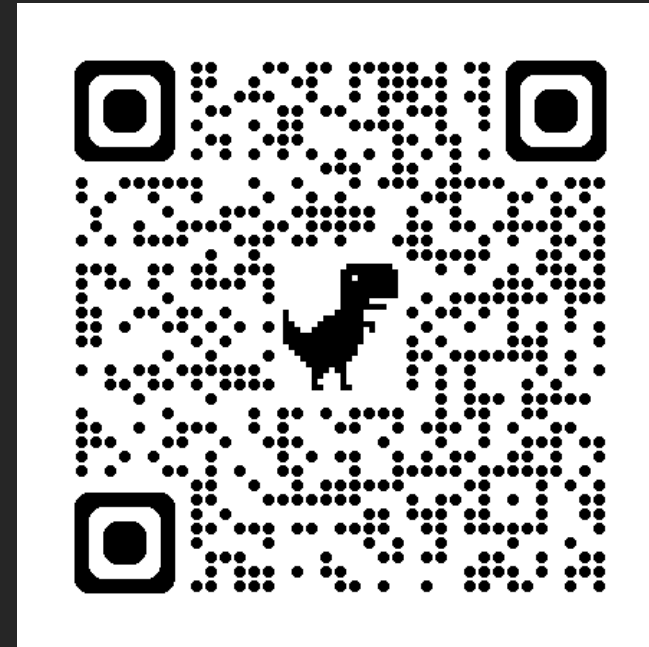


Knnox
East
Tennessee
Healthcare
Coalition

July 2024 Meeting

Sign In using QR Code



WELCOME
INTRODUCTIONS

Members Update / Information Sharing

- Open Discussion
- Patient Tracking UT Football Games
- TN Fire Chief Conference 14-16 July 24
- Community/Emergency Preparedness Expo
 - September 7th
 - Smoky Stadium
 - Request for Organizations to participate
- RHC Meeting 1000 - 1100 - Capt. Link New NOFO and Grant Requirements
- Joint Commission Conference
 - Review by Attendees

Joint Commission Conference Review - Wanda

- ▶ Joint Commission Standards for High Consequence Infectious Disease (HCID) Infection Control Resources. Free training from NETEC (they have a lot of new free training opportunities).
- ▶ Fire drill, nor an IT phishing test count as one of the two required exercises. **Hard NO.**
- ▶ Joint Commission is really going to look at leadership participation, from all aspects of Emergency Management. It's not enough to have them at an exercise. They should be part of the planning process. Leadership inclusion also allows you easier access to funding. If you don't have leadership support and have a gap, look to your coalition, document you at least tried to meet the gap (if it's funding dependent).
- ▶ Community partnerships and leadership by in were key words used in each session. Last year less than 1% of findings were with EM, and they know its not because that program is 99% perfect, they have not paid it the attention it deserves. They plan to look at this area more in depth as they feel it is an important area and deserves more attention and what they will be looking at is community support and leadership involvement. How can you document that? By sign in sheets (make sure your sign in sheets have position and name, not just name).
- ▶ Important to include your community members in your survey session. That shows a connection.
- ▶ Make sure you follow up on your AAR/IP. They are going to be paying closer attention to the Improvement Plan to make sure you did something about the gaps you identified.
- ▶ Surveyor said he drove around facility day before and looked for issues: did you have a huge garbage pile out there, is there a safety issue with placement of items? He also looked over social media to see what positions you have open or what your facility is posting. If something stands out to him, he'll ask about it.
- ▶ Don't give them something that's been copied (a plan, etc). They can tell when you've just changed the "blanks" to seemingly fit your facility. If something seems off about it, it's a red flag to them and they can tell when you've just copied something to show them.

2024 TJC Emergency Management Conference

MISSY TURNER



Cybersecurity

What would be your most immediate concern following a cyber attack?

- Loss of diagnostic technology
 - Loss of diagnostic technology leaves your facility unable to diagnosis.
 - Loss of diagnostic technology results in diversion.
 - Would radiologists be willing to come to the facility to manually read and would the quality be diagnostic quality?
- What about loss of technology for other offices and services that depend on your technology?
- Three questions.....
 - What will work?
 - What won't work?
 - What is the plan to sustain quality and safe care for 30+ days?
- Recommendations
 - Review Sentinel Event Alert 67
 - Review Business Continuity Plan

Emergency Ready Metrics Program

- Why focus on data and measurements?
 - Identify risk and opportunities to improve readiness.
 - Prioritize and target limited resources to areas where they can be used most effectively.
 - Facilitate long-term planning to improve readiness to respond to the hazards of tomorrow.
 - Anticipate and prepare for potential regulatory changes.
- Benefits
 - Has driven increased leadership attention and commitment.
 - Has helped anticipate and plan for gaps (events with notice).
 - Prioritizes and supports gap closure.
 - Has created a roadmap for facility emergency managers.

Disaster Telehealth Services

- Recommendations
 - Review current TJC standard for emergency credentialing, if applicable.
 - Describe telehealth in your procedures (i.e., Medical Staff bylaws, HR policies).
 - List credentialing requirements for various telehealth service types (telemedicine, teleconsultation).
 - Describe conditions where your hospital will use disaster credentialing for declared and non declared events.
 - Describe use of waivers, third-party verification mechanisms in credentialing procedures.
 - Document the statute status for ILC (Interstate Licensure Compact) and/or licensure reciprocity.
 - Define team responsible for credentialing plan (suggested placing in job descriptions).
 - Describe process for rapid activation, implementation, and authorization of onsite volunteers and remote teleconsultants.
 - Leadership and providers should be knowledgeable of the process and resource.
 - Exercise credentialing plan in real time with no notice.
 - Address technical components of telehealth (i.e., IT firewalls, HIPAA, encryption, chargers, etc.).

Case Scenarios

Signature Healthcare Brockton
Hospital – 2/7/2023 Fire

Bon Secours Mercy Health – Medical
Gas Outage

Ascension, Texas Healthcare Ministry –
2021 Winter Storm

- Highlights
 - Brockton
 - Prioritize patient and staff safety
 - Empower staff to act
 - Create, build and maintain relationships
 - Ensure backups for systems
 - Save cell phone numbers
 - Have hard copies of maps, checklists, census, etc.
 - Align expectations of cascading response
 - Drill to failure
 - Plan for recovery
 - Bon Secours
 - Reassess hazard vulnerability by improving infrastructure.
 - Consider adding loss of compressors and not just medical gas to HVA.
 - PM on 2 compressors taken out for maintenance, the load stress on the remaining 2 compressor, coupled with the age of the equipment, likely caused or promoted the failure.
 - Level 1 hospital only had 15 available oxygen tanks onsite due to storage.
 - High pressure manifold bottle adapters were incompatible until uncommon pipe fittings could be sourced.

Case Scenarios

Signature Healthcare Brockton
Hospital – 2/7/2023 Fire

Bon Secours Mercy Health – Medical
Gas Outage

Ascension, Texas Healthcare Ministry –
2021 Winter Storm Uri

- Highlights
 - Ascension
 - Who is providing you with weather data?
 - Local or national services
 - National Weather Service
 - Reassess hazard vulnerability by improving infrastructure.
 - PM on 2 compressors taken out for maintenance, the load stress on the remaining 2 compressor, coupled with the age of the equipment, likely caused or promoted the failure.
 - Level 1 hospital only had 15 available oxygen tanks onsite due to storage.
 - High pressure manifold bottle adapters were incompatible until uncommon pipe fittings could be sourced.

TJC Standards

- **EM.10.10.01: EM Leadership**
 - Stressed the importance of senior leadership oversight and involvement.
 - Make sure leadership structure for the EM program is defined by position (not name).
 - EP2: How is person qualified to lead the emergency management plan?
 - Make sure EM Committee is not too big. Recommended using Incident Command Section Chiefs as guidelines and adding IT.
- **EM.11.01.01: HVA**
 - Recommended looking at RISC (ASPR) to help develop HVA tool, if needed.
- **EM.12.01.01: EOP**
 - NOTE: Life Safety surveyor will drive around facility and area the night before survey. What will they see? Train tracks, construction dumpsters, prison, etc.
 - Have you adequately addressed the population you serve in your immediate area and not just at your facility.
- **EM.12.02.01: Communication**
 - Maintain list and notify who you need based upon event (do not have to notify everyone every time).
- **Safety**
 - Make sure Fire and Police are educated on MRI.
- **EM.13.01.01: COOP**
 - Make sure blood bank is included in COOP.
 - Have manual available for HVAC, boiler, etc. in case staff is unavailable.

2024 TJC Emergency Management Conference

NANCY PRIMM

cyber risk>pt. care>clinically integrated care>operational tech>info tech & cloud services>bus. Assoc.>network & internet connected tech and data

- we are dependent on the tech to do our jobs;
- a third of cyberattacks are ransomware;
- 1 Jan-5 Jun 249 hacks impacting 24.2M individuals; 'Blackcat' cyber-attack group (given safe harbor by Russian Fed);
- cyberattacks/ransomware going after blood product centers (donation ctrs, delivery groups);
- 3rd party is a digital pathway into covered entity; immediate impact to cyberattack is loss of diagnostic tech; we have to prepare for the ransomware 'blast radius';
- follow-on disruption is also a concern; healthcare cyberattacks are considered by FBI 'threat to life';
- PRC has shifted from data theft to cyberattack;
- 3 Qs-w/i context of network loss: what will work, what won't work, what is the plan to sustain quality and safe care for 30 days or longer? Orgs should be prepared to have life and safety-critical tech offline for 4 wks. or longer

RDHRS Core Capabilities:

- Burn Care
- Chemical Specialties
- Telehealth augments 'boots on the ground'

Disaster Telehealth services support local healthcare delivery via virtual connections to remote clinical specialists for real-time expertise during a crisis. Ideally rapidly deployable; regardless of need of event; ready to roll in 4 hrs.

Legal Elements necessary for a comprehensive emergency credentialing plan:

- Hospitals decide whether they credential
- Vetted by Sr. Leadership
- Included in medical bylaws
- Clinicians need to embrace it
- Credentialing personnel need to know what goes into Emergency Plan

Legal/Regulatory Challenges:

- Some states have license reciprocity
- Some emergencies don't get declared which could activate waivers

Sudden Medical Gas Outage:

- Level 1 hospital has 4 compressors for med gas
- 2 were taken offline for planned servicing
- On 9 Feb, remaining 2 suddenly failed

First Considerations:

- On reserve accumulator tanks? YES
- #of nurse tanks on hand? 15
- How much time do we have? 4hrs (based on demand)
- Any active surgeries? Several and all are being stopped
- Activated ICC & summoned staff? Yes
- Contacted in-house partner org
- Contacted regional hospital partners

First Considerations-cont'd

(20 min in):

- How many pts on vents? 14
- How many on Cpap/Bipap? 6
- Any compressor vents available? 2
- What failed/how long to repair/sustain? Compressor tower; unk; review CoOP
- When to consider xfer? Eval 96hr plan & report (to ICDR) <1hr

First Considerations-cont'd (1 hr. in):

- On reserve accumulator tanks? Being consumed and not refilled
- # of nurse tanks on hand? 40 w/1 10 mile radius; 100 coming via truck in AM
- How much time do we have? Bottles being shipped/no concerns
- Any active surgeries? All canx/resched/moved to sister facilities

First Considerations-cont'd (1 hr. in):

- How many pts on vents? 12, Doc re-eval'd O2 %s
- How many on Cpap/Bipap? 4, some released from prescribed intervention
- Any compressor vents available? Secured from other regional hospitals
- What failed? How long to repair? House compressors/2-3 days best case
- When to consider xfer? After review, can hold w/o peril to pts & staff

Mitigation:

- Re-asses HV by improving infrastructure
- Hospital had 4 compressors at 2 stations
- Preventative mx on a station led to load stress on remaining station, coupled with equip age, likely caused or promoted failure
- Compressors were purchased/installed at same time, so “life expectancy” was same for all, which meant repair and end-of-life replacement occurred simultaneously.
- Recommend staggering purchase/installation of compressors to avoid “all to nothing” scenario
- There was room for 3rd station maximizing to 6 total compressors
- IAP was to increase capacity with 3rd station

HRTS – updates

TASK1826036: Events Analytics tab and communication row highlight

As new data comes in, the new data is highlighted

TASK1825757: Enhancement : GET Facility_Patient_Triage_Updates to use UTC Time

Updated the API for ReadyOp to pull patient triage data form HRTS and include the UTC time associated with each update

TNHAN – Time to verify contacts

ReadyOP – No Updates

HRTS/TNHAN/ReadOPS

Equipment

- Yearly Inventory
 - Will received email asking for what items need to be accounted
 - CLEAR picture of item
 - CLEAR picture of KET HC Tag/SN on item
- Cache Supplies
 - 5 PAPR (TR600) with High Efficiency Filters
 - Inflatable Lights 8 foot and 12 foot
 - Air Mattresses
- Pick up
 - White Boards



Upcoming Year Budget Period 1

- Fight Flu Exercise
- Committees
 - Training
 - Planning
 - Budget
 - Exercise
 - Cybersecurity

Training - 09 July 24 1300-1400

- Recommendations and Cost 94,500
- Amateur Radio Class -
- HICS Class -
- Lunch and Learns
- TEEEX
- Health Facilities Commission
- Conferences
 - National Healthcare Coalition
 - Emergency Management Association Georgia (Region 4)
 - EMS Conference
 - EMAT
 - NRP
 - NDLS
 - ReadyOP
 - Joint Commission
 - Fire Chief Conference
 - High RIM Conference

Planning Committee - Meeting 10 July 0900-1000

- **DUE 31 DECEMBER 2024**
 - RISC 2.0 (Risk Identification and Site Criticality) State requires feedback
 - HVA - COALITION
 - Identify threats and hazards
 - Identify vulnerabilities
 - Estimate probability of occurrence
 - Determine severity of impact
 - Establish priority actions
 - **Governance Document**
 - 1.1.1 Management / Administration
 - 1.1.2 Geographic coverage
 - 1.1.3 Membership
 - 1.1.4 Community coordination and engagement
 - 1.1.5 Response operations
 - 1.2 Jurisdiction information
 - Readiness Assessment
 - **HCC's Capacity and Capability**
 - **Will directly inform Strategic and Response Plan**

Planning Committee - continued

- **DUE 31 DECEMBER 2024**
 - Supply Chain Integrity Assessment (state)
 - Requires feedback from all healthcare organizations
- **DUE 30 JUNE 2025**
 - **Cybersecurity Assessment/Downtime Assessment**
 - NEED Separate Committee for this assessment
 - Plan due June 30, 2026
 - Exercise due June 30, 2027
 - Information Sharing Plan Due June 30, 2025
 - Medical Surge Plan (may use base medical surge plan from 2019-2023)
 - COOP - review and approve.

Budget Committee - Meeting 10 July 1300-1430

- Discuss Quarterly Budget
 - Review Training Plan
 - Planning Committee Recommendations

Budget 2023 2024

	Base Funding	Carryover Funding	
Received	314,380.00	525,750.00	
Spent	315,562.23	441,742.54	
Final	-1,182.23	84,007.46	

Communications

- Amateur Radio
- Redundancy Communications Test
 - Currently scheduled for 20August2024
 - HRTS - Quarterly Test (method 1)
 - EMS Call Down
 - Hospital Triage Numbers - test communication link between HRTS and ReadyOP.
 - TACN Radio Check (method 2)

CMS 17

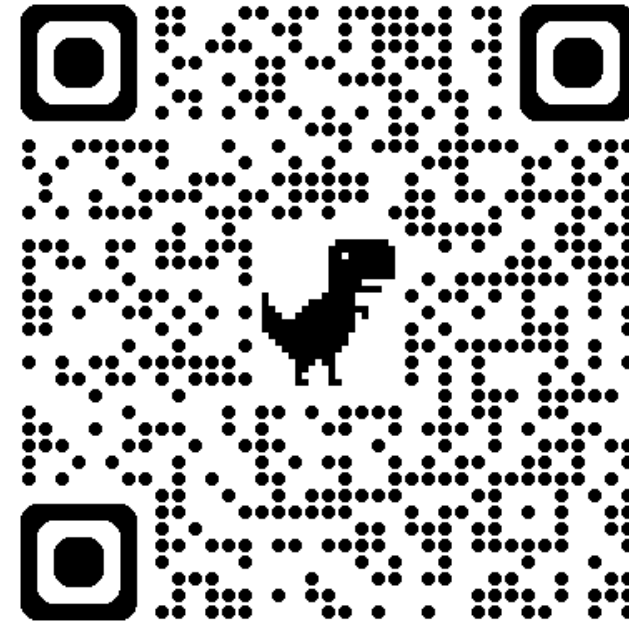


Training

- Hemodialysis Infection Prevention Simulation 7.25 CEU
 - KCHD
 - 16July2024
- Water Management Education - Virtual
 - 23July2024 8-12 (CST) 9-1300 (EST)
- Medical Counter Measures POD (TEEX)
 - 30-31July2024
- UT LifeStar Emergency & Trauma Symposium
 - 21August2024 0800-1600
- Secret City EMS Expo - 14 CEU hours
 - September 4th and 5th
- Community/Emergency Preparedness EXPO
 - 07Sept2024
 - Smoky Stadium
- National Healthcare Coalition Preparedness Conference
 - 10-12 December
 - Orlando Florida
- OTHER

OPEN DISCUSSION

Sign In using QR Code



Adjourn

Next Meeting 13 August 2024

