# BP4 “Design a Deliverable to Address Hospital Gap(s)” Deliverable Template

|  |  |
| --- | --- |
| **Sub-recipient name:** | Independent Hospitals with 911 sub-recipients |
| **Deliverable number and name:** | **C1.6. Design a Deliverable to Address Hospital Gap(s)** |

**Instructions:** Here are the steps to follow for completing this deliverable.

|  |  |
| --- | --- |
| **1** | **Make a note of the DOHMH Program Manager’s name and contact information.** |
| **2** | **Review deliverable text taken from the SOW and direct any questions to your DOHMH Program Manager well before the deliverable due date(s).** |
| **3** | **Complete the fields for the deliverable proposal.** |
| **4** | **Complete the fields for the deliverable final summary report.** |
| **5** | **Submit any additional documentation required to your DOHMH Program Manager. This is noted in the deliverable text (step 2) as well as below.** |

|  |  |
| --- | --- |
| **1** | **DOHMH Program Manager:** Chanukka Smith, MHSA, PMP  **Phone number:** 347-396-2745  **Email:** [csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov) |

|  |  |
| --- | --- |
| **2** | **Deliverable as per the SOW**  **Required Activities:**  Using strategic plan and/or recent (e.g., from BP3) risk assessment finding(s), COVID‐19 and pandemic  response planning, HVA and/or AAR/IP, design a deliverable that includes implementing a project to  address **recovery planning gaps** **or identified hazards with recovery planning included**. **Recovery planning** should be distinguished from continuity of operations (COOP) planning which seeks to maintain functions during, and following, an incident through response and mitigation activities.  *Proposed deliverable must be separate and different from any deliverables listed previously in this Scope of*  *Services/Schedule of Deliverables. Subrecipient cannot propose an exercise to satisfy this deliverable.*    Develop and submit a deliverable proposal for DOHMH  approval (DOHMH to provide template) that includes the following:   * Rationale for choosing the specific deliverable. * Implementation plan, including: * Justification based on strategic plan, and/or recent (e.g., BP3) risk assessment finding(s), COVID‐19 and pandemic response planning, HVA and/or AAR/IP; * Outline of project Scope of Work (SOW) to include goals, objectives, timeline, key action steps and budget.   Upon completion of the DOHMH‐approved deliverable, develop and submit a final summary report, including description of how completion of the project has advanced progress on recovery planning.  Sample Projects:   * Updating emergency management plan to address recovery planning * Identify long-term healthcare and community health recovery gaps, and develop potential strategies to address them * Review/assess inventory and sustainability of resources and assets   **Required Documentation:**   1. DOHMH-approved deliverable proposal (template to be provided by DOHMH) due in the initial performance period of the contract (July 1, 2022 to October 31, 2022). 2. Final summary report (template to be provided by DOHMH) with description of how completion of the project has advanced progress on recovery planning due in the final performance period of the contract (March 1, 2023 to June 1, 2023), including:  * Details of deliverable implementation * Goals and objectives * Findings * Impact and outcomes * List of stakeholders * Next steps * Supporting project documentation (e.g., meeting notes, presentations, agendas, sign‐in sheets/participant roster) |

|  |  |  |
| --- | --- | --- |
| **3** | **PROPOSAL | DUE DATE: October 31, 2022** | |
| **Question** | **Your response (section will expand as you type)** |
| **Rationale: What source(s) provided you with your rationale for this project to address recovery planning gaps or identified hazards? (Examples: HVA, AAR, etc.)** |  |
| **Rationale: how will this project support addressing recovery planning gaps or identified hazards for your network?** |  |
| **List all acute, non‐acute facilities and community‐based organizations included in your project.** |  |
| **Implementation plan: What are your project’s goals?** |  |
| **Implementation plan: What are your project’s objectives?** |  |
| **Implementation plan: What are your project’s timeline and key action steps?** |  |
| **Implementation plan: What is your project budget?** |  |

|  |  |  |
| --- | --- | --- |
| **4** | **FINAL SUMMARY REPORT | DUE DATE: June 1, 2023** | |
| **Question** | **Your response** |
| **Describe how the implementation of your project went. Were there challenges or best practices you discovered?** |  |
| **For each goal and objective from your project proposal, list and describe the outcomes and their impact (meaning).** |  |
| **List the stakeholders’ (facilities and community organizations) that participated and their response to the project.** |  |
| **Given your outcomes of your project, what next steps do you propose to take?** |  |
| **Provide a description of how completion of this project has advanced progress on recovery planning.** |  |

|  |  |
| --- | --- |
| **5** | **Additional documentation. Please email your program manager supporting documentation** including (but not limited to) meeting agendas, notes, presentations, and sign‐in sheets by June 1, 2023. |
|  |