Upper Cumberland Healthcare Preparedness Coalition

2019 – 2020 Annual Strategic Work Plan

Mission

The mission of the Upper Cumberland Healthcare Preparedness Coalition (UCHPC) is to assist the health care community and other emergency response agencies to jointly prepare for, respond to and recover from disaster events. The coalition supports collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of people in the Upper Cumberland community and Tennessee.

The UPHPC will enhance the emergency preparedness and response capabilities of healthcare entities through:

- Building relationships and partnerships
- Facilitating communication, information and resource sharing
- Promoting situation awareness among HCC members
- Coordinating training, drills and exercises
- Strengthening medical surge capacity and capabilities
- Assisting emergency management and Emergency Support Function (ESF) #8 partners
- Maximizing movement and utilization of existing resources

Vision

The vision of the UCHPC is a cohesive and coordinated response to any emergency that threatens the stability or continuity of our healthcare community. Furthermore, the UCHPC envisions healthcare coming together to support each other in times of need without regard for market competition.

Purpose

The purpose of this strategic plan is to guide the work of the UCHPC for 2017-2018 grant year. It is intended to be a fluid document, which will continue to evolve as necessary to ensure the Coalition is effective and able to sustain its efforts. The work activities listed in this strategic plan are aimed to complement each member's Emergency Operation Plan for the purpose of ensuring optimal utilization of resources and disaster support to the Upper Cumberland healthcare community.
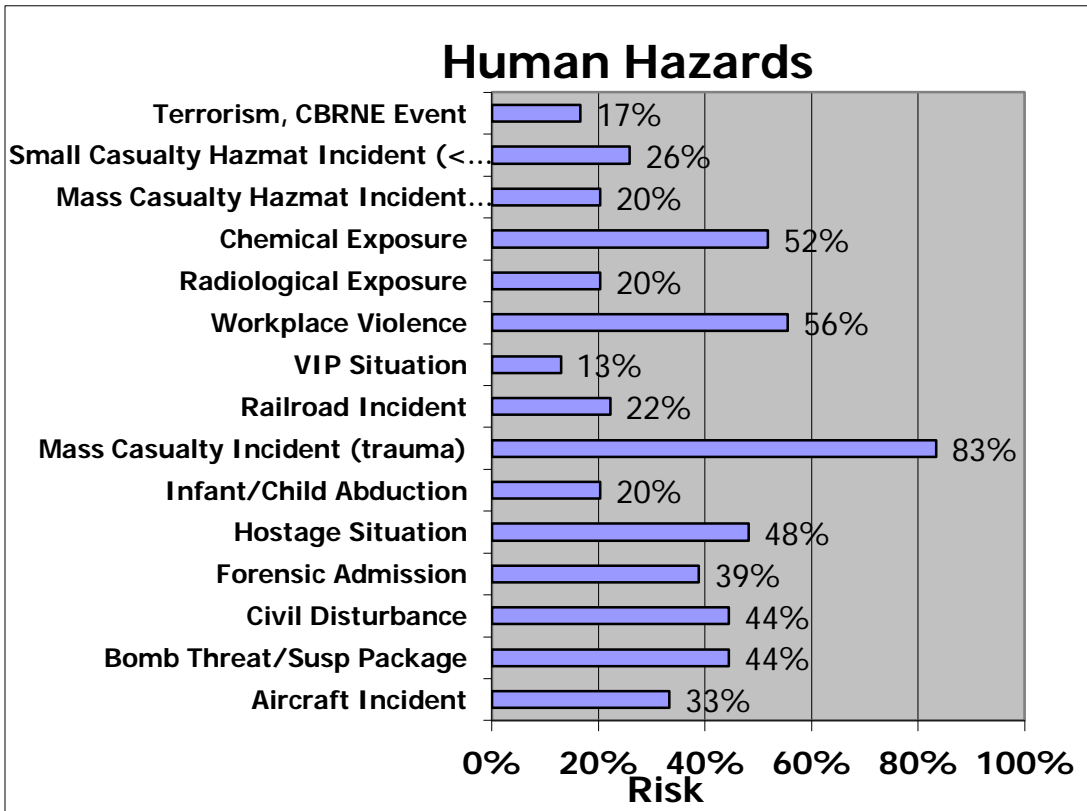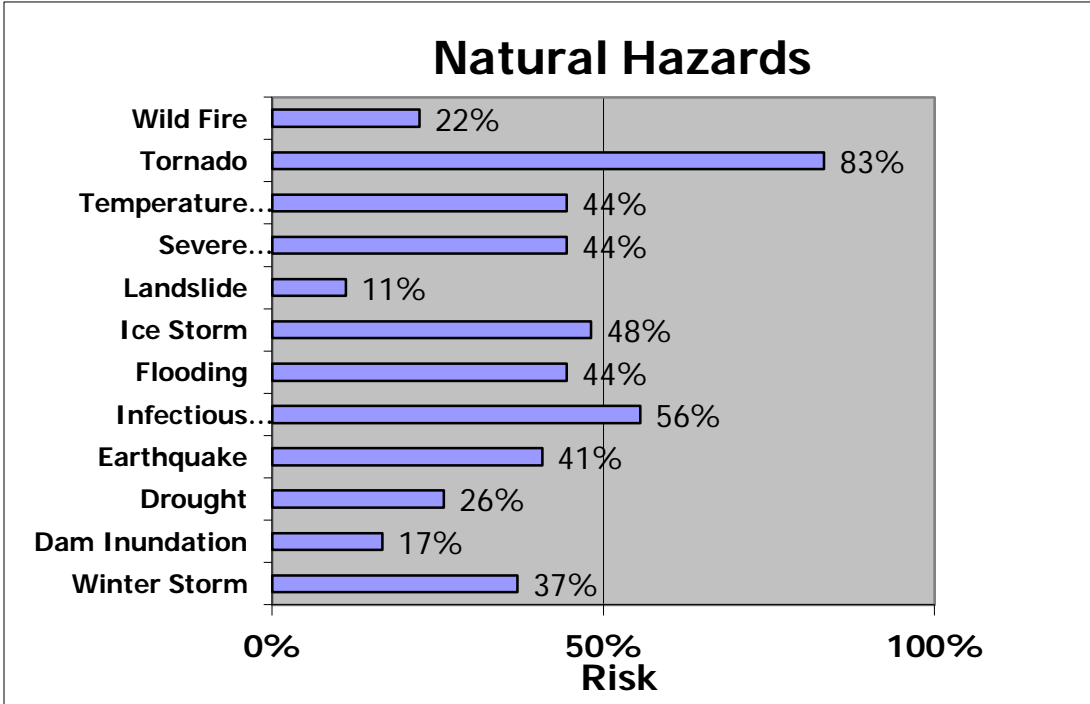
This plan is intended to provide UCHPC coalition partners, Executive Committee and workgroups with clear guidance on structure, activity, and project development.

Summary of Risk

All hospitals, nursing homes and most other healthcare entities are required to complete an HVA at least annually as Conditions of Participation for CMS. The UCHPC reviews and updates a Hazard Vulnerability Analysis (HVA) annually. It was most recently updated February 2019. The HVA is coordinated with member healthcare agencies and emergency management across the region. The HVA is shared with all coalition members. For the Upper Cumberland region, the current HVA identified the following hazards in each of the categories below:
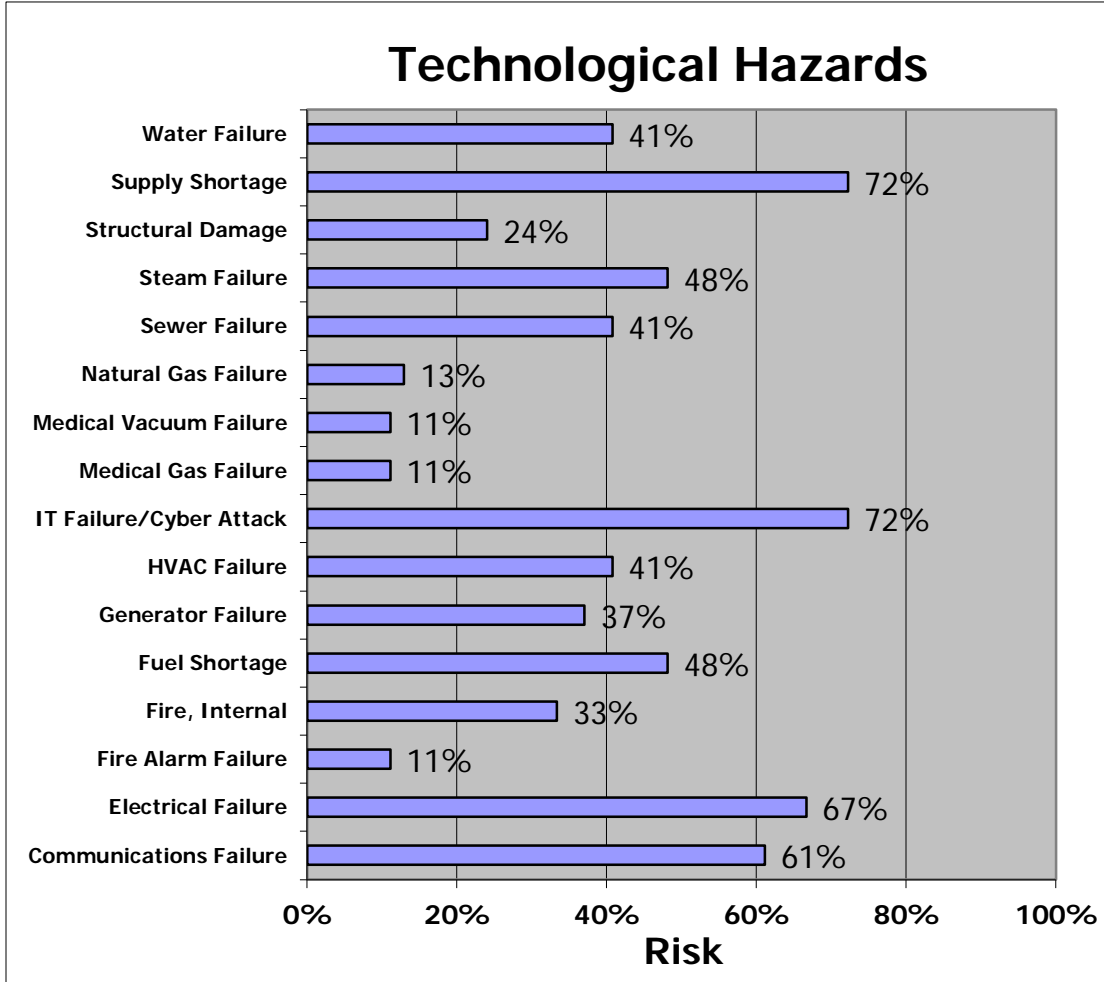
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Natural Hazards

Hazard	Risk
Wild Fire	22%
Tornado	83%
Temperature...	44%
Severe...	44%
Landslide	11%
Ice Storm	48%
Flooding	44%
Infectious...	56%
Earthquake	41%
Drought	26%
Dam Inundation	17%
Winter Storm	37%

Risk (0% – 100%)

Human Hazards

Hazard	Risk
Terrorism, CBRNE Event	17%
Small Casualty Hazmat Incident (<...	26%
Mass Casualty Hazmat Incident...	20%
Chemical Exposure	52%
Radiological Exposure	20%
Workplace Violence	56%
VIP Situation	13%
Railroad Incident	22%
Mass Casualty Incident (trauma)	83%
Infant/Child Abduction	20%
Hostage Situation	48%
Forensic Admission	39%
Civil Disturbance	44%
Bomb Threat/Susp Package	44%
Aircraft Incident	33%

Risk (0% – 100%)

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Technological Hazards

Hazard	Risk
Water Failure	41%
Supply Shortage	72%
Structural Damage	24%
Steam Failure	48%
Sewer Failure	41%
Natural Gas Failure	13%
Medical Vacuum Failure	11%
Medical Gas Failure	11%
IT Failure/Cyber Attack	72%
HVAC Failure	41%
Generator Failure	37%
Fuel Shortage	48%
Fire, Internal	33%
Fire Alarm Failure	11%
Electrical Failure	67%
Communications Failure	61%

Risk

The top five hazards are ranked as:

1. Mass Casualty Incident
2. Tornado
3. IT Failure/Cyber Attack
4. Supply Shortage
5. Electrical Failure

Strategic Work Plan

The UCHPC Executive Committee will review and approve the strategic work plan annually no later than August 1 to determine the funding priorities for completion of a budget proposal for the fiscal year by August 31. Funding priorities are based on funding availability, current capabilities and resource gaps. Funding priorities, objectives, and work plan activities are proposed and evaluated by the Coalition partners. The strategic work plan is evaluated to determine if gaps can be addressed with funding. This is the current year strategic work plan.

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Gap Identification

Coalition members were asked to identify the top three training and/or resource gaps that act as barriers to their response to the top 5 associated hazards. Supplies/equipment, communications and training were the top 3 gaps identified in response to these five events.

Redundant communication was identified as a gap. Hospitals have a functioning base station radio for communicating with emergency medical services and the regional medical communications center. They also have a HAM radio at each facility. On the other hand, most nursing homes have no communication capabilities beyond a landline or cellphone.   Additionally, the counties in the region don't always use the same radio frequency band, which further complicates regional communications as a whole. Also, in the event that internet, cell and landline phones are out, we have no reliable means of communication with the hospitals or county emergency services.

Lack of training and education were identified as gaps. Active shooter/workplace violence and Incident Command training were mentioned specifically along with pediatric and trauma training needed to handle victims of a MCI or tornado/severe weather event.

Staffing and manpower were mentioned repeatedly as gaps. Other gaps of notable mention were stress debriefing, security, equipment and recovery needs.

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Event	Risk Score/ Percentage	Capability/Objective	Vulnerability	Actions for Improvement
MCI	83% (tie)	Capability 1, Objective 4 Train and Prepare the Healthcare and Medical Workforce Capability 2, Objective 3, Coordinate Response Strategy, Resources and Communications Capability 3, Objective 5, Protect Responder's Safety and Health Capability 4, Objective 2, Respond to Medical Surge	Our region is especially vulnerable to any incident that would result in a significant amount of pediatric and/or trauma patients. We do not have a trauma center or comprehensive pediatric referral center within our geographic boundaries. Because our HCWs do not deal frequently with pediatric or trauma patients, they need on-going training to refresh skills and maintain a level of comfort and competency.	• ENPC and TNCC courses will be provided each quarter for nurses • Critical Care Paramedic course will be offered annually to EMS agencies • Neonatal Resuscitation Course will be offered to EMS and hospitals • Specialized pediatric and/or trauma equipment will be purchased for hospitals and EMS as need is determined • HCC will continue to coordinate needs across the coalition • HCC will continue to preserve and build upon our cache of mobile medical assets to aid county and local governments with response and recovery that exceeds their healthcare capabilities. • Hazardous Materials Training and OSHA Standards Training will be offered for all EMS, EMA and hospital staff • HCC will review regional and state Mass Fatality plans

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Event	Risk Score/ Percentage	Capability/Objective	Vulnerability	Actions for Improvement
Tornado	83% (tie)	Capability 1, Objective 4 Train and Prepare the Healthcare and Medical Workforce Capability 2, Objective 3, Coordinate Response Strategy, Resources and Communications Capability 4, Objective 2, Respond to Medical surge	Tornadoes can result in multiple trauma injuries or displacement of residents and/or visitors needing shelter. Our region was stuck by an EF3 tornado in 2008 resulting in 22 fatalities and 63 injuries. More recently in Spring 2012, several counties suffered significant property damage and fatalities related to tornados. Shaken Fury 2019 revealed that we have no reliable means of communications with healthcare and EMA in the event cell towers, internet and landline phones are inoperable.	• ENPC and TNCC courses will be provided each quarter for nurses • Critical Care Paramedic course will be offered annually to EMS agencies • Specialized pediatric and/or trauma equipment will be purchased for hospitals and EMS as need is determined • HCC will continue to preserve and build upon our cache of mobile medical assets to aid county and local governments with response and recovery that exceeds their healthcare capabilities. • HCC will facilitate ICS training for coalition members • HCC will work with the RMCC and local EMA to increase redundant communications across the region including internal and external communications for hospitals and nursing homes
IT Failure/Cyber Attack	72% (tie)	Capability 3, Objective 4, Develop Strategies to Protect Healthcare Information Systems	Information system failure can result in bottle neck of patient throughput and overall delay in treatment	• HCC will provide resource assistance • Training/workshops will be provided on Cyber Security

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Event	Risk Score/ Percentage	Capability/Objective	Vulnerability	Actions for Improvement
Supply Shortage	72% (tie)	Capability 3, Objective 2, Plan for Continuity of Operations Capability 4, Objective 2, Respond to Medical Surge	Hospitals and healthcare often source their supplies and equipment from the same vendors. When emergencies happen, vendors are often unable to meet the increased demand for extra supply needs.	• HCC will complete supply chain assessment by June 2020. • HCC will continue to preserve and build upon our cache of mobile medical assets to aid county and local governments with response and recovery that exceeds their healthcare capabilities.
Electrical Failure	67%	Capability 3, Objective 2, Plan for Continuity of Operations Capability 3, Objective 6, Plan for and Coordinate Healthcare Evacuation and Relocation	Electrical failure could result in partial or total evacuation of facility. Community electrical failure can result in rush on hospital ERs for individuals seeking shelter.	• HCC will provide resource assistance • HCC will provide evacuation assistance if necessary • Maintenance of AmbuBus for mass transit of non-ambulatory and ambulatory patients • HCC will continue to preserve and build upon our cache of mobile medical assets to aid county and local governments with response and recovery that exceeds their healthcare capabilities.

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Coalition Workgroup Structure

1. **Standing Workgroups:**

From time to time, various workgroups will be established by the Executive Committee to implement preparedness strategies and address capability development. Workgroup participants must be active partners in the Coalition.   Standing workgroups of the coalition will be perpetual entities of the coalition. They will be chaired by voting partners of the coalition and overseen by the Executive Committee. These workgroups include:

- **Training/Education** shall coordinate with regional and state activities relative to training and education; research and present recommended training and education programs, and serve as a clearinghouse for requested education resources; and coordinate the scheduling for requested training.

- **Exercise** shall coordinate with regional and state activities relative to community exercise and serve as the liaison with any tabletop and/or functional exercises and drills.

- **Long-term Care** shall coordinate regular meetings and all activities relative to emergency preparedness for the long-term care community; coordinate LTC disaster preparedness activities by determining LTC preparedness needs; keep LTC facilities informed of information related to disaster preparedness and work with the training committee in offering courses that would be helpful to the LTC community

- **Infection Control** shall coordinate regular meetings for all infection control practitioners; provide infectious disease resources and education; coordinate with the TDH Healthcare Acquired Infection (HAI) Team to identify gaps in infection control and reduce the number of reportable HAIs.

- **Pediatrics** shall research and make recommendations for specialized training needs of coalition partners for treating pediatric patients during emergencies and conduct research and make recommendations on specialized equipment determined necessary to support an emergency event involving pediatric patients

The Executive Committee may assign individuals from the represented organizations to work on specific issues of interest or special projects. These workgroups may be formed and disbanded without any formal action of the Executive Committee. Each workgroup will appoint a facilitator. From time to time, the Executive Committee may seek counsel from subject matter experts (SMEs). These SMEs may participate in workgroup activities but will be a non-voting partner.