

Creating a Resilient Healthcare System from Critical Infrastructure through Essential Services

Initiative Summary Statement:

Facilitate and promote resilience upgrades for healthcare buildings and systems across the spectrum of care throughout the region.

Initiative Description:

Objective: Ensuring health infrastructure remains viable during a disaster and in its immediate aftermath is a top priority across all resilience efforts and can prevent “cascading effects” that consume resources in a disaster and complicate response efforts.

While FEMA defines many healthcare facilities as “critical” and thus potentially eligible for post-disaster resources to upgrade and maintain their buildings and systems, many facilities that the healthcare community considers indispensable do not rise to the level of the definition that must be met for FEMA reimbursement or funding. FEMA defines critical infrastructure as “those assets, systems, networks, and functions—physical or virtual—so vital to the United States that their incapacitation or destruction would have a debilitating impact on security, national economic security, public health or safety, or any combination of those matters. Key resources are publicly or privately controlled resources essential to minimal operation of the economy and the government.”¹⁰ Additionally, some but not all these healthcare facilities are required by Florida law to provide Comprehensive Emergency Management Plans (CEMP) and Emergency Power Plans (EPP) to Lee County Public Safety. Understanding that there is a gradient of necessity and available resources, and that terminology differs between different agencies is important as the Lee County region begins to identify and categorize healthcare facilities and systems into tiers; using terms like “critical”, “essential”, and “necessary” in the correct context will minimize confusion and contribute to maximizing funding to mitigate health care facilities against future hazards.

¹⁰ National Infrastructure Protection Plan, 2006, Glossary of Key Terms, is the source for the definitions of critical infrastructure and key resources. These definitions are derived from the provisions of the Homeland Security Act of 2002 and HSPD-7.

Need: The healthcare system remained active and viable through the Hurricane and in its aftermath, but the experience of Hurricane Ian suggests improvements are needed to ensure that important facilities within the healthcare system - those defined as critical, essential, and necessary - are resilient in the face of a future event with greater impact. Ian exposed vulnerabilities in the region's health and social services system and damaged several key facilities adding to an infrastructure that had just borne the brunt of the COVID-19 pandemic. 29.3 percent of the population in Lee County are over 65 years old and rely heavily on a functioning healthcare system.

One of the most important decisions made during an emergency is whether to evacuate or shelter in place; the facility and emergency preparedness needs can be different for each scenario and help define the tiers of healthcare facilities. For the highest tier (i.e., the most important/resilient), the goal should be to mitigate these critical facilities up to a level where they are operating consistently throughout a major disaster or emergency event. Second tier "essential" facilities can be those designated and prepared to provide safe sheltering in place, basic healthcare services, and the necessary facilities to quickly return to full operations in the immediate aftermath. By staying open if not fully operational, these essential facilities mitigate the need to evacuate critical patients to other care centers or increase the utilization of special needs shelters.

Efforts to support residents with access and functional needs as well as families with members with developmental disabilities like Autism, should be considered a priority in this planning process.

A few things could happen to make this tiered system feasible:

1. Determine the whole spectrum of the healthcare system, and then categorize those facilities into the three levels (critical, essential, and necessary).
2. Develop guidance for mitigation and hardening by level and create an accessible assessment tool that can be used by the facilities to quickly understand how their facilities measure up against the guidance.
3. Develop a tool to assist facilities that are not required to submit a CEMP or EPP, in creating their own emergency and continuity of operations plans.
4. Locate funding opportunities appropriate to meet the needs of the different types of facilities and the work that needs to be done.

Regional Approach: The local public health system encompasses a complex series of relationships between many entities that support the health of the residents of Lee County and its municipalities and have been working collaboratively to bolster the community. These include healthcare providers, hospitals, primary care providers, urgent care centers, skilled nursing facilities and assisted living facilities, faith-based organizations, crisis

stabilization units and mental health providers, first responders, group homes and supportive housing, dialysis centers and other non-for-profit organizations like United Way 211, which is the primary means for individuals to connect to social service agencies through the free 24-hour non-emergency helpline. Continuing to support the Southwest Florida Healthcare Coalition in their efforts to coordinate regional efforts to improve preparedness for this sector is significant. The healthcare sector can also work with Public Safety as they assess response to recent events and prepare for future hazards, specifically when developing the next version of the Local Mitigation Strategy (LMS) and Hazard Identification and Risk Assessment (HIRA). It is important that the regional healthcare community knows what the capacities are, where the vulnerabilities lie, and what hazards they may face. Additionally, knowing what part each of the three tiers plays in keeping the system functioning is important for the public at large.

Impact: The healthcare community in the Lee County region can make great strides in being more resilient by collectively agreeing on a classification system for facilities, identifying resilience/continuity standards for each, creating an assessment toolkit, and identifying funding streams to make the needed upgrades. It may be possible to apply for planning grants to help with this effort, which would especially benefit the non-for-profit organizations and those institutions with fewer resources. Creating a tiered healthcare classification system and corresponding resilience standards will help ensure that the citizens of the County get the healthcare they need, whether it is acute or chronic care, ambulatory, or residential, during blue skies and grey skies. Further, strengthening the relationship between the Public Safety and Healthcare sectors during planning can reduce the need for emergency management resources to focus on relocating and sheltering those with medical conditions or special needs during storm conditions. Improving the resilience level of all facilities, no matter the level of service delivery, will likely benefit routine to essential care for patients and healthcare providers alike and reduce the risk of major service interruptions.

Key Considerations:

- Preparedness efforts could encompass other hazardous conditions like cyber security issues or another pandemic.
- Many of the critical care facilities gaps and issues are being addressed through federal programs like HMGP and the facilities at the other end of the spectrum usually have more limited access to or capacity to secure financial resources. They may need more outside support to even apply for and manage grants.
- The range of mitigation needs may include large scale upgrades for reliable systems such as potable water, wastewater, and power supply with the potential of built in

redundancies, or relatively minor upgrades such as hurricane shutters or an elevated generator. The location of a facility in proximity to flood zones and the age of a building can also be contributing factors to mitigation efforts that are needed.

- Continuity of Operations Planning (COOP) for facilities near areas that are susceptible to flooding or storm surge may include back up plans to relocate in times of crisis to a partner facility inland. Those relationships and agreements should be established in advance, revised and reviewed frequently, and periodically exercised to ensure functionality.
- Engage the non-profit sector in resilience measures including future development of the Local Mitigation Strategy and Hazard Identification and Risk Assessment.

Co-Sponsoring Branches:

Health & Social Services, Infrastructure, and Planning & Capacity

Stakeholders:

- FDOH-Lee County
- Healthcare system
- County departmental experts on public safety, emergency management, and human and veteran services
- Municipal departmental experts on public safety, emergency management, and human and veteran services
- Health and Mental Health providers and Department of Health
- Social Service providers
- Local Healthcare Coalitions and Associations
- Volunteer Organizations Active in Disasters (VOADs)
- American Red Cross

Potential Funding Sources:

- United States Department of Health and Human Services
- Federal Emergency Management Agency
 - Building Resilient Infrastructure and Communities (BRIC)
 - Hazard Mitigation Grant Program (HMGP)
- Federal Transit Administration
- United States Department of Energy
- Florida Division of Emergency Management
- Florida Department of Health

Resources:

- Home - SWFL Healthcare Coalition (swflcoalition.org)
- Joint Local Mitigation Strategy (leegov.com)
- 2022 Hazard Identification and Risk Assessment.pdf (leegov.com)
- FEMA non-federal Continuity Plan template

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