

Contact information (Advisory Board)

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Coalition Mission

The Knox/East Tennessee Healthcare Coalition (KET HC) will assist the healthcare community and other emergency response agencies to jointly prepare for, respond to, and recover from disaster events by supporting collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of the people in Tennessee.

Coalition Purpose

The purpose of The Knox/East Tennessee Healthcare Coalition is to support the development of cooperative partnerships in order to promote and enhance the wellbeing of the community's healthcare system through coordinated disaster preparedness, education, public information, response/ recovery activities, and sharing of resources.

Work Plan

This work Plan will guide the work of the KETHC for the 2022-2023 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 Knoxville/East Tennessee healthcare community. This plan is intended to provide clear guidance on structure, activity, and project development.



Coalition Subcommittees

From time to time, various subcommittees will be established to implement preparedness strategies and address capability development. Workgroup participants must be active partners in the Coalition. Current workgroups include:

Training

The training subcommittee will prioritize training areas based on HVA and Gap Analysis results, inclusive of our community partners (Regional Medical Communications Center, etc.) These priorities will be presented to the full coalition, with recommendations for avenues of training. Consideration will be given to free/no cost opportunities first. The coalition will coordinate with regional and state activities relative to training and education when possible.

Planning/Documentation

The planning/documentation subcommittee will prioritize annual review of coalition Preparedness plan (to include COOP planning), Pediatric Surge Annex, Burn Surge Annex, and assist with finalization of Radiological Surge Annex.

Gap Analysis/Budget

The planning/budget subcommittee will prioritize planning and budget activities based on HVA results, Gap Analysis results, and real-world events. Recommendations will be presented to the full coalition for approval. Advisory Board will provide oversight to ensure processes and outcomes conform to state and federal guidelines.

As an addendum to the planning committee, a Radiation subject matter expert, which may or may not be an active coalition member, will be utilized during this fiscal period to assist with planning, training, and equipment needs for treating CBRNE patients during emergencies. The subcommittee will make recommendations on equipment determined necessary to support an emergency event involving pediatric patients based on the expertise of the subject matter expert.

Equipment/Supplies

The Equipment subcommittee will coordinate cache supplies, inventory assessment, and equipment check out when needed. The subcommittee will report to full coalition any equipment needs or maintenance requirements.

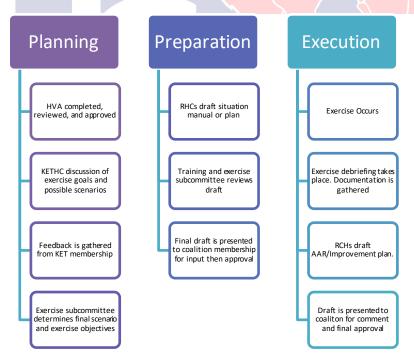
Communications



The communications group will work closely with hospital staff/IT, Amateur radio representatives, and other subject matter experts as needed to create a more cohesive communications network across our region. Communications ranks high on our HVA annually and as an opportunity for improvement on many AARs. This group will work towards completion and implementation of a regional communications plan.

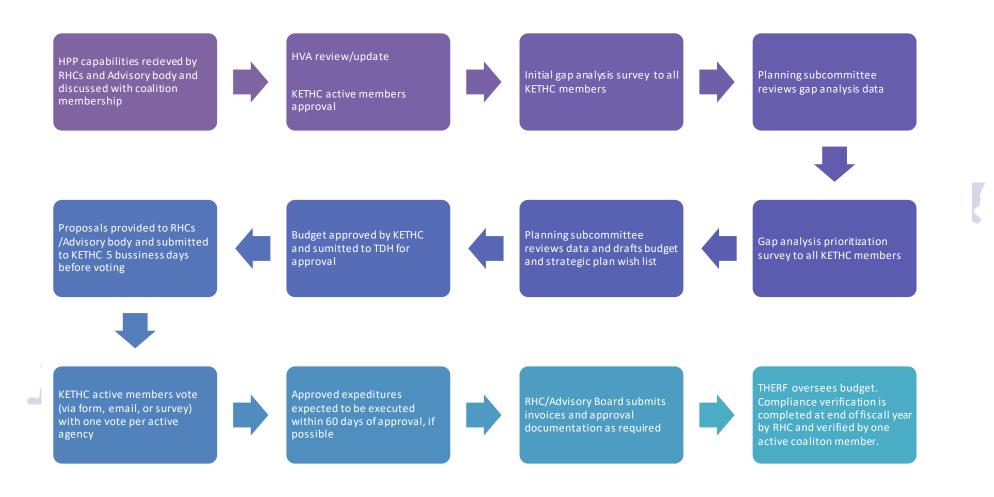
Exercise

The exercise subcommittee will prioritize exercise activities based on HVA results, Gap Analysis results, real world events, and State, Federal, and regulatory requirements. Recommendations will be presented to the full coalition for approval. When possible, exercises will be coordinated with regional and state activities. Advisory Board will provide oversight to ensure processes and outcomes conform to state and federal guidelines. Procedures for exercise planning outlined below:





Grant Funding Management Process





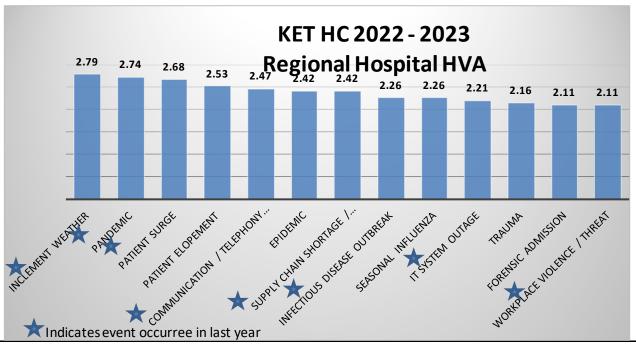
Risk Analysis

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 KETHC collects HVAs from individual coalition entities, reviews, and updates a Regional Hazard Vulnerability Analysis (HVA) annually. It was most recently updated July 2020. The HVA used was the revised HVA tool from Kaiser Permanente revised January 2022. The HVA is shared with all coalition members.

The top 6 hazards were identified as:

- Inclement Weather
- Pandemic
- Patient Surge
- Patient Elopement
- Communication/Telephone
- Epidemic:

The current HVA identified the top 15 hazards below:





Gap Analysis

Based on the HVA, coalition members were asked to list gaps in both resource and training. Top priorities listed below:

Hazard	Top Resource Gaps	Top Training Gaps
Inclement Weather	1. Healthcare personnel	1. Shelter in place
	2. Supply delivery	2. How to use evacuation equipment
	3. Evacuation and water treatment equipment	3. Exercise with water purification equip
	4. Decedent: delivery, pick up, storage	4. HICs/HICs forms
Pandemic	1. Personnel	1. Donning/doffing and applicability of PPE.
	2. Equipment (Vents)	2. Negative pressure area set up
	3. Tamiflu	3. Creating additional space during surge
	4. Isolation Rooms	
Patient Surge	1. Healthcare personnel	1. Triage for healthcare workers
	2. Availability: beds and decedent storage	2. Patient tracking
	3. Family/visitor resources	3. How to obtain/house staff
Epidemic	1. Personnel	1. Donning/doffing and applicability of PPE.
	2. Equipment (Vents)	2. Negative pressure area set up
	3. Tamiflu	3. Creating additional space during surge
	4. Isolation Rooms	
Communication/IT	1. Systems: redundant and ham	1. Alternate methods
System Outage	2. Current contact lists	2. Communication failure drill
	3. Mass notification systems	3. Back- up systems



Planning Timeline

This timeline 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. Generalized activities and timeline:





The Work Plan will be presented to the planning committee for recommendations, then to the full coalition for approval. Changes will be made as needed to ensure the Coalition meets all requirement and coalition's membership needs are met. Initial dates for Workplan:

08/06/19 Draft Completed

08/09/19 Sub-Committee Review

08/09/19 Draft Provided to Coalition for Review

08/13/19 Coalition Approval

Revision Dates 2020: Knox East TN Healthcare Coalition

Advisory Board	01/21/2020	
Coalition Approval	01/27/2020	1

Revision Dates 2021:

Advisory Board			01/04/2021	
Coalition Approval	Train	Coordinat	01/11/2021	

Revision Dates 2022:

Advisory Board	08/08/2022
Coalition Approval	08/09/2022
Advisory Board	11/15/2022