



**ASPR**

# ASPR TRACIE: Resources to Help Build Resilience for the Expected and Unexpected

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2018

**PREPAREDNESS**  
SUMMIT

Atlanta Georgia  
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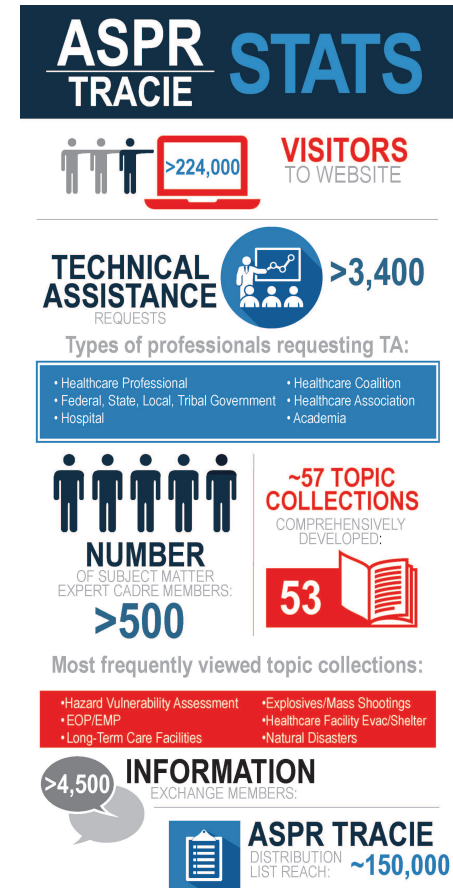
# Speakers

- Melissa Harvey, RN, MSPH, Director, ASPR Division of National Healthcare Preparedness Programs
- Shayne Brannman, MS, Program Director, ASPR TRACIE
- John Hick, MD, Hennepin County Medical Center & ASPR

# Why ASPR TRACIE?

ASPR TRACIE was developed as a healthcare emergency preparedness information gateway to address the need for:

- Enhanced technical assistance
- A comprehensive, one-stop, national knowledge center for healthcare system preparedness
- Multiple ways to efficiently share and receive information between various entities, including peer-to-peer
- A way to leverage and better integrate support (force multiplier)



# ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



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# ASPR TRACIE Stakeholders



# Technical Assistance Trends



## Top Technical Assistance Request Topics



\*This category overlaps with a variety of technical assistance topics (e.g., emergency and communications planning, evacuation, and exercises).



## Who Requests Technical Assistance

Federal Government	Private Healthcare Entity	HCC/Other	State/HPP Awardee	Local Government
36%	23%	20%	14%	7%



## Our Subject Matter Experts

Healthcare	Federal	S&L Govt.	Private/Non-Profit	EM/First Responder	Academia
37%	35%	15%	6%	4%	3%

# Products Developed in Response to an Event



# Products Developed in Anticipation of an Event





# ASPR TRACIE Topic Collections

## Completed Topic Collections:

1. Access and Functional Needs
2. Alternate Care Sites
3. Ambulatory Care and Federally Qualified Health Centers
4. Burns
5. Coalition Administrative Issues
6. Coalition Models and Functions
7. Coalition Response Operations
8. Communication Systems
9. Continuity of Operations/ Failure Plan
10. Crisis Standards of Care
11. Cybersecurity
12. Dialysis Centers
13. Disaster Ethics
14. Electronic Health Records
15. Emergency Operations Plans/ Emergency Management Program
16. Emergency Public Information and Warning/ Risk Communication
17. Epidemic/ Pandemic Flu
18. Exercise Program
19. Explosives and Mass Shooting
20. Family Reunification and Support

21. Fatality Management
22. Hazard Vulnerability/ Risk Assessment
23. Healthcare Facility Evacuation/ Sheltering
24. Healthcare Related Disaster Legal/ Regulatory/ Federal Policy
25. Homecare and Hospice
26. Hospital Surge Capacity/IBA
27. Hospital Victim Decontamination
28. Incident Management
29. Information Sharing
30. Long-term Care Facilities
31. Mass Gathering/ Special Events
32. Mental/Behavioral Health (non-responders)
33. Natural Disasters
34. On-scene Mass Casualty Triage and Trauma Care
35. Patient Movement and Tracking
36. Pediatric
37. Pharmacy
38. Pre-Hospital
39. Pre-Hospital Victim Decontamination
40. Radiological and Nuclear

41. Recovery Planning
42. Responder Safety and Health
43. Rural Disaster Health
44. SARS/MERS
45. Social Media in Emergency Response
46. Training and Workforce Development
47. Utility Failures
48. Veterinary Issues/ Topics
49. VHF/Ebola
50. Virtual Medical Care
51. Volunteer Management
52. Workplace Violence
53. Zika

## To Be Completed:

1. Bioterrorism
2. Chemical
3. Blood and Blood Products
4. Medical Countermeasures

# Natural Disasters

## Resource Examples

- *Exchange Issue 6: Evacuating Healthcare Facilities*
- Healthcare Recovery Timeline: A White Paper for Texas
- Hurricane Resource Page
- Hurricane Resources at Your Fingertips
- Lessons Learned from Louisiana Flooding Webinar
- Major Hurricane Potential PH and Medical Implications
- Natural Disasters TC
- Tips for Retaining and Caring for Staff after a Disaster

Working Draft - Second Edition

### Major Hurricanes: Potential Public Health and Medical Implications

Originally published September 7, 2017  
Updated October 11, 2017

This ASPR TRACIE resource was developed to provide a short overview of the potential significant public health and medical response and recovery needs facing hurricane- and severe storm-affected areas, based on past experience and lessons learned from Hurricanes Katrina, Sandy, Harvey, and others.

The list of considerations is not exhaustive, but does reflect a thorough environmental scan of publications and resources available on past storm response and anecdotal information from first responders who were on scene. The intent of the document is to aid the "ESF-8 Family" in thinking through the different potential problems that may present as Requests for Assistance and unmet needs. Our hope is that this document can aid readers in anticipating some of these potential issues to either avoid them or be ready to respond to them as needed. Those faced with leading the response and recovery from a hurricane may use this document as a reference, while simultaneously focusing on the actual assessments and issues specific to their communities and the unmet needs as they develop.

This document is a working draft. It has been reviewed by ASPR staff and members of the ASPR TRACIE Subject Matter Experts. Please submit any suggestions to the TRACIE Subject Matter Experts.

ASPR TRACIE has developed this resource to provide information on potential public health and medical implications of natural disasters. This document is a working draft. It has been reviewed by ASPR staff and members of the ASPR TRACIE Subject Matter Experts. Please submit any suggestions to the TRACIE Subject Matter Experts.

Potential Considerations

The following considerations are intended to provide a short overview of the potential significant public health and medical response and recovery needs facing hurricane- and severe storm-affected areas, based on past experience and lessons learned from Hurricanes Katrina, Sandy, Harvey, and others.

**The Last Stand: Evacuating a Hospital in the Middle of a Wildfire**

**Abstract:** "We're making a last stand." A firefighter spoke these words just prior to hospital leaders making the decision to evacuate the Kaiser Permanente hospital in Santa Rosa, California. Many Americans watched helplessly in the fall of 2017 as thousands of acres burned in western states. Some people had very little notice before they had to evacuate, often having to drive through flames with just the proverbial clothes on their backs. ASPR TRACIE interviewed Joshua Weil (MD), Assistant Physician-in-Chief, Hospital Operations of Kaiser Hospital in Santa Rosa, California, who, when the fire escalated, assumed the role of "JH: Josh, please walk us


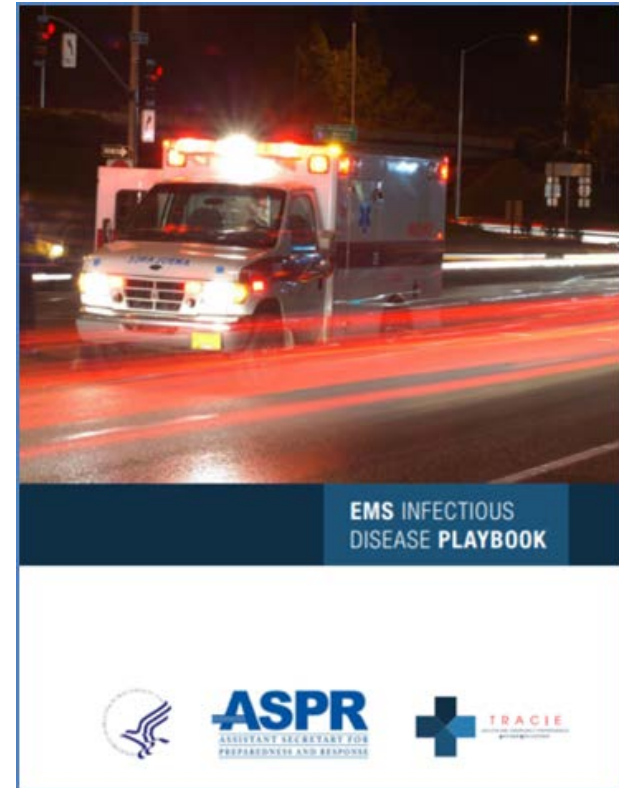


Photo courtesy of National Interagency Fire Center

# Infectious Disease Resource Examples

- Avian Influenza Resources at Your Fingertips
- EMS Infectious Disease Playbook
- EMS & Infectious Diseases: Challenges & Resources for Provider Protection
- Epidemic/Pandemic Flu TC
- Infectious Disease Resource Page
- Joint Webinars with NETEC
- Medical Countermeasures TC
- Zika TC
- Zika Virus Planning Considerations for Healthcare Facilities and Coalitions




# Surge Resource Examples

- Considerations for the Use of Temporary Care Locations for Managing Seasonal Patient Surge
  - Videos from Lehigh Valley Medical Center and NYC Health + Hospitals
- Healthcare Coalition Surge Test Tool Training Video
- Hospital Surge Capacity TC
- Medical Surge and the Role of Urgent Care Centers
  - New Project: Medical Surge and the Role of Community Health Centers

Working Draft as of February 22, 2018

## Considerations for the Use of Temporary Surge Sites for Managing Seasonal Patient Surge

Created February 2018



### ASPR TRACIE

HEALTHCARE COALITION FOR AMERICANS  
IMMEDIATE ACTION

#### Medical Surge and the Role of Urgent Care Centers

##### About Urgent Care Centers

- Medical clinics with expanded hours that are equipped to diagnose and treat a broad spectrum of non-life and life-threatening illnesses and injuries.
- More than 8,100 in the U.S.
- Vary in size, services offered, operations, and populations served.
- Appeal to consumers with acute but non-life-threatening illnesses or injuries.
- Offer extended hours, in convenient locations, at reasonable cost.
- Usually staffed by physicians supported by other trained professionals.

##### Methodology

- ASPR TRACIE conducted 10 interviews with leaders representing centers in 44 states and 1 territory.
- Centers represented ranged from single location to several hundred sites.
- No interviews with staff from retail clinics, free-standing emergency departments, or federally-funded clinics.
- Topics included: the role of urgent care centers during emergencies and their willingness to participate in the response; centers' capacity to engage in an emergency response; extent of emergency planning and preparation; and legal and financial impediments that might affect ability to respond.

##### Key Findings

- High level of willingness to participate in emergency preparedness and response.
- Urgent care centers have the capabilities to treat lower acuity patients and could contribute to decompression of hospital emergency departments during a surge response.
- Participants were eager to engage with local healthcare and emergency management stakeholders, but few had been formally approached.
- Urgent care centers can help support a community's emergency response effort in the short term, but it is unclear how long they can sustain their response.
- Urgent care centers have the knowledge to manage patients, but may not have an equal understanding of how to manage operations during an emergency.

##### Opportunities to Improve Preparedness

- Increase engagement of urgent care centers with healthcare coalitions and other partners.
- Explore the option of direct transport or secondary referral of low acuity patients to centers during emergencies.
- Provide tools to help centers build upon the protocols they have already developed for routine incidents.
- Highlight the experiences of those centers that have implemented emergency preparedness programs or that have gained experience in response to real-life incidents.
- Clarify identified questions about the legal and financial implications of participating in an emergency response.

#### Related Resources and Next Steps

**Resources**

- Medical Surge and the Role of Urgent Care Centers (full report)
- Urgent Care Association of America (2017). 2018 Benchmarking Report Summary: Headlines on Growth.
- ASPR TRACIE Topic Collection: Hospital Surge Capacity and Immediate Bed Availability.

**ASPR TRACIE Will:**

- Develop "Preparedness Tip Sheets" for urgent care centers interested in engaging in community response.
- Develop an "Engagement Tip Sheet" for community response partners interested in involving urgent care centers in emergency planning.
- Meet with freestanding emergency departments and retail clinics to discuss engagement in community emergency planning.

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For more information visit us at [www.asprtracie.com](https://www.asprtracie.com) or [ASPR@asprtracie.com](mailto:ASPR@asprtracie.com)

# Disaster Planning Resource Examples

- Disaster Behavioral Health Resources
- Emergency Prescription Assistance Program (EPAP)
- EMTALA and Disasters
- Family Reunification and Support TC
- Fatality Management TC
- HIPAA and Disasters: What Emergency Professionals Need to Know
- Hospital Pharmacy Disaster Calculator
- Mass Violence Resource Page
- Pediatric Issues in Disasters
- Responder Safety and Health TC

## EMTALA and Disasters

Originally Published: January 2018

This fact sheet addresses several frequently asked questions regarding the Emergency Medical Treatment and Labor Act (EMTALA) and disasters and provides links to resources for more information, but is not intended to be used as regulatory guidance or in place of communications with or guidance from the Centers for Medicare & Medicaid Services (CMS) who oversee EMTALA compliance.

### What is "EMTALA?"

EMTALA is a federal law that requires all Medicare-participating hospitals with emergency departments (ED) to provide medical care to individuals who are brought to the ED for an emergency medical condition (EMC) regardless of the individual's ability to pay for the services.

- An appropriate emergency medical condition (EMC) exists and the hospital has an obligation to stabilize the individual.
- If there is an EMC, the hospital must provide medical care to stabilize the individual.

## HIPAA and Disasters: What Emergency Professionals Need to Know

Updated September 11, 2017

Disasters and emergencies can strike at anytime with little or no warning and the local healthcare system in the midst of an emergency response can be rapidly inundated with patients, worried family and friends looking for their loved ones, and media organizations requesting patient information. Knowing what information can be released, to whom, and under what circumstances, is critical for healthcare facilities in disaster response. This guide is designed to answer frequently asked questions regarding the release of information about patients following an incident.

**NOTE:** This guide does NOT replace the advice of your facility Privacy Officer and/or legal counsel who should be involved in planning for information release prior to an event, developing policy before a disaster that guides staff actions during a disaster, and during an emergency when contemplating disclosures.

This guide does address what information can be disclosed and under what circumstances. Covered entities can disclose needed patients' protected health information (PHI) without individual authorization:

### Covered entities:

- Health plans
- Healthcare clearinghouses
- Healthcare providers (e.g. hospitals, clinics, pharmacies, nursing homes) who conduct one or more covered healthcare transactions electronically.



# Healthcare Coalition Select Resources

- HCC Resource Page
- HCC Webinar Series
  - Strategic Development
  - Mass Gatherings
  - Financial Models
  - Resources for Planning
  - Infectious Disease Planning
- Checklists/Templates:
  - Pandemic Checklist
  - Preparedness Plan Template
  - Response Plan Template
  - Resource and Gap Analysis Tool
- Coalition Administrative Issues
- Coalition Models and Functions TC
- Response Operations TC

## Select Healthcare Coalition Resources

ASPR TRACIE is pleased to serve as a platform for developing and sharing resources that support the National Hospital Preparedness Program (NHPP) and its efforts to foster coalition development and operational readiness through the [Health Care Preparedness and Response Capabilities](#). The resources below originate from a variety of sources including NHPP, external entities, or were developed by ASPR TRACIE at the request of NHPP or in response to stakeholder requests and needs. If you are unable to find what you are looking for, or if you would like to submit a resource for possible inclusion, contact our [Assistance Center](#).

ASPR NHPP-Developed Resources  
ASPR TRACIE-Developed Tools and Templates  
Topic Collections  
Webinars  
[State and Local Plans, Tools, and Templates](#)

### ASPR NHPP-Developed Resources

Hospital Preparedness Program  
Hospital Resource Vulnerability Assessment  
The Role that Health Care Coalitions Play in Support of Mass Casualty Response

### ASPR TRACIE-Developed Tools and Templates

[Click here for a full list of ASPR TRACIE-developed resources](#)  
[General Overview of Healthcare Coalitions](#)  
[Healthcare Coalition Fiscal Models](#)  
[Health Care Coalition Preparedness Plan](#)  
[Health Care Coalition Resource and Gap Analysis Tool](#)  
[Healthcare Coalition Resource and Gap Analysis Aggregator](#)  
[Health Care Coalition Response Plan](#)  
[Health Care Coalition Pandemic Checklist](#)  
[ASPR TRACIE Hospital Disaster Pharmacy Calculator](#)

## State and Local Plans, Tools, and Templates

In early 2017, ASPR TRACIE and ASPR's National Healthcare Preparedness Program (NHPP) solicited various tools and resources from HCCs across the country to share with their colleagues. We received over 150 plans, tools, and templates that then went through a multi-tier review process with select ASPR TRACIE SME Cadre members. After three tiers of reviews, the resources below were identified as being an excellent example of a particular topic area (e.g., emergency operations plan, strategic plan, etc.) and are shared below (also available on the ASPR TRACIE Resource Library and used as examples for ASPR TRACIE-developed resources).

### HCC Administrative Topics

DC Emergency Healthcare Coalition Enhanced Hazard Vulnerability Analysis (HVA)  
DC Emergency Healthcare Coalition APPENDIX F: Step 5 of Enhanced HVA

Eastern Virginia Healthcare Coalition Charter-Bylaws

Maryland Department of Health and Mental Hygiene: Framework for Development of Healthcare Preparedness Coalitions

Midlands Regional HVA 2016 (SC)

MOU for Hospitals in the District of Columbia

NW Oregon Health Preparedness Organization Memorandum of Understanding: Hospital/ Health System Facility Emergency Mutual Aid

Santa Barbara County Disaster Healthcare Partners Coalition Governance Document

Southeast Minnesota Disaster Health Coalition "Our Coalition" webpage

Southeast Minnesota Disaster Health Coalition "Our Partners" webpage

Utah Basin Region Healthcare Preparedness Coalition: Inter-Healthcare Provider Master Mutual Aid Agreement

### HCC Preparedness Plan Topics

Central Florida Disaster Medical Coalition Strategic Plan 2016-2018

Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan

Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guideline

Eastern Virginia Healthcare Coalition Emergency Operations Guide

Emerald Coast Health Care Coalition Strategic Plan (FL)

Both the 2017-2022 Health Care Preparedness and Response Capabilities and HPP-PHEP Cooperative Agreement Funding Opportunity Announcement (FOA) require Health Care Coalitions (HCCs) to develop a preparedness plan. This template provides general headers and descriptions for a sample HCC Preparedness Plan. This template includes sample HCC Preparedness and Response Capabilities. This document is organized as follows:

- Sample plan headings/sub-headings;
- Applicable Health Care Preparedness and Response Capability (objective, activity);
- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities for additional detail/information); and
- Sample resources/plans that may assist with more information on that particular section. A sample plan outline is provided in Appendix A of this document. Appendix B includes a full list of resources referenced in this template.

According to the 2017-2022 Health Care Preparedness and Response Capabilities, "the HCC preparedness plan should describe the HCC's role in the ESF-8 lead agency, the HCC should be collected on hazard vulnerabilities, information sharing, and recovery planning with HCC members. The HCC preparedness plan should include cooperative activities based on common minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. The plan can be a standalone document, annexes, or a portion of another document."

## Health Care Coalition Response Plan

Both the 2017-2022 Health Care Preparedness and Response Capabilities and HPP-PHEP Cooperative Agreement Funding Opportunity Announcement (FOA) require Health Care Coalitions (HCCs) to develop a response plan. This template provides general headers and descriptions for a sample HCC Response Plan Template. The resources used to develop this template includes sample HCC plans and the Health Care Preparedness and Response Capabilities. This document is organized as follows:

- Sample plan headings/sub-headings;
- Applicable Health Care Preparedness and Response Capability if available (shown as: capability, objective, activity);
- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities is used; refer to the full text of the capabilities for additional detail/information); and
- Sample resources/plans that may assist with more information on that particular section. A sample plan outline is provided in Appendix A of this document. Appendix B includes a full list of resources referenced in this template.

According to the 2017-2022 Health Care Preparedness and Response Capabilities, "the HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance." The 2017-2022 Funding Opportunity Announcement for the Hospital Preparedness Program further defines the requirements to ensure that at a minimum, the response plan includes the actions of hospitals, EMS, emergency management organizations, and public health agencies represented in the HCC.

### 1. Introduction

Note: For coalitions using a preparedness plan consisting of multiple documents, consider including an Administrative Procedures section in each of your documents to provide the purpose and scope of the document and timeline/process for review.

Section Headers/Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
1.1 Purpose of Plan	N/A	An HCC preparedness plan should document the organization and process of the Coalition and how it prioritizes and works collectively to develop and test operational capabilities that promote communication, information sharing, resource coordination, and operational response and recovery.	ASPR TRACIE Coalition Administration/ Bylaws Topic Collection ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MO) Eastern Virginia Healthcare Coalition Emergency Operations Guide Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC)

### 1. Introduction

This section provides a high level description of the plan, how it was developed, and how it should be maintained.

Section Headers/Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
1.1 Purpose of Plan	2.1.2	This section describes what the plan will address and what goals and objectives of the coalition are met with the plan. <b>Sample language:</b> The goal of the HCC is to: This plan supports the goal by: Or The purpose of this plan is to provide general guidelines for response to natural and manmade events that endanger the patients, visitors, staff, and family members of medical healthcare facilities within the region. Or The purpose of this plan is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the healthcare system that result in illness or injury to the population within the coalition's boundaries and the healthcare system.	ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MO) Eastern Virginia Healthcare Coalition Emergency Operations Guide Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC)

## Health Care Coalition Influenza Pandemic Checklist

### Introduction

This planning tool is intended to assist health care coalitions and their partners in assessing their preparedness for an influenza pandemic. It may also be used to orient the response as a pandemic begins. The tool is not comprehensive, and jurisdictional and coalition differences in composition, resources, and response will result in significantly different priorities and depth of engagement in many of these activities. The coalition should have already conducted a gap and resource analysis that may have identified issues common to this document (See [ASPR TRACIE Coalition Gap and Resource Analysis Tool](#)). Coalitions may use this tool to identify potential gaps in influenza pandemic planning and drive cross-discipline discussions.

This document assumes that the following all-hazards basics are already in place through planning, exercise, and response activities:

- Incident management structures and principles at the facility, agency, and coalition level
- Basic information sharing capabilities between coalition partners (e.g., radio, web-based, telephone) and a process for information sharing during an incident
- Emergency medical services (EMS) mutual aid and disaster response plans
- Hospital disaster and surge capacity plans
- Emergency contact/notification list for all partners

Some additional assumptions that are important to consider:

- The pandemic will occur in waves, and will not have a consistent time or impact profile across the United States. Coalition partners should have mechanisms in place to maintain awareness of current conditions in the community and adjust resources as needed.
- Understanding of the virus, infection control, risk factors, clinical care, and patient outcomes will be in rapid evolution. Monitoring multiple sources of information and adapting to changing circumstances is critical to response success.
- The response will be longer than, and require the most integration of, any incident that coalition partners may face. Use of incident management processes and integration of leadership and subject matter experts to provide consistent, transparent input and guidance is critical to a successful response.

### Process

Coalition leadership should use this tool as a discussion document between and among coalition members. Within each discipline, multiple agencies or facilities may need to engage in dialogue to reach an overall conclusion and rate the current state of preparedness for the listed function within the coalition. This rating is a general impression of the work needing to be done to achieve preparedness. Because preparedness may be variable among members within the coalition, the rating should be an approximation of the overall perceived remaining work in that area. For example, alternate care system plans may be very complete in one jurisdiction and lacking in another, so an approximate value may be used, but the specific areas of deficit should be tracked to assure there is a plan to address them.

For each function, the activity should be rated on a 1-5 scale depending on the level of effort required to attain adequate operational function:



- 5 – No plan or asset currently exists
- 4 – Inadequate plan or assets
- 3 – Possibly adequate plans or assets, but have not been evaluated, tested, and/or incomplete training
- 2 – Adequate plans or assets requiring minor modifications based on exercises, events, or other evaluation
- 1 – No work remaining – plans or assets have been tested in exercises and real-world events and currently require no further modification

This rating may assist coalitions determining priorities for influenza pandemic response planning.






# Hospital Disaster Pharmacy Calculator

 	
<b>ASPR TRACIE Hospital Disaster Pharmacy Calculator</b>	
<b>Purpose</b>	This calculator allows hospitals to estimate whether they have adequate supplies of medications for a disaster in their hospital stock.
<b>Scope</b>	The tool estimates the number of patients that should be planned for based on the size of the emergency department of the hospital and its role in the community. Other factors may be included such as burn beds and potential isolation of the facility for long periods of time. Based on the medication category and type, the calculator compares the amount of medications available to an estimate of that needed for 48 hours per patient and provides an assessment of surplus or deficit in that category (for example, injectable analgesia). This tool was designed to have broad applicability and thus may not meet the needs of all facilities, particularly specialty hospitals (e.g. pediatric centers).
<b>Process</b>	<p>There are three sections to the tool. The hospital enters the facility details in the <i>assessment</i> section. This creates the baseline numbers of patients to be planned for. The <i>targets</i> section will show the total target medications by category (e.g. oral antibiotics) based on the hospital data. The hospital pharmacy enters the amount on hand of the specific medications in the <i>inventory</i> section. The calculator illustrates the difference between the quantities on hand and the estimated preparedness threshold value so that the hospital can determine if additional stocking may be advisable. For further information please see detailed information about each section below.</p> <p>Go to <a href="https://asprtracie.hhs.gov/hcc-resources">https://asprtracie.hhs.gov/hcc-resources</a> for a list of select HCC resources. For a 508 compliant version of this tool, copy and paste this link into your browser: <a href="https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hospital-disaster-pharmacy-calculator-pdf.pdf">https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hospital-disaster-pharmacy-calculator-pdf.pdf</a>.</p> <p>Hospitals are encouraged to modify this tool to reflect their needs. For questions, comments, or assistance with this spreadsheet, contact ASPR TRACIE at <a href="mailto:asprtracie.hhs.gov">asprtracie.hhs.gov</a> or 1-844-5-TRACIE (587-2243).</p>
<b>Suggested Actions/Next Steps</b>	<p>Once the calculations are complete, the hospital can determine reasonable stock levels for the medications in common use to maintain. Hospitals may choose to have stock (par) levels for certain medications significantly in excess of recommended based on their ability to rotate stock. During an ongoing incident or anticipated incident, the hospital can use the tool to determine if additional stocking is needed based on the incident type and demand and proactively place medication orders (this is step 6).</p> <p>At the coalition level, the tool may be used to assure a standard level of pharmacy stock for all hospitals in the coalition.</p> <p>The tool results should also be considered in light of the hospital location relative to their vendors. Hospitals should make sense to maintain a full 48 hour inventory if those stock levels cannot be rotated. At the coalition level, the provided medication list can serve as a valuable template to use with the vendor to create a list of medications to stock when the hospital requests.</p>

## Part 1: Hospital Assessment


<b>Goal:</b>	This worksheet generates overall planning numbers by category of drug that can then be compared to the numbers on the Disaster Inventory to assure adequate on hand. The inventory may be modified by the hospital to suit its usual practices and vendors. The calculations are for seriously injured patients only.	
<b>Step 1:</b>	Enter the number of emergency department beds	
<b>Step 2:</b>	Enter trauma level	
<b>Step 3:</b>	Do all major trauma patients get transferred to another facility?	
<b>Step 4:</b>	Enter the value of designated burn beds	
<b>Step 5:</b>	Is this hospital at high risk to receive disproportionate number of casualties?	
<b>Step 6:</b>	Is the hospital at risk to be isolated by natural disaster / disrupted infrastructure?	
SHEET IS INCOMPLETE		

# HCC Resource and Gap Analysis Tool



ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool

Introduction

This tool was developed by the HHS Assistant Secretary for Preparedness and Response’s Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE) as a template that healthcare coalitions (HCCs) can use as the basis for a resource and gap analysis. Gaps may include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, services, or any other resources required to respond to an emergency. This tool is complementary and can be used with other tools such as the ASPR Hospital Resource Vulnerability Assessment (<https://asprtracie.s3.amazonaws.com/documents/hhs-hospital-rva-final.xlsm>) and the HHS ASPR Rapid Infrastructure Assessment Tool (RIST). Go to <https://asprtracie.hhs.gov/hcc-resources> for a list of select HCC resources. For a 508 compliant version of this tool, copy and paste this link into your browser: <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcarecoalition-resource-and-gap-analysis-pdf.pdf>.

Coalitions are encouraged to modify this template to reflect their coalition members, resources, and unique community attributes and to use the ‘Gaps/Comments’ field to enter specific deficits, plans, assets, and other qualifiers specific to their Coalition partners. For questions, comments, or assistance with this spreadsheet, contact ASPR TRACIE at [asprtracie.hhs.gov](mailto:asprtracie.hhs.gov) or 1-844-5-TRACIE (587-2243).

Key Points

Purpose

This tool is designed to assist healthcare coalition partners develop a common understanding of their resources, existing gaps, and assist in prioritizing activities to close gaps.

Process

Based on the resources and number of stakeholders a variety of approaches may be taken to complete a gap analysis. Though a gap analysis is part of the HPP 2017-2022 cooperative agreement, there is no federal requirement to use this template. This template is a tool to structure coalition discussions and coalitions may elect to use portions of it as they wish to develop their analysis and priorities. The first time the coalition goes through this process will take the longest and should involve the broadest input. The template is designed as an iterative tool; results from the prior year can be used and updated in subsequent years and the stakeholders will be familiar with the process and outputs. A coalition should determine the best timing of when to conduct this analysis based on their planning process (e.g., some coalitions may find it useful to conduct this analysis after they have completed their hazard vulnerability assessment) and how often to update it.

▶ Introduction

Process

Coalition Resources

EMS Resources



Hospital Resources

Public Health Resources

Long Term Care Resources

Outpatient Care Resources

# HCC Resource and Gap Analysis Aggregator



## ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Aggregator

<b>Introduction</b>	<p>This tool was developed by the HHS Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE) as a companion to the Healthcare Coalition Resource and Gap Analysis Tool. This Aggregator Tool is intended to summarize the results from multiple HCC Resource and Gap Analysis Tool workbook files to present an overall picture of a larger geographic area, including an entire state. And, thus may be a valuable tool for Healthcare Coalitions, Health Systems, and States, among others. To access the HCC Resource and Gap Analysis Tool and other select HCC resources, visit <a href="https://asprtracie.hhs.gov/hcc-resources">https://asprtracie.hhs.gov/hcc-resources</a>.</p> <p>The editable, fillable Excel version of this tool is available at: <a href="https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcare-coalition-resource-and-gap-analysis-aggregator.xlsm">https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcare-coalition-resource-and-gap-analysis-aggregator.xlsm</a> The 508 compliant, PDF version of this tool is available at: <a href="https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcare-coalition-resource-and-gap-analysis-aggregator.pdf">https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcare-coalition-resource-and-gap-analysis-aggregator.pdf</a></p> <p>ASPR TRACIE welcomes feedback on how to improve this first version of the tool. The intent of releasing this initial version of the tool is to allow jurisdictions to use and test it and provide us with recommendations for enhancements that would provide you with the most helpful results. For questions, comments, or assistance with this tool, contact ASPR TRACIE at <a href="mailto:askasprtracie.hhs.gov">askasprtracie.hhs.gov</a> or 1-844-5-TRACIE (587-2243).</p>
<b>Instructions</b>	<p>Note: The tool currently works only in Windows versions of Excel 2003 and later. It will not work on a Mac.</p> <ol style="list-style-type: none"><li>1. Place the Resource and Gap Analysis Tool workbook files that you wish to aggregate in a single empty folder (not a zip file).</li><li>2. Make sure the file names correspond to the appropriate coalition or organization in some way, or you will not be able to relate the data displayed to the coalition or organization it came from!</li><li>3. Note that you may need to click an "Enable Content" button at the top of the excel window of this Aggregator tool to allow it to work.</li><li>4. Click the "Aggregate" button on the tool.</li><li>5. Select the folder where the workbooks are located. When you open the folder, it may show as empty but simply hit "Ok" and the program will run.</li><li>6. A pop up box will appear to notify you that the program is running. Hit "Ok" to proceed.</li><li>7. Wait for the program to run. You will see a prompt when it is complete. Hit "Ok" to proceed.</li><li>8. View the aggregated results in the "Data" tabs.<ol style="list-style-type: none"><li>a. 'Data by file name' – this tab shows results sorted alphabetically by the filename (which, as noted above should correspond to the coalition or organization name) to allow viewing of priorities by coalition</li></ol></li></ol>

**Introduction** | Data - By File Name | Data - By Item | Data - By Priority List | Data - By Priority Score | + | < |

# What's Next for ASPR TRACIE?

- Improved User Experience
  - Dashboard
  - User friendly features in the IE
  - Enhanced search features
  - Exploring new media platforms
- Products
  - Frontline Hospital Playbook
  - Hospital PPE Calculator
  - Medical Surge and the Role of Community Health Centers
  - Exchange Issue 7: Challenge of Providing Care During Mass Violence Response
  - HCC tools and templates

# Audience Discussion and Q&A

