North Central Region Healthcare Coalition (NCR HCC)

2018-2019 Joint Risk Assessment Summary

SUMMARY OF HAZARDS AND RISKS

The review, assessment, and discussion process outlined in the full 2018-2019 Joint Risk Assessment, resulted in the following incident types being identified as the top threats/hazards to the NCR's health and medical system:

North Central Region Hazard Identification Assessment

Hazard	Frequency	Severity (to people, property, crops, or facilities)
Communicable Disease/Epidemic	Moderate	High
Severe Weather	Very High	Elevated
Flood	Moderate	High
Utility Failure	Very High	Elevated
Information Technology (IT) Failure, including Cyber-Terrorism	Moderate	Elevated
Mass Casualty Incident	Moderate	Severe

All of these risks carry the potential for significant human and critical infrastructure impact. In addition, they all have the ability to affect large portions, if not the entire, North Central Region in some capacity.

NCR HCC Risk Identification

Hazard	Threats & Hazards Scale 1-4	System Weakness 1-4	Impacts & Consequences 1-4	Risk = T x W x I
Communicable Disease/Epidemic	Medium (2)	Medium (2)	High (3)	**Guarded (12)**
Severe Weather	High (3)	Medium (2)	Medium (2)	**Guarded (12)**
Flood	Medium (2)	High (3)	High (3)	**Elevated (18)**
Information Technology (IT) Failure, including Cyber-Terrorism	Medium (2)	High (3)	High (3)	**Elevated (18)**
Mass Casualty Incident	Medium (2)	Medium (3)	Medium (3)	**Elevated (18)**
Utility Failure	Medium (3)	Medium (3)	Medium (3)	**High (27)**

VULNERABILITY

NCR HCC Vulnerability Identification Assessment

Vulnerability	Impact on Healthcare Delivery
High level of economic and environmental diversity within the region	The NCR covers large areas of densely populated urban cities, rural plains, and small mountain towns. Additionally, due in part to geography, the NCR has an economically diverse population. These factors impact health and medical resources as well as access to these resources. To be effective, regional planning must take into account this variability and its impact to healthcare delivery.
Geographic isolation	The NCR, including Colorado's capital city, Denver, is geographically isolated. Denver is the largest city in a 500-mile radius. This isolation impacts the following response areas: • patient movement out-of-state • mobilization of out-of-state resources This vulnerability highlights the need for the NCR, as well as the entire state, to continue to build and strengthen local, regional, and state capacity and capabilities.
Volume of ancillary healthcare facilities that are at the beginning stages of emergency preparedness	Over the last year and a half, the NCR has experienced a significant increase in ancillary healthcare providers who are prioritizing the development and implementation of new emergency preparedness programs. This, in part, is due to the 2017 Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. The region has worked extensively to support these organizations, but they often are working with limited funding and limited experience in emergency preparedness and response. Should a threat or hazard significantly impact a large number of these facilities, a considerable amount of regional resources would be required to support this sector of the healthcare system. This, in part, is due to lowered capabilities of these facilities to manage quickly evolving and/or large scale events. The strain on resources results in cascading impacts on the other healthcare sectors as well as on the community as a whole. The NCR HCC will continue to support program development, implementation, and evaluation in an effort to increase the emergency preparedness and response capabilities within the ancillary healthcare system. As these capabilities expand, this vulnerability, and its impacts, will decrease.

SUMMARY OF GAPS

In addition to the identification of regional hazards and threats, the NCR HCC also identified and prioritized gaps that impact the preparedness, response, and recovery activities within the health and medical system.

Summary of Prioritized Gaps

Identified Gaps	Identified Next Steps to Address Gap
Lack of a regional health and medical communications framework	The NCR HCC developed a regional health and medical communications committee in 2018. To-date, this multi-disciplinary committee has created a strategic plan and prioritized the development of a regional health and medical communications framework. This framework is scheduled to be completed by June, 2019.
Gaps in regional information sharing during an event	The NCR HCC, through the development of the HCC Response Plan and operationalization of the healthcare coalition, has focused on the development of processes and documents to facilitate cross-jurisdictional, cross-disciplinary, and regional information sharing.
No formalized process for regional hospital coordination	A special project, funded by the Denver Urban Areas Security Initiative (UASI), specifically addresses this gap. The "NCR Hospital Coordination Project" has already held a number of steering committee meetings, a regional workshop, and has a functional exercise scheduled for May 2019.
Limited ability to identify and allocate resources at the regional level	The NCR HCC, through the development of the HCC Response Plan and operationalization of the healthcare coalition, is in the development phase of formalizing processes for regional resource identification and resource allocation. Allocation decisions primarily occur within ESF-8/Health and Medical Branch with support from the healthcare coalition.
Gaps in processes related to cross-jurisdictional and cross-disciplinary coordination	This gap continues to be a priority for the region. It has been addressed, in part, via the NCR Public Health Committee, NCR HCC Governance Board workgroup, HCC Response Plan, and NCR Hospital Coordination project.

The North Central Region's Healthcare Coalition, in partnership with the region's health and medical systems, has been building relationships, developing local emergency response plans and procedures, and working collaboratively for many years. As a result, the region has strong healthcare coalition chapters, dedicated ESF-8 and health and medical branch leads, and well documented processes around health and medical response and support on a local level. These systems have been tested through exercises and real-world incidents on multiple occasions, resulting in lessons learned and improvement activities; all of which have strengthened the preparedness, response, and recovery network.

As is often stated in emergency management, "all disasters start local." This saying reinforces the importance of having a strong foundation at the local level. However, for capability and capacity to be optimized, the planning and collaborative efforts must broaden to the regional level. Acknowledgement of the potential for a regional event to impact the NCR, has driven the HCC to prioritize projects, exercises/drills, and planning initiatives that support regional coordination, communication and situational awareness. The gaps detailed above, as well as the next steps in addressing these gaps, directly align with increase capacity and capabilities at the *regional* level while capitalizing on the successful efforts at the local level.