



## TSA-E Healthcare Coalition Gap Analysis

<b>Gap #1 (Previously #8):</b>	<b>Regional MCI Framework is operationally vague &amp; implementation at the local level is limited.</b>
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"; Capability 4, "Medical Surge".
<b>Source:</b>	HCC Planning Subcommittee
<b>Associated Hazards:</b>	Tornado, Epidemic/Pandemic, Active Shooter
<b>Overall Current Status:</b>	The MCI Framework was adopted regionally in 2019. Current version needs operational details and local implementation.
<b>Overall Desired Status:</b>	All aspects of the Regional MCI Framework are adopted at the local level and trained and exercised regularly.
<b>MCI Framework Gap 1A:</b>	<b>Timely hospital notification of mass casualty incidents (MCI).</b>
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"
<b>Source:</b>	HCC Planning Subcommittee
<b>Associated Hazards:</b>	Tornado, Active Shooter
<b>Current Status:</b>	Hospital notification of MCIs varies in both time and method. NCTTRAC will push EMResource notifications during an MCI, but often NCTTRAC is informed late in the process. EMS partners have the ability to send EMResource notifications to hospitals upon the emergence of an MCI, but they often lack on-scene resources. Hospitals often are first notified by the arrival of patients.
<b>Desired Status:</b>	Hospitals are notified of MCIs prior to patient arrival. This allows hospitals to implement surge procedures within their facility to better care for incoming patients.



<b>MCI Framework Gap 1B: Patient destination coordination during an MCI</b>	
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"
<b>Source:</b>	HCC Planning Subcommittee
<b>Associated Hazards:</b>	Tornado, Active Shooter, Epidemic/Pandemic
<b>Current Status:</b>	The responding EMS agency will decide where to send patients. Coordination with receiving hospitals regarding availability varies depending on the responding EMS agency. Hospitals closest to the scene of the MCI will likely be inundated with self-presenting patients. While there are proposed guidelines mentioned in the MCI Framework, their adoption is intermittent across the region.
<b>Desired Status:</b>	Regional guidelines for patient destinations during an MCI designed to alleviate patient surge on the hospitals closest to the scene. This ensures that patients receive the appropriate care as quickly as possible and prevents the transfer of the disaster from the scene to a hospital.
<b>MCI Framework Gap 1C: Patient tracking in an MCI or hospital evacuation.</b>	
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"
<b>Source:</b>	HCC Planning Subcommittee; NCTTRAC TSA-E 2018 Coalition Surge Test AAR
<b>Associated Hazards:</b>	Tornado, Active Shooter, Generator Failure, Water Disruption, Power Outage
<b>Current Status:</b>	The NCTTRAC Patient Tracking Toolkit in WebEOC is available to HCC members for patient tracking. However, HCC member use is sporadic, and WebEOC has some inherent limitations for patient tracking.
<b>Desired Status:</b>	A fully developed patient tracking concept of operations, including an effective patient tracking system utilized consistently throughout TSA-E.



<b>Gap #2 (Previously #5):</b>	<b>Regional utilization of available resources.</b>
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"; Capability 3, "Continuity of Health Care Service Delivery"; Capability 4, "Medical Surge".
<b>Source:</b>	NCTTRAC Hurricane Harvey AAR
<b>Associated Hazards:</b>	All
<b>Current Status:</b>	HCC member knowledge of available regional assets and the process to request those assets is sporadic. Sharing resources between different hospitals and hospital systems occurs on an ad hoc basis with little centralized coordination.
<b>Desired Status:</b>	Thorough HCC member knowledge of available regional assets. A clearly defined emergency assets request process that is exercised regularly. A clearly defined process for emergency sharing of staff, supplies, & equipment between HCC partners.
<b>Gap #3 (Previously #9):</b>	<b>Operational use of redundant communications methods is unclear.</b>
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"; Capability 3, "Continuity of Health Care Service Delivery"
<b>Source:</b>	HCC Planning Subcommittee, REPC
<b>Associated Hazards:</b>	Communications/Telephony Failure, It System Outage/ Power Outage
<b>Current Status:</b>	Existing regional redundant communications plans are high-level and provide a web of possibilities as opposed to a functional plan.
<b>Desired Status:</b>	Specific and intentional operational regional redundant communications guidance to include a matrix of which partners have which redundant communications capabilities.



<b>Gap #4:</b>	<b>Patient destination coordination for interfacility transfers during mass patient movement and extended patient surge events</b>
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"; Capability 4, "Medical Surge"
<b>Source:</b>	NCTTRAC Hurricane Harvey AAR; COVID-19 Experience
<b>Associated Hazards:</b>	All
<b>Current Status:</b>	Upon notification of mass patient movement into TSA-E, the EMCC will coordinate with regional hospital patient transfer centers to determine patient placement. The EMCC will load patients into the WebEOC tracking board and hospitals will utilize the same board to indicate which patients they can accept. During extended patient surge events, hospitals utilize their normal patient transfer protocols which may cause delays in transferring patients when regional bed availability is low.
<b>Desired Status:</b>	A fully Regional Patient Coordination Network that serves as a central coordination cell to help place patients quickly and effectively to ensure the best outcome for the patient. This will require a combination of technology and process solutions.
<b>Gap #5 (Previously #11):</b>	<b>Coordination and integration of local MOCs (DMOC, TMOC, CMOC) with the overall HCC structure is unclear.</b>
<b>HPP Capability:</b>	Capability 1, "Foundation for Health Care and Medical Readiness"; Capability 2, "Health Care and Medical Response Coordination"
<b>Source:</b>	NCTTRAC Executive Leadership; COVID-19 Experience
<b>Associated Hazards:</b>	All
<b>Current Status:</b>	Members of local MOCs attend HCC meetings to inform preparedness activities, but formal integration is not documented. Similarly, the processes and thresholds for escalation of an incident from local MOC level to involving the regional HCC are unclear.
<b>Desired Status:</b>	Formal documentation of local MOC integration and coordination with the TSA-E HCC.



<b>Gap #6 (Previously #7):</b>	<b>Lack of an operational Regional Evacuation Plan for the TSA-E HCC.</b>
<b>HPP Capability:</b>	Capability 3, "Continuity of Health Care Service Delivery"
<b>Source:</b>	NCTTRAC TSA-E 2018 Coalition Surge Test AAR
<b>Associated Hazards:</b>	Tornado, Inclement Weather, IT System Outage, HVAC Failure, Active Shooter
<b>Current Status:</b>	There is no current operational Regional Evacuation Plan. Each facility maintains independent Facility Evacuation Plans.
<b>Desired Status:</b>	Fully developed operational Regional Evacuation Plan to include thresholds for regional activation/notification, identification of roles and responsibilities for each regional partner, and standardization of the request and utilization of regional resources (e.g. WebEOC, Patient Tracking, etc). Should be trained on and exercised regularly.
<b>Gap #7 (Previously #6):</b>	<b>Inconsistent common operating picture across all HCC members during emergency events.</b>
<b>HPP Capability:</b>	Capability 2, "Health Care and Medical Response Coordination"
<b>Source:</b>	NCTTRAC TSA-E 2018 Coalition Surge Test AAR
<b>Associated Hazards:</b>	All
<b>Current Status:</b>	There are a variety of information sharing methods available to the HCC, but the coordinated use of those methods is inconsistent. Use of WebEOC and EMResource is sporadic and leaves information gaps.
<b>Desired Status:</b>	Clearly identified procedures for regional coordination of information sharing to maintain a common operating picture. These procedures should be trained on and exercised regularly.



<b>Gap #8 (Previously #10):</b>	<b>Inconsistent engagement of special populations representatives in HCC activities</b>
<b>HPP Capability:</b>	All
<b>Source:</b>	NCTTRAC Executive Leadership; COVID-19 Experience
<b>Associated Hazards:</b>	All
<b>Current Status:</b>	Special populations are intermittently represented in HCC activities through HCC members. While special populations are considered in HCC preparedness and response activities, they are often not formally represented. REPC recently approved a regional Long-Term Care (LTC) Task force.
<b>Desired Status:</b>	Regular meetings of the Regional Long-Term Care Task Force. The LTC Task Force reviews all HCC plans and initiatives to ensure special populations are appropriately addressed.
<b>Gap #9 (Previously #13):</b>	<b>After Action meetings held post-exercise/incident are not as inclusive or informative as they should be.</b>
<b>HPP Capability:</b>	Capability 1, "Foundation for Health Care and Medical Readiness"
<b>Source:</b>	HCC Planning Subcommittee
<b>Associated Hazards:</b>	All
<b>Current Status:</b>	After a regional incident or exercise, either NCTTRAC or the exercise host will prepare an After Action Report and hold an After Action meeting to review the report. Participation in these meetings is inconsistent.
<b>Desired Status:</b>	After Action Reports are developed with the full inclusion of the HCC. A formal hot wash is conducted immediately following every exercise/incident, and a formal After Action meeting is held shortly thereafter. Regional AARs are based on AARs from individual HCC partners.