



STRATEGIC PLAN 2017 - 2022

 **northeast texas**
PREPAREDNESS COALITION

4808 ELIZABETH STREET | TEXARKANA, TX 75503

(903)352-4484 | WWW.TXPC.ORG

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
STRATEGIC PROFILE AND VALUES	5
Mission	5
Vision	5
Purpose	5
SCOPE OF SERVICE	6
Coalition Boundaries	6
Contractual Obligations	6
Coalition Strategies	6
COALITION ADMINISTRATIVE OVERVIEW	7
Coalition Staff	7
COALITION REGION AND STRUCTURE	8
Coalition Region	8
Coalition Structure	8
SUMMARY OF REGIONAL RISKS	10
Natural Threats	10
Human-Related Threats	10
Technology Threats	10
Hazardous Materials Threats	10
STRATEGIC PRIORITIES	11
Mitigation	11
Preparedness	11
Response	11
Recovery	11
SHORT TERM GOALS	12
Goal 1: Strengthen community resilience.	12
Goal 2: Strengthen incident management.	13
Goal 3: Strengthen information management.	13
Goal 4: Strengthen countermeasures and mitigation.	14
Goal 5: Strengthen surge management.	14
LONG TERM GOALS	16

Goal 1: Strengthen community resilience. _____	16
Goal 2: Strengthen incident management. _____	16
Goal 3: Strengthen information management. _____	17
Goal 4: Strengthen countermeasures and mitigation. _____	17
Goal 5: Strengthen surge management. _____	18
Goal 6: Ensure the sustainability of NETPC. _____	19

FINANCIAL OUTLOOK _____	20
-------------------------	----

EXECUTIVE SUMMARY

The Piney Woods Regional Advisory Council (RAC-G) was awarded the Hospital Preparedness Program (HPP) funding for the geographic area of Trauma Service Areas F and G from the Department of State Health Services. In TSA F, RAC-G designated the Northeast Texas Preparedness Coalition (NETPC) as the recognized coalition to operate under the Hospital Preparedness Program for their area. NETPC was established by the Northeast Texas Regional Advisory Council (NETRAC) to perform the HPP deliverables and to lead the way for preparedness efforts in Northeast Texas.

NETPC is comprised of hospitals, emergency management organizations, emergency medical service (EMS) agencies, public health, jurisdictional authorities, law enforcement, and private industry within Trauma Service Area F and with services provided to our communities. The region of Trauma Service Area F is comprised of eight counties: Bowie, Cass, Delta, Hopkins, Lamar, Morris, Red River, and Titus. Together, these eight counties are home to more than 273,000 people, 5,448 square miles, 47 cities and towns, six acute care hospitals, six EMS agencies, and more than 100 long term care providers. All counties in our area are designated as rural, with the exception of Bowie which is urban. Our region borders three states: Arkansas, Louisiana, and Oklahoma. Approximately ten percent, more than 27,000, of our population are speakers of a non-English language. 87 percent of non-English speakers reported Spanish as their first language. Other common languages include: Chinese, Arabic, Korean, Other West Germanic, and German.

The intent of NETPC is to develop, train, and implement strategies based on an annual regional hazard vulnerability assessment (HVA), that align with the Assistant Secretary for Preparedness and Response (ASPR) HPP Capabilities, the State of Texas planning and response guidance, regulatory and legal requirements of stakeholders, and lessons learned from actual incidents. NETPC will continue to foster a coordinated and effective response to all-hazards, and ultimately, a focus on reducing the number of lives lost directly related to emergency situations and disasters.

“Together, these eight counties are home to more than 273,000 people, 5,448 square miles, 47 cities and towns, six acute care hospitals, six EMS agencies, and more than 100 long term care providers.”

STRATEGIC PROFILE AND VALUES

Mission

To reduce the burden of illness, injury and loss of life in the event of an emergency or disaster through coordinated emergency preparedness and response.

Vision

A collaboration of multiple sectors across northeast Texas resulting in improved health outcomes, decreased loss of live during an emergency/disaster, and an increase in effective collaboration between agencies.

Purpose

- Develop and sustain a high functioning coalition.
- Prepare our healthcare infrastructure to maintain continuity during disasters/emergencies.
- Respond in a collaborative and transparent manner.
- Build resiliency and synergy across diverse fields.
- Advocate for vulnerable populations, including those with medical needs or technology dependencies during and after disasters.



SCOPE OF SERVICE

Coalition Boundaries

The geographical range of NETPC includes the Texas counties of Bowie, Cass, Delta, Hopkins, Lamar, Morris, Red River, and Titus. NETPC partners with agencies outside of the geographical range, including partners in Oklahoma, Arkansas, and Louisiana.



Contractual Obligations

Under contract with the Texas Department of State Health Services (DSHS), NETPC is responsible for meeting deliverables designated to the coalition level by the HPP Program. HPP enables the health care delivery system to decrease morbidity and mortality during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. HPP prepares the health care delivery system to save lives, in part, through the development of HCCs that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

Coalition Strategies

The goals, strategies, and required deliverables of NETPC will be accomplished through:

- Effective communications systems and protocols to ensure interoperable and redundant communications and information sharing.
- Strategic acquisition and management of resources.
- Regional preparedness, response and recovery plan development to operationalize an integrated response.
- Standardized equipment and trainings to ensure a well-equipped and trained workforce.
- Development of a training and exercise plan based on needs assessments and identified risks/hazards.
- Cross-sector collaboration for a united multi-disciplinary planning and response framework.

COALITION ADMINISTRATIVE OVERVIEW

Coalition Staff

The Coalition is supported by professional full-time RAC-G staff that have demonstrated excellence and leadership in their respective fields. The role of the Coalition staff is:

- To manage HPP program activities under guidance and deliverables set forth from the Texas Department of State Health Services.
- Provide assistance to NETPC member organizations related to development of internal plans, procedures, trainings and exercises.
- Coordinate resource allocation and distribution during disaster/emergency responses.
- Operate the medical operations center in Trauma Service Area G, and support the medical operations center in Trauma Service Area F.
- Liaison with local and state officials during planning and response.
- Represent medical interests on planning committees, exercise groups, trainings, and real events.
- Establish a multi-year exercise plan.
- Support and coordinate NETPC meetings.
- Provide technical assistance and training on regional communication/notification systems.
- Outreach to non-hospital based healthcare providers, industry partners, public safety/Homeland Security, jurisdictional authorities and clinicians.
- Facilitate partnerships, relationship building and information sharing.
- Collaborate with local, regional, and state public health officials on mitigations, preparedness, and response and recovery issues affecting the medical infrastructure.



COALITION REGION AND STRUCTURE

Coalition Region

The NETPC is comprised of healthcare providers, EMS agencies, public health officials, jurisdictional authorities, private industry, and law enforcement agencies within the geographical boundaries of Trauma Service Area F (as defined by Texas legislation). Collective, this region, comprised of eight counties, is home to more than 273,000 people, 5,448 square miles, 47 cities and towns, six acute care hospitals, six EMS agencies, and more than 100 long term care providers. All counties in our area are designated as rural, with the exception of Bowie which is urban. Our region borders three states: Arkansas, Louisiana, and Oklahoma. Approximately ten percent, more than 27,000, of our population are speakers of a non-English language. 87 percent of non-English speakers reported Spanish as their first language. Other common languages include: Chinese, Arabic, Korean, Other West Germanic, and German.

Coalition Structure

Board of Directors

CEO/President

HPP Program Manager

HPP Coordinator, TSA-F

The Northeast Texas Preparedness Coalition is comprised of individuals and agencies that serve the needs of the communities in Trauma Service Area F. NETPC has a Governance Committee that serves to ensure the needs of the communities are met as it relates to mitigation, preparedness, response, and recovery.

Governance Committee

Northeast Texas Preparedness Coalition (NETPC)

The HPP Coordinator for TSA F is a full-time dedicated employee to the HPP Program in the eight counties that comprise the region. The Coordinator's office remains in TSA-F and is charged with ensuring program deliverables and the communities' needs are met through

grant management and sustainability tactics. The HPP Coordinator reports to the HPP Program Manager, stationed at the Tyler headquarters of RAC-G. The HPP Program Manager, in turn, reports to the CEO/President of RAC-G, who is under the authority of the Board of Directors.

The Governance Committee of NETPC is representative of the total coalition membership and is comprised of hospital, EMS, public health, emergency management, private sector, and jurisdictional authority representatives. The role of the Governance Committee is to develop the strategic plan for the regional members based on identified risks/vulnerabilities, gaps, lessons learned, Best Practices and stakeholder needs. The strategies developed at the Governance level are then translated to the general membership level for implementation.

SUMMARY OF REGIONAL RISKS

The NETPC completes an annual risk assessment/hazard vulnerability assessment based on the regional geography and structure.

Natural Threats

The top region-wide **natural threats** include:

1. Severe Thunderstorm - 83%
2. Tornado - 78%
3. Ice Storm - 78%
4. Wild Fire - 78%

Human-Related Threats

The top region-wide **human-related threats** include:

1. Mass Casualty Incident (Medical/Infectious) - 72%
2. Mass Casualty Incident (Trauma) - 67%
3. Bomb Threat - 37%

Technology Threats

The top region-wide **technology threats** include:

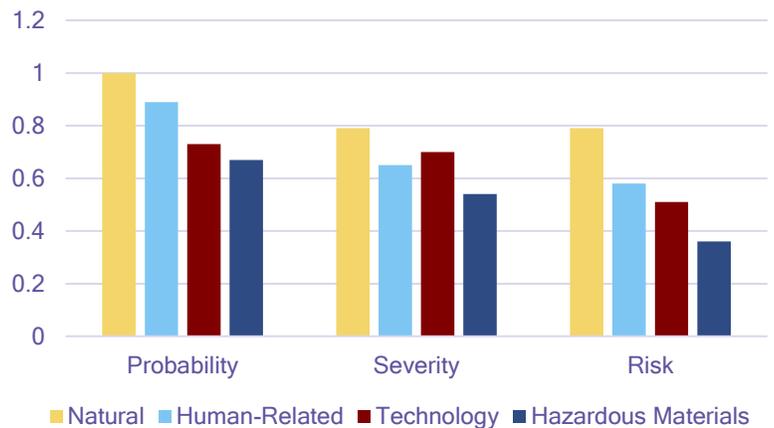
1. Electrical Failure - 56%
2. Communications Failure - 52%
3. Information Systems Failure - 52%
4. Natural Gas Failure - 48%
5. Fire, Internal - 44%

Hazardous Materials Threats

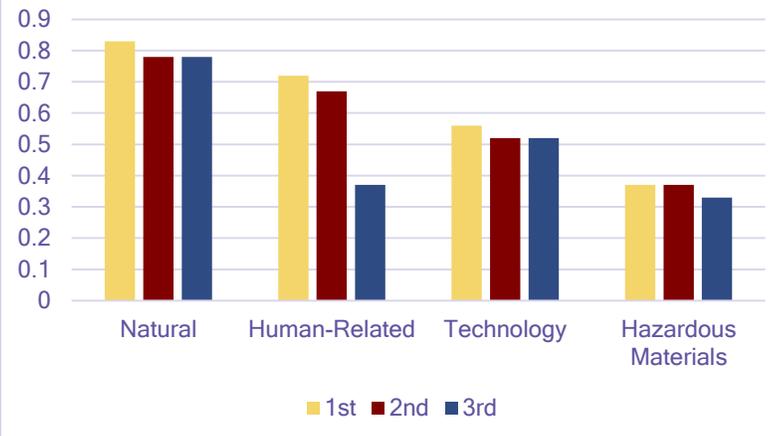
The top region-wide **hazardous materials threats** include:

1. Mass Casualty Hazmat Incident - 37%
2. Small-Medium Sized Internal Spill - 37%
3. Chemical Exposure, External - 33%

AVERAGE PROBABILITY, SEVERITY, AND RISK OF THREATS ORGANIZED BY THREAT TYPE



RISK OF TOP THREE THREATS IN EACH CATEGORY



STRATEGIC PRIORITIES

Mitigation

- Perform annual hazard vulnerability/risk assessment to identify risk priorities.
- Identify and share information with healthcare agencies that could help fund mitigation efforts.
- Maintain an emergency preparedness contact list to provide possible mitigation of no-notice incidents that could affect operations of the facility.
- Monitor changing conditions, shared intel, and demographic community shifts to leverage timely interventions/action to minimize risk, vulnerability and/or loss of life.

Preparedness

- Provide educational opportunities to ensure a well-trained workforce and the health and safety of responders.
- Identify equipment and supply gaps based on risk assessment and populations.
- Sustain capabilities that enhance readiness.
- Integrate with local, state, and federal partners in planning efforts.
- Exercise and drill meaningful scenarios with challenging objectives.

Response

- Maintain 24/7 access to personnel and resources necessary to coordinate and/or enhance response efforts.
- Utilize appropriate technology to enhance situational awareness and information sharing.
- Maintain a response ready workforce.
- Maintain neutrality regarding allocation of scarce resources or priorities of missions.

Recovery

- Facilitate development of healthcare facility continuity of operations (COOP) efforts.
- Provide venue for loss estimates of facilities to be included in County damage assessments.
- Identify measures that could be taken to accelerate recovery efforts of the healthcare community.
- Collect and disseminate healthcare infrastructure status to affected jurisdictions and state officials.

SHORT TERM GOALS

Short term goals of NETPC for the fiscal year ending June 30, 2018, were developed based on actual and perceived risks, gaps and vulnerabilities, and guidance from the 2017-2022 Hospital Preparedness Program Performance Measures Implementation Guide.

Goal 1: Strengthen community resilience.

Strategy:

1. Assess Northeast Texas Preparedness Coalition membership and recruit agencies to fill gaps in membership.
2. Obtain de-identified data from emPOWER at least once every six months to identify numbers of individuals with electricity-dependent medical and assistive equipment.
3. Obtain de-identified data from the Social Vulnerability Index at least once every six months to estimate the populations with a higher likelihood of having access and functional needs for planning purposes.

Measure:

- _____ Number of core member organizations represented in NETPC, disaggregated by member type.
- _____ Total number of core member organizations within NETPC boundaries, disaggregated by member type.
- _____ Number of additional member organizations represented in NETPC, disaggregated by member type.
- _____ Total number of additional member organizations within NETPC boundaries, disaggregated by member type.
- _____ NETPC provides members with emPOWER data at least once every six months.
- _____ NETPC provides members with Social Vulnerability Index data at least once every six months.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Goal 2: Strengthen incident management.

Strategy:

1. Complete and approve a regional NETPC Preparedness Plan by June 30, 2018.
2. Provide or promote NIMS-compliant incident management training to members and agencies in our communities at least twice per year.

Measure:

- ___ NETPC has a complete Preparedness Plan with the required components.
- ___ NETPC has a Preparedness Plan that has been approved by all of its core member organizations.
- ___ All NETPC members have been given an opportunity to provide input into the Preparedness Plan, and all member organizations have received a final copy of the plan.
- ___ Training schedule for NIMS-compliant classes offered in area.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Goal 3: Strengthen information management.

Strategy:

1. Drill redundant communications plans, systems, and platforms at least once every six months.

Measure:

- ___ NETPC has drilled their redundant communications plans and systems and platforms at least once every six months.
- ___ Primary communication system used by NETPC during the drill and number of core and additional member organizations responding.
- ___ Backup communication system used by NETPC during the drill and number of core and additional member organizations responding.

Related Capability:

Capability 2: Health Care and Medical Response Coordination

Goal 4: Strengthen countermeasures and mitigation.

Strategy:

1. Provide trainings to coalition members and agencies in our communities on responder safety and health at least once per year.
2. Promote the closed point-of-dispensing (POD) agreements to agencies that may qualify and refer those agencies to Texas DSHS SNS Coordinator within one week of identification.
3. Utilize an inventory management system to ensure coalition assets are accounted for and in deployable condition.

Measures:

- _____ Schedule of trainings, agendas, sign-in sheets.
- _____ Copies of referral emails.
- _____ Updated inventory management report.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Capability 3: Continuity of Health Care Service Delivery

Goal 5: Strengthen surge management.

Strategy:

Conduct Coalition Surge Test (CST) to coordinate and find appropriate destinations for patients that collectively represent at least 20 percent of NETPC's staffed acute care bed capacity.

Measures:

- _____ Attendance log for Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test (CST).
- _____ Number of NETPC core member organizations' executive participating in Phase 2: After Action Review of the CST.
- _____ Number of patients at evacuating facilities identified as being able to be discharged safely to home during a CST.

- _____ Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST.
- _____ Total patients at all evacuating facilities at the beginning of the CST.
- _____ Total number of staffed acute care beds in the coalition.
- _____ Time (in minutes) for the last evacuating facility to report the total number of patients identified as able to be evacuated after start of a CST.
- _____ Total beds identified at all receiving facilities at the end of the exercise during a CST.
- _____ Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST.
- _____ Time (in minutes) for the last receiving facility to report the total number of beds available to receive patients after start of a CST.
- _____ Total patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise.
- _____ Time (in minutes) for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a Coalition Surge Test.

Related Capability:

Capability 3: Continuity of Health Care Service Delivery

Capability 4: Medical Surge

LONG TERM GOALS

Long term goals of NETPC are developed based on actual and perceived risks, gaps, and vulnerabilities, as well as current capabilities of the Hospital Preparedness Program. NETPC has identified the following long term goals due for completion by June 30, 2022:

Goal 1: Strengthen community resilience.

Strategy:

1. Engage NETPC members in completing a regional jurisdictional risk assessment.

Measure:

_____ NETPC members have provided input into its awardee's jurisdictional risk assessment.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Goal 2: Strengthen incident management.

Strategy:

Complete and improve a regional NETPC Response Plan.

Measure:

_____ NETPC has a complete Response Plan with the required components.

_____ NETPC has a Response Plan that has been approved by all of its core member organizations.

_____ All NETPC members have been given an opportunity to provide input into the Response Plan, and all member organizations have received a final copy of the plan.

Related Capability:

Capability 2: Health Care and Medical Response Coordination

Goal 3: Strengthen information management.

Strategy:

1. Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.
2. Provide information management training to at least 60% of agency and jurisdictional PIOs and appropriate staff, including training on establishing a common operating picture, interoperability, reliability, scalability, portability, resiliency, and redundancy.

Measure:

- _____ Schedule of trainings offered, along with appropriate documentation (sign-in sheets, agendas, etc.)
- _____ Documentation of unified and coordinated operational structure, including policies, procedures, etc.

Related Capability:

Capability 3: Continuity of Health Care Service Delivery

Goal 4: Strengthen countermeasures and mitigation.

Strategy:

1. 50% of agencies referred to the DSHS SNS Coordinator will execute a closed POD agreement.

Measure:

- _____ Number of agencies referred to DSHS SNS Coordinator.
- _____ Number of referred agencies that execute a closed POD agreement.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Capability 3: Continuity of Health Care Service Delivery

Goal 5: Strengthen surge management.

Strategy:

1. Complete and approve a region-wide protocol that delineates the appropriate allocation of scarce resources during crisis.
2. Complete and approve a region-wide protocol that delineates the local and regional crisis standards of care (CSC) planning and implementation efforts.

Measure:

- ___ NETPC has a complete regional protocol detailing protocols to allocate scarce resources during crises.
- ___ Documentation includes efforts undertaken to promote a uniform approach to establishing the ethical and legal frameworks necessary for CSC planning and implementation.
- ___ Documentation includes efforts undertaken to promote community engagement and discussion related to CSC planning.
- ___ Documentation includes evidence of jurisdictional support of crisis surge response, including specific methodologies to allow for the expansion of health care service delivery, including establishment of alternate care facilities, adjustment of prescribing practices, and amendment of EMS protocols.
- ___ Documentation includes efforts undertaken to socialize and describe CSC planning in a whole-of-government context, including discussions with elected officials and other government leaders.
- ___ Documentation includes the process used to ensure provision of consistent and uniform clinical guidance for scarce resource conditions.
- ___ NETPC has a complete regional protocol detailing protocols regarding crisis standards of care planning and implementation.
- ___ Documentation includes key stakeholders involved in the planning, including a description of these stakeholders integrate with each other to ensure a coordinated response to crisis conditions.
- ___ Documentation of efforts undertaken to promote provider engagement in CSC planning.

- _____ Documentation of activities to support the implementation of crisis care decision-making by EMS agencies, including dispatch, transport, and treatment decisions; and,
- _____ Documentation of activities to support the implementation of crisis care decision-making by hospitals and other health care entities, especially as they relate to managing limited resources and the integration of crisis strategies into surge capacity planning and incident management.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Capability 2: Health Care and Medical Response Coordination

Capability 3: Continuity of Health Care Service Delivery

Goal 6: Ensure the sustainability of NETPC.

Strategy:

1. By June 30, 2022, NETPC will decrease their reliability on DSHS funding sources from 100% to 70%.

Measure:

- _____ Total amount of NETPC funding sources.
- _____ Total amount of DSHS grant sources.
- _____ Total amount of non-DSHS funding sources.
- _____ Percentage of each type of funding source.

Related Capability:

Capability 1: Foundation for Health Care and Medical Readiness

Capability 3: Continuity of Health Care Service Delivery

FINANCIAL OUTLOOK

Funding has remained at static levels for the last few years, and are expected to remain so. Financial projections and expense budgets forecast the necessity for reallocation of funds to ensure the program remains sustainable.

Though funding has remained constant in the HPP Program, RAC-G is taking a proactive approach in identifying new funding sources which may include, but is not limited to philanthropic grants, new program grants, fees for services provided, membership dues, and fundraising events. The ultimate goal is to maintain and grow NETPC without dependency on ASPR grant funding. The goal of sustainability is forefront in NETPC's efforts.