

HOTRAC Needs Assessment (2018)

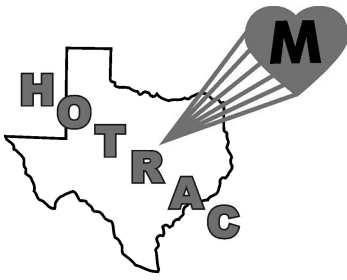
1. Member Information

This survey fulfills the annual Needs Assessment that has been collected in previous years. All HOTRAC members are required to complete this survey in order to remain in good standing. If a question does not apply to you or your agency please mark the question with an N/A. Once you begin the survey you will need to complete it in the same session. If you have any questions, comments, or concerns, please feel free to contact HOTRAC Staff.

1. What is the name of your organization?

2. Name of Persons Completing Needs Assessment

3. Contact Phone & Email



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2. Needs Assessment

1. Our entity does not have any needs at this time but understands we can send in an updated Needs Assessment at any point during the year if situation changes.

Enter date as
confirmation:

MM DD YYYY

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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2. Please indicate if your organization has any education needs:

(Please be sure to include Number of Students and Approximate Cost per Student. Requests that don't include this information may not be considered.)

	Number of Students	Cost per Student
ACLS	<input type="text"/>	<input type="text"/>
PALS	<input type="text"/>	<input type="text"/>
ENPC	<input type="text"/>	<input type="text"/>
TNCC	<input type="text"/>	<input type="text"/>
TCAR	<input type="text"/>	<input type="text"/>
TOPIC	<input type="text"/>	<input type="text"/>
STABLE	<input type="text"/>	<input type="text"/>
NPR	<input type="text"/>	<input type="text"/>
ECA	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Other - Please list any other type of courses or comments from the selections above.

3. Other education needs:

Number of Students

EMTrack

eHICS

EMResource

WebEOC

Decon/CBRNE

Other (please specify)

4. Please list any equipment or supplies your organization needs:

(Be sure to indicate the number and approximate cost per unit.)

Request #1

Request #2

Request #3

Request #4

Request #5

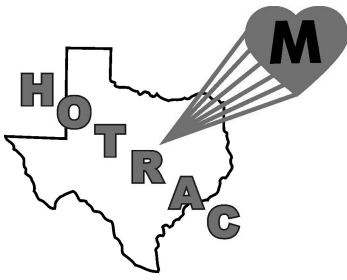
5. List any public education/injury prevention needs:

Programs

Equipment

Supplies

Target Audience



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3. Special needs or problems requiring HOTRAC assistance:

* 1. Does your entity think that local/regional resources are adequate to address the community, county and regional needs?

Yes or No

Information Sharing

Patient Tracking

Emergency Healthcare System

CBRNE/Decon

Communications

COOP

Other (please specify)

* 2. Are there problems, challenges, or issues related to the emergency healthcare system or other problems related to patient transfers or other transports?

3. Other comments, concerns, or ways that the HOTRAC can be more helpful?

4. Please provide suggestions for strengthening HOTRAC and reinforcing regional resources and services.

* 5. Thank you for completing this year's annual Needs Assessment.

Date / /