

Recognizing that hazards and vulnerabilities are subject to change, the coalition conducts a hazard assessment annually. The coalition members provide insight into what they perceive to be areas of concern locally as well as regionally. The coalition then identifies areas of priority so that the coalition can focus future trainings/exercises on these areas. The assessment process utilizes surveys as well as face to face meeting discussions. The final document is created by the RHPC and approved by coalition members. The 2023-2024 HVA was discussed during the January 26, 2023 Coalition meeting. The advisory committee identified that the hazards and vulnerabilities remain the same however the recommended steps necessary to address those hazards have changed as we develop tools and resources to ensure a response to those hazards are mitigated. Part of the discussion included lessons learned through the coalition response to Covid-19, local response during tornados and flooding in the summer of 2022 as well as the current staffing crisis and supply shortages impacting healthcare nationwide. During the HVA discussion it was noted that when responding to large scale disaster/events the coalition and its' membership will need to work with governmental agencies where the communications and situation may be out of the control of the membership and the coalition will have to adapt accordingly however when dealing with events that are limited to within the region or even cross regional boundaries the relationships bridged by the coalition have greatly increased the success of the response. All membership agree and support that the coalitions' primary responsibility during any response is to advocate for the local/regional/state process as well as to advocate for the needs of the coalition members.

West Central Regional Healthcare Vulnerability

<u>Natural</u>	<u>Manmade</u>	<u>Facility/ Operations</u>
Weather (hot and cold)	Communications Lack of coordination between ALL health care and LPH/EM/State partners Chronic illness/Pandemic Power outages Resource acquisition/sharing Coalition Funding/Staffing shortage	Staffing (numbers and skill) Transportation (non-emergent, off-hours, between facilities) Distance to hospitals/higher level of care Staff wearing multiple hats Evacuation destination Space for influx of patients Viability/Success of the organization

West Central Regional Threats to Healthcare Delivery

<u>Natural</u>	<u>Manmade</u>	<u>Facility/ Operations</u>
Tornado Winter Weather Flood (overland - limiting access to patients and limiting access of staff and patients to healthcare)	Loss of Power Long-Term Loss of Utilities Security Incidents (Active Shooter; Workplace Violence) Pandemics/Epidemics Fire External HazMat Spill/Leak Staffing shortage Cybersecurity/Attack Chemical/Biological exposure	Communications Transportation Destruction of building/Structural/ Damage/Access

The chart below identifies the impact and strategies for mitigation and response. It is assumed that some of the impacts will be related to more than one of the previously identified hazards.

West Central Region Conditions that Impact Regional Healthcare Capability

Staffing	Emergency Coordination	Transportation/Patient Movement
Supplies/Resource allocation	Technology (communications)	

Impact/Conditions:	Coalition Mitigation and Response Activities
	Educate and recruit staff to participate in Minnesota Responds. Train the Long Term Care workgroup on the roles/responsibilities of Minnesota Responds. Promote in weekly update.

Staffing	Review and update coalition MOU annually. Coalition membership requires signatures for the MOU. The MOU identifies resources for staff sharing in a response.
	Encourage/promote vaccination of staff as well as the family members of staff. Follow current guidance from CDC regarding quarantine process.
	Improve/expand healthcare facility continuity of operations plans (COOP). A facility's COOP will provide guidelines for moving staff among departments and utilizing on-call staff during a disaster. Activation of the COOP assumes that the internal staff have been maximized, the local and internal resources have been exhausted, and elective procedures have been cancelled. Continued COOP planning discussions will also encourage reengagement within the coalition. HIGHLIGHT THE NEW JC STANDARD AND RESEARCH POTENTIAL FOR INCORPORATING TRAINING OPPORTUNITY FOR HOSPITAL/REVIEW. COOP discussions are needed at the LTC level as well as at the hospital level. It is the recommendation that the coalition focus on LTC COOP training.
Supplies	Invite facilities materials management / purchasing departments to discuss issues related to supply chain management. Share the resources and sharing policy of the coalition with the managers so there is awareness. Identify areas/gaps where the coalition can support the facilities.
	Develop a deeper understanding of the assets that exist within the region. Update the health care resource assessment database as well as include assets that may be available from long term care and assisted living facilities such as transportation. Rebuild coalition cache when able - during the COVID response the cache has been extensively used. Review and update the coalition
	Continue the engagement of facility based pharmacy representatives to discuss issues in the pharmaceutical supply areas. Discuss the role of the coalition in resource sharing. Identify potential gaps and discuss steps to mitigate those gaps.
	Rebuild coalition cache when able - during the COVID response the cache has been extensively used. Consider building a cache of PAPRs for distribution to LTC for situations where standard N95 respirators are unable to be used due to inability to fit. Continue to encourage LTC with fit testing and respiratory protection planning.
Emergency Coordination	Support the continued utilization of MNTrac. Provide the necessary training to ensure that hospitals, long term care, assisted living, home health, local public health, emergency medical services, and emergency management have the awareness and capability to utilize the program. This allows for bed tracking, command center - situational awareness, and patient tracking and family reunification.
	Share algorithms that identify the coordination process and ensure the coalition members understand the process (facility to city to county to region to state). Include formal and informal processes.
	Ensure that facilities and agencies possess and operational depth of knowledge of regional processes. This includes the ability to manage an emergency at a facility but also to coordinate with regional partner and to complete sufficient documentation for information sharing.
Technology	Cybersecurity continues to impact health care facilities. The coalition will provide awareness training and support health care facilities by sharing lessons learned related to cybersecurity.
	800MHz communications is tested twice a year by conducting a regional communications exercise. Facility emergency preparedness representatives use this test to train additional users

Transportation	The coalition will continue to explore options available within MNTrac including patient tracking and the survey for situational awareness.
	Review plans for managing transport assets and coordinating patient resource when the medical transport assets are stressed. Encourage facilities to work with their local emergency manager to identify additional transportation assets available in an emergency.
	Examine the engagement of EMS providers within the efforts to coordinate healthcare in the
	Review SNF transportation assets - buses/vans