

NEO Healthcare Coalition Integrated Preparedness Plan Workshop

Summary

November 18, 2021

The Summary and Findings aligns workshop objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the workshop objectives align with Hospital Preparedness Program capabilities and ASPR's National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures.

WORKSHOP OVERVIEW

Name	NEO Healthcare Coalition Integrated Preparedness Plan Workshop
Date	November 18, 2021, 9:00 to 11:00 AM
Scope	This exercise is a workshop, planned for 2 hours virtually utilizing WebEx platform. Exercise play is limited to membership of NEO Health Care Coalition located in the five-county region of northeast Ohio.
Focus Area(s)	Prevention, Protection, Mitigation, Response, and Recovery
HPP Capabilities	<ol style="list-style-type: none"> 1. Foundations for Health Care and Medical Readiness 2. Health Care and Medical Response Coordination 3. Continuity of Health Care Service Delivery 4. Medical Surge
Sponsor	NEO Healthcare Coalition Training & Exercise Workgroup, ASPR Regional Health Care Coordination Hospital Preparedness Program Fiscal Year 2021 (FY22)
Participating Organizations	Refer to Appendix A
Point of Contact	<p>Andrea Bishop, Project Manager, Emergency Preparedness The Center for Health Affairs 1226 Huron Rd, East Cleveland, Ohio 44115 216-255-3662 (office) andrea.bishop@chanet.org</p>

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PURPOSE

The purpose of the Integrated Preparedness Plan Workshop (IPPW) is to review and discuss the range of preparedness activities within the Integrated Preparedness Cycle to identify and set preparedness priorities based on the Hospital Preparedness Program (HPP) capabilities and schedule supporting preparedness activities for the NEO Healthcare Coalition multi-year Integrated Preparedness Plan (IPP).

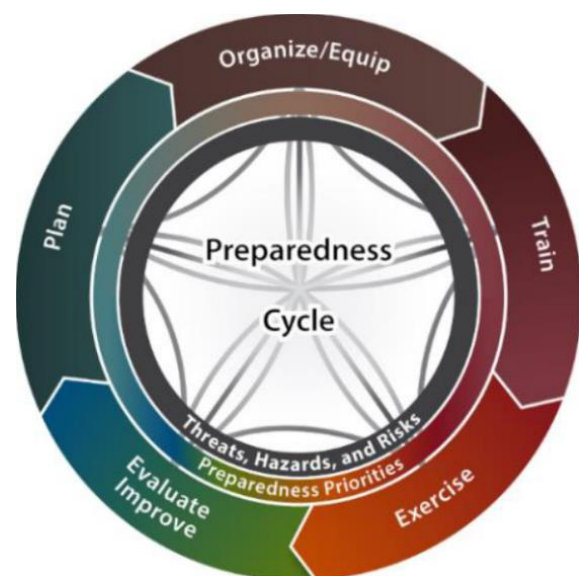
BACKGROUND

The cornerstone of an effective preparedness program is a thorough understanding of the threats, hazards, and risks facing a jurisdiction/organization and their corresponding resources and capabilities. It is recommended that when identifying preparedness priorities, a wide variety of sources should be referenced to inform decisions. Sources include standing authorities and regulations, past performance in exercises and real-world events, and previously identified areas of improvement and capability gaps. With this understanding, a jurisdiction/organization can then consider other factors which may influence the program's preparedness priorities.

The Homeland Security Exercise Evaluation Program (HSEEP) released new doctrine in 2020 that replaced the Multiyear Training Exercise Plan (MYTEP) with the Integrated Preparedness Plan (IPP). The revision was based on feedback that the TEPW/TEP model did not support integration of risk assessments, planning efforts, grant priorities, and other preparedness activities to drive exercise activities.

The Integrated Preparedness Plan (IPP) is a document for combining efforts across the elements of the Integrated Preparedness Cycle to ensure that a jurisdiction/organization has the capabilities to handle threats and hazards. The IPP identifies overall training and exercise program priorities for a specific multi-year time period that will help organizations build and sustain the capabilities needed to address their training and exercise program priorities.

The Integrated Preparedness Cycle is a continuous process of planning, organizing/equipping, training, exercising, and evaluating/improving that ensures the regular examination of threats, hazards, and risks. Preparedness priorities are developed to ensure that the needed preparedness elements are incorporated through this continual cycle to achieve whole community preparedness.



CONDUCT AND FINDINGS

The Integrated Preparedness Planning Workshop (IPPW) provides an interactive forum for stakeholders to engage in the creation of the IPP. The IPPW also serves to coordinate preparedness activities across organizations in order to maximize the use of resources and prevent duplication of effort with the understanding that not all prioritized activities will be able to be accomplished attributable to limited resources and budget constraints.

Due to the ongoing COVID-19 pandemic, the NEO Healthcare Coalition IPPW was conducted virtually on November 18, 2021. Workshop date and time was shared at the HCC general meeting and the webinar invitation was extended to members of the HCC Training & Exercise Workgroup and other interested coalition members.

Workshop structure was guided with a power point presentation with focus on the following components:

- Introduction of additional elements included in the IPP as opposed to MYTEP
- Overview of four phases of Readiness and Operations Cycle and their relationship to the HPP Capabilities
- Review of HPP Capabilities and applicable Objectives and Activities
- 2021 NEO Regional Healthcare Coalition HVA Summary
- Prior year HPP Capability priority selection with rationale
- Identified Gaps after review of 2017 SWOT, Capability Planning Guide, and After-Action Report/Improvement Plans from recent exercises and real-world events
- Identified training courses and exercises

Based on supporting documentation and further discussion of multi-organizational experiences and impacts from sustained pandemic response, the workshop concluded with a prioritization of the HPP Capabilities as follows:

Priority 1: Medical Surge

Rational: Strengthen Medical Surge was given priority number one as the ongoing response to COVID-19 pandemic has placed a significant strain on healthcare community. Increased difficulty to maintain staffing, both clinical and non-clinical, to address the high volume and acuity of the multiple waves of infection has created a domino effect across the continuum of care.

Priority 2: Continuity of Health Care Service Delivery

Rational: Strengthen Continuity of Health Care Service Delivery was elevated to priority number two during this year's assessment. The COVID-19 response has highlighted the importance of maintaining provider health and safety throughout remainder of pandemic

to ensure staffing levels are available to care for community across the spectrum of care. Support of HCC is vital as we plan to coordinate recovery from this event.

Priority 3: Health Care and Medical Response Coordination

Rational: Strengthen Health Care and Medical Response Coordination was identified as third priority this year as coalition members have been actively engaged in communication and resource coordination since the start of the COVID-19 pandemic on January 2020.

Priority 4: Foundation for Health Care and Medical Readiness

Rational: Strengthen Foundation for Health Care and Medical Readiness was given priority number four. This capability's associated objectives and activities form the backbone of planning required to support a coordinated response to events. The Activities for Objectives 1 and 3 are completed and reviewed and updated annually. Activities listed under Objective 4 and 5 are all either in process or sustainment. It will be important to return to planning and HCC foundational activities to incorporate our new partners and lessons learned from COVID-19 pandemic response.

These findings along with respective rational and identified trainings and exercises to build or sustain capabilities were written into the FY22 HCC IPP and will be applied and monitored for progress over the next several years. The IPP covers date range State Fiscal Years 2021-2026 and is considered a living document, frequently reviewed and updated. The HPP Capabilities will continue to be reassessed annually and findings updated to NEO HCC IPP accordingly. The full HCC IPP is posted on the HCC website (<https://www.northeastohiohealthcarecoalition.org/>) and will be updated at least quarterly for members to access and is also available upon request of NEO Regional Healthcare Coordinator.

The workshop afforded the opportunity of coalition member agencies to assist with development of preparedness program. The discussion highlighted the importance of multi-agency member participation to assist with identification of priorities to support the coalition and the communities they serve.

APPENDIX A: PARTICIPANTS

Participating Organizations
Carington Park
Cleveland Clinic Avon Hospital
Cleveland Clinic Children's Hospital for Rehabilitation
Cleveland Clinic Fairview Hospital
Cleveland Clinic Lutheran Hospital
Cleveland Clinic Main Campus
Jennings Hall
Kendal at Oberlin
Mapleview County Villa
The Center for Health Affairs

APPENDIX B: ACRONYMS

Acronym	Term
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ASPR	Office of the Assistant Secretary for Preparedness and Response
DHS	U.S. Department of Homeland Security
HCC	Health Care Coalition
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
IPP	Integrated Preparedness Plan
IPPW	Integrated Preparedness Plan Workshop
MYTEP	Multiyear Training Exercise Plan
NEO	Northeast Ohio
RHC	Regional Healthcare Coordinator
SWOT	Strength Weakness Opportunity Threat assessment
TEP	Training Exercise Plan
TEPW	Training Exercise Plan Workshop
WS	Workshop