowledgeable on their roles in the Incident Command System?

a. Unaware of Hospital Emergency Incident Command System (HEICS)	<input type="radio"/>
b. Some of staff prepared	<input type="radio"/>
c. Most of staff prepared	<input type="radio"/>
d. Fully prepared	<input type="radio"/>

20. Do you think hospital staff needs training on their roles in NDMS bed reporting?

Yes	No	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you think hospital staff needs training on their roles in NDMS patient reception operations?

Yes	No	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. This question pertains to your opinion of the preparedness of hospital staff with respect to various emergency activities (Preparedness refers to the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents). Please respond with “Yes”, “No”, or “Don't Know” to each activity.

Activity	Trained		
	Yes	No	Don't Know
a. Incident command	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Mutual aid agreements & interagency roles and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Call down lists (who to call, when)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Working with the media/developing press releases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Working in Personal Protection Equipment or protective clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Proper handling and notification procedures for laboratory specimens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Disaster/Multiple casualty management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Recognizing and treating the psychological effects from an incident involving Weapons of Mass Destruction (WMD):			
1. Biological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Radiological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Chemical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explosives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Activity	Trained		
	Yes	No	Don't Know
i. Medical treatment of illnesses and injuries associated with the following WMD agents:			
1. Biological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Radiological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Chemical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explosives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Patient tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Disaster welfare inquiry/coordination with Red Cross	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. NDMS bed reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Discharge planning for NDMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. NDMS patient family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Your hospital's responsibilities in a local NDMS patient reception operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. This question pertains to training provided at the hospital level. In your opinion, to what extent does your hospital personnel need to be trained in the following topics (Please indicate from 1 through 5 with 1 being "not needed" and 5 being "highly needed" for each topic)?

Topic	Need for Training				
	1=Not needed	2	3	4	5=Highly needed
a. Incident command	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Protocols specific to NDMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mutual aid agreements & interagency roles and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Chain of command structure at the Federal, State and local levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Topic	Need for Training				
	1=Not needed	2	3	4	5=Highly needed
	1	2	3	4	5
e. Call down lists (Who to call, when)	0	0	0	0	0
f. Working with the media/developing press releases	0	0	0	0	0
g. Working in Personal Protection Equipment or protective clothing	0	0	0	0	0
h. Proper handling and notification procedures for laboratory specimens	0	0	0	0	0
i. Disaster/Multiple casualty management	0	0	0	0	0
j. Recognizing and treating the psychological effects from an incident involving WMD:					
1. Biological	0	0	0	0	0
2. Radiological	0	0	0	0	0
3. Chemical	0	0	0	0	0
4. Explosives	0	0	0	0	0
k. Medical treatment of illnesses and injuries associated with the following WMD agents:					
1. Biological	0	0	0	0	0
2. Radiological	0	0	0	0	0
3. Chemical	0	0	0	0	0
4. Explosives	0	0	0	0	0
l. Patient tracking	0	0	0	0	0
m. Disaster welfare inquiry/coordination with Red Cross	0	0	0	0	0
n. NDMS bed reporting	0	0	0	0	0
o. Discharge planning for NDMS	0	0	0	0	0
p. NDMS patient family support	0	0	0	0	0
q. Your hospital's responsibilities in a local NDMS patient reception operation	0	0	0	0	0

24. Please select three topics from the following list that are training priorities for your facility.

Topic	Priority
a. Incident command	o
b. Protocols specific to NDMS	o
c. Mutual aid agreements & interagency roles and responsibilities	o
d. Chain of command issues at the Federal, State and local levels	o
e. Call down lists (Who to call, when)	o
f. Working with the media/developing press releases	o
g. Working in Personal Protection Equipment or protective clothing	o
h. Proper handling and notification procedures for laboratory specimens	o
i. Disaster/Multiple casualty management	o
j. Recognizing and treating the psychological effects from an incident involving WMD:	
1. Biological	o
2. Radiological	o
3. Chemical	o
4. Explosives	o
k. Medical treatment of illnesses and injuries associated with the following WMD agents:	
1. Biological	o
2. Radiological	o
3. Chemical	o
4. Explosives	o
l. Patient tracking	o
m. Disaster welfare inquiry/coordination with Red Cross	o

Topic	Priority
n. NDMS bed reporting	o
o. Discharge planning for NDMS	o
p. NDMS patient family support	o
q. Your hospital's responsibilities in a local NDMS patient reception operation	o

25. In your opinion, is this hospital prepared to carry out its responsibilities in the NDMS program? Please indicate your confidence level pertaining to this question on a scale of 1 through 5 with 1 being "not confident at all" and 5 being "highly confident".

1=Not confident at all

5=Highly confident

o o o o o

26. Please rank the top three methods you feel are the most effective for NDMS related training

a. Self study courses	o
b. Classroom/conference	o
c. Travel to workshop and conferences	o
d. In-house workshops	o
e. Satellite conferences	o
f. Video	o
g. Internet	o
h. Software/CD	o
i. Tabletop exercises	o
j. Functional exercise	o
k. Full-scale exercises	o
l. Other (Please identify): _____	o

That was the survey's last question for NDMS Point of Contact/Emergency Planner.

Please write any additional comments interviewee may have on the training needs in the space below and on the back if needed:

Thank you very much for your time and the information you've shared!

Interviewer, please fill out Section VII on Page 15.

SECTION V: QUESTIONS FOR HOSPITAL ADMINISTRATOR (This section should be answered by the Hospital Administrator *only*. NDMS Point-of-Contact should stop here and Clinical Service Director skips to Question 32)

ADM

27. What is your hospital's average percentage of occupancy by:

- a. Yearly Average _____
- b. First Quarter (January-March) _____
- c. Second Quarter (April-June) _____
- d. Third Quarter (July-September) _____
- e. Fourth Quarter (October-December) _____

28. Number of beds in hospital:

- a. Licensed beds _____
- b. Staffed beds _____

29. Has your hospital developed a written procedure or protocols for any of the following areas?

Area	Yes	No	Don't Know
a. Retransfer of NDMS patients that cannot be managed on-site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Discharge and follow-up of NDMS patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Billing and reimbursement for NDMS patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mortuary services, e.g. storage and transport of contaminated bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Additional supplies & pharmaceuticals required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Additional staff and equipment required, e.g. ventilators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Heightened security, e.g. identification of authorized personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Communication with media, NDMS patients' families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Multi-language services as needed (e.g., Spanish, Japanese, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. On a scale of 1 through 5, with 1 being “Not confident” and 5 being “Highly confident”, how confident are you in your hospital’s capacity to respond to the following NDMS related activities?

Activity	1=Not confident, 5=Highly confident				
	1	2	3	4	5
a. Retransfer of NDMS patients that cannot be managed on-site	o	o	o	o	o
b. Discharge and follow-up of NDMS patients	o	o	o	o	o
c. Billing and reimbursement for NDMS patients	o	o	o	o	o
d. Mortuary services, e.g. storage and transport of contaminated bodies	o	o	o	o	o
e. Additional supplies & pharmaceuticals required	o	o	o	o	o
f. Additional staff and equipment required, e.g. ventilators	o	o	o	o	o
g. Heightened security, e.g. identification of authorized personnel	o	o	o	o	o
h. Communication with media, NDMS patient’s families	o	o	o	o	o
i. Provide multi-language services as needed (e.g., Spanish, Japanese, etc)	o	o	o	o	o

31. Do you understand how disaster declarations affect NDMS reimbursement?

- | | | |
|-----|----|------------|
| Yes | No | Don’t Know |
| o | o | o |

That was the survey’s last question for administrator.

Please write any additional comments interviewee may have on the training needs in the space below and on the back if needed:

***Thank you very much for your time and the information you’ve shared!
Interviewer, please fill out Section VII on Page 15.***

SECTION VI: QUESTIONS FOR CLINICAL SERVICE DIRECTOR (This section should be answered by Clinical Service Director *only*)



32. Please indicate your level of agreement with the following statements regarding your department's emergency preparedness for a WMD event.

SA=Strongly Agree; A=Agree; N=Neutral; D=Disagree; SD=Strongly Disagree

	SA	A	N	D	SD
a. Our department is prepared to receive patients from NDMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Our department is prepared to medically treat illnesses and injuries associated with the following WMD agents:					
1. Chemical events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Biological events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Radiological/Nuclear events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explosive events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Our department has readily available information on hazardous materials and how to use these information resources for:					
1. Chemical events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Biological events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Radiological/Nuclear events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explosive events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Our department staff have been trained on how to preserve the chain of custody for:					
1. Chemical events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Biological events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Radiological/Nuclear events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explosive events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Our department has been trained in the concept of incident command	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Our department has had written procedures for its responsibilities in the NDMS program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

That was the survey's last question for Clinical Service Director.

Please write any additional comments interviewee may have on the training needs in the space below and on the back if needed:

Thank you very much for your time and the information you've shared!
Interviewer, please fill out Section VII below.

SECTION VII: INTERVIEWER INFORMATION

33. Name:

34. Contact phone number:

35. Email address:

36. Mode of Interview:

In Person

By Phone

37a. Date of interview	37b. Starting time	37c. Ending time	37d. Duration