

STATEMENT OF WORK
 To Original Contract Routing Number ** *** *****
 Contract Amendment # (1, 2, 3, etc) Routing Number ** *** *****

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Project Description:

This project serves to strengthen and enhance the preparedness of the public health and medical system to respond to and recover from emergency incidents through the the development of Health Care Coalitions (HCC). HCC development includes mandatory criteria for HCC membership, alignment with the Division of Homeland Security and Emergency Management All Hazards Regions, creation of governance structures that include fiscal procedures, and the creation of a preparedness plan. The HCCs develop hazard vulnerability assessments and the use of at-risk population data to ensure planning is well rounded. To test these planning efforts, the HCCs shallconduct communication tests and a Coalition Surge Test, ensuring they have the capacity and capability to access immediate bed availability, track patients, share needed information keeping situational awareness for responders, and continue to advance an effective health and medical emergency management system.

II. Definitions:

1. AAR/IP – After Action Report / Improvement Plan
2. ASPR - Assistant Secretary of Preparedness and Response
3. CDPHE – Colorado Department of Public Health and Environment
4. CICO – CICO Maps – Colorado Inclusion of Colorado maps
5. CO.TRAIN – a statewide training site that allows for registration, trackling and distribution of training.
6. Core Members – Per the Assistant Secretary of Preparedness and Response the four core members include: Emergency Medical Services, Emergency Management, Hospitals and Local Public Health Agencies.
7. CST – Coaliton Surge Test
8. ESF-8 – Emergency Support Function 8 is the functional coordination group in an emermgency opertiaons center that address behavioral, environmental and public health and medical needs. It also coorindates recovery efforts.
9. HCC – Health Care Coalition
10. Hot Wash – an exercise/incident debrief process
11. HVA – Hazard Vulnerability Analysis/Assessment
12. MCM – Medical Counter Measures
13. NIMS – National Incident Management System

III. Work Plan:

Goal #1: Increase Emergency Preparedness in Colorado by establishing Healthcare Coalitions (HCCs) to prepare for, respond to, and recover from emergencies.	
Objective #1: No later than the expiration date of the Contract, the Contractor shall establish and maintain healthcare community collaboration in identifying risks, establishing priorities and addressing gaps through planning, training, exercising and managing resources.	
Primary Activity #1	The Contractor shall create a Governance Structure for the HCC.

Primary Activity #2	The Contractor shall create After Action Reports / Improvement Plan.
Primary Activity #3	The Contractor shall develop a Preparedness Plan.
Sub-Activities #3	<ol style="list-style-type: none"> 1. The Contractor shall get written approval from its Core Members on the final Preparedness Plan 2. The Contractor shall update the Preparedness Plan to address identified gaps resulting from After Action Reports / Improvement Plans created from exercises and actual emergency incidents
Primary Activity #4	The Contractor shall ensure no fewer than one (1) Core Members, shall attend the OEPR Fall Meeting.
Sub-Activities #4	<ol style="list-style-type: none"> 1. The Contractor's Core Member(s) shall pre-register for the OEPR Fall Meeting in CO.TRAIN 2. The Contractor's Core Member(s) shall sign in at the registration table at the OEPR Fall Meeting 3. The Contractor's Core Member(s) shall attend the Medical Surge Training and sign the attendance sheet. 4. The Contractor's Core Member(s) shall attend the HCC MCM Operational Workshop and sign the attendance sheet
Primary Activity #5	The Contractor shall develop a Hazard Vulnerabilities Assessment.
Primary Activity #6	The Contractor shall review the Community Inclusion in Colorado (CICO) mapping system to identify populations with unique healthcare needs to inform future planning.
Primary Activity #7	The Contractor shall engage regional community partners in healthcare preparedness, evacuation, transportation, and relocation exercises, planned events, and real incidents.
Sub-Activities #7	The Contractor shall complete hot washes with HCCs and health care executives related to exercises, planned events, and actual incidents.
Primary Activity #8	The Contractor shall ensure an awareness overview and training on jurisdictional MCM distribution plans is provided to HCC members.

Primary Activity #9	The Contractor shall conduct low notice HCC Medical Surge Test Exercise utilizing the Coalition Surge Test tool.
Sub-Activities #9	<ol style="list-style-type: none"> 1. The Contractor shall participate in Medical Surge Test Exercise tabletop as provided by CDPHE. 2. The Contractor shall develop an After Action Report /IP informed by results of the Medical Surge Test Exercise. 3. The Contractor shall require healthcare executives attend Medical Surge Test Exercise hot washes.
Primary Activity #10	The Contractor shall create a Redundant Communications Drill Report.
Sub-Activities #10	The Contractor shall conduct a redundant communications drill twice a year with all HCC members to ensure functional communication systems.
Standards and Requirements	<ol style="list-style-type: none"> 1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. 2. The HCC Governance Structure shall include the following criteria: <ol style="list-style-type: none"> A. Defining regional boundaries B. Ensuring coordination with all ESF-8 lead agencies within those defined boundaries C. Identifying HCC Core Members and their organizational structure that support HCC activities <ol style="list-style-type: none"> a. HCC membership can include additional types of members and other stakeholders at the HCCs discretion b. Additional membership may include regional Medical Reserve Corp D. Member guidelines for participation E. Policies and procedures F. Integration within existing state, local, and member-specific incident management structures and specifies roles 3. The HCC governance CORE membership shall include members from: <ol style="list-style-type: none"> A. Hospitals, including two (2) acute care B. EMS (interfaculty and other non-EMS patient transport systems) C. Emergency Management organizations D. Public health agencies 4. After Action Reports /Improvement Plans are required for all exercises and actual emergency incidents 5. The Contractor shall use After Action Reports / Improvement Plan template

when completing After Action Reports / Improvement Plan This document is incorporated and made a part of this contract by reference and is available on the following website

<https://www.colorado.gov/pacific/dhsem/atom/59986>

6. The Contractor shall comply with the requirements stated in the 2017-2022 Health Care Preparedness and Response Capabilities when completing the Preparedness Plan. This document is incorporated and made part of this contract by reference and is available on the following website
<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>
7. The Contractor shall comply with the requirements stated in the National Response Framework when completing the Preparedness Plan. This information is located on the Public Health Emergency government website and is incorporated and made a part of this contract by reference.
<https://www.fema.gov/national-response-framework>
8. The Contractor shall use the data provided in the Community Inclusion in Colorado mapping system when completing identity populations with unique healthcare needs. This document is incorporated and made a part of this contract by reference and is available on the following website
http://www.cohealthmaps.dphe.state.co.us/colorado_community_inclusion/
9. The Contractor shall assist its Core Members and other HCC members with NIMS implementation upon CDPHE request.
10. The Contractor shall use the tool website created by the State when completing registration for trainings. This information is located on the Public Health Emergency government website
<https://www.co.train.org/DesktopShell.aspx> and is incorporated and made a part of this contract by reference.
11. OEPR Fall Meeting:
Location: Aurora, Colorado at The Summit, 411 Sable Blvd., Aurora 80011
Dates: October 23, 24 ,25, 2018
Times: 8:00am-5:00pm
 - a) The Contractor shall attend OEPR Fall Meeting the dates of October 24, and 25 at a minimum.
12. The Hazard Vulnerability Assessment shall include the Contractor's:
 - A. Assessment of regional healthcare resources
 - B. Prioritize gaps and mitigation strategies
 - C. Assessment of planning for children, pregnant women, seniors, individuals with access and functional needs, and people with serious and persistent behavioral health disorders
 - D. Assessment of regulatory compliance requirements
13. If the Contractor does not have a template for the Hazard Vulnerability Assessment, they shall use the templates provided in the Emergency Preparedness site when completing Hazard Vulnerability Assessment. This document is incorporated and made a part of this contract by reference and is available on the following website
<http://www.calhospitalprepare.org/hazard-vulnerability-analysis>
14. CDPHE will provide the jurisdictional MCM distribution list to HCC for distribution by the Contractor when provided from ASPR.

	<p>15. The Contractor shall comply with the requirements stated in the Health Care Coalition Surge Test when completing the Medical Surge Test Exercise. This information is located on the Public Health Emergency government website https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx and is incorporated and made a part of this contract by reference.</p> <p>16. CDPHE will inform the Contractor when the Medical Surge Test Exercise shall occur within a two-week window of its execution.</p> <p>17. The Medical Surge Test Exercise shall include two (2) patient care facilities utilizing tabletop, function (discussion based), or full-scale exercise format.</p> <p>18. The Redundant Communications Drill Report shall include the following criteria:</p> <ul style="list-style-type: none"> A. Members' names B. Dates C. Times D. Results E. Communication Method <p>19. The Contractor shall utilize the tool created by the State, CO-SHARE, when completing the deliverables of this Contract. This information is located on the Public Health Emergency government website https://sites.google.com/a/state.co.us/co-share/ and is incorporated and made a part of this contract by reference.</p> <p>20. The Contractor shall provide federally ASPR and Center for Disease Control mandated data, information and tools as requested to CDPHE</p> <p>21. The Contractor shall provide informational requests to CDPHE upon request.</p> <p>22. The Contractor shall update HCC member contact information upon request.</p>						
<p>Expected Results of Activity(s)</p>	<p>Healthcare Coalitions will become a governing body for emergency preparedness in the State of Colorado.</p>						
<p>Measurement of Expected Results</p>	<p>1. Data in AAR/IP 2. Completion of deliverables</p>						
	<p>Completion Date</p>						
<p>Deliverables</p>	<table border="1"> <tr> <td data-bbox="475 1541 1273 1680"> <p>1. The Contractor shall submit Governance Structure electronically in CO-SHARE.</p> </td> <td data-bbox="1273 1541 1521 1680"> <p>No later than September 30, 2017</p> </td> </tr> <tr> <td data-bbox="475 1680 1273 1791"> <p>2. The Contractor shall submit After Actions Report/Improvement Plan electronically in CO-SHARE</p> </td> <td data-bbox="1273 1680 1521 1791"> <p>No later than 60 days after event</p> </td> </tr> <tr> <td data-bbox="475 1791 1273 1860"> <p>3. The Contractor shall submit Preparedness Plan electronically in CO-SHARE.</p> </td> <td data-bbox="1273 1791 1521 1860"> <p>No later than March 31, 2018</p> </td> </tr> </table>	<p>1. The Contractor shall submit Governance Structure electronically in CO-SHARE.</p>	<p>No later than September 30, 2017</p>	<p>2. The Contractor shall submit After Actions Report/Improvement Plan electronically in CO-SHARE</p>	<p>No later than 60 days after event</p>	<p>3. The Contractor shall submit Preparedness Plan electronically in CO-SHARE.</p>	<p>No later than March 31, 2018</p>
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	4. The Contractor shall submit any updated Preparedness Plan electronically in CO-SHARE.	No later than 30 after change
	5. The Contractor shall submit Hazard Vulnerabilities Assessment electronically in CO-SHARE.	No later than December 31, 2017
	6. The Contractor shall indicate on the grant reporting spreadsheet when they have reviewed the mapping data for the Community Inclusion in Colorado in CO-Share.	Twice during the Contract period
	7. The Contractor shall indicate on the grant reporting spreadsheet when they have completed awareness overview and training on jurisdictional MCM distribution plans electronically in CO-Share.	No later than the expiration of the Contract.
	8. The Contractor shall submit the HCC low-notice Medical Surge Exercise AAR/IP and Coalition Surge Test tool electronically in CO-SHARE.	No later than April 30, 2018
	9. The Contractor shall submit Redundant Communications Drill Reports electronically in CO-SHARE.	No later than December 31, 2017 June 15, 2018

IV. Monitoring:

CDPHE’s monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the the OEPR Program Monitor. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress The Contractor’s performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

V. Resolution of Non-Compliance:

The Contractor will be notified in writing within **(10)** calendar days of discovery of a compliance issue. Within **(30)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to the OEPR Program Monitor and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.