# BP5 I.1. Design a Deliverable to Address Hospital CBRNE Emergencies

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| **Sub-recipient name** | Independent Hospitals |
| **Deliverable number and name** | **I.1. Design a Deliverable to Address Hospital CBRNE Emergencies** |
| **Submit deliverable to**  | **dohmhcore@health.nyc.gov** |

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| **Submit what you propose to do.** | **I.1.a. Design a Deliverable to Address Hospital CBRNE Emergencies | DUE DATE:** Oct 31, 2023**Submit to:** dohmhcore@health.nyc.gov  |
| **Question** | **Your response (section expands as you type)** |
| **Please provide the name of your project and as well as a brief description.** |  |
| **Rationale: What source(s) provided you with your rationale for this CBRNE project (e.g., HVA, AAR, etc.)?** |  |
| **List all acute and non-acute facilities and/or community organizations included in your project.** |  |
| **What are your project’s goals? (Click** [**here**](https://www.programinfosite.com/nycdohmhmeetings/files/2023/09/Evaluation-Guide-for-NYCHCC-EM-Program-20230908.pdf) **for how to write goals. See page 6.)** |  |
| **What are your project’s objectives? (Click** [**here**](https://www.programinfosite.com/nycdohmhmeetings/files/2023/09/Evaluation-Guide-for-NYCHCC-EM-Program-20230908.pdf) **for how to write SMART objectives. See page 6.)** |  |
| **What are your project’s timeline and key action steps (meetings, stakeholder engagement, etc.)?** |  |

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| **Submit this final report.** | **I.1.b. Design a Deliverable to Address Hospital CBRNE Emergencies | DUE DATE:** June 3, 2024**Submit to:** dohmhcore@health.nyc.gov |
| **Question** | **Your response** |
| **Describe how the roll out of your project went. Were there challenges or best practices you discovered?** |  |
| **For each SMART objective from your project proposal, list and describe the outcomes. What did each outcome mean?** |  |
| **List the stakeholders’ (facilities and community organizations) that participated.** |  |
| **Given your outcomes of your project, what next steps do you propose to take?** |  |