

## ■ Appendices

---

## ■ Appendix A: Minutes Of Workgroup Meetings

---

**Hospital Vulnerability Assessment Workgroup Meeting Minutes**  
**New Mexico Poison and Drug Information Center**  
**October 26<sup>th</sup>, 2007 10:30 am**  
**3110 Domenici Center, UNM North Campus**

**Attendees:**

From region II EMS: Tim Zagorski  
From region III EMS: Jerry Deen, James Gore  
From Sandia National Labs: Donnie Whitehead  
From Center for Development and Disability: Elaine Brightwater  
From New Mexico Poison and Drug Information Center: Steven Seifert, Jess Benson, Mariya Farooqi and Susan Kunkel.  
From VA Cooperative Studies Program: Stuart Warren  
From New Mexico Hospital Association: Trish Garduno  
From COA/EHD: Julia Shahrar  
From DHSEM: John Martinez  
From New Mexico Department of Health,  
Bureau of Health and Emergency Management: Dennis Pepe, Yolanda Duran, Tim Yackey, Jim Pettyjohn Marjolaine Greentree and Tom Török  
From New Mexico Board of Pharmacy: Larry Loring

**Absent:** Byron Piatt (DMAT)

**Proceedings:**

\* Meeting called to order at 10:35am by Jess Benson

Attendees introduced themselves. The dates of the next two meetings were announced (November 16<sup>th</sup> 11am-1pm and December 7<sup>th</sup> 11-1pm and will be held at Disaster Medicine conference room, 2704 Yale Blvd SE, parking available east side of building)

Jess Benson presented an overview of project, pointing out that this work fits into a larger hospital preparedness effort undertaken by the Department of Health and funded by the federal government. Part of the work addresses several aspects of hospital response and surge capacity. Specifically, the NMPDIC will assess hazard vulnerability of hospitals throughout the State focusing on each hospital's ability to respond with provision of 1) decontamination (when indicated) 2) critical medications 3) critical medical equipment/supplies 4) mobile medical assets. The assessments will then serve as a starting point to thoughtfully enhance hospital response capability with future resources.

The UNM Center for Development and Disability (CDD) will work to improve response capabilities with regard to "at risk" populations by performing an assessment of the availability of durable medical equipment, assistive devices and plans specific to the needs of at-risk patients; and methods currently utilized by hospital staff to communicate and supervise at-risk patients.

Since both the NMPDIC and the CDD will be conducting hospital assessments, the two entities decided to work together to enhance efficiency.

This meeting will focus on assessing hospital response capability and surge capacity and also improving response capabilities regarding at risk individuals. The first draft of the assessments and the process to be used will be submitted to the workgroup for review in November. The workgroup will refine the assessment process in December. Assessments will begin January through May of 2008.

Attendees were asked if they knew of any individuals who may provide valuable assistance to this project but were not present. The names of the following individuals were suggested:

- 1- Don Scott – University of New Mexico Emergency Management
- 2- Dale Albertson – UNM Telemedicine
- 3- Jerome Haskie – NM EMS Region I
- 4- Robert Aguilar – Army, 64<sup>th</sup> Civil Support Team
- 5- Sheena Ferguson – UNM Clinical Practice Research

### **Critical Medications**

Jess Benson discussed the need for critical medications to be available for responders and families. This policy ensures that healthcare providers are able to come to work during an emergency. Jess Benson suggested re-visiting the existing counteragent inventory.

Medications that we may need to stockpile are:

- Wide-spectrum antibiotics
- Hydroxycobalamin
- Nebulized bronchodilators
- Potassium iodide
- Vasopressors
- Prussian blue
- Insulin

### Main Discussion Points On Assessing Critical Medications

- The assessment needs to consider shelf life and inventory management in addition to quantity of critical medications available. Additional inventory is of little use if it quickly outdates.
- Consider the Chempack program when assessing existing inventories. Also note that Chempack has several limitations including personnel training, maintenance, and problems with using small quantities.
- Medication stocking should be dependent upon likely threats, which may vary from region to region. There is a requirement to tie in the gap analysis to acquisition.

### Main Discussion Points On Assessing Likely Threats Within Catchment Areas

- Homeland Security has already conducted threat assessment within New Mexico, but the emphasis was on infrastructure and not on hospital vulnerability.
- Local Emergency Planning Committees (LEPCs) will likely have the best information of likely threats with hospital catchment areas. There is a hazard planning committee at the local level that exists in most communities and the Office of Emergency Management has their contact number. The primary contact among emergency managers is Ron Breland (6-9681) and the alternate contact person is Don Shainin (6-9628). There is a need to identify communities that do not have LEPCs. LEPC should be in place in each hospital within all- hazard plan. The Primary Care Association may be able to assist making contacts with key facilities in areas where hospitals are not present.
- A potential marker of threat could be the number of times a hospital went to divert status. However, there are many non-threat reasons that hospital have to be on divert status.
- The threat posed by transport vehicles was discussed briefly. Motor transport division can identify the WIPP (Waste Isolation Pilot Plant) versus non-WIPP areas
- Past events can be indicative of likely community or regional threats and may suggest potential future events.
- The assessment should consider non-hospital locations of medications (retail pharmacies) and should consider supply chains instead of just concentrating solely on the hospital inventory.
- The final report should prioritize medication supplementation by hospital, based on the most likely threat within the hospital's catchment area. As more funds become available, medications further down the list could be supplemented.

### **Decontamination**

Jess Benson pointed out that the hospital vulnerability assessment must determine the current decontamination capacity of the each hospital and should result in a report that outlines the kinds, numbers, and placement of decontamination capacity throughout the State.

### Main Discussion Points On Assessing Decontamination Capacity

- Knowing the placement of decontamination facilities is important. For instance, El Paso could serve as a decontamination facility on the southeast border of New Mexico. The statewide assessment needs to consider facilities within and bordering New Mexico.
- Consider all routes of exposure when assessing decontamination (dermal and pulmonary). The usual equipment needed might include:
  - Portable showers

- Powered Air Purifiers (PAPers)
  - Gloves
  - Hoods
  - Boots
  - Personal Protective Equipment
- When surveying, consider that facilities may have both fixed (usually attached inside the hospital) and mobile (usually assembled outside the hospital) decontamination capability .
  - Assess the healthcare faculties’ abilities to serve at risk populations too. These populations include:
    - Pediatrics
    - Disabled patient
    - Patients with language barriers
    - Elderly
    - Individuals with behavioral/psychiatric conditions
  - Make sure that the assessment examines both the equipment and the *abilities of personnel*. The assessment should examine who knows how to set-up and use the decontamination equipment, as wells when training was last performed. Request to see policies and procedures. Request to see evidence of continued training and exercise. Look at exercise de-briefing reports and ask what revision have been made to the all-hazards plan and the hospital response plan based on the exercise. Regional EMS Coordinators may be able to assist with this.
  - The assessment should take into consideration the possibility of on-scene decontamination, since this type of decontamination would enhance decontamination capacity of the facility.
  - A potential source of information on decontamination equipment by facility would be the New Mexico Hospital Association. The NMHA served as central purchasing agency for hospitals obtaining decontamination equipment.
  - Request information from the Hospital Emergency Response Coordinator and the Hospital Safety Officer. They are the primary hospital contacts for assessment of equipment.

### **Critical Medical Equipment and Supplies**

Jess Benson pointed out that the hospital vulnerability assessment must determine whether there are sufficient supplies of personal protective equipment and critical medical equipment in place to reasonably handle likely hazards. Jess pointed out that critical medical equipment has been defined for pandemic influenza in Appendix A of ASPR Pandemic influenza supplemental guidance: “HHS Guidance on Federal and State Stockpiles of Critical Medical Supplies for an Influenza Pandemic”. This guidance may be useful in identifying what is meant by PPE and critical medical equipment. It would include mechanical ventilators, endotracheal tubes, manual ventilators and masks, oxygen, surgical masks, filtering face-piece respirators, gloves, waste

bags ect. Tom Török indicated that such an inventory list may apply to influenza but may not apply to other types of hazards.

Marjolaine Greentree indicated that they have received an extra half million dollars to purchase non-pharmaceutical supplies, such as critical medical equipment. After assessment and its report the money may be allocated to one hospital or several hospitals in different regions. Marjolaine Greentree brought to attention the need to plan for mass fatality during an emergency. Part of the funds allocated in this grant will go into mortuary PPEs.

#### Main Discussion Points On Assessing PPE and Critical Medical Equipment

- Some of the information could be gathered by a pre-site survey. This will allow data collection by hospital prior to on-site survey. Also, will provide us the opportunity to review and revise our survey.
- The assessment should consider surrounding medical supply chains such as pharmacies, primary care clinics, home health facilities and EMS facilities.
- There is a need to enact written policies and procedures to enable sharing of resources between regions.
- The supply of oxygen during a disaster can be problematic (ie tornadoes in Clovis). Oxygen concentrators and regenerators were discussed. They are adequate for low-level requirements but not for acute lung injury and for people who are exposed to chlorine.
- Consider utilizing specialty physicians to assess appropriateness of equipment and its limitations. For example, what kind of patients the portable ventilators can manage. Tom Török is putting together a group of clinical providers to make recommendations out of ASPR lists of authorized critical medical equipment. Perhaps their expertise could be utilized as this part of the assessment instrument is developed.
- Request information from the Hospital Emergency Response Coordinator and the Hospital Safety Officer. They are the primary hospital contacts for assessment of equipment and could be useful for this part of the assessment too.

#### **Mobile Medical Assets Assessment**

Jess pointed out that the last area of assessment centered around mobile medical assets. There are several examples of such assets. One is the DMAT (Disaster Medical Assistance Team). Another example is the Federal Medical Station. He described the differences between the two entities.

#### Main Discussion Points On Mobile Medical Equipment

- There is a need to identify a site where extra patients may go during an emergency for each hospital catchment area.
- New Mexico does not have enough financial resources to set up a hospital at a stadium but we are able to utilize FMS.

- DMAT teams are considered federal assets and these teams may not be available in a disaster involving many parts of the United States.
- There is a need to assess security when examining mobile medical assets, since medications and medical supplies will have added value during disasters.

Jess Benson thanked all attendees for participating in the first hospital vulnerability assessment workgroup session.

**Meeting adjourned at 12:35 pm**

\*\*\*\*\*

**Hospital Vulnerability Assessment Workgroup Meeting Minutes  
New Mexico Poison and Drug Information Center  
November 16, 2007  
Center for Disaster Medicine**

**Attendees:**

From Sandia National Labs: Donnie Whitehead  
 From New Mexico Department of Health: Dennis Pepe, Yolanda Duran  
 From Center for Development and Disability: Elaine Brightwater and Tony Cahill  
 From New Mexico Poison and Drug Information Center: Jess Benson, Mariya Farooqi, Susan Kunkel.  
 From VA Cooperative Studies Program: Stuart Warren  
 From New Mexico Hospital Association: Trish Garduño  
 From COA/EHD: Julia Shahrar  
 From Bureau of Health and Emergency Management: Tom Török  
 From DMAT: Byron Piatt  
 From New Mexico Department of Health (Region 1 & 3): David Broudy, Robyn Elliot

**Absent:**

From region II EMS: Tim Zagorski  
 From region III EMS: Jerry Deen, James Gore  
 From New Mexico Department of Health: Tim Yackel, Jim Pettyjohn  
 From New Mexico Poison and Drug Information Center: Steven Seifert  
 From Bureau of Health and Emergency Management: Marjolaine Greentree

**Proceedings:**

- Meeting called to order at 11:04am by Jess Benson

**Brief Overview on Vulnerable Population Assessment**

Dr. Tony Cahill from Center for Development and Disability (CDD) presented a brief overview on the vulnerable population survey and how it relates to the hospital vulnerability assessment.

According to federal criteria there are 4 groups that are classified as vulnerable:

1. Incarcerated individuals (“wards of state”)
2. Mentally ill

3. People with disability
4. Other (able bodied seniors and pregnant women)

In addition to examining likely threat preparedness, the vulnerability assessment will examine the hospital's ability to address the needs of vulnerable populations. The CDD in New Mexico is working currently with national workgroups and 5 or 6 state governments with regard to vulnerable population.

### **Creation of Assessment Process**

There are several other hospital self-assessment surveys that have been conducted in the past in order to determine the level of hospital preparedness within the State. The workgroup expressed a desire to review such past surveys in order to 1) eliminate redundant surveying, 2) learn from past work, and, 3) efficiently accumulate knowledge in areas where surveying has not been conducted. There was general interest in coordinating the hospital vulnerability survey with past hospital preparedness efforts. It was therefore decided that each member of the workgroup would forward past reports to Drs. Cahill or Benson. Such reports include past surveys, surveys that are currently being conducted, list of possible threats within catchment areas and names of people in-charge of similar surveys.

The workgroup discussed several possible assessment techniques. Those discussed were:

1. Self-assessment by forms and then followed by on-site visit
2. On-line self assessment and then followed by on-site visit  
(CDD has tools, QUIZ IT, to conduct on-line assessments and DoH have SNAP analysis tool)

Although an on-line survey form is appealing from both reporting and administrative perspectives, there are several logistical problems. Different personnel within the hospital may need to answer different sections on the assessment form or tool on-line. There is possibility that some hospitals may not have access to broadband. It may be that a paper-based survey will have to be used for some hospitals. The group suggested calling the survey a "worksheet" in order to emphasize the self-assessment that would be performed before a survey team arrived on-site.

### **Identifying Special Risks/Threats Posed To Catchment Areas**

The workgroup noted the possibility that hospitals may not want to identify likely threats within their catchment areas because such information could be used against their community. However, the group decided that we will ask them for such information. Additional groups to ask for such a list are LEPC, Homeland Security and possibly state coordinator, Ron Brelin. New Mexico Department of Health and Emergency Management have a list of County Emergency Managers.

### **Assessment of Georgia Survey**

The workgroup reviewed the Georgia Hospital Vulnerability Assessment instrument section by section. It would be useful to get the Georgia Health Department perspective on the utility of data that were generated through this instrument. The Georgia assessment tool may need to be changed to better assess likely threats within the catchment area of the hospital, instead of focusing on biological, chemical and radiologic events. Yolanda pointed out that many

questions from the Georgia assessment tool need to be asked, because it will help the NM DOH respond to required federal reporting components in 2008.

It would be useful to know how many Georgia hospital vulnerability questions have already been asked addressed through prior New Mexico hospital preparedness surveys. One approach might be to use data from prior surveys and ask if there response has changed since the last survey.

**Points raised regarding the tool:**

- Questions too broad and not specific
- Font size needs to be larger
- Question needs to be asked: How likely are they to be prepared in 1 or 5 years? This is important to ask as the money is allocated it can be prioritized based on need and preparedness. If they have resources to strengthen a certain area then the money may be allocated for other areas.
- Do we have federal requirements for the survey?
- Instead of writing “you” in the questions, it would be better if we can depersonalize and write instead “ the institution”
- Integrate special population into all the sections of the tool
- In the pharmaceutical section:
  - Include anti-virals, specify antibiotics, explain and list in detail antidotes.
  - Questions about staff and family should be separated. It would be appropriate to have two separate questions
  - Ask when was the inventory last updated
- In the decontamination section:
  - Delete question #6
  - Consolidate question 1 and 5
- In the PPE section:
  - Ask question on fit testing. Question 7 may be amended slightly to ask this question
  - We should consider the definition of “Hospital Employee”. Does this include contractors such as laundry personnel
- In the hospital bed capacity section:
  - We need to appreciate that there are different types of beds and therefore be specific when asking questions
  - There is an existing federal bed reporting system that covers other equipment as well such as ventilators

**Hospital Vulnerability Assessment Workgroup Meeting Minutes  
February 26, 2008 — UNM Science & Technology Park, Rotunda Room**

**A. Introductions and Call to Order**

The meeting was called to order at 8:28 am. Those present were:

**EMS Region 1**

Jerome Haske

**NM Department of Health Bureau of Health Emergency Management (DOH)**

Yolanda Duran

Marjolaine Greentree

Tom Torok

Don Torres

Tim Yackey

**New Mexico Hospital Association (NMHA)**

Trish Garduño

**New Mexico Poison and Drug Information Center (NMPDIC)**

Jess Benson

Mariya Farooqi

Susan Kunkel

**UNM Center for Development and Disability (CDD)**

Elaine Brightwater

Tony Cahill

Doretta Calt

Luciana Zilberman

**UNM Center for Disaster Management (CDM)**

Byron Piatt

**B. Overview of Project (Jess Benson)**

This project is part of a multi-agency, federally-funded hospital preparedness program (CDA 93.889) administered through the Secretary of Health & Human Services (HHS). Its purpose is to improve surge capacity and enhance community and hospital preparedness for public-health emergencies. The project involves assessments in the following areas: Decontamination capabilities; mobile medical assets; availability of critical medications, medical equipment and supplies; and the ability to provide care to vulnerable populations.

The work plan consists of a two-step evaluation process: An initial self-assessment to be completed by hospital officials followed by a visit to each hospital site by one or more members of the work group. A work group was formed in late 2007 to evaluate the process and instruments. It is estimated that survey instruments will be complete and ready for distribution around the first week of March 2008.

The work group has met previously in October and November 2007 and by teleconferences in February 2008 with the goal of preparing a suitable survey instrument for the self-assessment portion of the project. A hospital vulnerability assessment from the state of Georgia and a spreadsheet-based survey instrument from Kaiser Permanente have been particularly useful throughout this process.

A modular design has been selected for the survey instrument. When complete, it will consist of the following sections:

- Hospital Vulnerability Threat Assessment
- Pharmaceuticals (to include healthcare workers and their immediate families)
- Decontamination
- PPE and Critical Medical Equipment
- Vulnerable Populations

**C. Update on Hospital Self-Assessments (Tony Cahill)**

Four phases were outlined for the project:

- 1) **Assessment development:** This phase is nearly complete. Survey instruments are nearly complete and are anticipated to be distributed in both hard-copy and on-line format during the first week of March 2008. As noted previously, these instruments have been adapted from existing work by the State of Georgia and Kaiser Permanente. The Kaiser Permanente instrument provided input primarily for the threat assessment portion of the survey. This portion of the assessment deals with purely *subjective* responses, rather than measured or published values. Adaptations incorporated into the survey design for this project have focused on the areas of mortuary capacity and decontamination capacity.
- 2) **Written assessment:** These are the activities leading to survey distribution and data collection. In order to prepare participants for the work that lies ahead, a letter of introduction is being mailed to hospitals across the state from Tres Hunter Schnell, Epidemiology and Response Bureau Chief at the New Mexico Department of Health. This initial contact will be followed by a mailing for access to the on-line version of the survey or the hard copy version. Although the on-line method is preferred, participants will have the option of completing the survey by either method. Follow-up and technical assistance will be provided at each step of the process. Responsibility for follow-up calls will be divided among Jess Benson, Tony Cahill, Elaine Brightwater and Luciana Zilberman. A 30-day period is allowed for completion of the self-assessment; however, some institutions will likely take more or less time than this. It was further noted that an assessment regarding provision of pharmaceuticals for staff and immediate family is to be included in the survey.
- 3) **Site visits:** Prior to each visit, the hospital's self-assessment will be reviewed and a customized agenda or script will be prepared for the visit based on the response. Scheduling activities for phase three visits is anticipated to overlap with phase two and will be overseen by Doretta Calt. Given the diverse areas covered, it may be anticipated that more than one person will be interviewed per site visit. It would be desirable to coordinate visits for this project other agencies, such as licensing departments.
- 4) **Reporting:** Site-specific reports will be prepared and shared with a limited audience; for example, appropriate personnel at the affected hospital and project participants, including individuals with decision-making authority with respect to the granting of funds to participating hospitals. In addition, an aggregate report will be prepared with site-specific details removed. It would be useful to compare results of this project with existing standards.

#### **D. On-Site Assessment Process (All)**

Feedback from large group on concepts proposed by the small workgroup:

1. **Composition of Survey Teams:** Survey teams shall consist of representatives of CDD, NMPDIC, and perhaps regional coordinators and NMHA as liaisons. In addition, individuals representing DOH would like to attend a few of the visits to oversee the approach and assess progress. Training for site visit should be addressed in order to ensure consistency of content and approach. However, several of those present who will be conducting site visits are experienced in this area and have conducted similar activities in the past.
2. **Logistics:** Yolanda Duran has agreed to ask the regional coordinators for a contact list for each hospital. Data regarding mobile medical assets may be obtained from regional coordinators. Mutual aid agreements and an agreement upon a central site within regions should be considered. Coordination is likely to be more difficult in remote areas, such as Tucumcari, compared with metro areas. Activities related to scheduling of visits shall be coordinated by Doretta Calt.
3. **Site visit procedure:** It will be important to standardize the approach to visits. It is essential to be clear with hospital representatives that the purpose of the visit is not punitive in any way; rather, it is to assess status and establish a reasonable approach to emergency management and gain an understanding of vulnerability throughout the state. The goal is to encourage each facility to look critically at its own areas of weakness; it is important that all facilities to participate in preparedness.

Results of these assessments will, in part, determine allocation of resources (specifically, funds available from DOH). Marjolaine Greentree affirms that this is an on-going process and that there is not a guaranteed amount of funding offered up front. At this point it is not possible to determine what dollar amounts are to be allocated to which hospitals or for what purpose—for example, a decision between a single large purchase of equipment as opposed to a quantity of PPE has not been decided upon at this point. The funding may serve as motivation for hospital participation but it is difficult to assess to what extent this is so. Recommendation is to keep this discussion general at first; Marjolaine Greentree will provide more specific wording for this issue. CDM has some funds remaining from 2007 allocated to ChemPak. The plan for these funds is to add additional doses of specified medications *outside* the ChemPak in order to eliminate the need to open an entire ChemPak in some cases. (Once a ChemPak is opened, it is “used up” even if its contents are only partly used.) Medications acquired for emergency management should be rotated with regular medication stock in order to reduce the risk of accumulating expired medications in the emergency allocation. Note that the DOH does not intend to make purchases for the hospitals with this funding; rather, the hospitals will be granted funds that can be incorporated into their own planning procedures and contractual purchasing agreements.

**Survey Content:** As noted previously, the on-site assessments are to be conducted in a non-confrontational, non-punitive manner. The desired context will be “what barriers are you facing” and “how can we help you overcome such barriers”. This should be beneficial both in the context of individual hospital operations and also in assessing gaps and barriers that may exist state-wide within the healthcare system. Based on work completed at the national level, for example, it may be anticipated that few hospitals are well equipped for emergency management with respect to disabled individuals (accommodating service animals, providing interpreters etc.).

One barrier to this project that may be anticipated is that hospitals may not answer completely or truthfully in some areas because of JCAHO fears (concern that deficient hospitals would be reported). It will be important to anticipate questions related to these concerns from hospitals as well as to be prepared to demonstrate the potential benefits to participants. On the other hand, some hospital officials may be pleased that the study group took the trouble to visit.

Areas in which the survey requires augmentation include mass fatality management and mortuary support.

**Reporting:** Results of this project will be incorporated into two major report types: The first will be a detail-level report at the individual hospital level and will have limited distribution (primarily to BHEM, other member organizations of the workgroup, and the affected hospital). The second will be a more general report at the state level, with individual names and places omitted. The latter report will be available for more widespread circulation and publication. A reasonable goal will be to produce individual detail reports on an ongoing basis as the study is being conducted, then roll the overall results into an aggregate report once they become available. On-line reporting as opposed to use of the hard-copy version will be particularly useful in making this possible. It may be anticipated that needs for other reports will arise over time; these will be designed and generated as appropriate. It would be advisable for DOH to have legal counsel participate in reviewing the reports. The question was raised of whether confidentiality rules or the Open Records Act apply in this situation. It was noted that this project appears to be exempt from review by a Human Research Review Committee or Institutional Review Board, (HRRC-IRB) as the study interviews are with public officials. A procedure should be developed for either managing disclosure of identifying information and/or to purge such information at study completion.

**E. The meeting was adjourned at approximately 10:15 a.m.**

## ■ Appendix B: Assessment Modules

---

















## 2008 ASSESSMENT OF NEW MEXICO HOSPITALS

### Module Two: Pharmaceuticals for Staff and Family Members

Name of Facility: \_\_\_\_\_

## General Instructions

### What Is This Assessment About?

As part of its planning for possible catastrophic incidents in New Mexico, the Bureau of Health Emergency Management (BHEM) of the New Mexico Department of Health has asked the New Mexico Poison Control Center and the Center for Development and Disability at the University of New Mexico's Health Sciences Center to conduct an assessment of hospitals in the state. This module is one of six that are being sent to you.

While most or all hospitals have a plan in place for patients regarding a possible pandemic influenza, another critical part of planning for a possible pandemic influenza is providing protection for hospital staff and their immediate families, so that staff are able to come to work. This assessment asks about planning for the treatment of staff and their family members in the event of a pandemic influenza, inventories of certain pharmaceuticals that might be given to staff and their families, and resources or training your hospital would like on these topics.

### Why Should You Complete It?

There are two reasons to complete the assessment. First, part of the mission of the BHEM is to increase our collective capacity to respond to a surge in patients caused by several types of catastrophic incidents, including pandemic influenza. Your answers to these questions will help the Bureau to plan activities and resources in coming years. This could include providing resources to hospitals in the form of pharmaceuticals, equipment, training or technical assistance or other resources.

Secondly, New Mexico is required to report to the Federal government information about how hospitals are planning to provide pharmaceuticals to staff and family members in the event of a pandemic influenza. The information on this assessment will be combined with that from other hospitals and submitted to the Federal government. *No information on specific hospitals will be reported out.*

### How Should You Complete the Assessment?

There are two ways to complete this and the other five modules. You can complete this hard-copy version and mail it back to us at the address at the end of this introduction. If you wish, you can complete one or more of the modules on-line. A separate instruction sheet included in this packet describes how to complete the on-line version. If you use the on-line version, it will be helpful to read through the paper version first to see what kind of information is being requested.

This module has seven sections. It may be that one person might not have all of the information needed to complete all of the sections. If you complete this assessment using the paper version, please enter contact information for each person who completes a section of the survey on the page following this introduction in case we need to contact someone for additional information. The on-line version also has a place to enter contact information for each section.

## What Do We Mean by "Staff," "Immediate Family Members" and "Your Hospital"?

For purposes of this assessment, "staff" refers to everyone who works at your hospital on a regular basis, whether full- or part-time. This includes employees of the facility itself, as well as employees of contractors. For example, if physicians or nurses are independent contractors but work on a regular basis at the hospital, they are included as "staff." Service employees, such as the janitorial or cafeteria staff, are also included, whether or not they are formally employed by the hospital or another company with which the hospital contracts for their services. Volunteers are also included if they are at the hospital on a regular basis and are thus people on whom the facility would rely to operate in the event of a catastrophic event.

"Family members" include people who live with a staff member. These may be spouses, domestic partners, children or other relatives who reside in the same household.

When we use the term "your hospital" in the assessment, we mean your primary facility, excluding clinics at different locations, satellite facilities, free-standing psychiatric hospitals, etc.

## Whom Do I Contact If I Have Questions?

If you have questions regarding the assessment, please contact any of us using the contact information below.

Thank you in advance for your help in this important project.

### **Dr. Jess Benson**

Director, New Mexico Poison  
Center and Associate  
Professor of Pharmacy

(505) 272-4261

[jebenson@salud.unm.edu](mailto:jebenson@salud.unm.edu)

### **Dr. Anthony Cahill**

Director, Division of Disability  
and Health Policy  
Center for Development and Disability

(505) 272-2990

[acahill@salud.unm.edu](mailto:acahill@salud.unm.edu)

### **Elaine Brightwater**

Director of Emergency Preparedness  
Programs, Center for Development and  
Disability

(505) 272-5815

[ebrightwater@salud.unm.edu](mailto:ebrightwater@salud.unm.edu)

**If you complete this hard-copy version of the module, please mail it to:**

**Dr. Anthony Cahill  
Center for Development and Disability  
2300 Menaul Boulevard NE  
Albuquerque, NM 87107**

## Contact Information for Individuals Completing Sections of the Assessment

### Section One: General Information and Planning

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Two: Pharmaceutical Supplies

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Three: Biological Events

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Four: Chemical Events

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Five: Estimates of Pharmaceuticals On-Hand

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Six: Information Resources and Training

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

**Section One: General Information & Planning**

1. Does your hospital maintain a list or database of staff with contact information including physical addresses, telephone numbers, e-mail addresses, etc.?  Yes  No

2. Does your hospital maintain a list or database of families of staff (family members who live with them)?  Yes  No

3. Does your facility have an estimate of the total number of staff who work at your facility plus family members who live with them? (If you check yes, please enter the estimated number of staff + family members under the "Yes" response)  Yes  No

*Estimated #:* \_\_\_\_\_

4. Does your hospital have a system in place to communicate with staff members not physically at the hospital in the event of a disaster or emergency that would require them to come to the hospital for treatment with pharmaceuticals?  Yes  No

5. Does your hospital have a system that is used to determine on-hand pharmaceutical inventory?  Yes  No

6. Does your hospital have a written Continuity of Operations Plan (COOP)?  Yes  No

*(Please answer questions 6a - 6c)*

*(Please skip to Section Two below)*

6A. Does your hospital's Continuity of Operations Plan include provisions for distributing pharmaceuticals to staff in the event of a disaster or emergency that requires them?  Yes  No

6B. Does your hospital's Continuity of Operations Plan include provisions for distributing pharmaceuticals to immediate family members of hospital staff in the event of a disaster or emergency that requires them?  Yes  No

6C. In what year was your Continuity of Operations Plan last updated? *Year:* \_\_\_\_\_

## Section Two: Pharmaceutical Supplies

7. Does your hospital have a **written plan** for restocking pharmaceutical supplies if a non-routine event occurs that unexpectedly depletes your current stocks of pharmaceuticals quickly?
- Yes  No  
*(Please answer questions 7A through 7D)* *(Please skip to Section Three)*
- 7A. Does the plan identify alternative sources of pharmaceuticals if the usual sources you use are unable to re-supply the hospital?
- Yes  No
- 7B. Does the plan include a security plan to protect pharmaceuticals while they are being transported to your hospital?
- Yes  No
- 7C. Has your hospital conducted **training** on using the plan?
- Yes ← *Month/year of last training?* \_\_\_\_\_  
 No
- 7D. Has your hospital conducted or participated in **exercises** on using the plan?
- Yes ← *Month/year of last exercise?* \_\_\_\_\_  
 No

## Section Three: Biological Events

8. Does your hospital have immediate, on-site access to information regarding medication protocols (dosages and treatments) required for individuals (adult and pediatric) who are exposed to biological agents?
- Yes  No
9. Does your hospital have a **written plan** for distributing antibiotic prophylaxis to your staff and their families in the event of a biological event?
- Plan in place for staff only } *Please answer*  
 Plan in place for staff and family } *9A & 9B*  
 No plan in place for either staff and family  
*(Please skip to Question 10)*
- 9A. Has your hospital conducted **training** on using the plan for distribution of antibiotics to employees and their families in a biological event?
- Training conducted on distribution to staff only  
 Training conducted on distribution to staff and family  
 No training conducted
- 9B. Has your hospital conducted or participated in **exercises** on the distribution of antibiotics to employees and their families in a biological event?
- Exercises conducted on distribution to staff only  
 Exercises conducted on distribution to staff & family  
 No exercises conducted

**Comment [BEB1]:** I think the Georgia survey questions are better than the 2002 NM DOH survey. The Georgia questions ask about specific pharmaceuticals (antibiotics, chemical antidotes). The NMDOH survey asked a more general set of questions about administration plans for pharmaceuticals. I believe we will get better information using the Georgia questions.

10. Does your hospital have a **written plan** for distributing antivirals to your staff and their families in the event of a biological event?

Plan in place for staff only

Plan in place for staff and family

No plan in place for either staff and family

*(Please skip to Section Four)*

Training conducted on distribution to staff only

Training conducted on distribution to staff and family

No training conducted

Exercises conducted on distribution to staff only

Exercises conducted on distribution to staff & family

No exercises conducted

*Please answer*

*10A & 10B*

**Comment [BEB2]:** I think the Georgia survey questions are better than the 2002 NM DOH survey. The Georgia questions ask about specific pharmaceuticals (antibiotics, chemical antidotes). The NMDOH survey asked a more general set of questions about administration plans for pharmaceuticals. I believe we will get better information using the Georgia questions.

10A. Has your hospital conducted **training** on using the plan for distribution of antivirals to employees and their families in a biological event?

10B. Has your hospital conducted or participated in **exercises** on the distribution of antivirals to employees and their families in a biological event?

#### Section Four: Chemical Events and Agents

11. Does your hospital have immediate, on-site access to information regarding the antidote dosages and treatment protocols required for individuals (adult and pediatric) who are exposed to chemical agents?

Yes

No

12. Does your hospital have a **written plan** for distributing antidotes to your staff in the event of a chemical emergency?

Yes

No

13. Has your hospital conducted **training** on the use of antidotes in a chemical event?

Yes

No

14. Has your hospital participated in **exercises** on the use of antidotes in a chemical event?

Yes

No

**Section Five: Estimates of Pharmaceuticals On-Hand**

15. Please estimate how many packages, on average at a given point in time, are stocked for each item listed below. Indicate "0" if the item is not stocked.

<b>Medication</b>	<b>Strength/Form</b>	<b>Package Size</b>	<b># of Packages Normally Stocked</b>
Oseltamivir (Tamiflu®)	30 mg oral capsule	10 capsules	
Oseltamivir (Tamiflu®)	45 mg oral capsules	10 capsules	
Oseltamivir (Tamiflu®)	75 mg oral capsule	10 capsules	
Oseltamivir (Tamiflu®)	12 mg/mL oral powder for suspension	25 mL	
Zanamivir (Relenza®)	5 mg/dose diskhaler	20 doses/pack	
Amantadine	100 mg		
Rimantadine (Flumadine)	100 mg tablets	100 tablets	
Mark 1 Kits			

**15,**  
**Cont'd.**

Please estimate how many packages, on average at a given point in time, are stocked for each item listed below. Indicate "0" if the item is not stocked.

<b>Medication</b>	<b>Strength/Form</b>	<b>Package Size</b> (tabs/container; vial size (mL); bottle size (mL))	<b># of Packages Normally Stocked</b>
<b>Ciprofloxacin, Injectable</b>	2 mg/ml		
Ciprofloxacin, Injectable	10 mg/ml		
<b>Ciprofloxacin, Oral</b>	100 mg tablet		
Ciprofloxacin, Oral	250 mg tablet		
Ciprofloxacin, Oral	500 mg tablet		
<b>Ciprofloxacin, Oral</b>	750 mg tablet		
Ciprofloxacin, Oral	250 mg/5ml suspension		
Ciprofloxacin, Oral	500 mg/5ml suspension		
<b>Doxycycline, Injectable</b>	100 mg vial		
Doxycycline, Injectable	200 mg vial		
Doxycycline, Oral	50 mg capsule/tablet		
<b>Doxycycline, Oral</b>	100 mg capsule/tablet		

16. Are there additional pharmaceuticals not listed above that your hospital would like to have on-hand in the event of a pandemic influenza, biological event or chemical event that you anticipate you would not be able to stock due to cost, lack of availability or other factors? If so, please list them here and next to each one enter an estimate of the ideal supply.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Section Six: Information and Training Needs**

16. Listed below are a number of topics we've asked about in this assessment. For each, please tell us how much a priority either **information resources** (e.g., a document that explains what each is or an example) or **training** are for your hospital.

Topic	Information Resources				Training			
	Very Low Priority	Low Priority	High Priority	Very High Priority	Very Low Priority	Low Priority	High Priority	Very High Priority
System for communicating with staff in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System for communicating with family members of staff in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a general Continuity of Operations Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a plan for distributing pharmaceuticals to staff and/or families in the event of an emergency that requires them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing pharmaceuticals from non-routine sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a plan for distributing antibiotic prophylaxis to staff and/or families in the event of a biological event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a plan for distributing antidotes to staff in the event of a chemical event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>



## 2008 ASSESSMENT OF NEW MEXICO HOSPITALS

### Module Three: Decontamination and Isolation Plans and Capabilities in the Event of a Biological, Chemical or Radiological incident

Name of Facility: \_\_\_\_\_

## General Instructions

### What Is This Assessment About?

As part of its planning for possible catastrophic incidents in New Mexico, the Bureau of Health Emergency Management (BHEM) of the New Mexico Department of Health has asked the New Mexico Poison Control Center and the Center for Development and Disability at the University of New Mexico's Health Sciences Center to conduct an assessment of hospitals in the state. This module is one of six that are being sent to you. It asks questions about what is contained in your Emergency Management Plan as well as the capabilities of your facilities for decontamination of individuals who are exposed in biological, chemical or radiological incidents that might occur.

### Why Should You Complete It?

There are two reasons to complete the assessment. First, part of the mission of the BHEM is to increase our collective capacity to respond to a surge in patients caused by several types of catastrophic events. Your answers to these questions will help the Bureau to plan activities and resources in coming years. This may include providing support to hospitals in the form of pharmaceuticals, equipment, training or technical assistance or other resources.

Secondly, New Mexico is required to report to the Federal government on the status of the decontamination status of hospitals in the state. The information from the assessment of your hospital will be combined with that from other hospitals and submitted to the Federal government. *No information on specific hospitals will be reported out.*

### How Should You Complete the Assessment?

There are two ways to complete this and the other assessments. You can complete this hard-copy version and mail it back to us at the address at the end of this introduction. If you wish, you can complete one or more of the assessments on-line. A separate instruction sheet included in this packet describes how to complete the on-line version. If you use the on-line version, it will be helpful to read through the paper version first to see what kind of information is being requested.

The assessment has eight sections. It may be that one person may not have all of the information needed to complete all of the sections. If you complete this assessment using the paper assessment, please enter contact information for each person who completes a section of the survey on the page following this introduction in case we need to contact someone for additional information. The on-line version also has a place to enter contact information for each section.

### What Do We Mean by "Emergency Management Plan"?

Hospitals use different names for their plans in the event of a major disaster or emergency involving biological, chemical or radiological incidents as well as other types of non-routine incidents. They are often called Preparedness Plans, Disaster Management Plans, Disaster Plans or

Emergency Management Plans. Regardless of what the plan is called in your facility, we are referring to the written plans that outline how your hospital will respond in the event of a biological, chemical or radiological incident in your catchment area.

### **What Do We Mean by "Training" and "Exercises"?**

By training, we mean one-on-one or group education for staff of your hospital on the contents of the protocols contained in this assessment. By exercises, we mean either table-top or physical drills in which a decontamination event is simulated.

### **What Do We Mean by "Your Hospital"?**

When we use the term "your hospital" in the assessment, we mean your primary facility, excluding clinics at different locations, satellite facilities, free-standing psychiatric hospitals, etc.

### **What Do We Mean by "Fixed" and "Mobile" Decontamination Capabilities?**

When we refer to "fixed" decontamination facilities, we mean facilities that are either permanently located within the hospital, or can be set up adjacent to the hospital (e.g., in a parking lot or temporary building or tent), but are not intended to be transported to other locations. "Mobile" decontamination facilities refer to portable decontamination units that can be transported to the scene of an incident and are self-sufficient.

### **Whom Do I Contact If I Have Questions?**

If you have questions regarding this assessment, please contact any of us using the contact information below.

**Dr. Jess Benson**  
Director, New Mexico Poison  
Center and Associate  
Professor of Pharmacy  
(505) 272-4261  
[jebenson@salud.unm.edu](mailto:jebenson@salud.unm.edu)

**Dr. Anthony Cahill**  
Director, Division of Disability  
and Health Policy  
Center for Development and Disability  
(505) 272-2990  
[acahill@salud.unm.edu](mailto:acahill@salud.unm.edu)

**Elaine Brightwater**  
Director of Emergency Preparedness  
Programs, Center for Development and  
Disability  
(505) 272-5815  
[ebrightwater@salud.unm.edu](mailto:ebrightwater@salud.unm.edu)

**If you complete this hard-copy version of the module, please mail it to:**

**Dr. Anthony Cahill  
Center for Development and Disability  
2300 Menaul Boulevard NE  
Albuquerque, NM 87107**

## Contact Information For Individuals Completing Sections of the Assessment

**Section One: Biological Events**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Two: Chemical Events**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Three: Radiological Events**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Four: Fixed (Non-Mobile)  
Decontamination Facility For Ambulatory Individuals**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Five: Fixed (Non-Mobile) Decontamination  
Facility For Non-Ambulatory Individuals**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Six: Mobile (On-Scene) Decontamination  
Capability For Ambulatory Individuals**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Seven: Mobile (On-Scene) Decontamination  
Capability For Non-Ambulatory Individuals**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

**Section Eight: Targeted Populations in Fixed (Non-**

Contact Person: \_\_\_\_\_

**Mobile) and Mobile (On-Scene) Decontamination  
Protocols and Facilities**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-Mail Address**

## Section One: Biological Events

1.	Does your hospital Emergency Management Plan include written guidelines, procedures or protocols for <b>Decontamination</b> in the event of a catastrophic biological event?	<input type="checkbox"/> Yes <i>(Please answer 1A &amp; 1B)</i>	<input type="checkbox"/> No <i>(Please go to question 2)</i>
1A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ⚡ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
1B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ⚡ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
2.	Does your hospital Emergency Management Plan include written guidelines, procedures or protocols for <b>isolation</b> in the event of a catastrophic biological event?	<input type="checkbox"/> Yes <i>(Please answer 2A &amp; 2B)</i>	<input type="checkbox"/> No <i>(Please go to question 3)</i>
2A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ⚡ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
2B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ⚡ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
3.	Does your hospital Emergency Management Plan include written guidelines, procedures or protocols for <b>treatment</b> in the event of a catastrophic biological event?	<input type="checkbox"/> Yes <i>(Please answer 3A &amp; 3B)</i>	<input type="checkbox"/> No <i>(Please go to question 4)</i>
3A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ⚡ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
3B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ⚡ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	

4.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for referring and transporting patients to receive specialized care that cannot be provided at your hospital in the event of a catastrophic biological event?	<input type="checkbox"/> Yes <i>(Please answer 4A &amp; 4B)</i>	<input type="checkbox"/> No <i>(Please go to Section Two)</i>
4A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes <i>☛ Month and year of the last training?</i> _____ <input type="checkbox"/> No	
4B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes <i>☛ Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	

## Section Two: Chemical Events

5.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for <b>decontamination</b> in the event of a catastrophic chemical event?	<input type="checkbox"/> Yes <i>(Please answer 5A &amp; 5B)</i>	<input type="checkbox"/> No <i>(Please go to question 6)</i>
5A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes <i>☛ Month and year of the last training?</i> _____ <input type="checkbox"/> No	
5B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes <i>☛ Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
6.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for <b>isolation</b> in the event of a catastrophic chemical event?	<input type="checkbox"/> Yes <i>(Please answer 6A &amp; 6B)</i>	<input type="checkbox"/> No <i>(Please go to question 7)</i>
6A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes <i>☛ Month and year of the last training?</i> _____ <input type="checkbox"/> No	
6B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes <i>☛ Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	

7.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for <b>treatment</b> in the event of a catastrophic chemical event?	<input type="checkbox"/> Yes <i>(Please answer 7A &amp; 7B)</i>	<input type="checkbox"/> No <i>(Please go to question 8)</i>
7A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ◀ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
7B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ◀ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
8.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for referring and transporting patients to receive specialized care that cannot be provided at your hospital in the event of a catastrophic chemical event?	<input type="checkbox"/> Yes <i>(Please answer 8A &amp; 8B)</i>	<input type="checkbox"/> No <i>(Please go to Section Three)</i>
8A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ◀ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
8B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ◀ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	

### Section Three: Radiological Events

9.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for <b>decontamination</b> in the event of a catastrophic radiological event?	<input type="checkbox"/> Yes <i>(Please answer 9A &amp; 9B)</i>	<input type="checkbox"/> No <i>(Please go to question 10)</i>
9A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ◀ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
9B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes ◀ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	

10.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for <b>isolation</b> in the event of a catastrophic radiological event?	<input type="checkbox"/> Yes <i>(Please answer 10A &amp; 10B)</i>	<input type="checkbox"/> No <i>(Please go to question 11)</i>
10A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes • <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
10B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes • <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
11.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for <b>treatment</b> in the event of a catastrophic radiological event?	<input type="checkbox"/> Yes <i>(Please answer 11A &amp; 11B)</i>	<input type="checkbox"/> No <i>(Please go to question 12)</i>
11A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes • <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
11B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes • <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
12.	Does your hospital Emergency Management Plan include specific guidelines, procedures or protocols for referring and transporting patients to receive specialized care that cannot be provided at your hospital in the event of a catastrophic radiological event?	<input type="checkbox"/> Yes <i>(Please answer 12A &amp; 12B)</i>	<input type="checkbox"/> No <i>(Please go to Section Four)</i>
12A.	Has your hospital conducted <b>training</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes • <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
12B.	Has your hospital conducted or participated in <b>exercises</b> on using the guidelines, procedures or protocols?	<input type="checkbox"/> Yes • <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	

#### Section Four: Fixed (Non-Mobile) Decontamination Facility For Ambulatory Individuals

13.	Does your hospital have a fixed (non-mobile) facility to decontaminate <b>ambulatory</b> individuals?	<input type="checkbox"/> Yes <i>(Please answer 13A - 13H)</i>	<input type="checkbox"/> No <i>(Please go to Section Five)</i>
13A.	Does it have hot water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13B.	Does it have heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13C.	Does it have the capacity to operate during a water or electricity outage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13D.	Does it allow for separation of genders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13E.	Is it equipped to isolate runoff from the decontamination process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13F.	Does it have an exhaust system to vent air to the outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13G.	Which of the following types of events can be decontaminated in this facility?	<input type="checkbox"/> biological	<input type="checkbox"/> chemical <input type="checkbox"/> radiological
13H.	How many ambulatory people can be decontaminated per hour in this facility?	_____ persons per hour	

#### Section Five: Fixed (Non-Mobile) Decontamination Facility For Non-Ambulatory Individuals

14.	Does your hospital have a fixed (non-mobile) facility to decontaminate <b>non-ambulatory</b> individuals?	<input type="checkbox"/> Yes <i>(Please answer 14A - 14H)</i>	<input type="checkbox"/> No <i>(Please go to Section Six)</i>
14A.	Does it have hot water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14B.	Does it have heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14C.	Does it have the capacity to operate during a water or electricity outage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14D.	Does it allow for separation of genders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14E.	Is it equipped to isolate runoff from the decontamination process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14F.	Does it have an exhaust system to vent air to the outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14G.	For which of the following events can ambulatory individuals be decontaminated in this facility?	<input type="checkbox"/> biological	<input type="checkbox"/> chemical	<input type="checkbox"/> radiological
14H.	How many non-ambulatory persons can be decontaminated per hour in this facility?	_____ persons per hour		

**Section Six: Mobile (On-Scene) Decontamination Capability For Ambulatory Individuals**

15.	Does your hospital have the capacity to decontaminate ambulatory individuals on-scene (e.g., at or near the site of an incident requiring decontamination)?	<input type="checkbox"/> Yes <i>(Please answer 15A - 15F)</i>	<input type="checkbox"/> No <i>(Please go to Section Seven)</i>	
15A.	Does it have hot water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15B.	Does it have heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15C.	Does it have the capacity to operate without being connected to fixed water or electricity supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15D.	Does it allow for separation of genders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15E.	For which of the following events can ambulatory individuals be decontaminated on-scene?	<input type="checkbox"/> biological	<input type="checkbox"/> chemical	<input type="checkbox"/> radiological
15F.	How many ambulatory persons can be decontaminated per hour on-scene?	_____ persons per hour		

**Section Seven: Mobile (On-Scene) Decontamination Capability For Non-Ambulatory Individuals**

16.	Does your hospital have the capacity to decontaminate non-ambulatory individuals on-scene (e.g., at or near the site of an incident requiring decontamination)?	<input type="checkbox"/> Yes <i>(Please answer 16A - 16F)</i>	<input type="checkbox"/> No <i>(Please go to Section Eight)</i>	
-----	---	---	---	--

16A.	Does it have hot water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16B.	Does it have heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16C.	Does it have the capacity to operate without being connected to fixed water or electricity supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16D.	Does it allow for separation of genders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16E.	For which of the following events can non-ambulatory individuals be decontaminated on-scene?	<input type="checkbox"/> biological	<input type="checkbox"/> chemical	<input type="checkbox"/> radiological
16F.	How many non-ambulatory persons can be decontaminated per hour on-scene?	_____ persons per hour		

**Section Eight: Targeted Populations in Fixed (Non-Mobile) and Mobile (On-Scene) Decontamination Guidelines**

17. Do your hospital's decontamination guidelines, procedures or protocols include provisions for decontaminating individuals who belong to the following targeted populations?

*(If your hospital does not have fixed or mobile decontamination protocols/facilities, please leave blank as appropriate.)*

Targeted Population	Fixed (Non-Mobile)		Mobile (On-Scene)	
17A. Persons who are blind or visually impaired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17B. Persons who are deaf or hearing impaired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17C. Persons with cognitive disabilities (e.g., autism, mental retardation, Down's Syndrome)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17D. Persons who are mentally ill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17E. Persons with multiple chemical sensitivities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17F.	Pregnant women or new mothers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17G.	Persons with service animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17H.	Persons who are ambulatory but who use durable medical equipment such as walkers or canes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17I.	People with personal care attendants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17J.	Children under the age of 10	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## 2008 ASSESSMENT OF NEW MEXICO HOSPITALS

### Module Four: Personal Protective Equipment and Durable Medical Equipment

Name of Facility: \_\_\_\_\_

## General Instructions

### What Is This Assessment About?

As part of its planning for possible catastrophic events in New Mexico, the Bureau of Health Emergency Management (BHEM) of the New Mexico Department of Health has asked the New Mexico Poison Control Center and the Center for Development and Disability at the University of New Mexico's Health Sciences Center to conduct an assessment of hospitals in the state. This module is one of six that are being sent to you. It asks questions about personal protective equipment (PPE) and durable medical equipment (DME) at your hospital that might be used in the event of a catastrophic event.

### Why Should You Complete It?

There are two reasons to complete the assessment. First, part of the mission of the BHEM is to increase our collective capacity to respond to a surge in patients caused by several types of catastrophic events, including pandemic influenza. Your answers to these questions will help the Bureau to plan activities and resources in coming years. This may include providing resources to hospitals in the form of pharmaceuticals, equipment, training or technical assistance or other resources.

Secondly, New Mexico is required to report to the Federal Government the status of hospitals in the state about personal protective equipment and durable medical equipment. The information on this assessment will be combined with that from other hospitals and submitted to the Federal government. *No information on specific hospitals will be reported out.*

### How Should You Complete the Assessment?

There are two ways to complete this and the other modules. You can complete this hard-copy version and mail it back to us at the address below. If you wish, you can complete one or more of the modules on-line. A separate instruction sheet is included in this packet on how to complete the on-line version. If you use the on-line version, it will be helpful to read through the paper version first to see what kind of information is being asked for.

This module has five sections. It may be that one person may not have all of the information needed to complete both sections. If you complete this assessment using the paper assessment, please enter contact information for each person who completes a section of the survey on the page following this introduction in case we need to contact someone for additional information. The on-line version also has a place to enter contact information for each section.

### **What Do We Mean By "Your Hospital"?**

When we use the term "your hospital" in the assessment, we mean your primary facility, excluding clinics at different locations, satellite facilities, free-standing psychiatric hospitals, etc.

### **Whom Do I Contact If I Have Questions?**

If you have questions as the assessment is completed, please contact any of us using the contact information below.

Thank you in advance for your help in this important project.

#### **Dr. Jess Benson**

Director, NM Poison and Drug  
Information Center and Associate  
Professor of Pharmacy

(505) 272-4261  
[jebenson@salud.unm.edu](mailto:jebenson@salud.unm.edu)

#### **Dr. Anthony Cahill**

Director, Division of Disability  
and Health Policy  
Center for Development and Disability

(505) 272-2990  
[acahill@salud.unm.edu](mailto:acahill@salud.unm.edu)

#### **Elaine Brightwater**

Director of Emergency Preparedness  
Programs, Center for Development and  
Disability

(505) 272-5815  
[ebrightwater@salud.unm.edu](mailto:ebrightwater@salud.unm.edu)

**If you complete this hard-copy version of the module, please mail it to:**

**Dr. Anthony Cahill  
Center for Development and Disability  
2300 Menaul Boulevard NE  
Albuquerque, NM 87107**

## Contact Information For Individuals Completing Sections of the Assessment

### Section One: Respirator Supplies

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Two: Risk Assessment and Reduction

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Three: Other Supplies

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Four: Mechanical Ventilators

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Five: Training, Exercises and Information Resources

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

## Section One: Respirator Supplies

<p>1. Does your hospital regularly keep a supply of disposable or filtering facepiece (N-95 or better) respirators?</p>	<input type="checkbox"/> Yes <i>(Please answer 1A &amp; 1B)</i>	<input type="checkbox"/> No <i>(Please skip to Question 2)</i>
<p>1A. How many disposable or filtering facepiece (N-95 or better) respirators are kept in stock on a regular basis?</p>	Please enter number: _____	
<p>1B. Please list the brands and model numbers of disposable or filtering facepiece (N-95 or better) respirators that are kept in stock on a regular basis.</p>	_____ _____	
<p>2. Does your hospital regularly keep a supply of reusable or elastomeric respirators?</p>	<input type="checkbox"/> Yes <i>(Please answer 2A, 2B &amp; 2C)</i>	<input type="checkbox"/> No <i>(Please skip to question 3)</i>
<p>2A. How many filters for disposable reusable or elastomeric respirators are kept in stock on a regular basis?</p>	Please enter number: _____	
<p>2B. How many disposable reusable or elastomeric respirators are kept in stock on a regular basis?</p>	Please enter number: _____	
<p>2C. Please list the brands and model numbers of disposable reusable or elastomeric respirators that are kept in stock on a regular basis.</p>	_____ _____	
<p>3. Does your hospital regularly keep any powered air purifying respirators (PAPRs) in stock on a regular basis?</p>	<input type="checkbox"/> Yes <i>(Please answer Questions 3A - 3F)</i>	<input type="checkbox"/> No <i>(Please skip to question 4)</i>
<p>3A. How many PAPRs are kept in stock on a regular basis?</p>	Please enter number: _____	
<p>3B. How many spare batteries for PAPR blowers are kept in stock on a regular basis?</p>	Please enter number: _____	
<p>3C. How many extra PAPR hoods are kept in stock on a regular basis?</p>	Please enter number: _____	

3D. How many NBC (nuclear, biological, chemical) replacement cartridges are kept in stock on a regular basis?	Please enter number: _____
---	----------------------------

**3, Continued**

3E. Does your hospital have a change-out schedule for your NBC replacement cartridges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3F. Please list the brands and model numbers of PAPRs that are kept in stock on a regular basis.	<hr/> <hr/>	
4. In addition to your regular supplies of the three types of respirators listed in Questions 1 - 3 above, does your hospital stockpile respirators for use in a pandemic influenza?	<input type="checkbox"/> Yes <i>(Please answer Questions 4A - 4C)</i>	<input type="checkbox"/> No <i>(Please skip to Question 5)</i>
4A. How many additional disposable or filtering facepiece (N-95 or better) respirators are stockpiled?	Please enter number: _____	
4B. How many additional reusable or elastomeric respirators are stockpiled?	Please enter number: _____	
4C. How many additional powered air purifying respirators (PAPRs) are stockpiled?	Please enter number: _____	

**Section Two: Risk Assessment and Reduction**

5. Has your hospital categorized workplaces and specific work tasks into risk zones according to the likelihood of employees' occupational exposure to pandemic influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

6.	Does your hospital have a program to fit-test employees for respirators?	<input type="checkbox"/> Yes <i>(Please answer Questions 6A - 6C)</i>	<input type="checkbox"/> No <i>(Please skip to question 7)</i>
6A.	Who runs the fit-testing program?	<input type="checkbox"/> Your hospital <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please specify):	
6B.	How many employees were fit-tested during 2007?	Please enter number:	
6C.	In which departments did the employees who were fit-tested work?	Please list department(s):	

### Section Three: Other Supplies

7.	Please check the box that corresponds to the number of days your hospital could operate at 100% of capacity with your current levels (without re-supply) of the following supplies.	7 or fewer days	8-14 Days	15-21 Days	22-28 Days	29 or more Days
7A.	Facemasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B.	gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C.	eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D.	gown/ splash protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E.	syringes and needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7F.	respiratory supplies (e.g., disposable tubing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7G.	IV fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7H.	dressings and wound care supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section Four: Mechanical Ventilators

8.	How many of each of the following types of ventilators does your hospital currently have on hand?  <i>[Note: do not include high-frequency ventilators used</i>	Routinely Used Only In Operating	In-Hospital Transport	Other	TOTALS
----	---	----------------------------------	-----------------------	-------	--------

<i>exclusively for premature infants in your response.]</i>	Room				
8A. Adult only?	# ___ +	# ___ +	# ___ +	=	# ___
8B. Adult that can be used as pediatric not counted in 8A?	# ___ +	# ___ +	# ___ +	=	# ___
8C. Pediatric only not counted in 8A or 8B?	# ___ +	# ___ +	# ___ +	=	# ___

**Section Five: Training, Exercises and Information Resources**

9.	Does your hospital have a <b>written plan</b> for restocking basic supplies such as those listed in Question 7 (facemasks, gloves, eye protection, etc.) if a non-routine event occurs that unexpectedly depletes your current stocks quickly?	<input type="checkbox"/> Yes <i>(Please answer questions 9A through 9D)</i>	<input type="checkbox"/> No <i>(Please skip to Question Ten)</i>
9A.	Does the plan identify alternative sources of supplies if the usual sources you use are unable to re-supply the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9B.	Does the plan include a security plan to protect these supplies while they are being transported to your hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9C.	In 2007, did your hospital conduct <b>training</b> on using the plan?	<input type="checkbox"/> Yes    ◀ <i>Month and year of the last training?</i> _____ <input type="checkbox"/> No	
9D.	In 2007, did your hospital conduct or participate in <b>exercises</b> on using the plan?	<input type="checkbox"/> Yes    ◀ <i>Month and year of the last exercise?</i> _____ <input type="checkbox"/> No	
10.	In the box below, please tell us what types of training or information resources would be most helpful to your facility concerning PPE, medical equipment and supplies.		



## 2008 ASSESSMENT OF NEW MEXICO HOSPITALS

### Module Five: Hospital Mortuary Planning and Services

Name of Facility: \_\_\_\_\_

## General Instructions

### What Is This Assessment About?

As part of its planning for possible catastrophic incidents in New Mexico, the Bureau of Health Emergency Management (BHEM) of the New Mexico Department of Health has asked the Poison Control Center and the Center for Development and Disability at the University of New Mexico's Health Sciences Center to conduct an assessment of hospitals in the state. This module is one of six that are being sent to you. This assessment asks about planning and services at your hospital in the event that unusually large numbers of patients die as a result of a catastrophic incident, including pandemic influenza.

### Why Should You Complete It?

There are two reasons to complete the assessment. First, part of the mission of the BHEM is to increase our collective capacity to respond to a surge in patients caused by several types of catastrophic incidents, including pandemic influenza. Your answers to these questions will help the Bureau to plan activities and resources in coming years. This may include providing resources to hospitals in the form of pharmaceuticals, equipment, training and technical assistance or other resources.

Secondly, New Mexico is required to report to the Federal Government information about mortuary planning and capabilities for New Mexico hospitals. The information on this assessment will be combined with that from other hospitals and submitted to the Federal government. *No information on specific hospitals will be reported out.*

### How Should You Complete the Assessment?

There are two ways to complete this and the other assessments. You can complete this hard-copy version and mail it back to us at the address below. If you wish, you can complete one or more of the assessments on-line. A separate instruction sheet is included in this packet on how to complete the on-line version. If you use the on-line version, it will be helpful to read through the paper version first to see what kind of information is being asked for.

The module has three sections. It may be that one person may not have all of the information needed to complete all of the sections. If you complete this assessment using the paper assessment, please enter contact information for each person who completes a section of the survey on the page following this introduction in case we need to contact someone for additional information. The on-line version also has a place to enter contact information for each section.

### **What Do We Mean By "Your Hospital"?**

When we use the term "your hospital" in the assessment, we mean your primary facility, excluding clinics at different locations, satellite facilities, free-standing psychiatric hospitals, etc.

### **Whom Do I Contact If I Have Questions?**

If you have questions as the assessment is completed, please contact any of us using the contact information below.

Thank you in advance for your help in this important project.

#### **Dr. Jess Benson**

Director, NM Poison and Drug  
Information Center and Associate  
Professor of Pharmacy

(505) 272-4261  
[jebenson@salud.unm.edu](mailto:jebenson@salud.unm.edu)

#### **Dr. Anthony Cahill**

Director, Division of Disability  
and Health Policy  
Center for Development and Disability

(505) 272-2990  
[acahill@salud.unm.edu](mailto:acahill@salud.unm.edu)

#### **Elaine Brightwater**

Director of Emergency Preparedness  
Programs, Center for Development and  
Disability

(505) 272-5815  
[ebrightwater@salud.unm.edu](mailto:ebrightwater@salud.unm.edu)

**If you complete this hard-copy version of the module, please mail it to:**

**Dr. Anthony Cahill  
Center for Development and Disability  
2300 Menaul Boulevard NE  
Albuquerque, NM 87107**

## Contact Information For Individuals Completing Sections of the Assessment

### Section One: General Information and Planning

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Two: Hospital Mortuary Facilities

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

### Section Three: Personal Protective Equipment (PPE) and Infection Control Supplies for Hospital Mortuary Services

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

**Section One: General Information & Planning**

- 1. Does your hospital have a fatality management plan?
  - Yes *(Please answer questions 1A through 1E)*
  - No *(Please skip to Question 2)*
  
- 1A. Does the plan address a "surge" of fatalities due to a catastrophic incident that kills large numbers of people in a short period of time?
  - Yes
  - No
  
- 1B. Does the plan include agreements or coordinated planning with funeral homes in your area?
  - Yes
  - No
  
- 1C. Does the plan include agreements or coordinated planning with the Office of the Medical Examiner?
  - Yes
  - No
  
- 1D. Does the plan include agreements or coordinated planning with your County Emergency Manager?
  - Yes
  - No
  
- 1E. Does the plan identify alternate site(s) (not at your facility) to which bodies can be taken in the event your morgue is at capacity?
  - Yes
  - No
  
- 2. Does your hospital have written autopsy biosafety protocols and procedures?
  - Yes *(Please answer questions 2A and 2B)*
  - No *(Please skip to Section 2)*
  
- 2A. When were the protocols and procedures last updated?
 

Month and Year: \_\_\_\_\_
  
- 2B. When was the last training held for staff on the protocols and procedures?
 

Month and Year: \_\_\_\_\_

**Section Two: Hospital Mortuary Facilities**

- 3. What is the capacity of your hospital morgue to store bodies in refrigerated facilities?
 

\_\_\_\_\_ bodies
  
- 4. Does your hospital have a backup generator or other alternative power source that can be used for refrigeration in the hospital morgue in the event of a power failure?
  - Yes *(Please answer question 4A)*
  - No *(Please skip to question 5)*
  
- 4A. Approximately how many hours and/or days can this alternate power source maintain refrigeration in your morgue?

- \_\_\_\_\_ hours / \_\_\_\_\_ days
5. Does your hospital own or have ready access to tents for storing remains when other options are exhausted?  Yes  No  
*(Please answer question 5A) (Please skip to Question 6)*
- 5A. What is the capacity of the tents?
6. Does your hospital own or have ready access to refrigerated trucks for storing remains when other options are exhausted?  Yes  No  
*(Please answer question 6A) (Please skip to Section 3)*
- 6A. What is the capacity of the trucks?
- \_\_\_\_\_ bodies
- \_\_\_\_\_ bodies

**Section Three: Personal Protective Equipment (PPE) and Infection Control Supplies for Hospital Mortuary Services**

7. Please enter the number of each item of PPE or infection control supplies listed below currently maintained in your hospital for mortuary services.
- 7A. Disposable or reusable full-face shields for splash protection \_\_\_\_\_
- 7B. Protective covering (aprons, gowns) \_\_\_\_\_
- 7C. Gloves (heavy, reusable) \_\_\_\_\_
- 7D. Leak-proof body bags with additional sealing tape and labeling materials \_\_\_\_\_
- 7E. Transparent containers for storing personal effects \_\_\_\_\_
8. Of the items of PPE or infection control supplies in question 7 above ***or other mortuary-related supplies or equipment not listed***, please list items which your hospital would like to have more of on-hand in the event of a catastrophic incident but you cannot stock due to cost, lack of availability or other factors? If so, please list them here and next to each one enter an estimate of the ideal supply.
- | Item     | Quantity |
|----------|----------|
| 1. _____ | _____    |
| 2. _____ | _____    |
| 3. _____ | _____    |

4. \_\_\_\_\_
5. \_\_\_\_\_



## 2008 ASSESSMENT OF NEW MEXICO HOSPITALS

### Module Six: Planning for Targeted Populations in Response to Catastrophic Events

Name of Facility: \_\_\_\_\_

## General Instructions

### What Is This Assessment About?

As part of its planning for a possible pandemic influenza in New Mexico, the Bureau of Health Emergency Management (BHEM) of the New Mexico Department of Health has asked the New Mexico Poison Control Center and the Center for Development and Disability at the University of New Mexico's Health Sciences Center to conduct an assessment of hospitals in the state. This module is one of six that are being sent to you. A critical part of planning for several types of catastrophic events, including pandemic influenza, is planning for people with disabilities.

### Why Should You Complete It?

There are two reasons to complete the assessment. First, part of the mission of the Bureau of Health Emergency Management (BHEM) is to increase our collective capacity to respond to a surge in patients caused by several types of catastrophic incidents, including pandemic influenza. Your answers to these questions will help the Bureau to plan activities and resources in coming years. This could include providing support to hospitals in the form of pharmaceuticals, equipment, training or technical assistance or other resources.

Secondly, New Mexico is required to report to the Federal government information about how hospitals in the state are planning for a variety of targeted populations in the event of a catastrophic event. The information on this assessment will be combined with that from other hospitals and submitted to the Federal government. *No information on specific hospitals will be reported out.*

### How Should You Complete the Assessment?

There are two ways to complete this and the other five modules. You can complete this hard-copy version and mail it back to us at the address below. If you wish, you can complete one or more of the assessments on-line. A separate instruction sheet is included in this packet describes how to complete the on-line version. If you use the on-line version, it will be helpful to read through the paper version first to see what kind of information is being requested.

The module has four sections. It could be that one person might not have all of the information needed to complete all of the sections. If you complete this module using the paper version, please enter contact information for each person who completes a section of the survey on the page following this introduction in case we need to contact someone for additional information. The on-line version also has a place to enter contact information for each section.

### **What Do We Mean By "Emergency Management Plan"?**

Hospitals use different names for their plans in the event of a major disaster or emergency. They are often called "Preparedness Plans", "Disaster Management Plans", "Disaster Plans" or "Emergency Management Plans." Regardless of what the plan is called in your facility, we are referring to the written plans that outline how your hospital will respond in the event of a catastrophic incident such as a pandemic influenza or a biological, chemical or radiological incident in your catchment area.

### **What Do We Mean By "Your Hospital"?**

When we use the term "your hospital" in the assessment, we mean your primary facility, excluding clinics at different locations, satellite facilities, free-standing psychiatric hospitals, etc.

### **Whom Do I Contact If I Have Questions?**

If you have questions regarding the assessment, please contact any of us using the contact information below.

Thank you in advance for your help in this important project.

**Dr. Jess Benson**  
Director, New Mexico Poison  
Center and Associate  
Professor of Pharmacy

(505) 272-4261  
[jebenson@salud.unm.edu](mailto:jebenson@salud.unm.edu)

**Dr. Anthony Cahill**  
Director, Division of Disability  
and Health Policy  
Center for Development and Disability

(505) 272-2990  
[acahill@salud.unm.edu](mailto:acahill@salud.unm.edu)

**Elaine Brightwater**  
Director of Emergency Preparedness  
Programs, Center for Development and  
Disability

(505) 272-5815  
[ebrightwater@salud.unm.edu](mailto:ebrightwater@salud.unm.edu)

**If you complete this hard-copy version of the module, please mail it to:**

**Dr. Anthony Cahill  
Center for Development and Disability  
2300 Menaul Boulevard NE  
Albuquerque, NM 87107**

## Contact Information For Individuals Completing Sections of the Assessment

**Section One: People Who Are Deaf and Hard Of Hearing**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

**Section Two: People Who Are Blind or Visually Impaired**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

**Section Three: People With Personal Care Attendants**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

**Section Four: Information and Training Needs**

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

**Section One: People Who are Deaf and Hard of Hearing**

- 1. Does your hospital have on staff individuals who speak American Sign Language?  
1A. How many hospital staff are able to speak American Sign Language?  
 Yes (Please answer question 1A)  No (Please skip to Question 2)  
#: \_\_\_\_\_
- 2. Does your hospital maintain a registry of signed-language interpreters in your area?  
2A. How many individuals are on the registry?  
 Yes (Please answer question 2A)  No (Please skip to Question 3)  
#: \_\_\_\_\_
- 3. Does your hospital have a TTY system in place that can be used to communicate with people who are deaf?  
 Yes  No
- 4. Does your hospital have an enhanced communication system installed anywhere in the hospital such as loop systems or FM systems that hard-of-hearing people can use?  
 Yes  No

**Section Two: People Who are Blind or Visually Impaired**

- 5. Does your hospital Emergency Management Plan incorporate provisions for having guide dogs remain with blind patients while they are in your facility?  
 Yes  No
- 6. Does your hospital have key written documents that would be given to patients available in large-print format?  
 Yes  No
- 7. Does your hospital have key written documents that would be given to patients available in Braille?  
 Yes  No
- 8. Does your hospital have any computers that are equipped with screen-reading applications (e.g., Dragon Naturally Speaking) that are accessible to patients who are blind?  
8A. How many computers are equipped with these applications?  
 Yes (Please answer question 8A)  No (Please skip to Question 9)  
#: \_\_\_\_\_

### Section Three: People With Personal Care Attendants

9. Does your hospital Emergency Management Plan incorporate provisions for having personal care attendants remain with patients during their stays in the hospital?  Yes  No
10. Does your hospital Emergency Management Plan incorporate provisions for providing personal care attendants to individuals who use them but are not with them when they are brought to the facility?  Yes  No

## Section Four: Information and Training Needs

11. Listed below are a number of topics we've asked about in this assessment. For each, please tell us how much a priority either **information resources** (e.g., a document that explains what each is or an example) or **training** are for your hospital.

Topic	Information Resources				Training			
	Very Low Priority	Low Priority	High Priority	Very High Priority	Very Low Priority	Low Priority	High Priority	Very High Priority
Providing services to people with service animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people with mobility limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people with cognitive disabilities (e.g., mental retardation, Down's Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people who are blind or visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people who are deaf or hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people with multiple chemical sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people with autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing services to people who are mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways to incorporate accessibility guidelines (e.g., the Americans with Disabilities Act) into your hospital Emergency Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## ■ Appendix D: Hospital Pharmacy Counter-Agent Inventories

---

# Hospital Pharmacy Counter Agent Inventories

**City Name**

Albuquerque

**Pharmacy Name**

Heart Hospital of New Mexico

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	1	100	100	50000
Injection	10 mg/mL	1	40	40	400
Tablet/Capsule	250 mg	1	100	100	25000
Injection	2 mg/mL	20	200	4000	8000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	5	10	50	3750

*Rimantidine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

**Pharmacy Name**

Kindred Hospital

*Amantadine*

*Unit*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000
Liquid/Suspension	50 mg/5 mL	1	480	480	4800

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	1	100	100	50000
Tablet/Capsule	750 mg	1	50	50	37500
Tablet/Capsule	250 mg	1	100	100	25000
Injection	2 mg/mL	24	200	4800	9600
Injection	2 mg/mL	24	100	2400	4800

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	10	1	10	1000
Tablet/Capsule	100 mg	1	100	100	10000

**Pharmacy Name Lovelace Medical Center (Downtown)**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	50	50	5000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	250 mg	1	100	100	25000
Tablet/Capsule	500 mg	1	100	100	50000
Injection	2 mg/mL	144	200	28800	57600
Injection	2 mg/mL	48	100	4800	9600

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
----------------------	----------------------	-------------------	----------------------------	--------------------	----------------------

Injection	100 mg vial	20	1	20	2000
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Liquid/Suspension	12 mg/mL	1	25	25	300
Tablet/Capsule	75 mg	4	10	40	3000

**Pharmacy Name                      Presbyterian Kaseman Hospital**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	2 mg/mL	144	200	28800	57600
Tablet/Capsule	500 mg	7	100	700	350000
Tablet/Capsule	250 mg	5	100	500	125000
Liquid/Suspension	500 mg/5mL	2	100	200	20000
Injection	2 mg/mL	48	100	4800	9600

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	40	1	40	4000
Tablet/Capsule	50 mg	1	50	50	2500
Tablet/Capsule	100 mg	1	1000	1000	100000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	1	10	10	750
Liquid/Suspension	12 mg/mL	2	25	50	600

*Rimantidine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

**Pharmacy Name**                      **University Hospital Medical Center**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	60	60	6000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	2 mg/mL	100	200	20000	40000
Injection	10 mg/mL	8	40	320	3200
Injection	2 mg/mL	50	100	5000	10000
Tablet/Capsule	750 mg	4	100	400	300000
Tablet/Capsule	500 mg	6	100	600	300000
Tablet/Capsule	250 mg	5	100	500	125000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	100	1	100	10000
Tablet/Capsule	50 mg	1	100	100	5000
Tablet/Capsule	100 mg	3	500	1500	150000

**City Name**                                      **Santa Fe**

**Pharmacy Name**                      **St. Vincents Hospital**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	2 mg/mL	192	200	38400	76800
Tablet/Capsule	750 mg	2	100	200	150000
Tablet/Capsule	500 mg	7	100	700	350000
Injection	2 mg/mL	48	100	4800	9600
Injection	10 mg/mL	10	40	400	4000
Liquid/Suspension	250 mg/5mL	1	100	100	5000
Tablet/Capsule	250 mg	5	100	500	125000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	50 mg	1	100	100	5000
Tablet/Capsule	100 mg	4	100	400	40000
Injection	100 mg vial	20	1	20	2000

*Osetamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	15	10	150	11250
Liquid/Suspension	12 mg/mL	1	25	25	300

**City Name** Las Cruces

**Pharmacy Name** Memorial Medical Center

*Osetamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	0			

**Pharmacy Name** Mountain View Regional Medical Center

*Amantadine*

*Unit*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	10 mg/mL	6	20	120	1200
Injection	2 mg/mL	24	100	2400	4800
Tablet/Capsule	250 mg	1	100	100	25000
Tablet/Capsule	500 mg	1	100	100	50000
Injection	2 mg/mL	48	200	9600	19200

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	8	1	8	800
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	5	10	50	3750

**City Name** Roswell

**Pharmacy Name** Eastern NM Medical Center

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	70	70	7000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	250 mg	1	100	100	25000
Injection	10 mg/mL	8	40	320	3200
Tablet/Capsule	500 mg	3	100	300	150000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	7	10	70	7000
Tablet/Capsule	100 mg	2	100	200	20000

*Mark I Kit*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	NA	480	1	480	480

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	13	10	130	9750
Liquid/Suspension	12 mg/mL	2	25	50	600

**Pharmacy Name Roswell Regional Hospital**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	2 mg/mL	24	200	4800	9600
Tablet/Capsule	500 mg	1	100	100	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000
Injection	100 mg vial	20	1	20	2000

**City Name Alamogordo**

**Pharmacy Name Gerald Champion Hospital**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	2	100	200	20000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	250 mg	2	100	200	50000
Tablet/Capsule	500 mg	2	100	200	100000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	2	100	200	20000
Injection	100 mg vial	20	1	20	2000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	4	10	40	3000

*Rimantidine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	2	100	200	20000

**City Name** Deming

**Pharmacy Name** Mimbres Memorial Hospital

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	250 mg	1	100	100	25000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000
Injection	100 mg vial	10	1	10	1000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	2	10	20	1500

**City Name** Farmington

**Pharmacy Name** San Juan Regional Medical Center

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	50	50	5000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	1	100	100	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000
Injection	100 mg vial	30	1	30	3000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	28	10	280	21000

**City Name** Gallup

**Pharmacy Name** Rehoboth McKinley Christian Health Care Services

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	1	50	50	25000
Injection	2 mg/mL	20	200	4000	8000
Injection	2 mg/mL	20	100	2000	4000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	8	1	8	800
Tablet/Capsule	100 mg	1	50	50	5000

**City Name**

Grants

**Pharmacy Name**

Cibola General Hospital

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	1	100	100	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	50	50	5000
Injection	100 mg vial	2	1	2	200

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	42	10	420	31500

**City Name**

Hobbs

**Pharmacy Name**                      **Lea Regional Medical Center**

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	10 mg/mL	5	40	200	2000
Injection	2 mg/mL	48	200	9600	19200
Tablet/Capsule	500 mg	1	100	100	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	1	10	10	1000
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	1	10	10	750
Liquid/Suspension	12 mg/mL	1	25	25	300

**City Name**                                      **Las Vegas**

**Pharmacy Name**                      **Alta Vista Regional Hospital**

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000
Injection	100 mg vial	20	1	20	2000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
----------------------	----------------------	-------------------	--------------------------------	--------------------	----------------------

Tablet/Capsule	75 mg	3	10	30	2250
----------------	-------	---	----	----	------

**City Name** Los Alamos

**Pharmacy Name** Los Alamos Medical Center

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	5	100	500	50000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	250 mg	1	100	100	25000
Tablet/Capsule	100 mg	1	100	100	10000
Injection	2 mg/mL	50	200	10000	20000
Injection	2 mg/mL	50	100	5000	10000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	15	10	150	11250
Liquid/Suspension	12 mg/mL	2	25	50	600

*Rimantidine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

**City Name** Lovington

**Pharmacy Name** Nor Lea General Hospital

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	2 mg/mL	25	200	5000	10000
Tablet/Capsule	500 mg	1	100	100	50000
Injection	2 mg/mL	25	100	2500	5000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	20	1	20	2000
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Liquid/Suspension	12 mg/mL	2	25	50	600
Tablet/Capsule	75 mg	4	10	40	3000

**City Name** Portales

**Pharmacy Name** Roosevelt General Hospital

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Liquid/Suspension	50 mg/5 mL	1	480	480	4800
Tablet/Capsule	100 mg	1	60	60	6000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	10 mg/mL	5	20	100	1000

Injection	2 mg/mL	30	100	3000	6000
Tablet/Capsule	500 mg	1	24	24	12000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	18	1	18	1800
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	30	10	300	22500

**City Name** Raton

**Pharmacy Name** Miner's Colfax Medical Center

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Liquid/Suspension	50 mg/5 mL	1	480	480	4800

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	2	100	200	100000
Liquid/Suspension	250 mg/5mL	4	100	400	20000
Tablet/Capsule	250 mg	2	100	200	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	12	1	12	1200
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
----------------------	----------------------	-------------------	----------------------------	--------------------	----------------------

Tablet/Capsule	75 mg	12	10	120	9000
Liquid/Suspension	12 mg/mL	4	25	100	1200

*Rimantidine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	2	100	200	20000

**City Name** Ruidoso

**Pharmacy Name** Lincoln County Medical Center

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	2 mg/mL	50	100	5000	10000
Injection	2 mg/mL	50	200	10000	20000
Tablet/Capsule	500 mg	1	100	100	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	40	1	40	4000
Tablet/Capsule	100 mg	1	100	100	10000

*Oseltamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	3	10	30	2250

**City Name** Santa Rosa

**Pharmacy Name** New Mexicare Inc dba Guadalupe County Hospital

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	1	90	90	45000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000
Injection	100 mg vial	10	1	10	1000

**City Name** Taos

**Pharmacy Name** Holy Cross Hospital

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	10 mg/mL	20	20	400	4000
Tablet/Capsule	500 mg	100	1	100	50000
Injection	2 mg/mL	12	200	2400	4800

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	200 mg vial	20	1	20	4000
Tablet/Capsule	100 mg	70	1	70	7000

**City Name** Truth or Consequences

**Pharmacy Name** Sierra Vista Hospital

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
----------------------	----------------------	-------------------	--------------------------------	--------------------	----------------------

Tablet/Capsule	250 mg	5	10	50	12500
Injection	2 mg/mL	10	100	1000	2000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	50 mg	5	10	50	2500

**City Name** Tucumcari

**Pharmacy Name** Dan C Trigg Memorial Hospital

*Amantadine*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	100 mg	1	100	100	10000

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	500 mg	48	200	9600	4800000
Tablet/Capsule	500 mg	1	100	100	50000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Injection	100 mg vial	20	1	20	2000
Tablet/Capsule	100 mg	1	100	100	10000

**City Name** Clayton

**Pharmacy Name** Union County General Hospital

*Ciprofloxacin*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	250 mg	1	300	300	75000

*Doxycycline*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
----------------------	----------------------	-------------------	----------------------------	--------------------	----------------------

Injection	100 mg vial	20	1	20	2000
Tablet/Capsule	100 mg	1	120	120	12000

*Osetamivir*

<i>Form of Agent</i>	<i>Drug Strength</i>	<i># of Units</i>	<i>Unit (Package Size)</i>	<i>Total Units</i>	<i>Total Amount*</i>
Tablet/Capsule	75 mg	1	10	10	750

**Key For Amount Field**

**Amount is expressed in mg for all drugs except:  
Mark 1 kit, cyanide antidote kit, and diazepam auto injector - expressed as kit**

## ■ Appendix C: Scenarios For Treatment Gaps Under Four Scenarios

---

## Gap Analysis - Prophylaxis For Hospital Personnel Using Existing Ciprofloxacin and Treating With Ciprofloxacin Only

### Assumptions

Number of Treatment Days	3
Number of Pts Per Family Coverage	3.26
	.9

City	Alamogordo	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy	(Patients)			(mg)	Unit		Needed	Cost
Gerald Champion Hospital	1429		Ciprofloxacin 500 mg tablets	500	\$2.29	4286208	8572	\$19,631
Summary for 'cityCityName' = Alamogordo (1 detail record)								
<b>Sum</b>						4286208	8572.42	\$19,630.83
City	Albuquerque	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy	(Patients)			(mg)	Unit		Needed	Cost
Heart Hospital of New Mexico	709		Ciprofloxacin 500 mg tablets	500	\$2.29	2125500	4251	\$9,735
Kindred Hosptial	696		Ciprofloxacin 500 mg tablets	500	\$2.29	2088000	4176	\$9,563
Lovelace Medical Center (Downtown)	2041		Ciprofloxacin 500 mg tablets	500	\$2.29	6121608	12243	\$28,037
Presbyterian Kaseman Hospital	1930		Ciprofloxacin 500 mg tablets	500	\$2.29	5789628	11579	\$26,516
University Hospital Medical Center	7959		Ciprofloxacin 500 mg tablets	500	\$2.29	23876590	47753	\$109,355
Summary for 'cityCityName' = Albuquerque (5 detail records)								
<b>Sum</b>						40001326	80002.65	\$183,206.07

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Clayton Union County General Hospital	116	Ciprofloxacin 500 mg tablets	500	\$2.29	347496	695	\$1,592
<i>Summary for 'cityCityName' = Clayton (1 detail record)</i>							
<b>Sum</b>					347496	694.99	\$1,591.53
Deming Mimbres Memorial Hospital	734	Ciprofloxacin 500 mg tablets	500	\$2.29	2201906	4404	\$10,085
<i>Summary for 'cityCityName' = Deming (1 detail record)</i>							
<b>Sum</b>					2201906	4403.81	\$10,084.73
Farmington San Juan Regional Medical Center	3319	Ciprofloxacin 500 mg tablets	500	\$2.29	9957874	19916	\$45,607
<i>Summary for 'cityCityName' = Farmington (1 detail record)</i>							
<b>Sum</b>					9957874	19915.75	\$45,607.06
Gallup Rehoboth McKinley Christian Health Care Services	1773	Ciprofloxacin 500 mg tablets	500	\$2.29	5317814	10636	\$24,356
<i>Summary for 'cityCityName' = Gallup (1 detail record)</i>							
<b>Sum</b>					5317814	10635.63	\$24,355.59
Grants Cibola General Hospital	397	Ciprofloxacin 500 mg tablets	500	\$2.29	1191082	2382	\$5,455

Summary for 'cityCityName' = Grants (1 detail record)

<b>Sum</b>					1191082	2382.16	\$5,455.16
<i>City</i> <b>Hobbs</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Lea Regional Medical Center	984	Ciprofloxacin 500 mg tablets	500	\$2.29	2951482	5903	\$13,518

Summary for 'cityCityName' = Hobbs (1 detail record)

<b>Sum</b>					2951482	5902.96	\$13,517.79
<i>City</i> <b>Las Cruces</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Memorial Medical Center	3227	Ciprofloxacin 500 mg tablets	500	\$2.29	9682200	19364	\$44,344
Mountain View Regional Medical Center	1788	Ciprofloxacin 500 mg tablets	500	\$2.29	5364636	10729	\$24,570

Summary for 'cityCityName' = Las Cruces (2 detail records)

<b>Sum</b>					15046836	30093.67	\$68,914.51
<i>City</i> <b>Las Vegas</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Alta Vista Regional Hospital	748	Ciprofloxacin 500 mg tablets	500	\$2.29	2244510	4489	\$10,280

Summary for 'cityCityName' = Las Vegas (1 detail record)

<b>Sum</b>					2244510	4489.02	\$10,279.86
<i>City</i> <b>Los Alamos</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Los Alamos Medical Center	898	Ciprofloxacin 500 mg tablets	500	\$2.29	2693620	5387	\$12,337

Summary for 'cityCityName' = Los Alamos (1 detail record)

<b>Sum</b>					2693620	5387.24	\$12,336.78
------------	--	--	--	--	---------	---------	-------------

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Nor Lea General Hospital	365	Ciprofloxacin 500 mg tablets	500	\$2.29	1094260	2189	\$5,012
<i>Summary for 'cityCityName' = Lovington (1 detail record)</i>							
<b>Sum</b>					1094260	2188.52	\$5,011.71
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Roosevelt General Hospital	436	Ciprofloxacin 500 mg tablets	500	\$2.29	1308300	2617	\$5,992
<i>Summary for 'cityCityName' = Portales (1 detail record)</i>							
<b>Sum</b>					1308300	2616.60	\$5,992.01
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Miner's Colfax Medical Center	662	Ciprofloxacin 500 mg tablets	500	\$2.29	1986490	3973	\$9,098
<i>Summary for 'cityCityName' = Raton (1 detail record)</i>							
<b>Sum</b>					1986490	3972.98	\$9,098.12
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Eastern NM Medical Center	335	Ciprofloxacin 500 mg tablets	500	\$2.29	1004468	2009	\$4,600
Roswell Regional Hospital	350	Ciprofloxacin 500 mg tablets	500	\$2.29	1050250	2101	\$4,810
<i>Summary for 'cityCityName' = Roswell (2 detail records)</i>							
<b>Sum</b>					2054718	4109.44	\$9,410.61
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>

Lincoln County Medical Center	500	Ciprofloxacin 500 mg tablets	500	\$2.29	1499152	2998	\$6,866
<i>Summary for 'cityCityName' = Ruidoso (1 detail record)</i>							
<b>Sum</b>					1499152	2998.30	\$6,866.12

<b>City</b> <i>Santa Fe</i>	<b>Gap</b>		<b>Unit Size</b>	<b>Cost Per</b>	<b>Mg Needed</b>	<b>Units</b>	<b>Cost</b>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

St. Vincents Hospital	2753	Ciprofloxacin 500 mg tablets	500	\$2.29	8260020	16520	\$37,831
<i>Summary for 'cityCityName' = Santa Fe (1 detail record)</i>							
<b>Sum</b>					8260020	16520.04	\$37,830.89

<b>City</b> <i>Santa Rosa</i>	<b>Gap</b>		<b>Unit Size</b>	<b>Cost Per</b>	<b>Mg Needed</b>	<b>Units</b>	<b>Cost</b>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

New Mexicare Inc dba Guadalupe County Hospital	91	Ciprofloxacin 500 mg tablets	500	\$2.29	271872	544	\$1,245
<i>Summary for 'cityCityName' = Santa Rosa (1 detail record)</i>							
<b>Sum</b>					271872	543.74	\$1,245.17

<b>City</b> <i>Taos</i>	<b>Gap</b>		<b>Unit Size</b>	<b>Cost Per</b>	<b>Mg Needed</b>	<b>Units</b>	<b>Cost</b>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Holy Cross Hospital	755	Ciprofloxacin 500 mg tablets	500	\$2.29	2264926	4530	\$10,373
<i>Summary for 'cityCityName' = Taos (1 detail record)</i>							
<b>Sum</b>					2264926	4529.85	\$10,373.36

<b>City</b> <i>Truth or Consequences</i>	<b>Gap</b>		<b>Unit Size</b>	<b>Cost Per</b>	<b>Mg Needed</b>	<b>Units</b>	<b>Cost</b>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Sierra Vista Hospital	401	Ciprofloxacin 500 mg tablets	500	\$2.29	1202176	2404	\$5,506
<i>Summary for 'cityCityName' = Truth or Consequences (1 detail record)</i>							
<b>Sum</b>					1202176	2404.35	\$5,505.97

<i>City</i>	<i>Tucumcari</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>		<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
				<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Dan C Trigg Memorial Hospital		0	Ciprofloxacin 500 mg tablets	500	\$2.29	0	0	\$0
<i>Summary for 'cityCityName' = Tucumcari (1 detail record)</i>								
<b>Sum</b>						0	0.00	\$0.00
<b>Grand Total</b>						<b>Grand Total</b>	<b>Grand Total</b>	<b>106182068 212364</b>
<b>\$486,314</b>								

## Gap Analysis - Prophylaxis For Hospital Personnel Using Existing Ciprofloxacin and Treating With Ciprofloxacin Only

### Assumptions

Number of Treatment Days	3
Number of Pts Per Family	3.26
Coverage	.9

City	Alamogordo	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy	(Patients)			(mg)	Unit		Needed	Cost
Gerald Champion Hospital	1429		Ciprofloxacin 500 mg tablets	500	\$2.29	4286208	8572	\$19,631
Summary for 'cityCityName' = Alamogordo (1 detail record)								
<b>Sum</b>						4286208	8572.42	\$19,630.83
City	Albuquerque	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy	(Patients)			(mg)	Unit		Needed	Cost
Heart Hospital of New Mexico	709		Ciprofloxacin 500 mg tablets	500	\$2.29	2125500	4251	\$9,735
Kindred Hosptial	696		Ciprofloxacin 500 mg tablets	500	\$2.29	2088000	4176	\$9,563
Lovelace Medical Center (Downtown)	2041		Ciprofloxacin 500 mg tablets	500	\$2.29	6121608	12243	\$28,037
Presbyterian Kaseman Hospital	1930		Ciprofloxacin 500 mg tablets	500	\$2.29	5789628	11579	\$26,516
University Hospital Medical Center	7959		Ciprofloxacin 500 mg tablets	500	\$2.29	23876590	47753	\$109,355
Summary for 'cityCityName' = Albuquerque (5 detail records)								
<b>Sum</b>						40001326	80002.65	\$183,206.07

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Clayton Union County General Hospital	116	Ciprofloxacin 500 mg tablets	500	\$2.29	347496	695	\$1,592
<i>Summary for 'cityCityName' = Clayton (1 detail record)</i>							
<b>Sum</b>					347496	694.99	\$1,591.53
Deming Mimbres Memorial Hospital	734	Ciprofloxacin 500 mg tablets	500	\$2.29	2201906	4404	\$10,085
<i>Summary for 'cityCityName' = Deming (1 detail record)</i>							
<b>Sum</b>					2201906	4403.81	\$10,084.73
Farmington San Juan Regional Medical Center	3319	Ciprofloxacin 500 mg tablets	500	\$2.29	9957874	19916	\$45,607
<i>Summary for 'cityCityName' = Farmington (1 detail record)</i>							
<b>Sum</b>					9957874	19915.75	\$45,607.06
Gallup Rehoboth McKinley Christian Health Care Services	1773	Ciprofloxacin 500 mg tablets	500	\$2.29	5317814	10636	\$24,356
<i>Summary for 'cityCityName' = Gallup (1 detail record)</i>							
<b>Sum</b>					5317814	10635.63	\$24,355.59
Grants Cibola General Hospital	397	Ciprofloxacin 500 mg tablets	500	\$2.29	1191082	2382	\$5,455

Summary for 'cityCityName' = Grants (1 detail record)

**Sum** 1191082 2382.16 \$5,455.16

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Lea Regional Medical Center	984	Ciprofloxacin 500 mg tablets	500	\$2.29	2951482	5903	\$13,518

Summary for 'cityCityName' = Hobbs (1 detail record)

**Sum** 2951482 5902.96 \$13,517.79

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Memorial Medical Center	3227	Ciprofloxacin 500 mg tablets	500	\$2.29	9682200	19364	\$44,344
Mountain View Regional Medical Center	1788	Ciprofloxacin 500 mg tablets	500	\$2.29	5364636	10729	\$24,570

Summary for 'cityCityName' = Las Cruces (2 detail records)

**Sum** 15046836 30093.67 \$68,914.51

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Alta Vista Regional Hospital	748	Ciprofloxacin 500 mg tablets	500	\$2.29	2244510	4489	\$10,280

Summary for 'cityCityName' = Las Vegas (1 detail record)

**Sum** 2244510 4489.02 \$10,279.86

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Los Alamos Medical Center	898	Ciprofloxacin 500 mg tablets	500	\$2.29	2693620	5387	\$12,337

Summary for 'cityCityName' = Los Alamos (1 detail record)

**Sum** 2693620 5387.24 \$12,336.78

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Nor Lea General Hospital	365	Ciprofloxacin 500 mg tablets	500	\$2.29	1094260	2189	\$5,012
<i>Summary for 'cityCityName' = Lovington (1 detail record)</i>							
<b>Sum</b>					1094260	2188.52	\$5,011.71
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Roosevelt General Hospital	436	Ciprofloxacin 500 mg tablets	500	\$2.29	1308300	2617	\$5,992
<i>Summary for 'cityCityName' = Portales (1 detail record)</i>							
<b>Sum</b>					1308300	2616.60	\$5,992.01
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Miner's Colfax Medical Center	662	Ciprofloxacin 500 mg tablets	500	\$2.29	1986490	3973	\$9,098
<i>Summary for 'cityCityName' = Raton (1 detail record)</i>							
<b>Sum</b>					1986490	3972.98	\$9,098.12
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Eastern NM Medical Center	335	Ciprofloxacin 500 mg tablets	500	\$2.29	1004468	2009	\$4,600
Roswell Regional Hospital	350	Ciprofloxacin 500 mg tablets	500	\$2.29	1050250	2101	\$4,810
<i>Summary for 'cityCityName' = Roswell (2 detail records)</i>							
<b>Sum</b>					2054718	4109.44	\$9,410.61
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>

Lincoln County Medical Center	500	Ciprofloxacin 500 mg tablets	500	\$2.29	1499152	2998	\$6,866
<i>Summary for 'cityCityName' = Ruidoso (1 detail record)</i>							
<b>Sum</b>					1499152	2998.30	\$6,866.12

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

St. Vincents Hospital	2753	Ciprofloxacin 500 mg tablets	500	\$2.29	8260020	16520	\$37,831
<i>Summary for 'cityCityName' = Santa Fe (1 detail record)</i>							
<b>Sum</b>					8260020	16520.04	\$37,830.89

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

New Mexicare Inc dba Guadalupe County Hospital	91	Ciprofloxacin 500 mg tablets	500	\$2.29	271872	544	\$1,245
<i>Summary for 'cityCityName' = Santa Rosa (1 detail record)</i>							
<b>Sum</b>					271872	543.74	\$1,245.17

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Holy Cross Hospital	755	Ciprofloxacin 500 mg tablets	500	\$2.29	2264926	4530	\$10,373
<i>Summary for 'cityCityName' = Taos (1 detail record)</i>							
<b>Sum</b>					2264926	4529.85	\$10,373.36

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Sierra Vista Hospital	401	Ciprofloxacin 500 mg tablets	500	\$2.29	1202176	2404	\$5,506
<i>Summary for 'cityCityName' = Truth or Consequences (1 detail record)</i>							
<b>Sum</b>					1202176	2404.35	\$5,505.97

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Dan C Trigg Memorial Hospital	0	Ciprofloxacin 500 mg tablets	500	\$2.29	0	0	\$0
<i>Summary for 'cityCityName' = Tucumcari (1 detail record)</i>							
<b>Sum</b>					0	0.00	\$0.00
<b>Grand Total</b>					<b>Grand Total</b>	<b>Grand Total</b>	<b>106182068 212364</b>
<b>\$486,314</b>							

## Gap Analysis - Prophylaxis For Hospital Personnel Using Existing Ciprofloxacin and Treating With Ciprofloxacin Only

### Assumptions

Number of Treatment Days	3
Number of Pts Per Family Coverage	3.26
	.9

City	Alamogordo	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy	(Patients)			(mg)	Unit		Needed	Cost
Gerald Champion Hospital	1429		Ciprofloxacin 500 mg tablets	500	\$2.29	4286208	8572	\$19,631
Summary for 'cityCityName' = Alamogordo (1 detail record)								
<b>Sum</b>						4286208	8572.42	\$19,630.83
City	Albuquerque	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy	(Patients)			(mg)	Unit		Needed	Cost
Heart Hospital of New Mexico	709		Ciprofloxacin 500 mg tablets	500	\$2.29	2125500	4251	\$9,735
Kindred Hosptial	696		Ciprofloxacin 500 mg tablets	500	\$2.29	2088000	4176	\$9,563
Lovelace Medical Center (Downtown)	2041		Ciprofloxacin 500 mg tablets	500	\$2.29	6121608	12243	\$28,037
Presbyterian Kaseman Hospital	1930		Ciprofloxacin 500 mg tablets	500	\$2.29	5789628	11579	\$26,516
University Hospital Medical Center	7959		Ciprofloxacin 500 mg tablets	500	\$2.29	23876590	47753	\$109,355
Summary for 'cityCityName' = Albuquerque (5 detail records)								
<b>Sum</b>						40001326	80002.65	\$183,206.07

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Union County General Hospital	116	Ciprofloxacin 500 mg tablets	500	\$2.29	347496	695	\$1,592
<i>Summary for 'cityCityName' = Clayton (1 detail record)</i>							
<b>Sum</b>					347496	694.99	\$1,591.53
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Mimbres Memorial Hospital	734	Ciprofloxacin 500 mg tablets	500	\$2.29	2201906	4404	\$10,085
<i>Summary for 'cityCityName' = Deming (1 detail record)</i>							
<b>Sum</b>					2201906	4403.81	\$10,084.73
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
San Juan Regional Medical Center	3319	Ciprofloxacin 500 mg tablets	500	\$2.29	9957874	19916	\$45,607
<i>Summary for 'cityCityName' = Farmington (1 detail record)</i>							
<b>Sum</b>					9957874	19915.75	\$45,607.06
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Rehoboth McKinley Christian Health Care Services	1773	Ciprofloxacin 500 mg tablets	500	\$2.29	5317814	10636	\$24,356
<i>Summary for 'cityCityName' = Gallup (1 detail record)</i>							
<b>Sum</b>					5317814	10635.63	\$24,355.59
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Cibola General Hospital	397	Ciprofloxacin 500 mg tablets	500	\$2.29	1191082	2382	\$5,455

Summary for 'cityCityName' = Grants (1 detail record)

**Sum** 1191082 2382.16 \$5,455.16

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Lea Regional Medical Center	984	Ciprofloxacin 500 mg tablets	500	\$2.29	2951482	5903	\$13,518

Summary for 'cityCityName' = Hobbs (1 detail record)

**Sum** 2951482 5902.96 \$13,517.79

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Memorial Medical Center	3227	Ciprofloxacin 500 mg tablets	500	\$2.29	9682200	19364	\$44,344
Mountain View Regional Medical Center	1788	Ciprofloxacin 500 mg tablets	500	\$2.29	5364636	10729	\$24,570

Summary for 'cityCityName' = Las Cruces (2 detail records)

**Sum** 15046836 30093.67 \$68,914.51

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Alta Vista Regional Hospital	748	Ciprofloxacin 500 mg tablets	500	\$2.29	2244510	4489	\$10,280

Summary for 'cityCityName' = Las Vegas (1 detail record)

**Sum** 2244510 4489.02 \$10,279.86

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Los Alamos Medical Center	898	Ciprofloxacin 500 mg tablets	500	\$2.29	2693620	5387	\$12,337

Summary for 'cityCityName' = Los Alamos (1 detail record)

**Sum** 2693620 5387.24 \$12,336.78

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Nor Lea General Hospital	365	Ciprofloxacin 500 mg tablets	500	\$2.29	1094260	2189	\$5,012
<i>Summary for 'cityCityName' = Lovington (1 detail record)</i>							
<b>Sum</b>					1094260	2188.52	\$5,011.71
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Roosevelt General Hospital	436	Ciprofloxacin 500 mg tablets	500	\$2.29	1308300	2617	\$5,992
<i>Summary for 'cityCityName' = Portales (1 detail record)</i>							
<b>Sum</b>					1308300	2616.60	\$5,992.01
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Miner's Colfax Medical Center	662	Ciprofloxacin 500 mg tablets	500	\$2.29	1986490	3973	\$9,098
<i>Summary for 'cityCityName' = Raton (1 detail record)</i>							
<b>Sum</b>					1986490	3972.98	\$9,098.12
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Eastern NM Medical Center	335	Ciprofloxacin 500 mg tablets	500	\$2.29	1004468	2009	\$4,600
Roswell Regional Hospital	350	Ciprofloxacin 500 mg tablets	500	\$2.29	1050250	2101	\$4,810
<i>Summary for 'cityCityName' = Roswell (2 detail records)</i>							
<b>Sum</b>					2054718	4109.44	\$9,410.61
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>

Lincoln County Medical Center	500	Ciprofloxacin 500 mg tablets	500	\$2.29	1499152	2998	\$6,866
<i>Summary for 'cityCityName' = Ruidoso (1 detail record)</i>							
<b>Sum</b>					1499152	2998.30	\$6,866.12

<i>City</i> <b>Santa Fe</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

St. Vincents Hospital	2753	Ciprofloxacin 500 mg tablets	500	\$2.29	8260020	16520	\$37,831
<i>Summary for 'cityCityName' = Santa Fe (1 detail record)</i>							
<b>Sum</b>					8260020	16520.04	\$37,830.89

<i>City</i> <b>Santa Rosa</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

New Mexicare Inc dba Guadalupe County Hospital	91	Ciprofloxacin 500 mg tablets	500	\$2.29	271872	544	\$1,245
<i>Summary for 'cityCityName' = Santa Rosa (1 detail record)</i>							
<b>Sum</b>					271872	543.74	\$1,245.17

<i>City</i> <b>Taos</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Holy Cross Hospital	755	Ciprofloxacin 500 mg tablets	500	\$2.29	2264926	4530	\$10,373
<i>Summary for 'cityCityName' = Taos (1 detail record)</i>							
<b>Sum</b>					2264926	4529.85	\$10,373.36

<i>City</i> <b>Truth or Consequences</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
			<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Sierra Vista Hospital	401	Ciprofloxacin 500 mg tablets	500	\$2.29	1202176	2404	\$5,506
<i>Summary for 'cityCityName' = Truth or Consequences (1 detail record)</i>							
<b>Sum</b>					1202176	2404.35	\$5,505.97

<i>City</i>	<i>Tucumcari</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>		<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
				<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Dan C Trigg Memorial Hospital		0	Ciprofloxacin 500 mg tablets	500	\$2.29	0	0	\$0
<i>Summary for 'cityCityName' = Tucumcari (1 detail record)</i>								
<b>Sum</b>						0	0.00	\$0.00
<b>Grand Total</b>						<b>Grand Total</b>	<b>Grand Total</b>	<b>106182068 212364</b>
<b>\$486,314</b>								

# Gap Analysis - Prophylaxis For Hospital Personnel Using Existing Ciprofloxacin and Treating With Ciprofloxacin Only

## Assumptions

Number of Treatment Days	3
Number of Pts Per Family Coverage	3.26
	.9

City	Alamogordo	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy		(Patients)		(mg)	Unit		Needed	Cost
	Gerald Champion Hospital	1429	Ciprofloxacin 500 mg tablets	500	\$2.29	4286208	8572	\$19,631
	Summary for 'cityCityName' = Alamogordo (1 detail record)							
	<b>Sum</b>					4286208	8572.42	\$19,630.83
City	Albuquerque	Gap	Counter Agent	Unit Size (mg)	Cost Per Unit	Mg Needed	Units Needed	Cost
Name Of Pharmacy		(Patients)		(mg)	Unit		Needed	Cost
	Heart Hospital of New Mexico	709	Ciprofloxacin 500 mg tablets	500	\$2.29	2125500	4251	\$9,735
	Kindred Hosptial	696	Ciprofloxacin 500 mg tablets	500	\$2.29	2088000	4176	\$9,563
	Lovelace Medical Center (Downtown)	2041	Ciprofloxacin 500 mg tablets	500	\$2.29	6121608	12243	\$28,037
	Presbyterian Kaseman Hospital	1930	Ciprofloxacin 500 mg tablets	500	\$2.29	5789628	11579	\$26,516
	University Hospital Medical Center	7959	Ciprofloxacin 500 mg tablets	500	\$2.29	23876590	47753	\$109,355
	Summary for 'cityCityName' = Albuquerque (5 detail records)							
	<b>Sum</b>					40001326	80002.65	\$183,206.07

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Clayton Union County General Hospital	116	Ciprofloxacin 500 mg tablets	500	\$2.29	347496	695	\$1,592
<i>Summary for 'cityCityName' = Clayton (1 detail record)</i>							
<b>Sum</b>					347496	694.99	\$1,591.53
Deming Mimbres Memorial Hospital	734	Ciprofloxacin 500 mg tablets	500	\$2.29	2201906	4404	\$10,085
<i>Summary for 'cityCityName' = Deming (1 detail record)</i>							
<b>Sum</b>					2201906	4403.81	\$10,084.73
Farmington San Juan Regional Medical Center	3319	Ciprofloxacin 500 mg tablets	500	\$2.29	9957874	19916	\$45,607
<i>Summary for 'cityCityName' = Farmington (1 detail record)</i>							
<b>Sum</b>					9957874	19915.75	\$45,607.06
Gallup Rehoboth McKinley Christian Health Care Services	1773	Ciprofloxacin 500 mg tablets	500	\$2.29	5317814	10636	\$24,356
<i>Summary for 'cityCityName' = Gallup (1 detail record)</i>							
<b>Sum</b>					5317814	10635.63	\$24,355.59
Grants Cibola General Hospital	397	Ciprofloxacin 500 mg tablets	500	\$2.29	1191082	2382	\$5,455

Summary for 'cityCityName' = Grants (1 detail record)

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Lea Regional Medical Center	984	Ciprofloxacin 500 mg tablets	500	\$2.29	2951482	5903	\$13,518

Summary for 'cityCityName' = Hobbs (1 detail record)

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Memorial Medical Center	3227	Ciprofloxacin 500 mg tablets	500	\$2.29	9682200	19364	\$44,344
Mountain View Regional Medical Center	1788	Ciprofloxacin 500 mg tablets	500	\$2.29	5364636	10729	\$24,570

Summary for 'cityCityName' = Las Cruces (2 detail records)

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Alta Vista Regional Hospital	748	Ciprofloxacin 500 mg tablets	500	\$2.29	2244510	4489	\$10,280

Summary for 'cityCityName' = Las Vegas (1 detail record)

<i>City</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Los Alamos Medical Center	898	Ciprofloxacin 500 mg tablets	500	\$2.29	2693620	5387	\$12,337

Summary for 'cityCityName' = Los Alamos (1 detail record)

<b>Sum</b>					2693620	5387.24	\$12,336.78
------------	--	--	--	--	---------	---------	-------------

<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Nor Lea General Hospital	365	Ciprofloxacin 500 mg tablets	500	\$2.29	1094260	2189	\$5,012
<i>Summary for 'cityCityName' = Lovington (1 detail record)</i>							
<b>Sum</b>					1094260	2188.52	\$5,011.71
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Roosevelt General Hospital	436	Ciprofloxacin 500 mg tablets	500	\$2.29	1308300	2617	\$5,992
<i>Summary for 'cityCityName' = Portales (1 detail record)</i>							
<b>Sum</b>					1308300	2616.60	\$5,992.01
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Miner's Colfax Medical Center	662	Ciprofloxacin 500 mg tablets	500	\$2.29	1986490	3973	\$9,098
<i>Summary for 'cityCityName' = Raton (1 detail record)</i>							
<b>Sum</b>					1986490	3972.98	\$9,098.12
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>
Eastern NM Medical Center	335	Ciprofloxacin 500 mg tablets	500	\$2.29	1004468	2009	\$4,600
Roswell Regional Hospital	350	Ciprofloxacin 500 mg tablets	500	\$2.29	1050250	2101	\$4,810
<i>Summary for 'cityCityName' = Roswell (2 detail records)</i>							
<b>Sum</b>					2054718	4109.44	\$9,410.61
<i>City</i> <i>Name Of Pharmacy</i>	<i>Gap</i> <i>(Patients)</i>	<i>Counter Agent</i>	<i>Unit Size</i> <i>(mg)</i>	<i>Cost Per</i> <i>Unit</i>	<i>Mg Needed</i>	<i>Units</i> <i>Needed</i>	<i>Cost</i> <i>Cost</i>

Lincoln County Medical Center	500	Ciprofloxacin 500 mg tablets	500	\$2.29	1499152	2998	\$6,866
<i>Summary for 'cityCityName' = Ruidoso (1 detail record)</i>							
<b>Sum</b>					1499152	2998.30	\$6,866.12

<i>City</i> <b>Santa Fe</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

St. Vincents Hospital	2753	Ciprofloxacin 500 mg tablets	500	\$2.29	8260020	16520	\$37,831
<i>Summary for 'cityCityName' = Santa Fe (1 detail record)</i>							
<b>Sum</b>					8260020	16520.04	\$37,830.89

<i>City</i> <b>Santa Rosa</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

New Mexicare Inc dba Guadalupe County Hospital	91	Ciprofloxacin 500 mg tablets	500	\$2.29	271872	544	\$1,245
<i>Summary for 'cityCityName' = Santa Rosa (1 detail record)</i>							
<b>Sum</b>					271872	543.74	\$1,245.17

<i>City</i> <b>Taos</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Holy Cross Hospital	755	Ciprofloxacin 500 mg tablets	500	\$2.29	2264926	4530	\$10,373
<i>Summary for 'cityCityName' = Taos (1 detail record)</i>							
<b>Sum</b>					2264926	4529.85	\$10,373.36

<i>City</i> <b>Truth or Consequences</b>	<i>Gap</i>		<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>	<i>(Patients)</i>	<i>Counter Agent</i>	<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>

Sierra Vista Hospital	401	Ciprofloxacin 500 mg tablets	500	\$2.29	1202176	2404	\$5,506
<i>Summary for 'cityCityName' = Truth or Consequences (1 detail record)</i>							
<b>Sum</b>					1202176	2404.35	\$5,505.97

<i>City</i>	<i>Tucumcari</i>	<i>Gap</i>	<i>Counter Agent</i>	<i>Unit Size</i>	<i>Cost Per</i>	<i>Mg Needed</i>	<i>Units</i>	<i>Cost</i>
<i>Name Of Pharmacy</i>		<i>(Patients)</i>		<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
				<i>(mg)</i>	<i>Unit</i>		<i>Needed</i>	<i>Cost</i>
Dan C Trigg Memorial Hospital		0	Ciprofloxacin 500 mg tablets	500	\$2.29	0	0	\$0
<i>Summary for 'cityCityName' = Tucumcari (1 detail record)</i>								
<b>Sum</b>						0	0.00	\$0.00
<b>Grand Total</b>						<b>Grand Total</b>	<b>Grand Total</b>	<b>106182068 212364</b>
<b>\$486,314</b>								