



Southwest Florida  
Healthcare  
Coalition  
Region 6

# Region 6 Southwest Florida Healthcare Coalition

## Hazard Vulnerability & Gap Analysis Results

2022

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## Summary

### **Hazards Vulnerability Assessment**

A healthcare system Hazard Vulnerability Assessment (HVA) is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system's ability to provide these services. The Southwest Florida Healthcare Coalition (SWFLHCC) defines, identifies, and prioritizes risks, in collaboration with state and local health and emergency management officials and organizations, including the ESF-8 lead agency, by conducting assessments or using and modifying data from existing assessment for healthcare readiness purposes. These assessments health the Coalition to determine resource needs and gaps; identifying individuals who may require additional assistance before, during, and after an emergency; and highlight applicable regulatory and compliance issues.

The HVA informs the annual work plan in that the work plan include items that allow the Coalition to invest time and funds in strategic activities designed to narrow or close identified gaps. For example, the work plan calls for the identification and acquisition of items and plans necessary to close gaps identified in the risk assessment and to increase capabilities. The knowledge of the hazards most likely to impact the region is included in the decision-making process for Coalition plans, funding decisions, and trainings and exercise offerings.

The SWFLHCC uses information regarding the identified gaps and risks to inform training and exercises and to prioritize preparedness strategies. The SWFLHCC sponsors attendance at the Florida Healthcare Conference, National Healthcare Coalition Preparedness Conference, the Hospital Disaster Planning Preparations and Responses Symposium, the National Hurricane Conference, the Emergency Management Association of Georgia's Annual Summit, and the Governor's Hurricane Conference. Due to the COVID-19 pandemic some conferences were postponed or canceled. The SWFLHCC also distributes information regarding a variety of trainings, including Healthcare Coalition Response Leadership through the Center for Domestic Preparedness and Incident Command System (ICS) courses from the Federal Emergency Preparedness Agency (FEMA). ICS courses are offered through the Coalition.

In addition, the Coalition provides education on Centers for Medicare and Medicaid Services (CMS) requirements, Comprehensive Emergency Management Plan (CEMP) development, Emergency Power Plan requirements, and Hurricane Preparedness and resources for Continuity of Operations Plan (COOP) development. Furthermore, the Coalition also provides updates on COVID-19 information and local resources.

The HVA is distributed to Healthcare Coalition members and local health and emergency management officials and organizations through both widespread email distribution and the availability of the document on the Coalition's website. The previous HVA was presented and discussed at the Executive Council's meeting in April 2021.

Creating the HVA involved collaboration with local emergency management and healthcare coalition members. The methods involved in the development of the HVA includes identifying potential hazards, assessing the probability of these hazards occurring, identifying potential



hazards, assessing the probability of these hazards occurring, identifying, and estimating potential risks and losses, and assessing mitigation strategies.

Resources include input from Coalition membership through discussions and SurveyMonkey data.

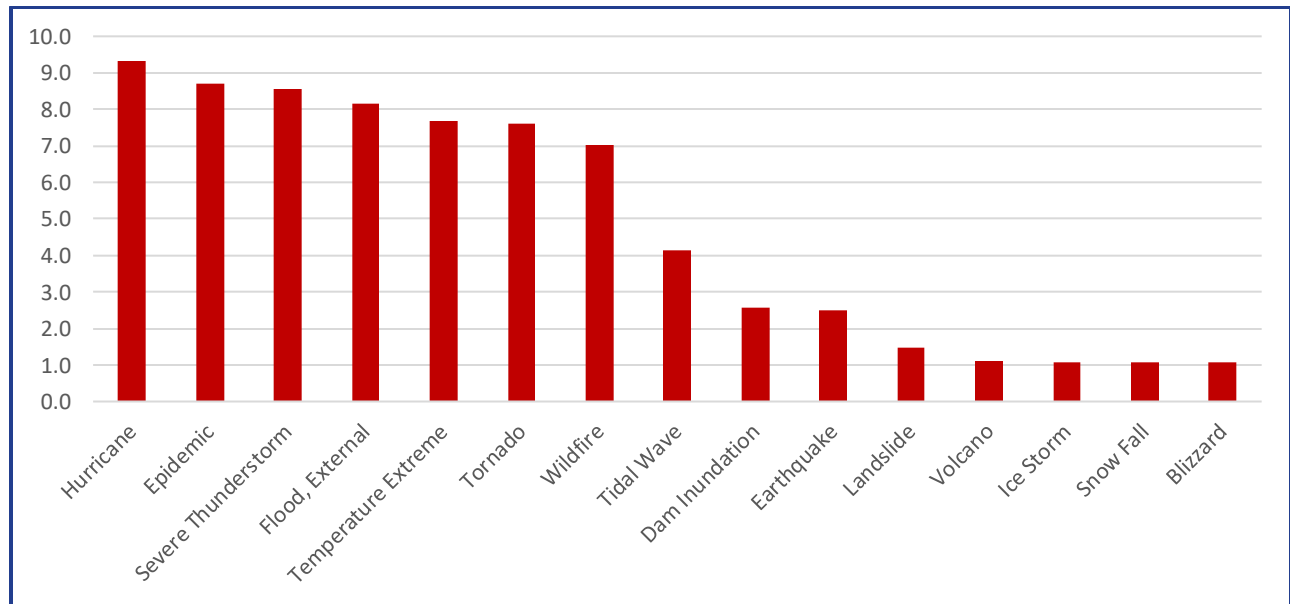


## Hazard Vulnerability Ranking

### Natural Hazards

Coalition members were asked to rank natural hazards based on their knowledge of the probability and severity of each and how it could affect the overall risk to the community. The highest possible score is 10. The results are based on feedback from 69 members.

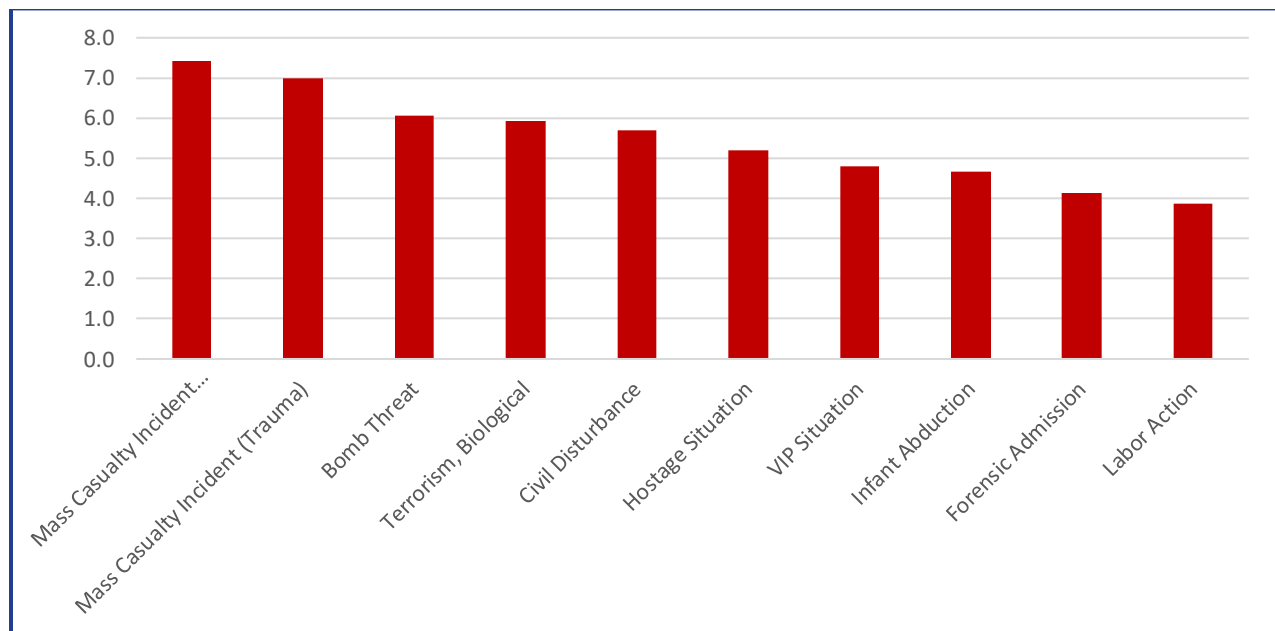
Ranking	Hazard	Score
1	Hurricane	9.3
2	Epidemic	8.7
3	Severe Thunderstorm	8.6
4	Flood, External	8.1
5	Temperature Extreme	7.7
6	Tornado	7.6
7	Wildfire	7.0
8	Tidal Wave	4.1
9	Dam Inundation	2.6
10	Earthquake	2.5
11	Landslide	1.5
12	Volcano	1.1
13	Ice Storm	1.1
14	Snow Fall	1.1
15	Blizzard	1.1



## Human Hazards

Coalition members were asked to rank human hazards based on their knowledge of the probability and severity of each and severity of each and how it could affect the overall risk to the community. The highest possible score is 10. The results are based on feedback from 69 members.

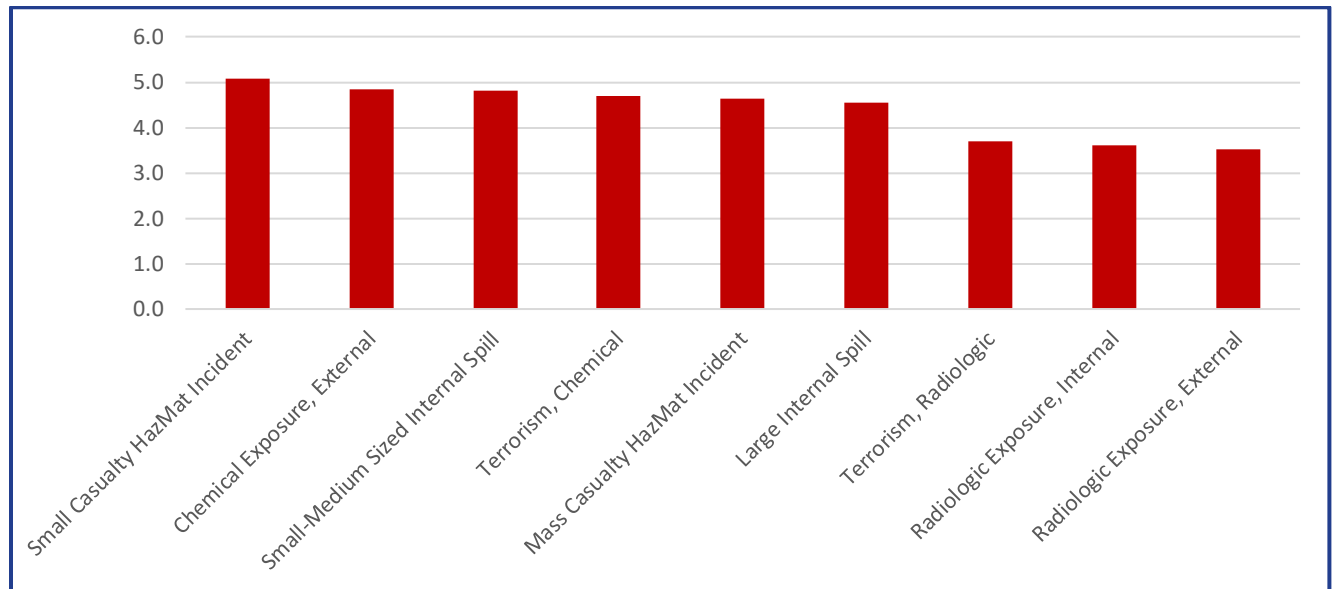
Ranking	Hazard	Score
1	Mass Casualty Incident (Medical/Infectious)	7.4
2	Mass Casualty Incident (Trauma)	7.0
3	Bomb Threat	6.0
4	Terrorism, Biological	5.9
5	Civil Disturbance	5.7
6	Hostage Situation	5.2
7	VIP Situation	4.8
8	Infant Abduction	4.7
9	Forensic Admission	4.1
10	Labor Action	3.9



## Hazardous Materials Risks

Coalition members were asked to rank hazardous materials risks based on their knowledge of the probability and severity of each and severity of each and how it could affect the overall risk to the community. The highest possible score is 10. The results are based on feedback from 69 members.

Ranking	Hazard	Score
1	Small Casualty HazMat Incident (<5 victims)	5.1
2	Chemical Exposure, External	4.8
3	Small-Medium Sized Internal Spill	4.8
4	Terrorism, Chemical	4.7
5	Mass Casualty HazMat Incident (>=5 victims)	4.6
6	Large Internal Spill	4.5
7	Terrorism, Radiologic	3.7
8	Radiologic Exposure, Internal	3.6
9	Radiologic Exposure, External	3.5



Members were asked to share any additional thoughts on specific or additional gaps that the Coalition should be working on throughout the next year. Below are their comments:

- + Power outage, supply chain issues, water management
- + Information Sharing of Patient Care tracking upon evacuation
- + Mass migration planning and training.
- + Rural county communication with regional partners, radio access for first responders etc.

## Coalition Capability Gap Analysis

The 2017-2022 Health Care Preparedness and Response Capabilities document outlines the high-level objectives that the nation's health care delivery system, including HCCs and individual health care organizations, should undertake to prepare for, respond to, and recover from emergencies. These capabilities illustrate the range of preparedness and response activities that, if conducted, represent the ideal state of readiness in the United States. Capabilities were created by the U.S. Department of Health and Human Sciences (HHS) Office of the Assistant Secretary for Preparedness Response (ASPR). Capabilities can be found here: <https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf>

The four Health Care Preparedness and Response Capabilities are:

### *Capability 1: Foundation for Health Care and Medical Readiness*

Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

### *Capability 2: Health Care and Medical Response Coordination*

Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

### *Capability 3: Continuity of Health Care Service Delivery*

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

### *Capability 4: Medical Surge*

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge and promotes a timely return to conventional standards of care as soon as possible.

The Coalition members were asked to rank each of the Healthcare Coalition Activities on how much the Southwest Florida Healthcare Coalition should focus on that activity and how much of a gap this activity is in the region.





Each objective was scored from 1-10 on how large of a gap it was for the Coalition. A score of 10 indicates a major focus, a score of one indicates that the coalition shouldn't focus on that activity.

Focuses for the Coalition	Focus Score
<b>Activity 5:</b> Plan and conduct coordinated exercises with health care coalition members and other response organizations	8.3
<b>Activity 4:</b> Educate and train on identified preparedness and response gaps	8.2
<b>Activity 11:</b> Better identify and coordinate resource needs during an emergency	8.2
<b>Activity 18:</b> Train and exercise to promote responder's' safety and health	8.1
<b>Activity 12:</b> Better coordinate incident action planning during an emergency	7.8
<b>Activity 1:</b> Assess regional health care resources	7.5
<b>Activity 17:</b> Distribute resources required to protect the health care workforce	7.5
<b>Activity 21:</b> Develop and implement evacuation transportation plans	7.5
<b>Activity 13:</b> Better communicate with health care providers, non-clinical staff, patients, and visitors during an emergency	7.4
<b>Activity 2:</b> Assess community planning for children, pregnant women, seniors, individuals with access and functional needs, including people with disabilities, and others with unique needs	7.3
<b>Activity 9:</b> Better engage community leaders	7.3
<b>Activity 6:</b> Promote the value of health care and medical readiness	7.2
<b>Activity 20:</b> Develop and implement evacuation and relocation plans	7.2
<b>Activity 31:</b> Help enhance infectious disease preparedness and sure response	7.2
<b>Activity 15:</b> Assess and address equipment, supply, and pharmaceutical requirements	7.1
<b>Activity 19:</b> Develop health care worker resilience	7.1
<b>Activity 24:</b> Help implement out-of-hospital medical surge response	7.0
<b>Activity 8:</b> Better engage clinicians	7.0
<b>Activity 32:</b> Help distribute medical countermeasure during medical surge response	7.0
<b>Activity 23:</b> Help implement emergency department and inpatient medical surge response	6.9
<b>Activity 33:</b> Help manage mass fatalities	6.8
<b>Activity 3:</b> Assess and identify regulatory compliance requirements	6.8
<b>Activity 14:</b> Better communicate with the public during an emergency	6.8
<b>Activity 22:</b> Coordinate health care delivery system recovery	6.8
<b>Activity 29:</b> Help provide trauma care during a medical surge response	6.8
<b>Activity 7:</b> Better increase engagement of health care executives	6.6
<b>Activity 30:</b> Help respond to behavioral health needs during a medical surge response	6.6
<b>Activity 10:</b> Identify information access and data protection procedures	6.5
<b>Activity 27:</b> Help provide surge management during a chemical or radiation emergency event	6.5
<b>Activity 25:</b> Help develop an alternate care system	6.4
<b>Activity 26:</b> Help provide pediatric care during a medical surge response	6.3
<b>Activity 28:</b> Help provide burn care during a medical surge response	6.1
<b>Activity 16:</b> Help to develop strategies to protect health care information systems and networks	5.7



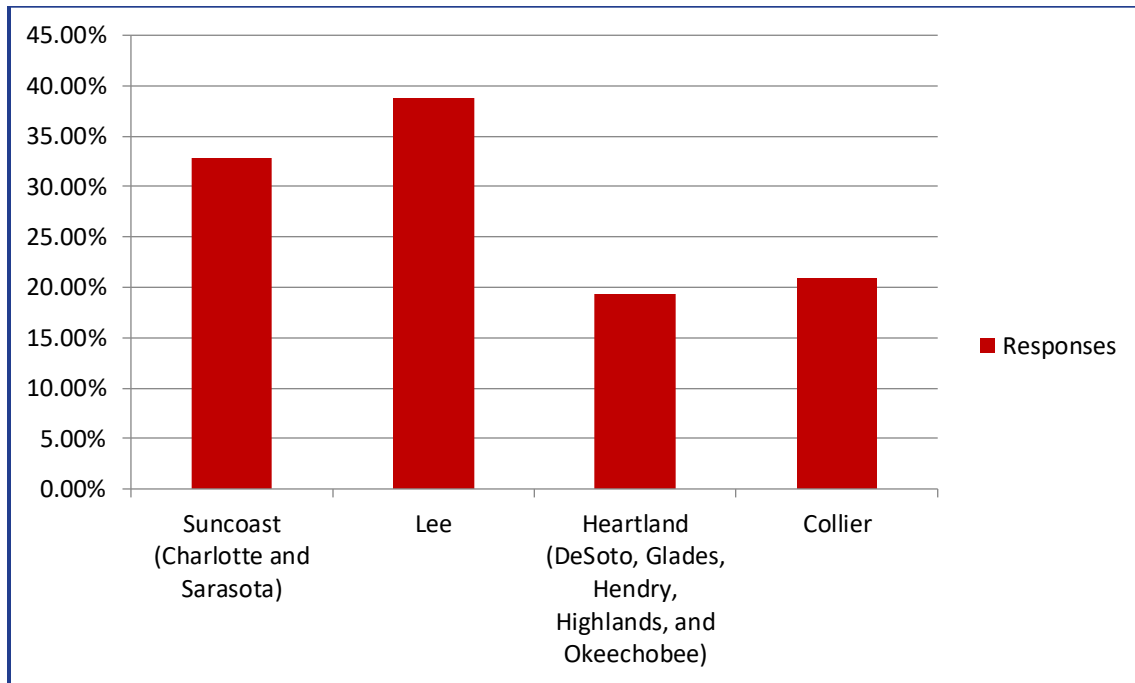
Coalition members were asked to share any additional thoughts on specific or additional activities that the Coalition should be working on throughout the next year. Below are their responses:

- + Many areas where coalition involvement would be helpful but still many points where specific organizational or provider specific considerations and limitations will impact ability to respond- believe focus should remain on communications, training, and most importantly exercises.
- + More community education for Healthcare workers
- + Look into assisting with developing COOP training
- + The healthcare systems have struggled some with the surges in COVID over the past year yet have managed to continue operations. Better preparing for the medical surge ongoing from COVID-19 in tandem with a declared emergency (hurricane, flooding, or flu outbreak) is needed. The shelters were not prepared to take evacuees even last month to a capacity that would impact the areas. We were lucky to not have a mass incident yet and that the hurricanes were not catastrophic and lingering.
- + We will need to review medical response in the area especially with new facilities being built in the area to take care of patients. We will need to work together for the betterment of the patients and community. What each facility handle patient load, is it a full staffed facility. etc.
- + At this time, the coalitions primary roles should be assisting in coordination during disasters and supporting preparedness activities in the healthcare environment unless additional funding, staffing and resources, the coalition is not set to be a response organization.
- + I am biased to lean more towards homecare/hospice/HH preparedness as I feel the focus is always on hospitals and County preparedness. One key shift from COVID and from recent federal statements is the early transition to homecare for which we tend to be underprepared with staffing and resources in an emergency. Building a strong collaboration with the hospitals, coalitions, and community homecare agencies now will help us better prepare in the future. We desperately need an in-person event to do this since it has been so long with COVID.
- + Need meaningful, well-engaged community-based drills
- + Address how food scarcity during an emergency may exacerbate other mental and physical health conditions.
- + County wide drills to meet compliance of CMS rule
- + Bring in more groups. Representation from Nursing Homes and Assisted Living facilities is lacking
- + It would be great to jointly train on integrating healthcare organizations during a disaster. Planning for alternate care sites, supporting MCI's/Surge, and management of remains would be a major gap that could be addressed through the coalition and DOH partners.



**+** There is much to consider or infer through these questions. I feel the HCC should most definitely be in coordination of all of the above activities as a coordinating board to assure their regional partners are engaged. Several of the activities described are responsibilities of other agencies, but coordination of the information is important.

Responses came from all chapters of the Coalition, however not all chapters were equally represented.



# empower Maps and Data (Must be Updated!!!!)

## Charlotte County



### Medicare Data Totals by Selected Geographies

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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33921	811	11
33946	1,391	38
33947	5,381	144

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1/24/22, 9:30 AM

HHS emPOWER Map

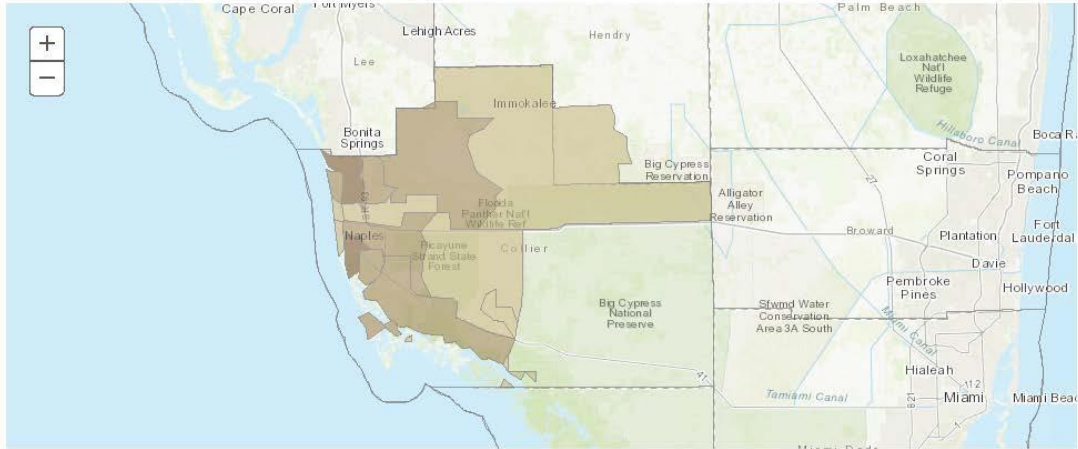
Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33948	6,379	248
33950	12,891	398
33952	9,847	436
33953	2,997	93
33954	3,264	117
33955	4,450	163
33980	4,971	191
33981	5,303	159
33982	3,630	121
33983	6,035	230
34224	6,663	264



# Collier County

1/24/22, 9:31 AM

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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34102	4,683	80
34103	4,600	88
34104	6,955	191

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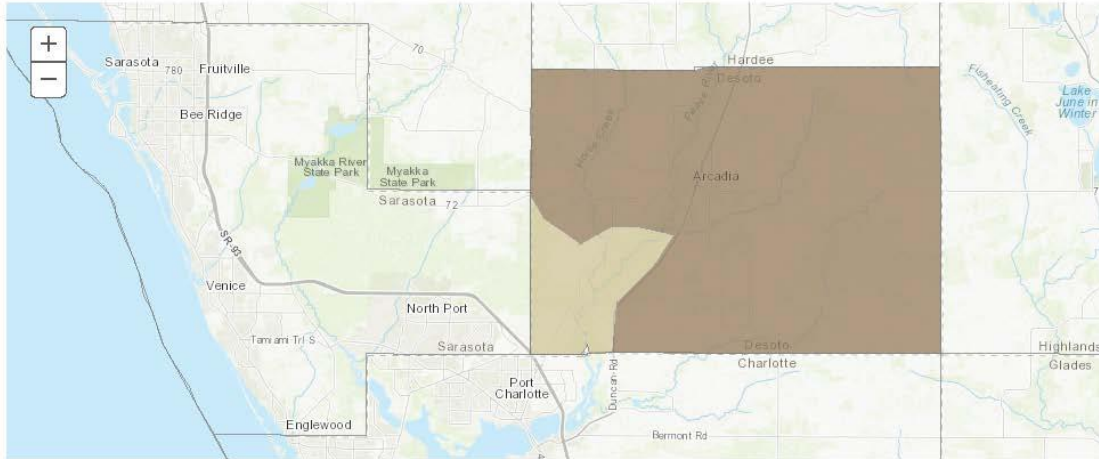
Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34105	5,734	130
34108	7,107	160
34109	7,863	247
34110	9,593	244
34112	9,133	267
34113	7,575	201
34114	8,232	229
34116	3,627	131
34117	2,514	81
34119	10,570	222
34120	7,733	199
34137	32	11
34138	125	11
34139	163	11
34140	139	11
34142	3,722	94
34145	6,866	143



# DeSoto County

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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34266	5,567	316
34269	1,793	88

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# Glades County

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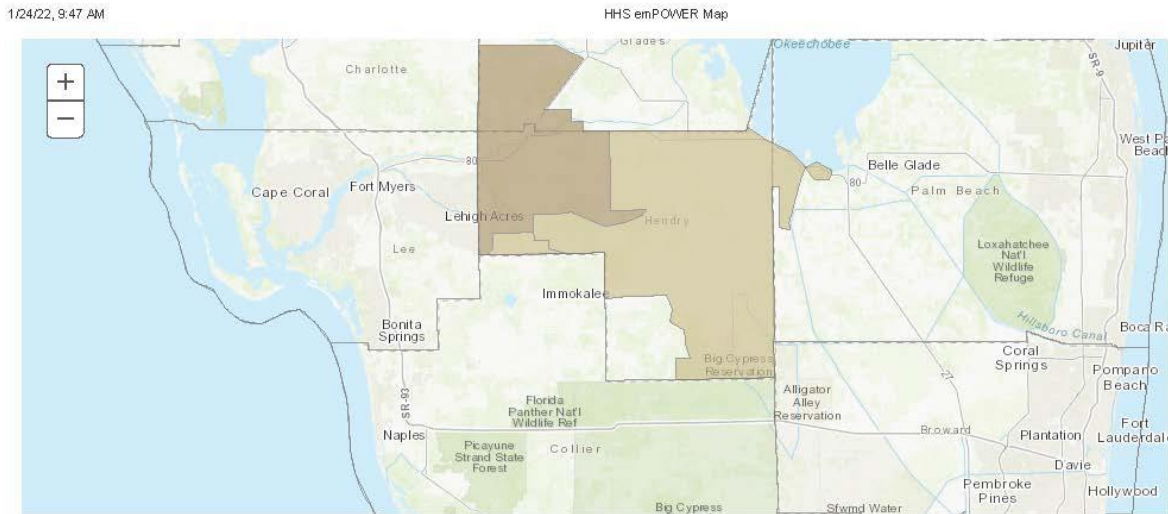
Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33471	1,413	75
33944	104	11
34974	6,347	349

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# Hendry County



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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33440	3,043	131
33930	134	11
33935	3,562	140

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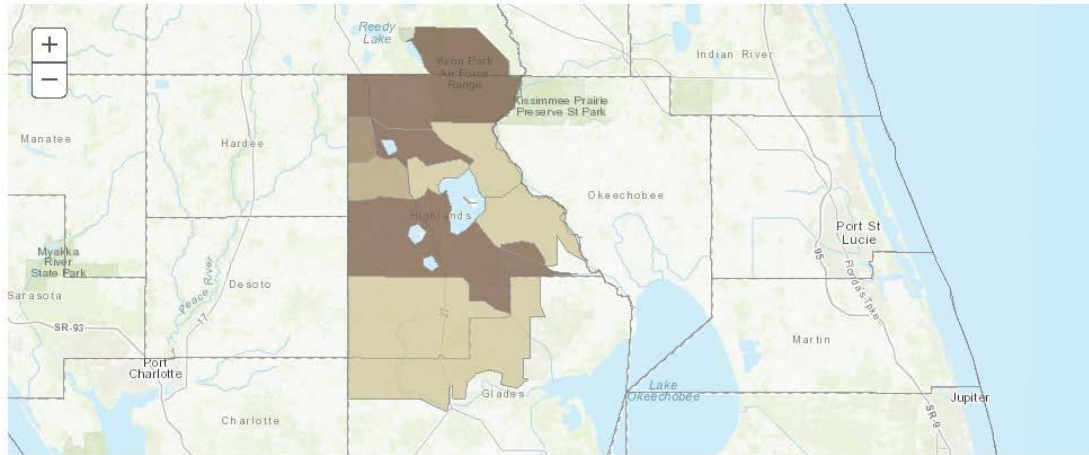




# Highlands County

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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33825	7,180	440
33852	7,651	449
33857	530	37

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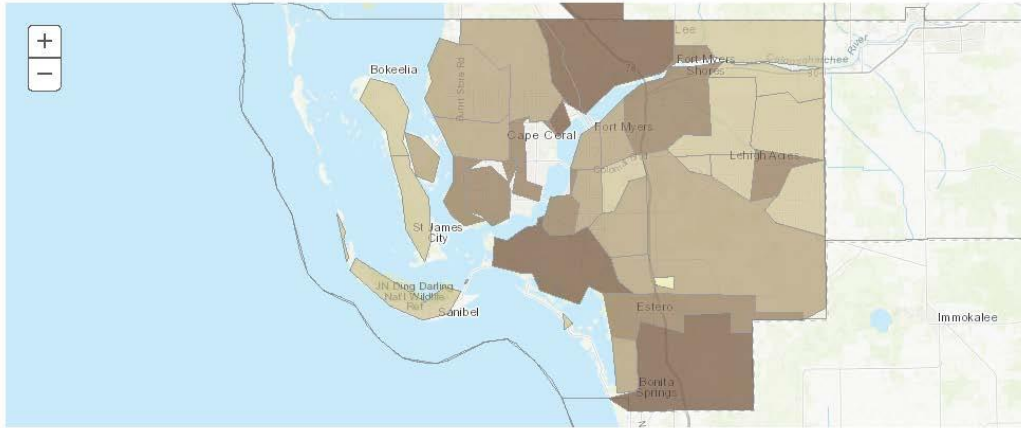
Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33870	7,290	553
33872	5,631	351
33875	3,631	224
33876	2,066	109
33960	216	18



# Lee County

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Geographic Area Beneficiaries Electricity-Dependent Beneficiaries

33901	5,023	194
33903	9,506	424
33904	10,251	343

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1/4

1/24/22, 9:33 AM

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Geographic Area Beneficiaries Electricity-Dependent Beneficiaries

33905	7,704	318
33907	5,454	199
33908	16,273	423
33909	6,088	232
33912	6,957	193
33913	9,610	224
33914	12,007	343
33916	3,806	160
33917	11,751	517
33919	10,453	306
33920	2,150	71
33922	1,670	42
33924	169	11
33928	10,922	249
33931	3,869	81
33936	6,183	292
33956	1,866	68
33957	2,963	48
33965	0	0
33966	3,049	95
33967	4,064	150
33971	2,858	122
33972	2,342	110
33973	1,075	35
33974	1,858	87
33976	1,368	38
33990	8,543	319
33991	6,166	202
33993	5,601	191
34134	7,538	152
34135	16,067	411

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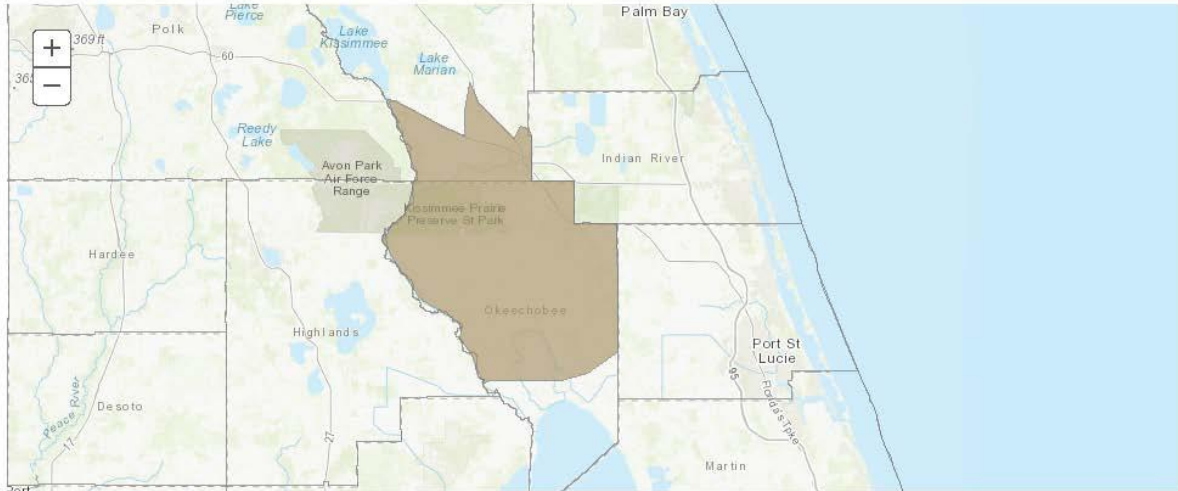
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# Okeechobee County

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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
Okeechobee	34,972	3,184
		197

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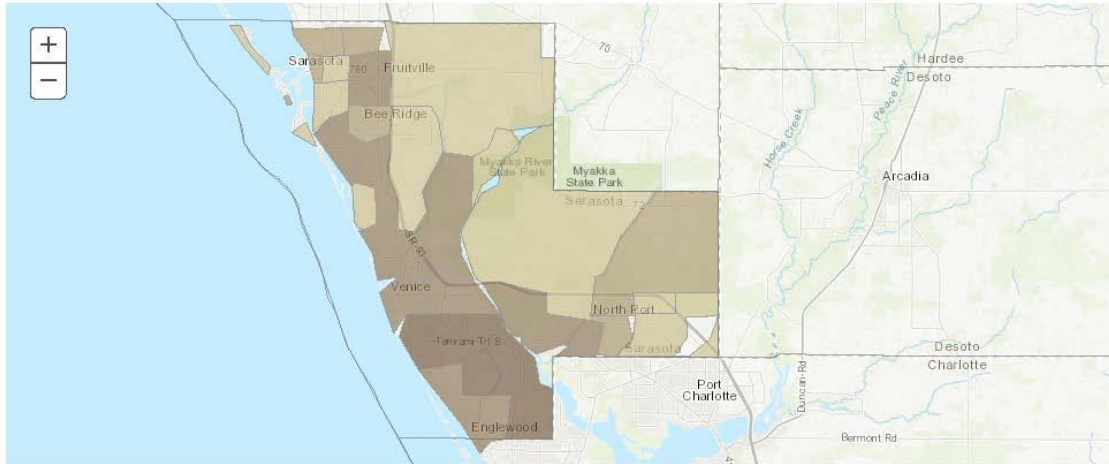
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# Sarasota County

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Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34223	8,896	287
34228	3,782	75
34229	3,415	86

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1/2

1/24/22, 9:29 AM

HHS emPOWER Map

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34231	9,463	259
34232	8,495	282
34233	5,779	197
34234	4,815	178
34235	4,984	139
34236	7,187	161
34237	2,850	111
34238	9,967	247
34239	4,232	115
34240	3,905	108
34241	4,270	110
34242	2,938	58
34275	9,137	255
34285	9,447	283
34286	4,685	176
34287	9,616	364
34288	3,497	123
34289	1,231	27
34291	1,786	65
34292	8,585	242
34293	20,203	563

