

2020

Healthcare Risk Assessment



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Region 3 Healthcare Coalition Alliance

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REGION 3 HEALTHCARE RISK ASSESSMENT

2020

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REGION 3 HEALTHCARE COALITION ALLIANCE

2020 HEALTHCARE RISK ASSESSMENT

INTRODUCTION

The Region 3 Healthcare Coalition Alliance is made up of three existing Healthcare Coalitions: Northeast Florida Healthcare Coalition (NEFLHCC), North Central Florida Health Care Coalition (NCFHCC) and Coalition for Health and Medical Preparedness (CHAMP). The 18 counties served by the Alliance include: Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union Counties. Planning for response and recovery for this 12,000 square mile geographic area can be challenging as it includes immense diversity from rural to urban areas and includes both coastal and inland counties.

BACKGROUND

Each Coalition developed a Hazard Identification and Risk Assessment (HIRA) as a contract deliverable for Fiscal Year 2013-2014 and expanded into a more comprehensive assessment for 2014-2015. These early HIRA reports presented by each Coalition provided the first unified assessment of hazard risk, vulnerability, capabilities, resources, and gaps as they impact and relate to the healthcare system in each sub-region. The 2014-2015 HIRA described the methodology used for the assessment, which served as the basis for the 2015-2016 Community Hazard Vulnerability Assessment (CVA).

With the creation of the Region 3 Healthcare Coalition Alliance, and as a contract deliverable for 2017-18, the Alliance developed the Region 3 Healthcare Hazard Vulnerability Analysis (HVA) and this Region 3 Healthcare Risk Assessment. The Alliance created a team of emergency management, public health and planning subject matter experts (SME) to combine and evaluate the regional data to create the Region 3 Alliance Healthcare HVA. The HVA was then used by the SME Team to create this 2018 Region 3 Healthcare Risk Assessment. While the regional healthcare system has no jurisdictional authority, this Healthcare Risk Assessment is referred to as the Healthcare Jurisdictional Risk Assessment (JRA).

Since the 2018 Healthcare JRA was written, the regional partners have responded to 2019 Hurricane Dorian and are currently responding to COVID-19. These activations are used to validate the updates to this Healthcare Risk Assessment.

PURPOSE

The Region 3 Healthcare Risk Assessment (JRA) is used to identify the effects specific hazards have on regional jurisdictions and populations. The assessment further recommends mitigation strategies to lessen these effects on the healthcare delivery system. The JRA, along with the Region 3 Healthcare Hazard and Vulnerability Assessment (HVA) are used to identify gaps and inform the Coalition’s planning, training and project selection and funding decisions.

METHODS and PROCESS

The first step in developing the JRA was to review the prioritized hazards identified in the Region 3 Alliance Healthcare HVA.

Table 1: 2020 Region 3 Alliance Hazards

Region 3 Healthcare Hazards	
Level of Risk	Hazard
Major	Hurricane / Tropical Storm (including storm surge)
	Regional Electrical Failure (i.e. blackout)
	Flooding with potential for disruption / harm
	Cyber Terrorism
	Infectious Disease
	MCI Incident General Injuries
Moderate	Regional Communications Disruption
	Multi-Jurisdictional Wild Fire
	Widespread Supply Chain Interruption
	Armed Individual/Active Shooter incident (Large Scale)
	Tornado or Microburst
	Pandemic
	Multiple Facility Evacuations
	Regional Sewer / Water Treatment Failure
	Regional Water Disruption / Interruption
Minor	Widespread Transportation Disruption / Failure
	Regional Fuel Shortage(s)
	Temperature Extremes
	MCI involving chemical, biological or radiological materials
	MCI involving conventional weapons
	Winter Weather Event

The SME Team then reviewed other data, including Coalition After-Action Review (AAR) documents, Coalition partner AARs, and the Florida Department of Health’s Public Health Risk Assessment Tool (FPHRAT) to identify the impacts to the healthcare system created by each hazard. The effects identified by the SME Team impact the Region and/or healthcare populations.

Attachment 1: Alliance FPHRAT Reports

Table 2: Hazard Impacts to the Healthcare System

Hazards Analysis for Region 3 Healthcare Alliance

Associated Impacts to the Healthcare System

Hazard Ranking by Likelihood and Impact	Potential Healthcare Impacts	Level of Risk
<ul style="list-style-type: none"> Hurricane / Tropical Storm Regional Electrical Failure Flooding Cyber Terrorism Infectious Disease MCI 	<ul style="list-style-type: none"> Regional Facility Evacuations Regional Medical Surge Regional Transportation Shortage Widespread Power Failure (HVAC, EMR, Med Dispensing) Widespread Supply Shortage (Oxygen, Fuel, Medication) Widespread Staff Shortages Widespread Mental/Behavioral Health Issues Loss of Primary and Ancillary Medical Services Loss of Infrastructure (Communications, Facility, Roadways, Equipment) 	Major
<ul style="list-style-type: none"> Regional Communications disruption Multi-Jurisdictional Wild Fire Widespread Supply Chain Disruption Large Scale Active Assailant Tornado or Microburst Pandemic Multiple Facility Evacuation Regional Sewer/Water treatment Failure Regional Water Disruption 	<ul style="list-style-type: none"> Regional Transportation Shortage Widespread Staff Shortages Widespread Supply Shortages Widespread Mental/Behavioral Health Issues Localized Facility Evacuations Localized Medical Surge Loss of Primary and Ancillary Medical Services Loss of Infrastructure (Communications, Facility, Equipment) Loss of Basic Essentials 	Moderate
<ul style="list-style-type: none"> Widespread Transportation Disruption/Failure Regional Fuel Shortage Temperature Extremes CBRN MCI Incident Explosive (conventional weapon) MCI Winter Weather Event 	<ul style="list-style-type: none"> Regional Transportation Shortage Regional Supply Shortages Widespread Staff Shortages Widespread Mental/Behavioral Health Issues Localized Facility Evacuations Localized Medical Surge 	Minor

Once the healthcare impacts were identified, the SME team developed a list of potential effects each impact would have on jurisdictions within Region 3, the healthcare system and its populations.

Table 3: Effects on Jurisdictions and Populations

Healthcare Impacts	Effects on Jurisdictions & Populations
Facility Evacuations	<ul style="list-style-type: none"> • Poor health outcomes for patient evacuees • Impact on healthcare services • Limited transportation resources • Med surge on receiving facilities
Medical Surge	<ul style="list-style-type: none"> • Staff shortages • Resources (People, Equipment and Supply) shortages • Impact to ongoing care
Patient Movement Transportation Shortage	<ul style="list-style-type: none"> • Extended evacuation times • Poor health outcomes • Impacts to emergency medical response
Power Failure (HVAC, EMR, Medication Dispensing)	<ul style="list-style-type: none"> • Disproportionate effect on oxygen, dialysis, etc. dependent • Loss of medical services (dialysis, etc.) • Loss of water, sewer, HVAC in facilities • Loss of resources (food, fuel, etc.) • Emergency response surge • Facility Impacts: EMR, pharmacy, isolation facilities, elevators
Mental / Behavioral Health	<ul style="list-style-type: none"> • Short & Long-term effects on responders/victims/community • Disproportionate effects on vulnerable populations
Loss of Infrastructure (Transportation / Communications)	<ul style="list-style-type: none"> • Emergency medical services impacts • Disruption of supply chain (fuel, etc.) • Loss of data (patient records, data backup) • Loss of communications and situational awareness
Supply Shortages	<ul style="list-style-type: none"> • Poor patient outcomes • Staff / Responder health & safety issues • Delayed medical services/treatment
Staff Shortages	<ul style="list-style-type: none"> • Poor patient outcomes • Delayed medical services / treatments
Loss of primary & ancillary services	<ul style="list-style-type: none"> • ER Surge • Emergency medical services impacts • Increase in untreated chronic diseases • Increased poor health outcomes for general population
MCI	<ul style="list-style-type: none"> • ER Surge • Medical Examiner & Vital Statistics Surge

With the healthcare impacts and effects identified, this allowed the SME Team to recommend mitigation strategies that the Coalition may consider. Completion of these mitigation strategies are intended to lessen the effects potential or expected hazards may have on the healthcare system.

Mitigation Strategies recommended include:

Table 4: Mitigation Strategies

Healthcare Impacts	Mitigation Strategies
Facility Evacuations	<ul style="list-style-type: none"> • Develop a Regional Evacuation Plan • Continuity of Operations Plans for facilities & ancillary services • MOA's for primary and secondary providers
Medical Surge	<ul style="list-style-type: none"> • Continued Med Surge Planning/Training/Exercising • Supply Chain Assessment • MOA's between facilities for supplies & staff • New / Refresh Equipment Caches • Increase bystander training & resources (i.e. Stop the Bleed)
Patient Movement Transportation Shortage	<ul style="list-style-type: none"> • Identify new providers • MOUs for those providers and reimbursement processes • Develop alternative plans
Power Failure (HVAC, EMR, Medication Dispensing)	<ul style="list-style-type: none"> • Special needs outreach -Identifying vulnerable populations • Plans for evacuation, patient movement, etc. • MOUs for supplies, evacuations, surge, etc. • Training for patient movement (med sled, blankets, etc.) • Plan for paper medical records • Continuity of Operations Plans for facilities & ancillary services
Mental / Behavioral Health	<ul style="list-style-type: none"> • Identify applicable resources: crisis teams, comfort animals, etc. • Training for responders (incident stress, psychological 1st aid etc.)
Loss of Infrastructure (Transportation / Communications)	<ul style="list-style-type: none"> • Plans & training for paper medical records • Standardized paper records • P.A.C.E Planning
Supply Shortages	<ul style="list-style-type: none"> • Supply Chain Assessment • MOU's to share resources • Identifying secondary vendors/suppliers • Continuity of Operations Plans for facilities & ancillary services
Staff Shortages	<ul style="list-style-type: none"> • Credentialing processes defined (and agreed upon) • Liability Coverage & Reciprocity defined • MOU's to share staff • Continuity of Operations Plans for facilities & ancillary services
Loss of primary & ancillary services	<ul style="list-style-type: none"> • Alternate Medical Treatment Sites
MCI	<ul style="list-style-type: none"> • Mass Fatality Planning/Training/Exercising

Each Region 3 Healthcare Coalition Board was presented with these outcomes and strategies for consideration during their respective May 2018 meetings and was adopted by the Region 3 Healthcare Alliance Board on June 15, 2018. The document was updated in May 2020 and the updates adopted in June 2020.

USE OF REGION 3 HEALTHCARE RISK ASSESSMENT (JRA)

The mitigation strategies identified in this JRA are intended to provide guidance to each Coalition and the Region 3 Alliance when prioritizing and funding projects. This will help to ensure equity and provide benefit to increase the resiliency of the entire healthcare system across the 18 counties in the Region 3 Alliance.

Each Coalition in Region 3 has a process to provide resources and funding for projects that will assist its members in filling identified gaps. Opportunities include assistance with planning, training and exercises and/or provision of project funding to purchase or enhance resources and supplies needed for healthcare response.

Following the Coalition project funding processes, if a member's planning, training, exercise or project request aligns with the mitigation strategies identified in this JRA; the project will receive priority in the approval process.

USE OF HEALTHCARE JRA DATA FOR TRAINING & EXERCISE

The mitigation strategies identified in this report provide the basis for future training and exercise planning for the Coalitions as documented in the annual Alliance Multi-Year Training and Exercise Plan. The Alliance MYTEP demonstrates the incorporation of the identified strategies into the training and exercise planning process.

DISTRIBUTION OF REGION 3 HEALTHCARE JRA RESULTS

This Region 3 Healthcare Jurisdictional Risk Assessment, along with the Hazard Vulnerability Assessment, is provided to all Coalition Board members during the June Board meetings. Coalition membership includes various members of the healthcare sector, Emergency Management, EMS and Public Health officials and other organizations involved in the healthcare delivery system.

Copies of these reports are posted on each Coalition's website for use by Coalition members. Members are encouraged to use this data to develop projects that will improve the capabilities of the regional healthcare response.

LIST of RESOURCES

- DOH Public Health Risk Assessment (FPHRAT) for 18 counties in the Alliance
- Coalition After Action Reviews
- Region 3 Healthcare Hazard Vulnerability Assessment
- Region 3 Alliance MYTEP
- Health and Human Services emPower Map 2.0
- Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index

Attachment 1: Region 3 Alliance FPHRAT Reports

Florida Public Health Risk Assessment Tool (FPHRAT) Assessment

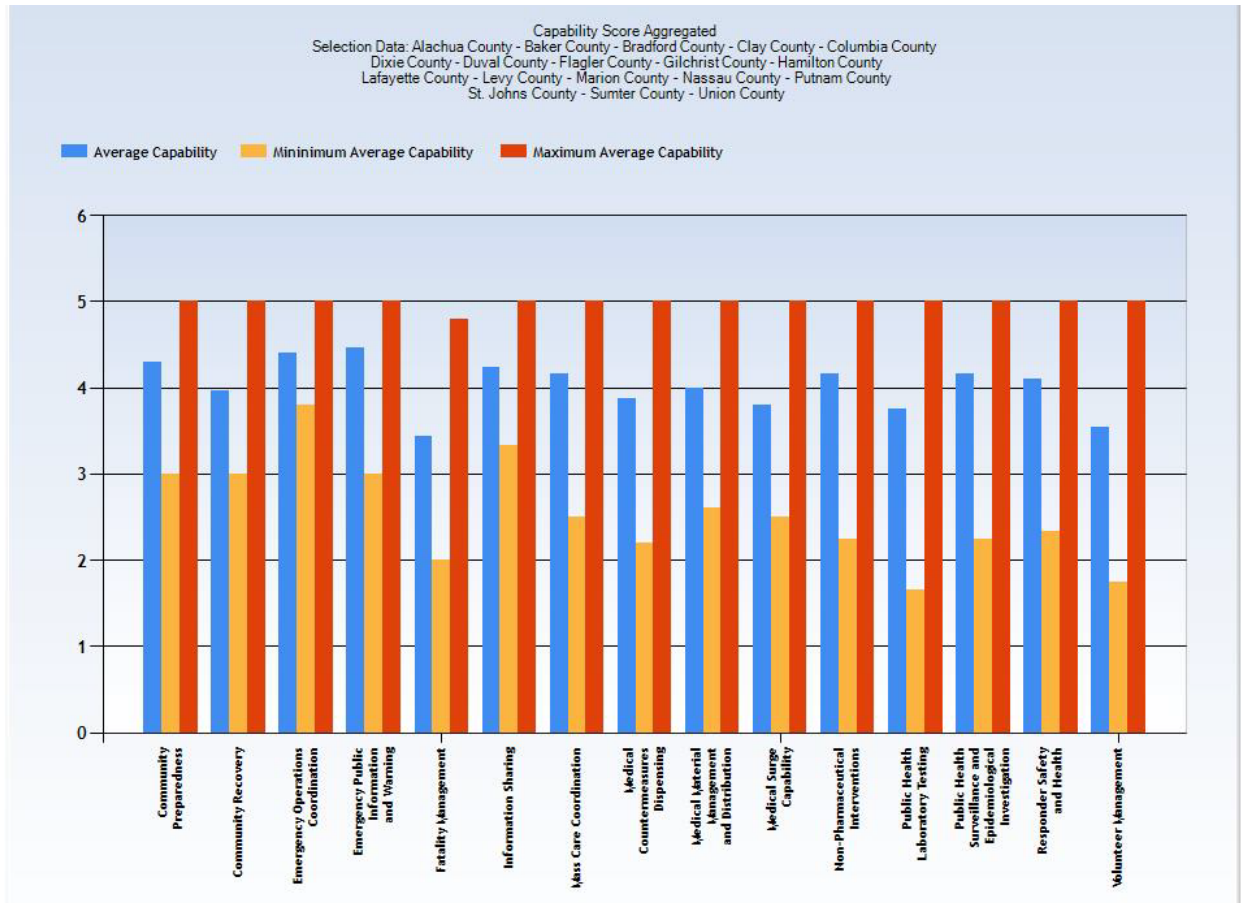
June 2020

Region 3 Healthcare Coalition Alliance Counties

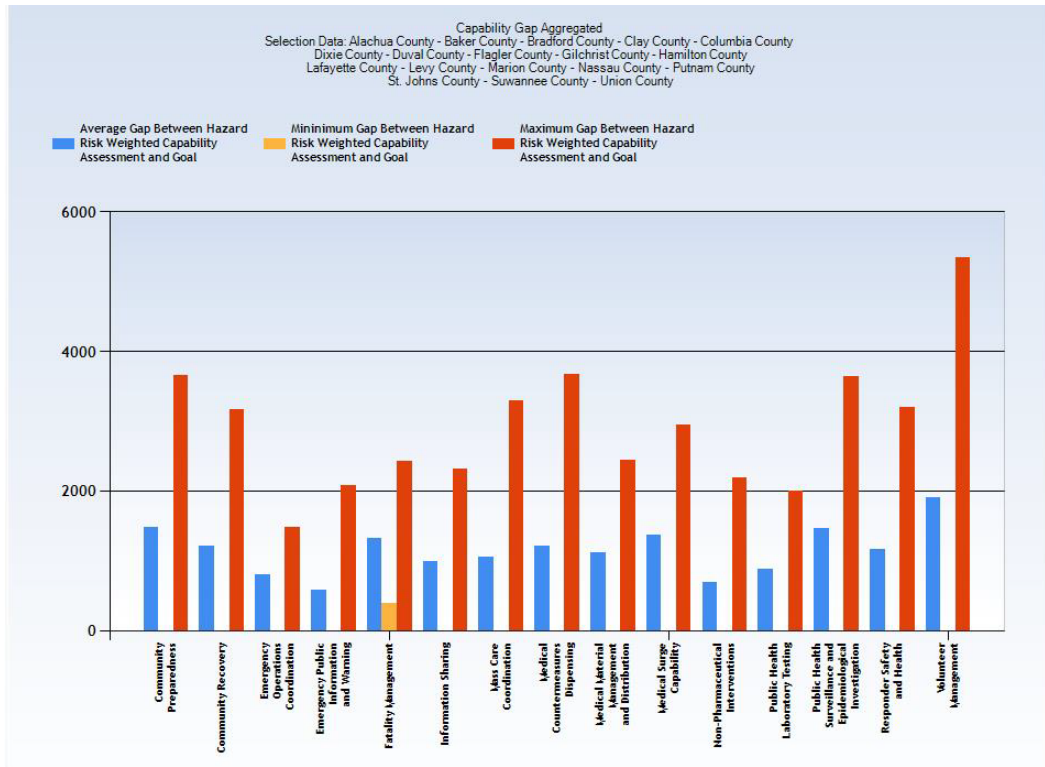
Capability Score Assessment – Aggregated for Region 3 Alliance

Capability Score Aggregated: Alachua County - Baker County - Bradford County - Clay County - Columbia County - Dixie County - Duval County - Flagler County - Gilchrist County - Hamilton County - Lafayette County - Levy County - Marion County - Nassau County - Putnam County - St. Johns County - Sumter County - Union County

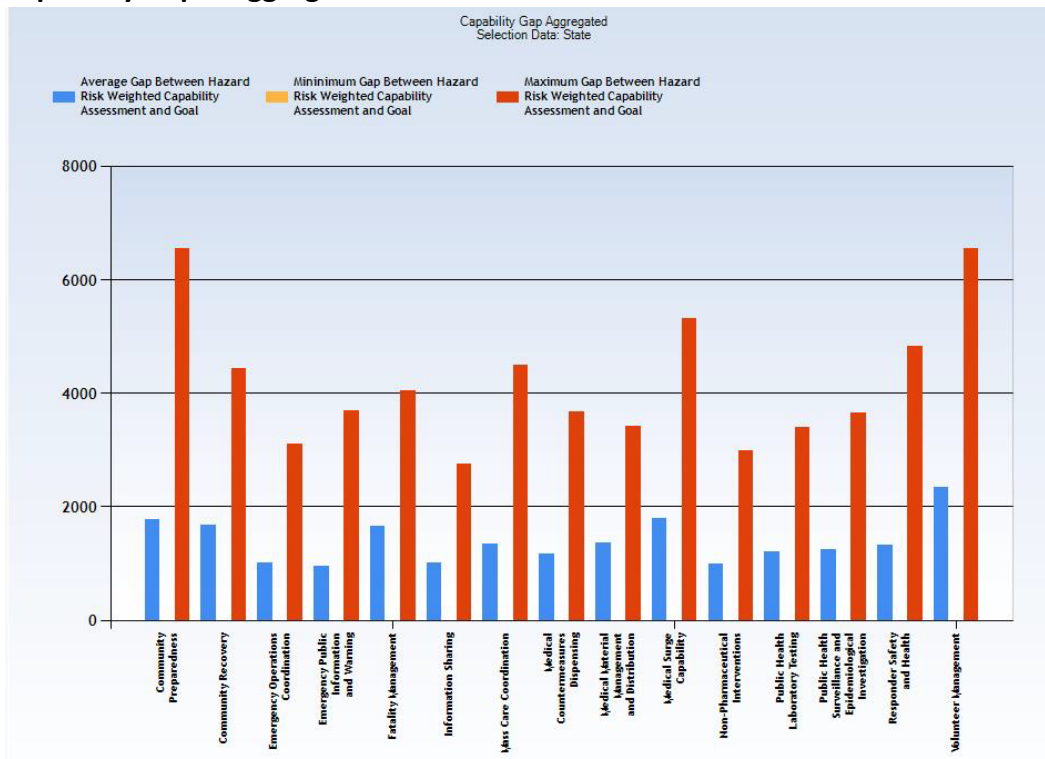
Capability Description	Average Assessment	Minimum Average Capability	Maximum Average Capability
Community Preparedness	4.30	3.00	5.00
Community Recovery	3.97	3.00	5.00
Emergency Operations Coordination	4.40	3.80	5.00
Emergency Public Information and Warning	4.46	3.00	5.00
Fatality Management	3.43	2.00	4.80
Information Sharing	4.23	3.33	5.00
Mass Care Coordination	4.16	2.50	5.00
Medical Countermeasures Dispensing	3.87	2.20	5.00
Medical Material Management and Distribution	4.00	2.60	5.00
Medical Surge Capability	3.80	2.50	5.00
Non-Pharmaceutical Interventions	4.16	2.25	5.00
Public Health Laboratory Testing	3.75	1.66	5.00
Public Health Surveillance and Epidemiological Investigation	4.16	2.25	5.00
Responder Safety and Health	4.10	2.33	5.00
Volunteer Management	3.54	1.75	5.00



Capability Gap – Aggregated for Region 3 Alliance



Capability Gap – Aggregated for State of Florida



Hazard Risk Assessment – Aggregated for Region 3 Alliance

