# Design a Deliverable Guidance and Sample Completed Template

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| **Guidance**  A few pointers may be helpful as you complete the proposal template for your Design and Deliverable (DAD) deliverables.   1. Think about what you do that’s important to your sector’s or organization’s emergency management capability and capacity. If that’s meetings, use a design a deliverable (DAD) for a slate of meetings. If what’s important is a planning and exercise series, use one DAD for planning and one for exercising. Examples below. 2. For extensive projects, if you can break them down into discrete phases or sections, you can use a DAD for each one. For example, if you want to work on a broad project on cyber disruptions and you see that you need an assessment, a plan, a training program and an exercise, you can make each of these a separate DAD, or use DADs for the first two steps this budget period and the next two in the next budget period. Just be sure that these are easily discernable from each other. To make that distinction, name each project in the name section of the template “Cyber Disruption Program Phase 1: Assessment,” “Cyber Disruption Program Phase 2: Planning,” “Cyber Disruption Program Phase 3: Training,” etc. 3. Complete a proposal (blue table) for each DAD you wish to complete. Likewise, you will submit a report (green table) or other documentation for each DAD when you have completed it. Equipment purchases require a bit more. 4. For equipment or supplies purchase, submit the green table completed and **all required documentation** on or before June 3, 2025. 5. For exercises, **do not complete the green portion** of the template. Just submit all of the exercise documentation listed (according to exercise type). For exercises, submit **all exercise documentation** on or before June 3, 2025. 6. **Submit the whole template document** once **on or before Dec 3,** **2024** with the blue table completed to your project manager and cc [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) **and** do this again **on or before June 3,** **2025** with the green table completed. 7. Click [here](https://www.programinfosite.com/nycdohmhmeetings/files/2024/10/template-of-templates.docx) for guidance on limitations on use of funds. Equipment and supplies purchases can be funded but with the restriction that those purchases must be justified. The proposal portion of the template addresses this.   Below are some things you may be thinking, or have done in the past, and some matching examples. | | |
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| **Things you can think about** | | **Example project** |
| Do you meet with an advisory group to set priorities? | | Monthly emergency preparedness committee, or advisory committee |
| Is it time to complete a hazard or other needs assessment? | | Hazard Vulnerability Assessment (or hazard specific assessment), training needs assessment |
| Do you need to develop a plan? | | Emergency operations or communications plan |
| In preparation for the Medical Response and Surge Exercise (MRSE), you need to revise your surge or other plan? | | Revise surge plan in preparation for the MRSE. Revise transfer center protocols to prepare for the MRSE. |
| Has it been a while since you trained staff on an important plan or protocol? | | Respiratory protection protocol training |
| Is your organization ready to design and carry out an exercise? | | Tabletop exercise on communications protocol |
| Do you want to work on current communication capability? | | Run a communications or call-down drill to test current alert system (Telegram) and report on outcomes. |
| Has a recent risk or hazard assessment revealed that you need to revive planning, training and drilling on a particular topic? | | Revise planning on X and carry out training on all shifts in preparation for an exercise. |
| Do you need to increase your social media footprint or increase awareness of your EM program? | | Develop and carry out a plan to promote our agency/at-home patient preparedness videos on YouTube. |
| Have you discovered you need to implement MOUs or protocols to support your EM plans? | | Develop an MOU for transportation providers to carry out transportation for at-home patients. *OR* Develop and conduct exercise on an MOU with transportation providers to transport at-home patients during an emergency. |
| Are there certifications your emergency management staff need to acquire or renew? | | Send 3 staff to training culminating in “Certificate in X” to help provide more support for X area of our facility. |

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| **Due Dec 3, 2024** **Submit what you propose to do. (Required)** | **Question** | **Your response** (sections expand as you type) | | | | | | | | | | | | | | | | |
| Enter your **project’s name.** | Training all shifts on preventing cybersecurity breaches. | | | | | | | | | | | | | | | | |
| Enter only one X below the **project type**. | **TTX** | | **Other Exercise** | | **Plan (or revision)** | | **Meeting(s)** | | | | **Toolkit** | **Training (certifications)** | | | **Other** | | |
|  | |  | |  | |  | | | |  | X | | |  | | |
| **If other,** please type in: |  | | | | | | | | | | | | | | | | |
| Describe the **problem** you are addressing. | Recent cyber disruptions have occurred (ex, CrowdStrike, July 2024) and bad actors have held healthcare data for ransom in NYC healthcare provider facilities. | | | | | | | | | | | | | | | | |
| What provides your **rationale** (e.g., HVA, AAR)? | Local news, recent accounts from neighboring facilities show cyber disruptions happen frequently. Our 2024 HVA have ranked cyber disruption high among threats to delivering healthcare services. | | | | | | | | | | | | | | | | |
| Enter X below at least one **goal** of your project. | **Improved readiness** | **Streamlined data** | | **Improved communications** | | | | **More resilient staff** | **Stronger relationships** | | | | **Close gap in equipment or supplies** | | | | **Other** |
|  |  | |  | | | |  |  | | | |  | | | | X |
| **If other,** please type in: | Staff better prepared to avoid phishing emails and to respond when cyber disruptions occur. | | | | | | | | | | | | | | | | |
| Enter X below at least one **output** for your project. | **AAR (Exec Summary)** | **Plan (revised plan)** | | **Toolkit (checklist)** | | **Professional Certificate(s)** | | | | **Slide deck (handouts)** | | | | **Video (YouTube)** | | **Other** | |
|  |  | | X | |  | | | | X | | | | X | |  | |
| **If other,** please type in: |  | | | | | | | | | | | | | | | | |
| What **improvements or positive changes** do you expect from this project? | * Decreased clicking on phishing emails by staff. * Staff will have better access to cyber disruption-related training. * Staff will respond quickly and according to protocols when cyber disruptions occur. | | | | | | | | | | | | | | | | |
| List all facilities, locations, offices and/or community organizations **engaged** in this project. | * Campuses and offices in Manhattan, Brooklyn and Queens * Mt Mercy Hospital, South Queens Hospital, Mt Mercy Nursing Home, South Queens Lab, South Queens Primary Care Clinic | | | | | | | | | | | | | | | | |

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| **Due June 3, 2025**  **Submit this final report.** **(Required except for exercises)** | **Question** | **Your response** | |
| What **best practices** did you discover? | * Ask trainees what they know or what experiences they have had with cyber disruptions or phishing emails on their personal email accounts. * Many staff are used to getting emails from colleagues with misspellings and poor punctuation, so these things don’t immediately alert them to phishing. So, we had to develop a “2-layer” checklist that included calling the supposed colleague to be sure the email was from them. * Downtime includes paper charting and we discovered we needed to train staff on these charts as they look different from the online fields they are used to completing. | |
| What **changes** happened or could happen because of this project? | * Staff reported being more confident in being able to detect phishing emails. * In a drill involving a simulated cyber disruption, most staff on both shifts were able to achieve the outcomes of the drill without difficulty. | |
| Which of your project **outputs listed above** did you realize? For those you did not realize, please explain. | We were able to accomplish all of them. | |
| What are your **next steps**, given your project’s outputs? | After our drill we mentioned above, for those who stated they were not certain of what protocol to follow, we plan a follow up training in the next few months. | |
| What **priorities would you suggest for your sector** (acute, long-term or ambulatory care), given the outcomes of your project? Please name the sector(s) in your response. | As an acute care facility, we often rely on home care agencies for following up with patients we discharge to home. If these transfers need to happen when we don’t have access to patient data and have gone to downtime/paper procedures, we need to coordinate with the home care agency without electronic medical records. We need to establish a protocol to work with homecare partners to agree on a protocol for what "summary patient care information" may realistically be provided during transfers when the full EMR is not available. The protocol should also include the follow up process for acute care facilities sharing more complete patient care information with the homecare partners when the EMR becomes available again. Staff education and drills/exercises should be performed once the protocol is developed. | |
| What **priorities would you suggest for coordinating agencies** (e.g., NYC EM, DOHMH) given the outcomes of your project? | * If we lose access to ordering for supplies due to a cyber disruption, we’ll need a protocol with our neighboring facilities to share supplies and/or one with NYC EM to get supplies when we can’t use electronic inventory to report what we need. * Likewise for transporting patients without EMR, we plan to work on a protocol that lets us work with transportation providers. | |
| **For exercise projects** | **Instead of green section above, submit all HSEEP‐consistent exercise documents according to the type of exercise including:**   * Exercise Plan (ExPlan) for operations-based exercises or Situation Manual (SITMAN) for discussion-based exercises * Exercise Evaluation Guide (EEG) * Master Scenario Events List (MSEL) (only for operations-based exercises) * AAR/IP * List of exercise participants (can be appendix in AAR) | | |
| **For equipment and supplies purchases** | **In addition to completed report above (green section), please submit all of the below:**   * Proof of competitive procurement, for equipment purchases of $10,000.00 or more * Contract/purchase order * Invoice * Proof of payment * Proof of disbursement | | |
| **Voluntary** | **Ongoing support:** Submit any project media (photos, press release, materials) you would like to share for this project. The NYCHCC could leverage these visuals for public reports or impact stories to support requesting more funding for preparedness and response. | |  |
| **Publication:** Is it ok for DOHMH to reach out to you about publishing this work? (Yes/No) | | We welcome a conversation about this prospect. You may contact XYZ at [xyz@hospital.org](mailto:xyz@hospital.org) |

## For equipment or supplies purchases, you must observe these guidelines:

* Clothing and PPE
  + Funds may not be used for promotional clothing and promotional material. Clothing for response purposes and PPE is allowed if it can be reissued.
* Training and exercises
  + Funds may not be used to support standalone, single-facility exercises.
  + Funds may not be used on training courses, exercises, or planning resources if similar offerings are also available for no cost.
* Vehicle and transportation costs
  + Funds may not be used to purchase over-the road passenger vehicles.
  + Funds may be used to purchase HCC material-handling equipment, procure leased or rental vehicles to transport people during times of need, procure leased or rental vehicles for moving materials/supplies/equipment by HCC members, and to enter into formal transportation agreements with commercial carriers.
* Other limitations
  + Generally, funds may not be used to purchase furniture or equipment. Any such purchase that is proposed must be identified and justified.
  + Funds may not be used for clinical care, research, or construction except for in the case of minor alteration and renovation activities.
  + Funds may not be used to purchase a house or other living quarters for those under quarantine.