Participants: See attached list of attendees

Note: copies of all presentations are attached

Welcome and Announcements: Reginald Kornegay, CFDMC Vice Chair, welcomed all and reviewed meeting etiquette. Reggie advised that September is National Preparedness Month. He thanked Alan Harris, Seminole County Emergency Manager, for recognizing the Coalition as a partner in the Seminole County National Preparedness Month proclamation ceremony. Reggie stated that we have just passed the 21st anniversary of 9/11. He asked for a moment of silence in recognition of lives lost. Reggie introduced Michael Adams, the Coalition's new Board member representing Brevard County and nursing homes. Michael stated that he has been a nursing home administrator for more than 20 years and has had to evacuate a facility several times and understands the importance of preparedness.

2022-2023 Budget & Project Overview: Lynda D. W. G. Mason, CFDMC Treasurer, reviewed the 2022-2023 budget. She advised that the Coalition is in solid financial shape with surplus funding available to sustain the coalition if needed. She reviewed the funding by state category (see attached slide). The Personnel category includes salaries and fringe for the Coalition Executive Director, Project Manager, a part-time Administrative Specialist, and the Trauma Executive Director. Our personnel costs are lower than comparable healthcare coalitions in Florida. The Travel category includes travel to required state and national meetings, but most travel expenses are to reimburse the state and national partners who participate in our annual full-scale exercise as evaluators or volunteer management personnel. The Equipment category is for items that are over $5,000, such as Zumro tents for new hospitals, and for our regional medical assistance team. The Supplies category is for hospital and other healthcare equipment that is under $5,000. Approximately half of the coalition's budget is spent on keeping our hospitals at minimum readiness response standards. The Coalition does not contract out any services. The Other category covers all other operating expenses, including administrative expenses like the accountant, tax preparation and audits, insurance for the coalition, all training and exercise expenses, and expenses to recruit and maintain our regional medical assistance team.   The annual budget is approved in advance by the Coalition Board, and by DOH as the contract manager, and all expenses are audited monthly by the state and annually through a single federal audit.   The annual budget is posted on the website.

Lynda reported on projects for the coming year. Continuing projects include an annual Hazard Vulnerability/Risk Assessment, updating the Preparedness Plan, Response Plan and all annexes (all of these plans are on the coalition website), and trainings, and exercises.   Lynda thanked all the Coalition members who serve on the workgroups who do this work. She stated that new projects for this year include a focus on sustainability, a marketing strategy to increase membership and engagement through use of social media and developing and exercising a Radiation surge annex. Lynne advised that there is a detailed traffic light report/project plan on the website with bi-monthly updates.

Cybersecurity Threat Landscape – Threats to Healthcare: Klint Walker, Cybersecurity Advisory for the Department of Homeland Security (DHS) Critical Infrastructure Security Agency (CISA), Region 4, provided a comprehensive overview of cyber threats we are facing, and the devastating impact that a cyber-attack can have on an organization and patients. He provided an overview of the many products and services CISA offers free to organizations to help them prepare for and prevent cyber threats and contact information for accessing these services.   Klint stated that October is Cybersecurity Awareness Month. A copy of his detailed presentation is attached.   A question was raised on how healthcare providers should respond to an attack. Klint stated this is dependent on the type of attack. He suggested that organizations participate in a cyber tabletop exercise and that CISA will facilitate these at no charge. The tabletop exercise walks you through scenarios and different responses. He stated that constant communication about these threats is key.

Nursing Recruitment/Retention: Dr**.** Mary Lou Sole, Dean and Professor at UCF, provided an overview of the national nursing shortage, causes, and actions for addressing this crisis. A copy of Dr. Sole's presentation is attached. Chief Avery raised a question on actions to increase the number of students accepted into nursing program as many are being

turned away.   Dr. Sole stated that pipeline funds will allow them to expand programs and admit more students. Aaron Kissler stated that many corporate hospitals have a policy prohibiting dual employment which has impacted public health's ability to secure nurses. Dr. Sole stated that mandatory overtime by hospitals also impacts this issue, and we need to continue to lobby for competitive salaries for public health.

Overview of Changes in The Joint Commission (TJC) Emergency Management Chapter and Standards: John Corfield, Orlando Health Emergency Management, presented an overview of the changes in TJC standards. John will share the changes, including a comparison between the old and new standards and a checklist (see attached). He advised that the Coalition offers services that can assist hospitals and other healthcare organizations, including a COOP planning workshop and software. He stated that Orlando Health and AdventHealth created a family reunification plan template to assist hospitals in creating a plan. Lynne advised that the Coalition will also again offer Hospital Incident Command System (HICS) training at the annual conference.

Coalition Wrap-up: Reggie thanked all the speakers for their presentations. He asked and there were no further announcements. Reggie advised that the next meeting is the annual conference on December 14, with pre-conference trainings offered on December 13. The conference and trainings will be at Valencia College School of Public Safety in Orlando, and a virtual option will also be available for most sessions. Reggie advised that an agenda and registration link will be sent out in early October. Reggie stated that the quarterly communications drills will be held next week (including a drill via Constant Contact and an Everbridge drill). He encouraged all members to respond. These drills ensure that members can receive timely information in a disaster. Reggie also encouraged all attendees to complete the electronic survey that will be sent out following the meeting; your feedback will help us make future meetings more valuable. Reggie thanked all for participating.

Participants:

Michael	Adams	Courtenay Springs Village
Marben	Aquino	DOH
Lauraleigh	Avery	Orange County EM
Sheri	Blanton	District 9/25 Medical Examiner
Ed	Bradley	DOH-Martin
Stacy	Brock	DOH-Indian River
Avi	Bryan	City of Altamonte Springs
A.C.	Burke	EID Collaborative
Chris	Cannon	Nemours
Nathan	Carpenter	Brooks Rehab
Marcie	Carter	AZA Health
Georgianne	Cherry	DOH-Osceola
Lynsey	Collier-Graham	Oviedo Medical Center
Deborah	Collinge	DOH-Orange
Tiffany	Collins	DOH
Robert	Contreras	Health First
Beverly	Cook	CFDMC
John	Corfield	Orlando Health
David	Crowe	DOH-Region 5
Renita	Darden	Family First Home Care
Chris	Dorans	DOH-Volusia
Jemima	Douge	Poison Control
Lynne	Drawdy	CFDMC
Gene	Farnsworth	AdventHealth New Smyrna Beach
Molly	Ferguson	Community Health Centers
Amanda	Freeman	Advent Health
Rebecca	Gaitan	Clermont Dialysis
Tricia	Goulet	DOH
Elizabeth	Hamlett	DOH-Orange
Sonji	Hawkins	Martin EM
Amy	Heimberger-Lopez	Martin
Robin	Hinson	Osceola EM
Raven	Jackson	The Lakes of Clermont
Samantha	King	DOH-Seminole
Georgianne	Kirk	Florida Community Health Centers, Inc.
Aaron	Kissler	DOH-Lake
Reginald	Kornegay	Orlando VA
Kathleen	Lyons	DOH-Brevard
Missy	M	
Vianca	McCluskey	DOH-Osceola
Christopher	McCrea	VA
Matt	Meyers	CFDMC
Jennifer	Mills	DOH-Lake

Susi	Mitchell	Lawnwood
Paul	Myers	DOH
Ana	Nieves	DOH
Ihab	Osman	DOH-Orange
Jim	Pate	
Ken	Peach	Health Council of East Central Florida
Aaron	Rhodes	Registered Nurse Orlando Fire Department
Valerie	Risher	DOH Special Needs Shelter
Angela	Roberson	DOH
Susan	Saleeb	CVS
Wayne	Smith	Davita
Mary Lou	Sole	UCF
Clint	Sperber	DOH-St. Lucie
Karen	Street	DOH-Brevard
Wayne	Struble	Health First
Lauren	Thompson	UCF College of Medicine
Lynda D.	W.G. Mason	Northland Church
Klint	Walker	CISA
Laarni	West	DOH County Helath Systems
John	Wilgis	FHA
Lydia	Williams	DOH-St. Lucie
Matt	Winter	AdventHealth
Nancy	Woloshin	DOH-Brevard

There were also several unidentified callers attending

Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

September 15, 2022 – 9 am to Noon

Note: Meeting is being recorded

- Please place your phone on mute when not speaking
- Don't place your phone on hold
- Use either computer audio and mic, or phone, not both – this can cause feedback noise
- Use the chat feature to raise issues or ask questions
- We may need to mute all lines. You can unmute yourself by clicking the microphone icon

Reginald Kornegay, 2022 CFDMC Vice Chair

▸ Welcome & Announcements
  September is National Preparedness Month

▸ For those on webinar, please submit your name and organization in chat.

▸ For those on the phone, please email your name and organization to
  info@centralfladisaster.org

2022-2023 Budget

Lynda D. W. G. Mason, CFDMC Treasurer

Category	Allocation
Personnel	$164,753
Travel	$41,000
Equipment	$90,000
Supplies	$481,824
Contractual	$0
Other	$336,095
Total	$1,113,672

2022-2023 Projects

‣ Many projects continue to build and sustain regional capabilities

‣ New projects for this year include:
*Increased focus on Sustainability
*Marketing Plan (two-month social media pilot to increase member engagement)
* Radiation Annex and Exercise (thanks to Radiation Workgroup
Members)

Cybersecurity Threat Landscape– Threats to Healthcare

Klint Walker, Cybersecurity Advisor, Region IV
DHS Cybersecurity and Infrastructure Security Agency (CISA)

Nursing Recruitment / Retention

Mary Lou Sole, PhD, RN, CCNS, FAAN, FCCM
Dean and Professor
Orlando Health Endowed Chair in Nursing
University of Central Florida
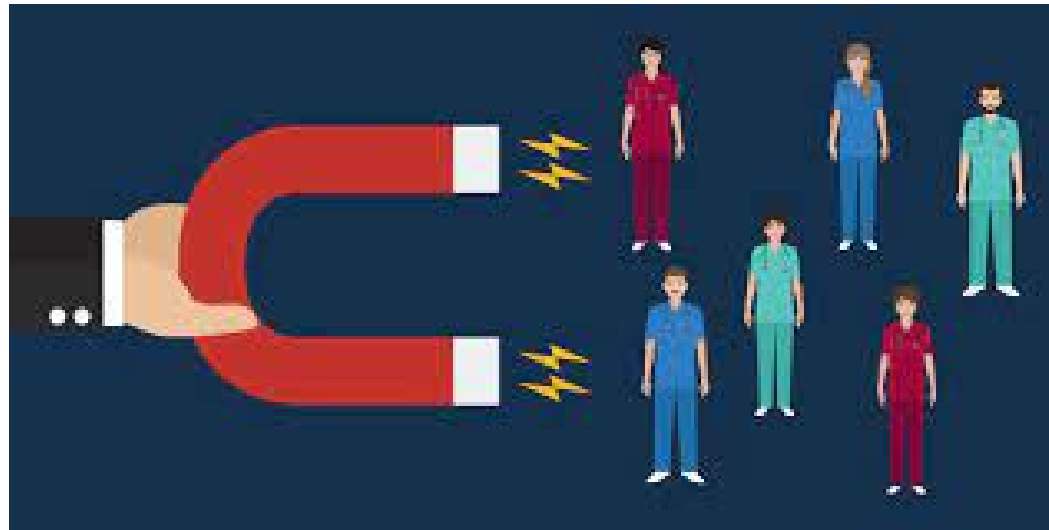
Overview of Changes in The Joint Commission Emergency Management Chapter & Standards

John Corfield
Orlando Health Emergency Management

Session WRAP UP

- **Questions?**

- **Other Announcements?**

- **Next Meeting: Save the Date!**
  Annual Conference – Wednesday, December 14
  Pre-conference Trainings – Tuesday, December 13

- **Reminder – Please Respond to Next Week's Everbridge Drill**

- **Meeting Evaluation (e-survey following meeting)**

For Want of a Nail

For want of a **nail** the **shoe** was lost.
For want of a **shoe** the **horse** was lost.
For want of a **horse** the **rider** was lost.
For want of a **rider** the **message** was lost.
For want of a **message** the **battle** was lost.
For want of a **battle** the **kingdom** was lost.
And all for the want of a **nail!**

For Want of the Data

For want of the **Data** the **Asset** was lost.
For want of the **Asset** the **Process** was lost.
For want of the **Process** the **System** was lost.
For want of a **System** the **Operation** was lost.
For want of a **Operation** the **Service** was lost.
For want of a **Service** the **Mission** was lost.
And all for the want of the **Data!**

CISA Mission and Vision

Cybersecurity and Infrastructure Security Agency (CISA)

Mission:

- Lead the collaborative national effort to strengthen the security and resilience of America's critical infrastructure

Vision:

- A Nation with secure, resilient, and reliable critical infrastructure upon which the American way of life can thrive
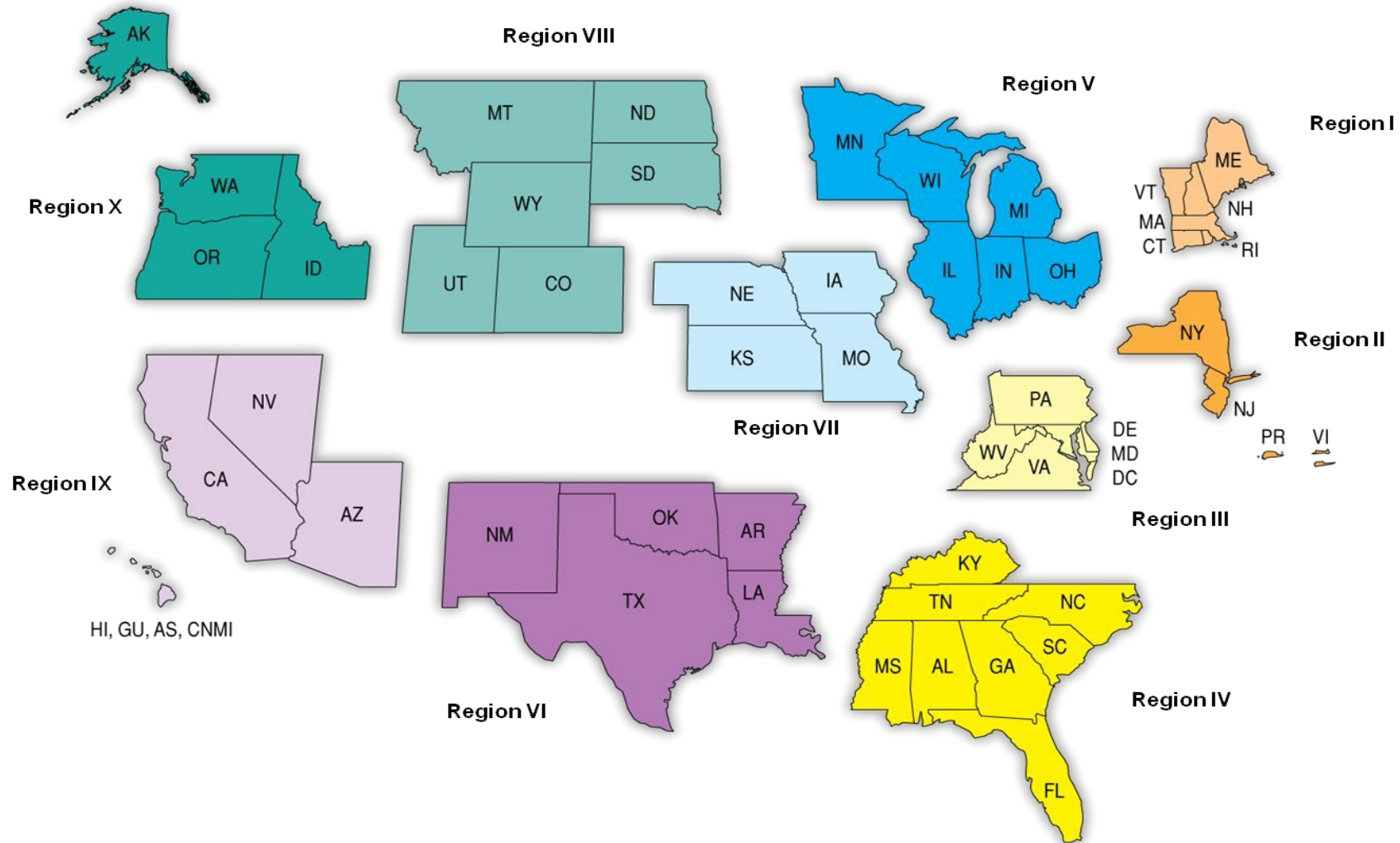
Jason Burt
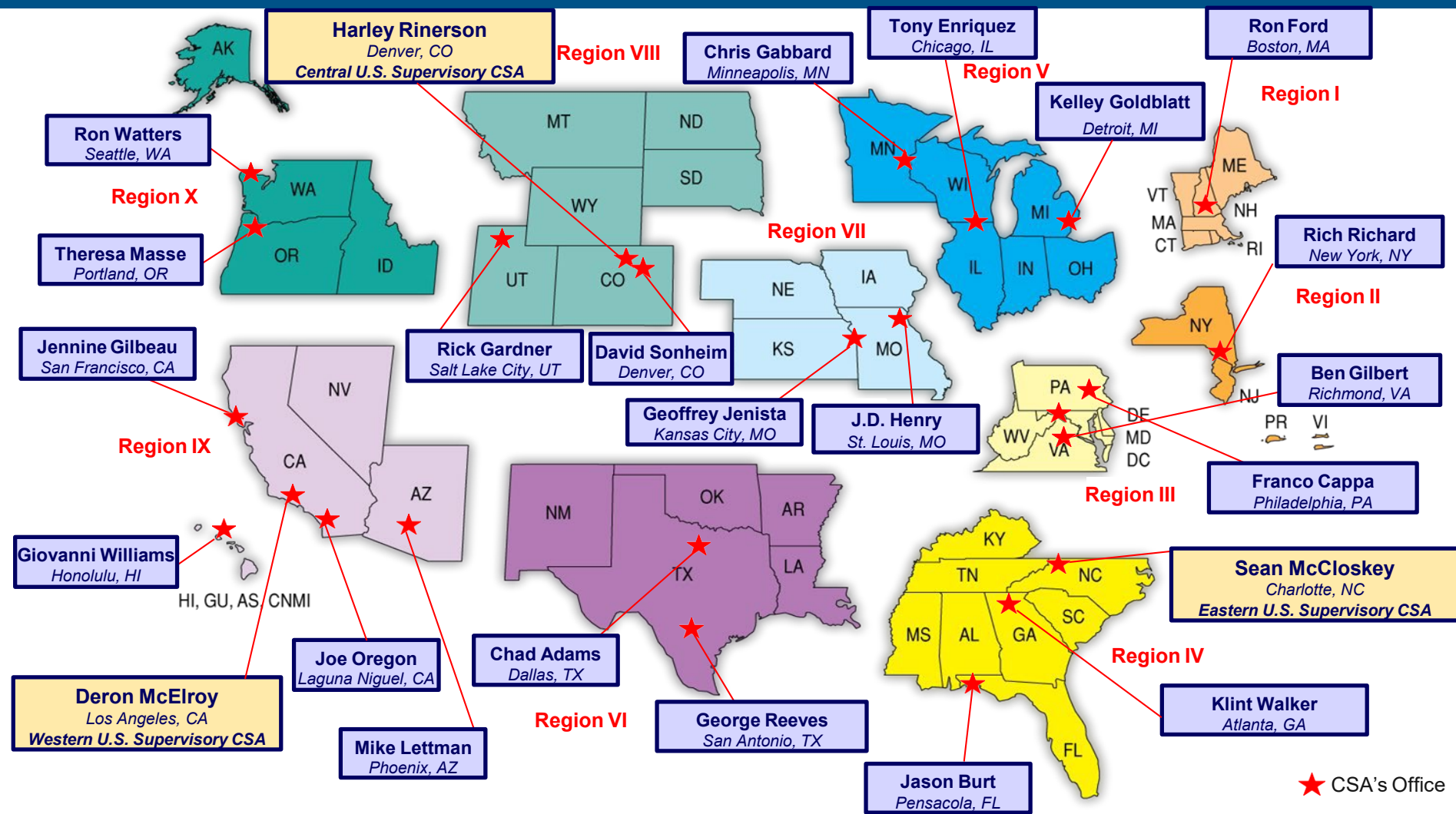September 16, 2022

CYBERSECURITY ADVISOR PROGRAM

Jason Burt
September 16, 2022

CSA Regionally Deployed Personnel

CSA Regionally Deployed Personnel

Harley Rinerson
Denver, CO
Central U.S. Supervisory CSA

Tony Enriquez
Chicago, IL

Ron Ford
Boston, MA

Chris Gabbard
Minneapolis, MN

Region VIII

Region V

Kelley Goldblatt
Detroit, MI

Region I

Ron Watters
Seattle, WA

Region X

Theresa Masse
Portland, OR

Region VII

Rich Richard
New York, NY

Region II

Jennine Gilbeau
San Francisco, CA

Rick Gardner
Salt Lake City, UT

David Sonheim
Denver, CO

Ben Gilbert
Richmond, VA

Region IX

Geoffrey Jenista
Kansas City, MO

J.D. Henry
St. Louis, MO

Giovanni Williams
Honolulu, HI

HI, GU, AS, CNMI

Franco Cappa
Philadelphia, PA

Region III

Sean McCloskey
Charlotte, NC
Eastern U.S. Supervisory CSA

Joe Oregon
Laguna Niguel, CA

Deron McElroy
Los Angeles, CA
Western U.S. Supervisory CSA

Chad Adams
Dallas, TX

Region VI

Mike Lettman
Phoenix, AZ

George Reeves
San Antonio, TX

Region IV

Klint Walker
Atlanta, GA

Jason Burt
Pensacola, FL

★ CSA's Office

Jason Burt
September 16, 2022

16 Critical Infrastructure Sectors & Corresponding Sector-Specific Agencies

Sector	Agency
CHEMICAL	DHS (CISA)
COMMERCIAL FACILITIES	DHS (CISA)
COMMUNICATIONS	DHS (CISA)
CRITICAL MANUFACTURING	DHS (CISA)
DAMS	DHS (CISA)
DEFENSE INDUSTRIAL BASE	DOD
EMERGENCY SERVICES	DHS (CISA)
ENERGY	DOE
FINANCIAL	Treasury
FOOD & AGRICULTURE	USDA & HHS
GOVERNMENT FACILITIES	GSA & DHS (FPS)
HEALTHCARE & PUBLIC HEALTH	HHS
INFORMATION TECHNOLOGY	DHS (CISA)
NUCLEAR REACTORS, MATERIALS AND WASTE	DHS (CISA)
TRANSPORTATIONS SYSTEMS	(TSA & USCG)
WATER	EPA

What's your Impact?

1. Which two sectors would impact you the most if they were hit with an event?

2. How would you know about the event?

3. What information would you like to know for your own Incident Management Program?

4. What threats exist to these Critical Infrastructure?

16 Critical Infrastructure Sectors & Corresponding Sector-Specific Agencies

Sector	Agency		Sector	Agency
CHEMICAL	DHS (CISA)		FINANCIAL	Treasury
COMMERCIAL FACILITIES	DHS (CISA)		FOOD & AGRICULTURE	USDA & HHS
COMMUNICATIONS	DHS (CISA)		GOVERNMENT FACILITIES	GSA & DHS (FPS)
CRITICAL MANUFACTURING	DHS (CISA)		HEALTHCARE & PUBLIC HEALTH	HHS
DAMS	DHS (CISA)		INFORMATION TECHNOLOGY	DHS (CISA)
DEFENSE INDUSTRIAL BASE	DOD		NUCLEAR REACTORS, MATERIALS AND WASTE	DHS (CISA)
EMERGENCY SERVICES	DHS (CISA)		TRANSPORTATIONS SYSTEMS	(TSA & USCG)
ENERGY	DOE		WATER	EPA
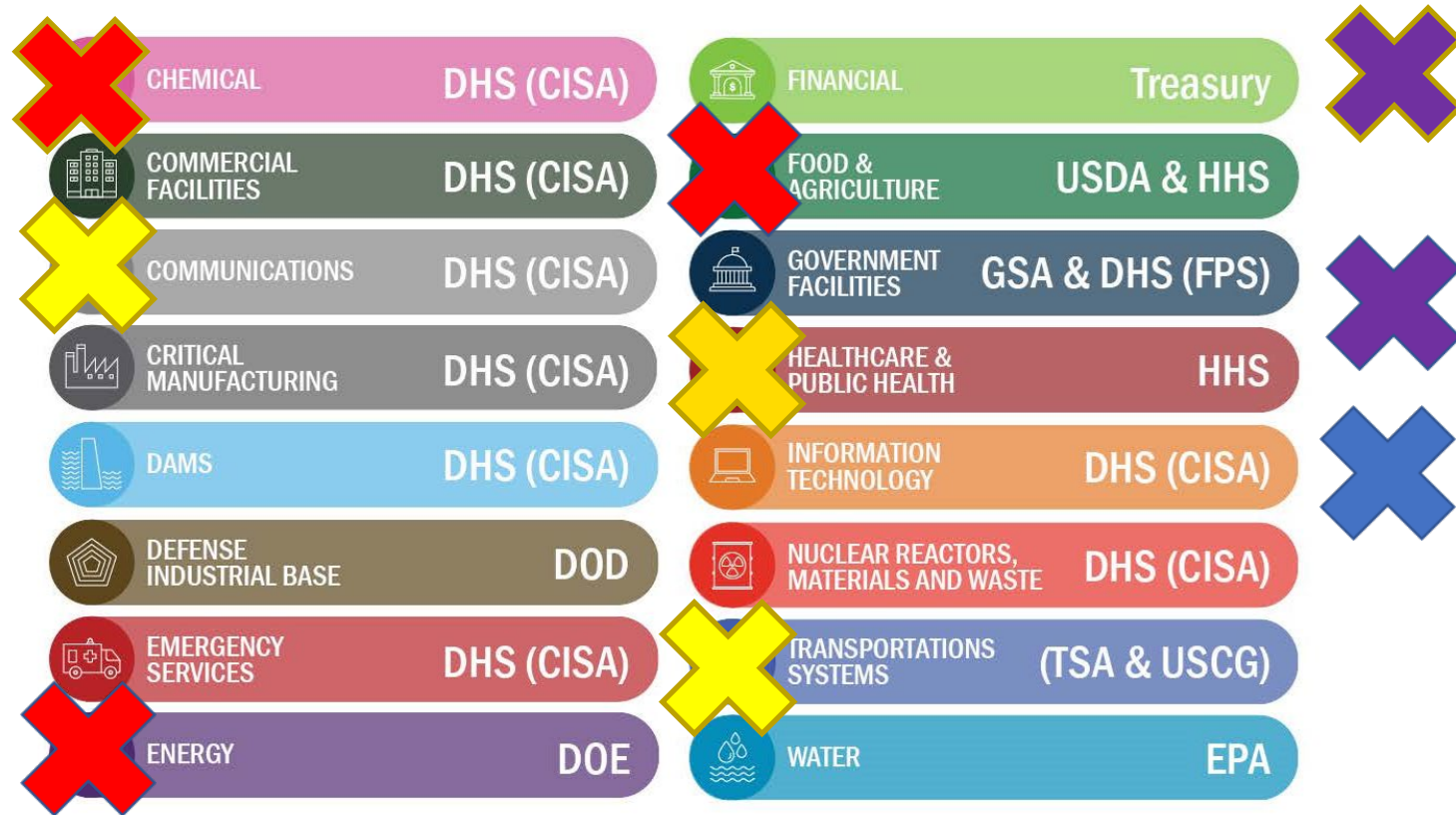
CYBER THREATS

Today's Risk Landscape

America remains at risk from a variety of threats:

- INSIDER THREAT
- ACTS OF TERRORISM
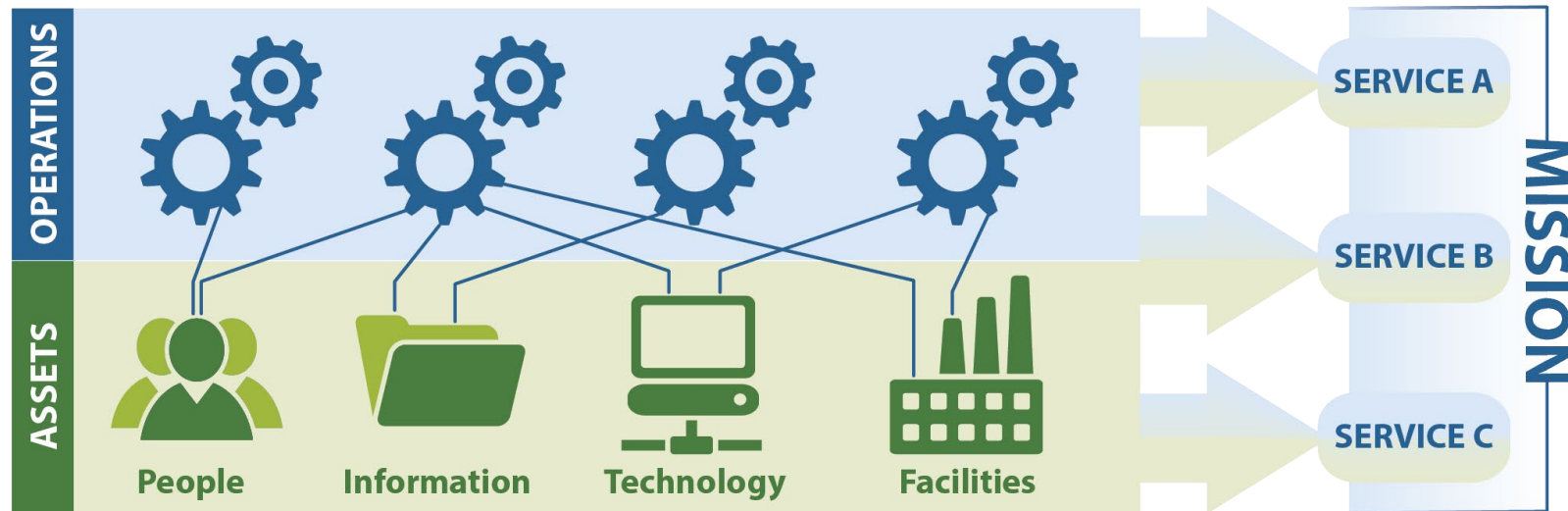- CYBER ATTACKS
- EXTREME WEATHER
- PANDEMICS
- ACCIDENTS OR TECHNICAL FAILURES

13

Mission

- **Information** – Data associated with the service

- **People** – Those who operate and monitor the service

- **Technology** – Systems that automate and support the service

- **Facilities** – Where the service is performed

Disruption of Assets
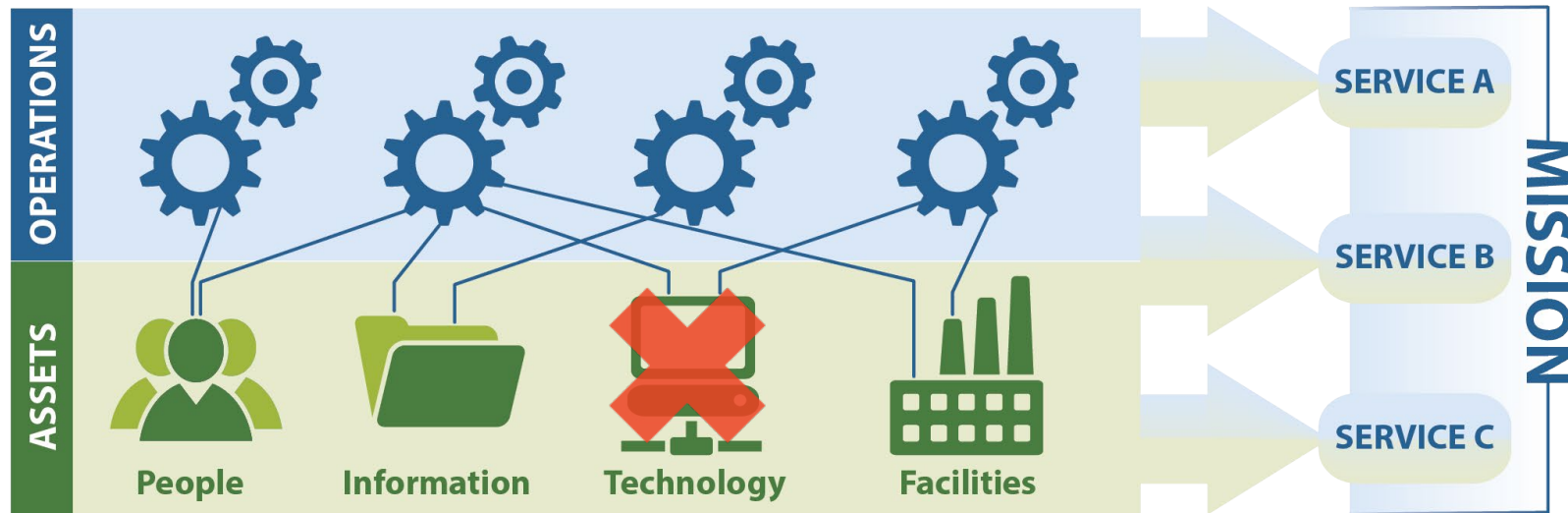
- Disruptions affect assets first.

Leads to Disruption of Processes

- Disruption of assets leads to disruption of business processes.

Leading to Mission Failure

- Disruption of business processes can lead to mission failure.

INCIDENT #1 - MEDNAX

- HQ -- Sunrise, FL https://www.mednax.com/

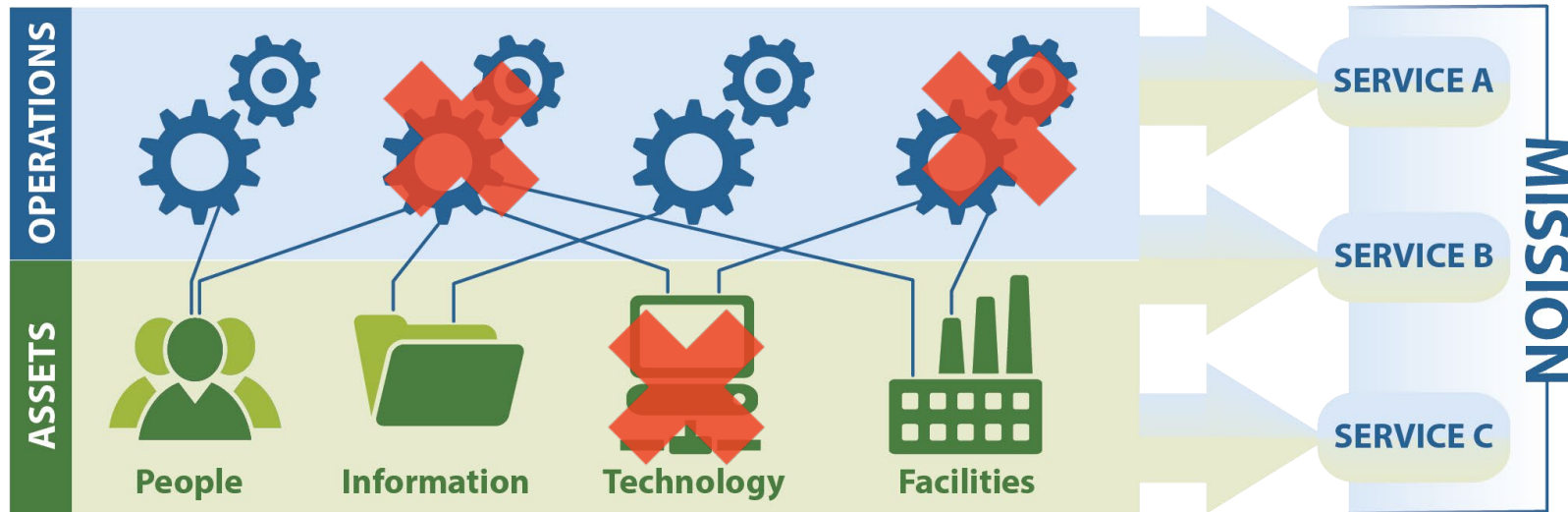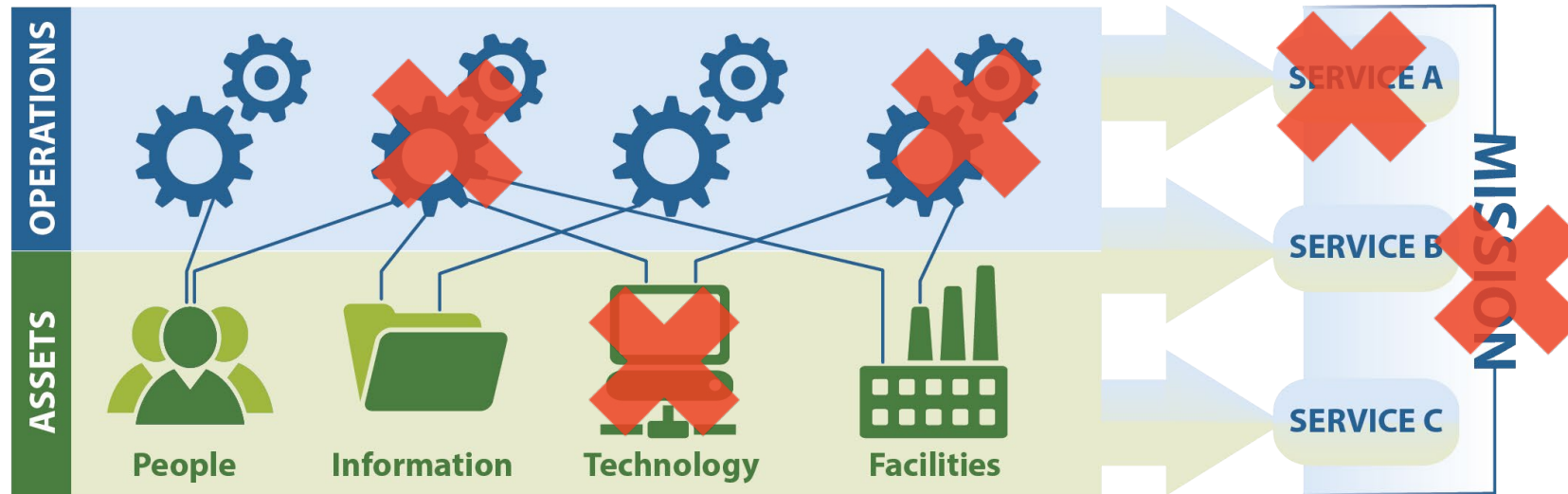- MEDNAX is a healthcare business associate that provides revenue cycle management and administrative services to physician practice groups.

- Unauthorized access began on June 14, 2020

- 1.29 million individuals affected

- Threat actor "gained access to certain Microsoft Office 365-hosted business email accounts through a successful phishing attack"

- Information exposed: contact details, dates of birth, SSNs, driver's license number, state identification numbers, financial account details, health insurance information, Medicare or Medicaid numbers, medical information, treatments, and procedures

Sources:
https://www.hipaajournal.com/email-account-breaches-reported-by-meharry-medical-college-and-mednax-services/

https://www.databreaches.net/mednax-services-notifies-patients-of-data-breach/

https://oag.ca.gov/system/files/Attachment%20-%20CA%20Individual%20Notice%20Letters.pdf

https://www.beckershospitalreview.com/cybersecurity/10-biggest-patient-data-breaches-in-2020.html

Jason Burt
September 16, 2022

18

INCIDENT #2 – SALUSCARE

- HQ -- Ft Meyers, FL https://www.saluscareflorida.org/

- SalusCare is a provider of behavioral healthcare services in Southwest Florida

- Attack occurred March 16, 2021

- "The cyberattack is believed to have started with a phishing email that was used to deliver malware. The malware was used to exfiltrated its [SalusCare's] entire database to an Amazon AWS storage account."

- 85,000 individuals were affected

Sources (Continued):

- https://www.hipaajournal.com/saluscare-takes-legal-action-against-amazon-to-obtain-aws-audit-logs-to-investigate-data-breach/

- https://www.news-press.com/story/news/crime/2021/03/25/hackers-breach-saluscare-medical-patient-employee-records/6997752002/

- https://nbc-2.com/news/2021/03/24/saluscare-experiences-cyber-attack-on-patient-employee-data/

- https://www.businessinsurance.com/article/00010101/STORY/912340726/SalusCare-suffers-malware-attack-patient-data-breached

Jason Burt
September 16, 2022

19

INCIDENT #3 - LEON MEDICAL CENTERS (LMC)

- HQ -- Miami, FL https://leonmedicalcenters.com/

- Attack occurred Nov 8, 2020

- Conti ransomware operators used a phishing email to access Leon Medical Centers' network, steal data, and publish some data to the internet

- This significant breach will necessitate:
    - Notifications to former and current employees and former and current patients as well as HHS.
    - LMC to deal with all their exposed bank, credit card, and payroll-related accounts.
    - LMC to remind/retrain employees about the kinds of targeted phishing or social engineering attacks that can now be more tailored or convincing because Conti acquired and dumped information on their executives and employees.

Sources:

https://www.databreaches.net/exclusive-conti-describes-how-they-attacked-leon-medical-centers-shows-databreaches-net-almost-2-million-patient-related-files/

https://www.databreaches.net/leon-medical-center-confirms-ransomware-attack-credits-employees-and-staff-with-providing-quality-care-despite-attack/

https://www.prnewswire.com/news-releases/leon-medical-centers-llc-provides-notice-of-data-security-incident-301203601.html

Jason Burt
September 16, 2022

20

INCIDENT #3 - LEON MEDICAL CENTERS – CONTINUED…

Conti ransomware operators' description of how they accessed the network using a phishing email as the attack vector:

- An **email** containing the exploits in the attached document. It was **opened by a user** with citrix access.

- Then, **using the CVE-2020-0796 vulnerability**, rights were raised to the local administrator.

- After that, using the program Blood Hound we found computers where there are authorization data domain administrators.

- The computer was found, we were able to get access to it and spread the network. We found local administrator computers **where passwords to different resources were stored in the open**.

- We found out where there were backups, SQL, etc. Then we found the local computers of your domain administrators.

- With the help of mimmkatz, passwords of administrators on these computers were obtained. Going to the RDP on them, we found Key Pass programs from where we got access to your AV server.

Sources (Continued):
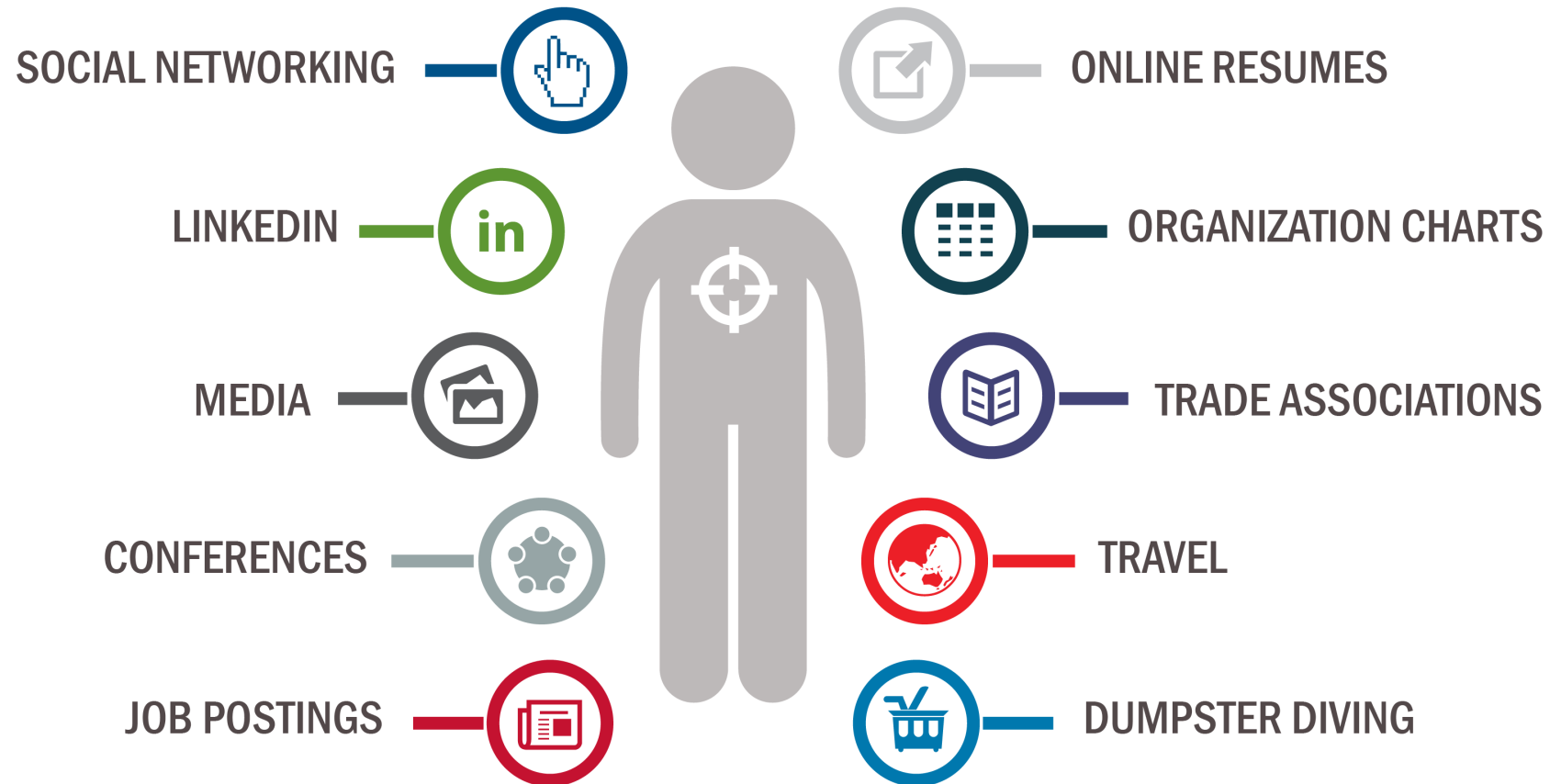
https://www.databreachtoday.com/patient-files-dumped-on-darknet-site-after-hacking-incidents-a-15969

https://www.beckershospitalreview.com/cybersecurity/hackers-get-patients-phi-after-inflicting-malware-on-florida-hospital-s-computer-network.html

https://www.hipaajournal.com/ransomware-gang-dumps-data-stolen-from-two-u-s-healthcare-providers/

Jason Burt
September 16, 2022

Social Engineering ⚑ Red Flags

FROM
- I don't recognize the sender's email address as someone **I ordinarily communicate with.**
- This email is from **someone outside my organization** and it's not related to my job responsibilities.
- This email was sent from **someone inside the organization** or from a customer, vendor, or partner and is **very unusual or out of character.**
- Is the sender's email address from a **suspicious domain** (like micorsoft-support.com)?
- **I don't know the sender personally** and they **were not vouched for** by someone I trust.
- **I don't have a business relationship** nor any past communications with the sender.
- This is an **unexpected or unusual email** with an **embedded hyperlink or an attachment** from someone I haven't communicated with recently.

TO
- I was cc'd on an email sent to one or more people, but **I don't personally know** the other people it was sent to.
- I received an email that was also sent to an **unusual mix of people.** For instance, it might be sent to a random group of people at my organization whose last names start with the same letter, or a whole list of unrelated addresses.

HYPERLINKS
- I hover my mouse over a hyperlink that's displayed in the email message, but the **link-to address is for a different website.** (This is a **big red flag.**)
- I received an email that only has **long hyperlinks with no further information,** and the rest of the email is completely blank.
- I received an email with a **hyperlink that is a misspelling** of a known web site. For instance, www.bankofarnerica.com — the "m" is really two characters — "r" and "n."

From: YourCEO@yourorganization.com
To: You@yourorganization.com
Date: Monday December 12, 2016 3:00 pm
Subject: My money got stolen

Hi, I'm on vacation in London and my money and passport were stolen out of my bag. Could you wire me $300 via Bank of America? They gave me a special link so this goes right into my account and I can buy a ticket home:

http://www.bankofarnerica.com

Thanks so much. This really helps me out!

Your CEO

DATE
- Did I receive an email that I normally would get during regular business hours, but it was **sent at an unusual time** like 3 a.m.?

SUBJECT
- Did I get an email with a subject line that is **irrelevant** or **does not match** the message content?
- Is the email message a reply to something **I never sent or requested?**

ATTACHMENTS
- The sender included an email attachment that **I was not expecting** or that **makes no sense** in relation to the email message. (This sender doesn't ordinarily send me this type of attachment.)
- I see an attachment with a possibly **dangerous file type.** The only file type that is **always safe to click on is a .txt** file.

CONTENT
- Is the sender asking me to click on a link or open an attachment to **avoid a negative consequence** or to **gain something of value?**
- Is the email **out of the ordinary,** or does it have **bad grammar** or **spelling errors?**
- Is the sender asking me to click a link or open up an attachment that **seems odd** or **illogical?**
- Do I have an **uncomfortable gut feeling** about the sender's request to open an attachment or click a link?
- Is the email asking me to look at a **compromising or embarrassing picture** of myself or someone I know?

Especially under the prevailing conditions – Always Pause and Ask:

Is this message expected?
Do I recognize the sender of this email?
Is there something odd about the email address?
Verify the email address/domain by hovering the cursor over an email address or embedded link, without clicking; the actual destination appears in a text box or bubble.
Is there a needlessly urgent call to action in the email?
Is the action sought odd or unfamiliar?
Are my network access credentials requested after clicking to open a link?
NEVER enter user name and password in these circumstances!

Be Attentive – and Protect Yourself and the Network

Jason Burt
ptember 16, 2022

PHISHING EXAMPLE #1

To: <Stakeholder List>

From: Apples Customer Relations <freeapplesforyou@apple.org>

Subject: Free iPad – Just Complete a Survey!

Want the new iPad or iPad Mini? I got mine free from this site: https://apple.com/giveaway !!!!!

We would like to invite you to be part of a brand new pilot program to get our new product in the hands of users before official release. This assures that any issues or errors are mitigated before the release. If you are accept to participate in this programall we ask is that you submit a survey at the end of the Pilot. You be able to keep iPad at the end for free!

Apples Customer Relationships Office

Apples Campus, Cupertino, California 95114

PHISHING EXAMPLE #2

To: <Stakeholder List>
From: OBRM <OBRM@organization.org>
Subject: Future Budget Plans

In the coming weeks, our state's leadership will be working to draft a plan to prevent long term financial issues and ways to avoid human resource reductions. All departments within the State Government are being directed to draft a plan to help meet projected budget shortages and find ways to reduce spending within the State Government.

We have been asked to work more efficiently with less. As a result, many budgets and programs are also facing significant reduction. The Office of Budget and Resource Management has developed a draft plan that will address any potential budget shortcomings.

To learn more about the budget and how your program maybe affected, please visit https://www.organization.org/budget

If you have any questions or concerns, we'd love to hear them. Please emails us here budget@organization.org

Office of Budget and Resource Management

Jason Burt
September 16, 2022

25

OPERATIONAL RISK & CYBER RESILIENCY

Jason Burt
September 16, 2022

Resilience Defined

"… the ability to prepare for and adapt to changing conditions and withstand and recover rapidly from disruptions. Resilience includes the ability to withstand and recover from deliberate attacks, accidents, or naturally occurring threats or incidents…"

- Presidential Policy Directive 21
February 12, 2013
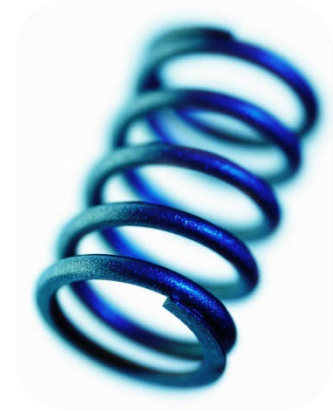
Protect (Security)	Sustain (Continuity)
Perform (Capability)	Repeat (Maturity)

Emergent Property of Operational Resilience

- The **emergent property** of infrastructure requires an entity to
  - Prevent disruptions from occurring and
  - Respond quickly and recover from disruptions in its most critical business processes.

- Emergent property of operational resilience is essential to critical infrastructure.

What Is An Emergent Property?

- Consider your health.
  - How do you become healthy?
  - Can you buy good health?
  - Can you "manufacture" good health?

- *Good health* and *resilience* are both emergent properties.

- They develop – or emerge – from what we do.

Jason Burt
September 16, 2022

Operational Resilience in Practice

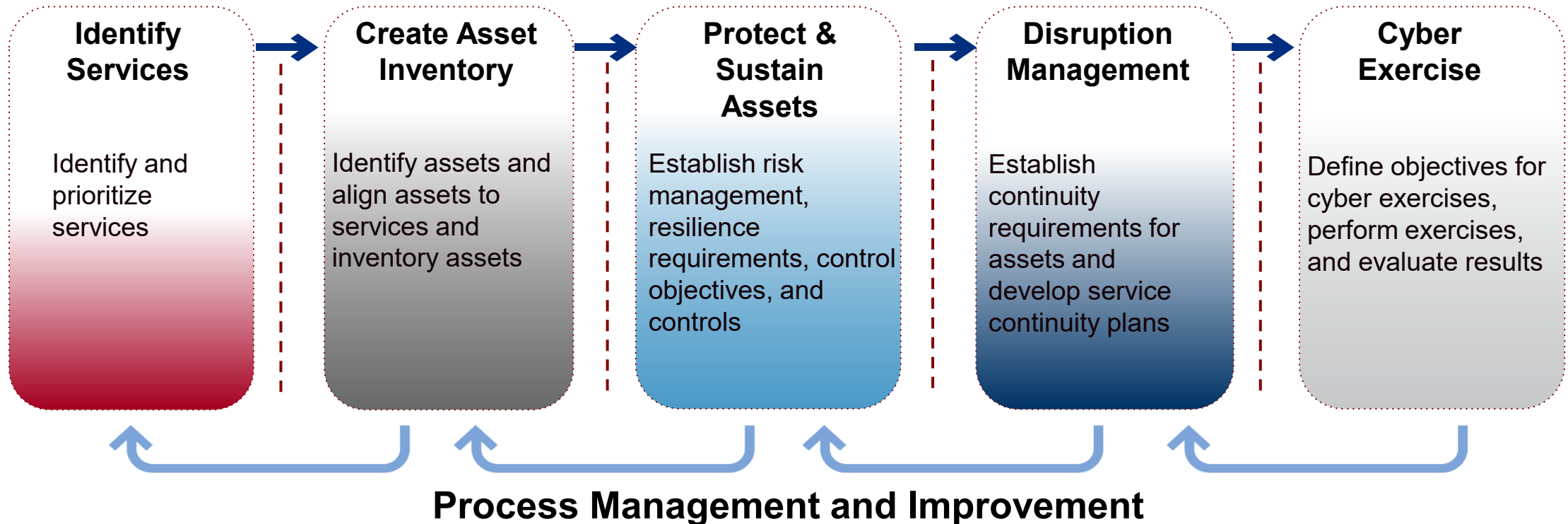Operational resilience emerges from what we do, such as:

- Identifying and mitigating risks,

- Planning for and managing vulnerabilities and incidents,

- Performing service-continuity processes and planning,

- Managing IT operations,

- Managing, training, & deploying people,

- Protecting and securing important assets, and

- Working with external partners.

Jason Burt
September 16, 2022

Working toward Cyber Resilience

Follow a framework or general approach to cyber resilience.
One successful approach includes:

Identify Services	Create Asset Inventory	Protect & Sustain Assets	Disruption Management	Cyber Exercise
Identify and prioritize services	Identify assets and align assets to services and inventory assets	Establish risk management, resilience requirements, control objectives, and controls	Establish continuity requirements for assets and develop service continuity plans	Define objectives for cyber exercises, perform exercises, and evaluate results

Process Management and Improvement

CISA CYBER SERVICES

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September 16, 2022

Criticality of Periodic Assessments

- Periodic assessments are essential for resilience

- Can't protect if you don't know what needs protection

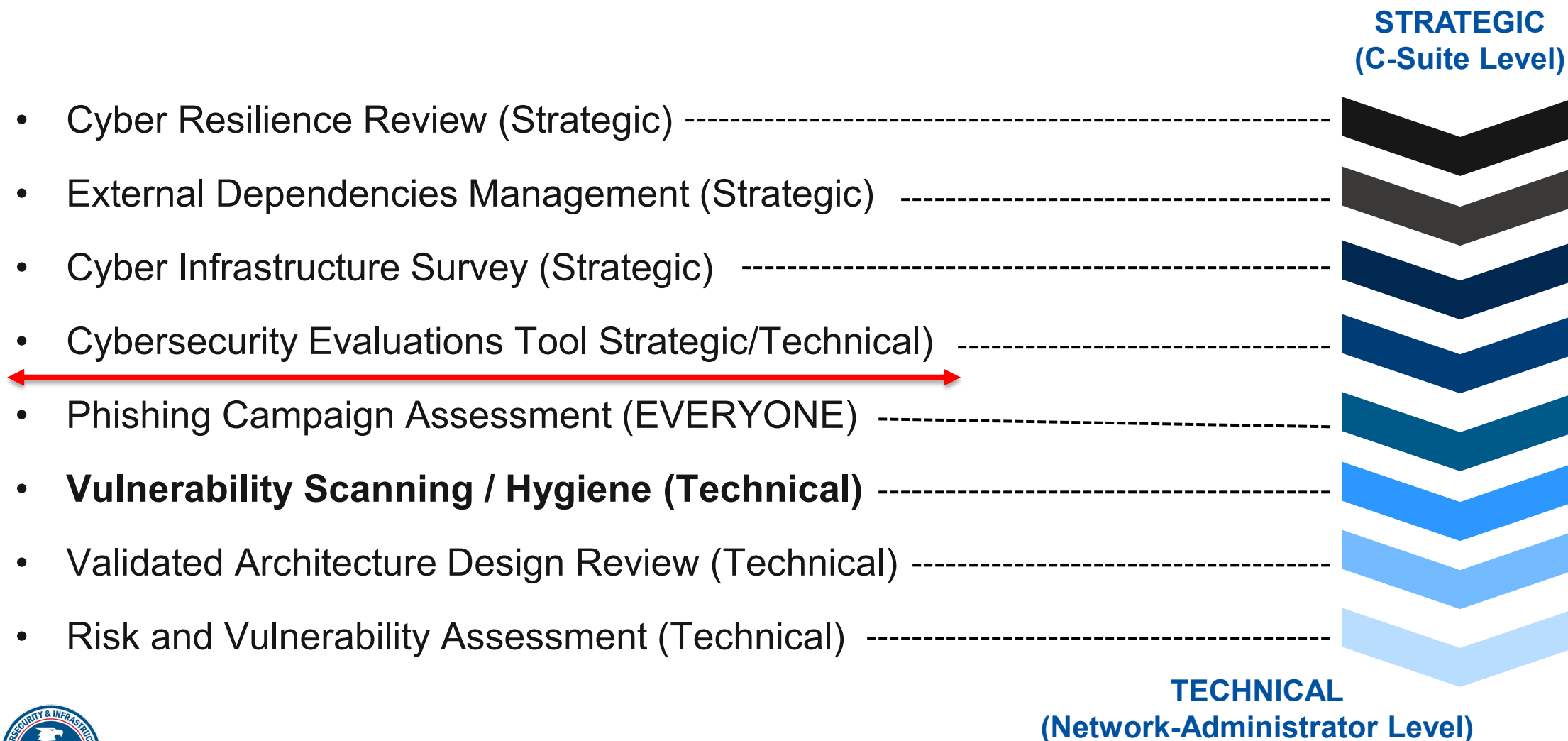- Can't fix what needs if you don't know what's wrong

Protected Critical Infrastructure Information Program

Protected Critical Infrastructure Information (PCII) Program Guards Your Information

- Sensitive critical infrastructure information voluntarily given to CISA is protected by law from
  - Public release under Freedom of Information Act requests,
  - Public release under State, local, tribal, or territorial disclosure laws,
  - Use in civil litigation and
  - Use in regulatory purposes.

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September 16, 2022

Range of Cybersecurity Services

**STRATEGIC
(C-Suite Level)**

- Cyber Resilience Review (Strategic) --

- External Dependencies Management (Strategic) -------------------------------------

- Cyber Infrastructure Survey (Strategic) --

- Cybersecurity Evaluations Tool Strategic/Technical) ---------------------------------

- Phishing Campaign Assessment (EVERYONE) --

- **Vulnerability Scanning / Hygiene (Technical)** -------------------------------------

- Validated Architecture Design Review (Technical) -----------------------------------

- Risk and Vulnerability Assessment (Technical) ---------------------------------------

**TECHNICAL
(Network-Administrator Level)**

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VULNERABILITY SCANNING / HYGIENE

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September 16, 2022

Vulnerability Scanning / Hygiene

Purpose: Assess Internet-accessible systems for known vulnerabilities and configuration errors.

Delivery: Identify public-facing Internet security risks, through service enumeration and vulnerability scanning online by CISA.

Benefits:

- Continual review of system to identify potential problems
- Weekly reports detailing current and previously mitigated vulnerabilities
- Recommended mitigation for identified vulnerabilities

Network Vulnerability & Configuration Scanning:

- Identify network vulnerabilities and weakness
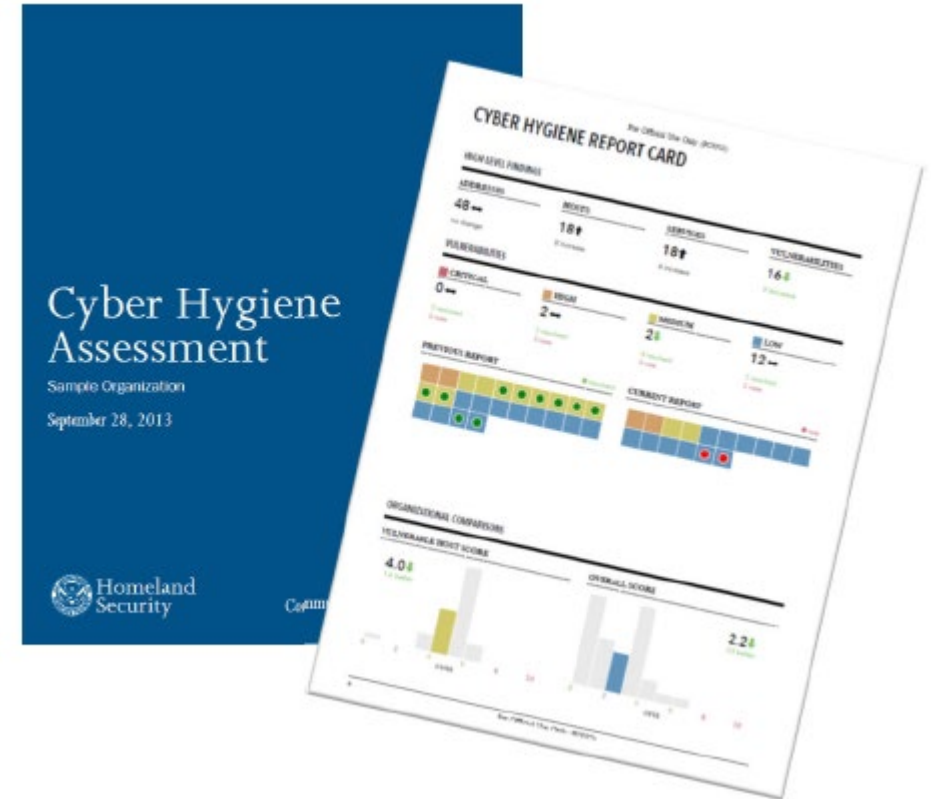
Cyber Hygiene Report Card

High Level Findings

- Latest Scans
- Addresses Owned
- Addresses Scanned
- Hosts
- Services
- Vulnerable Hosts
- Vulnerabilities

Vulnerabilities

- Severity by Prominence
- Vulnerability Response Time
- Potentially Risky Open Services
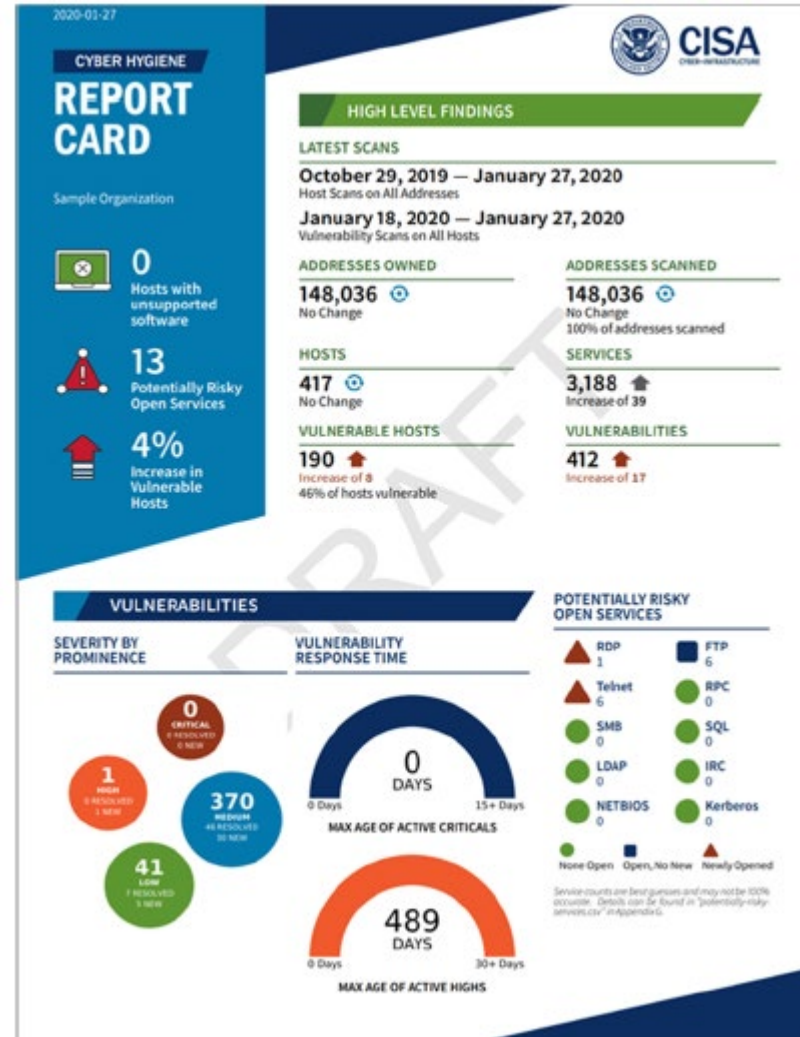
CYBER RESILIENCE REVIEW

Jason Burt
September 16, 2022

Cyber Resilience Review

- **Purpose:** Evaluate operational resilience and cybersecurity practices of **critical services.**

- Delivery: Either
  - CSA-facilitated, or
  - Self-administered

- Benefits include: Helps public and private sector partners understand and measure cybersecurity capabilities as they relate to operational resilience and cyber risk

Cyber Resilience Review (CRR):
Question Set with Guidance

February 2016

Homeland Security
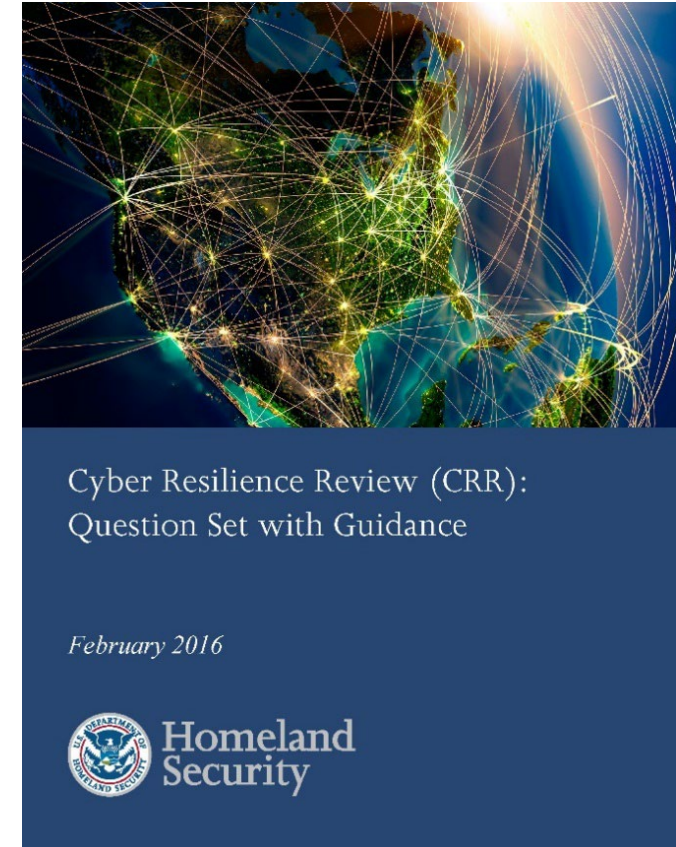
CRR Question Set & Guidance

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September 16, 2022

Critical Service Focus

Organizations use **assets (people, information, technology, and facilities)** to provide operational **services** and accomplish **missions.**

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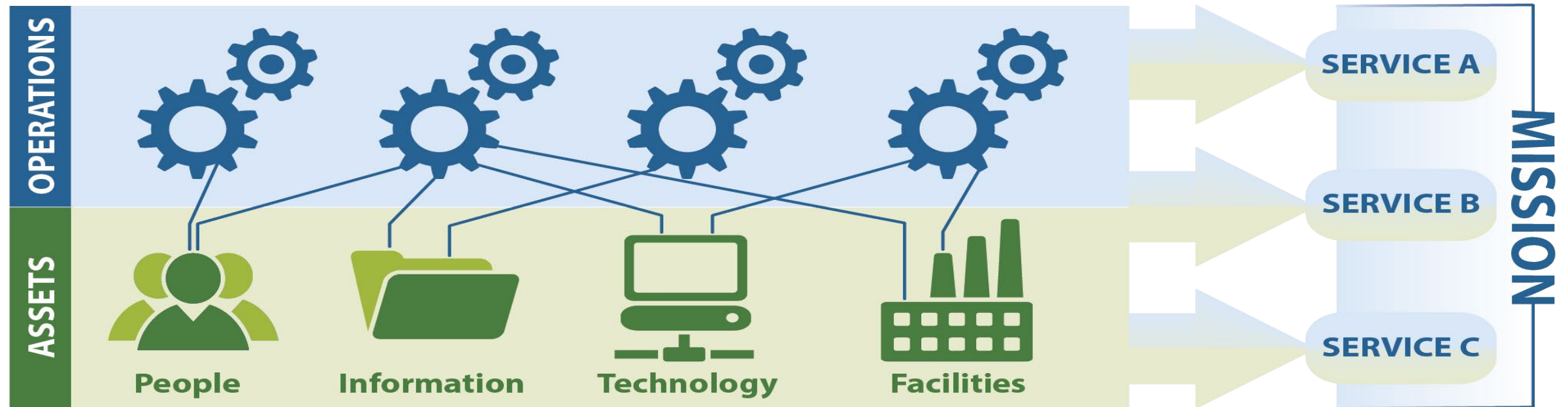
Cyber Resilience Review Domains

Asset Management Know your assets being protected & their requirements, e.g., CIA	**Risk Management** Know and address your biggest risks that considers cost and your risk tolerances
Configuration and Change Management Manage asset configurations and changes	**Service Continuity Management** Ensure workable plans are in place to manage disruptions
Controls Management Manage and monitor controls to ensure they are meeting your objectives	**Situational Awareness** Discover and analyze information related to immediate operational stability and security
External Dependencies Management Know your most important external entities and manage the risks posed to essential services	**Training and Awareness** Ensure your people are trained on and aware of cybersecurity risks and practices
Incident Management Be able to detect and respond to incidents	**Vulnerability Management** Know your vulnerabilities and manage those that pose the most risk

For more information: http://www.us-cert.gov/ccubedvp

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September 16, 2022

CRR Sample Report

Each CRR report includes:
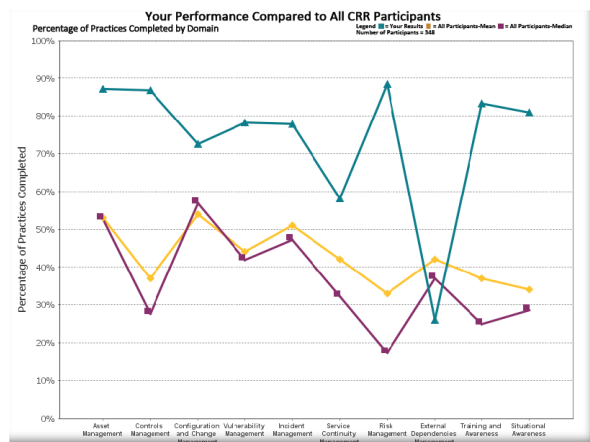
Comparison data with other CRR participants
facilitated only

A summary "snapshot" graphic, related to the **NIST Cyber Security Framework**.

Domain performance of existing cybersecurity capability and options for consideration for all responses

EXTERNAL DEPENDENCIES MANAGEMENT ASSESSMENT

Jason Burt
September 16, 2022

EDM Assessment Organization and Structure

❑ Structure and scoring similar to Cyber Resilience Review

❑ Uses one Maturity Indicator Level (MIL) scale with three lifecycle domains.

Relationship Formation *Assesses whether the acquirer evaluates and controls the risks of relying on external entities before entering into relationships with them.*
Relationship Management and Governance *Assesses whether the acquirer manages ongoing relationships to maintain the resilience of the critical service, and mitigate dependency risk.*
Service Protection and Sustainment *Assesses whether the acquirer accounts for its dependence on external entities as part of its operational activities around managing incidents, disruptions, and threats.*

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EDM Assessment Report

Each EDM report includes:

- Performance summary of existing capability managing external dependencies

- Comparison data with other EDM participants
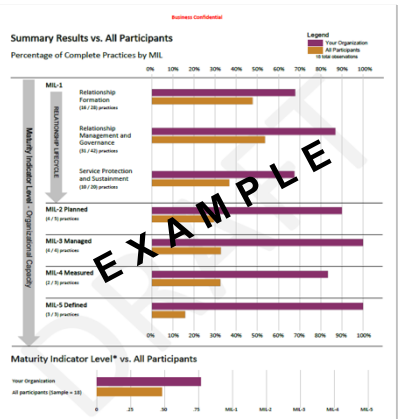
- Sub-domain performance of existing capability managing external dependencies and options for consideration for all responses
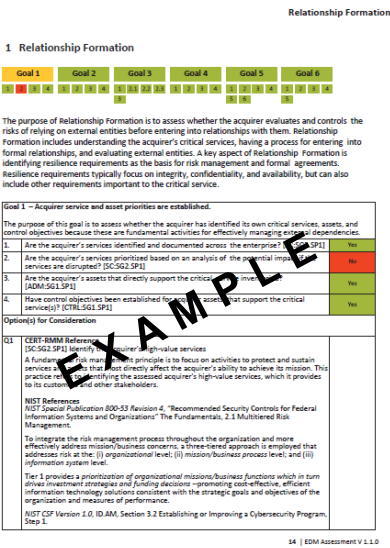
CYBER INFRASTRUCTURE SURVEY

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September 16, 2022

Cyber Infrastructure Survey (CIS)

- Purpose: Evaluate security controls, cyber preparedness, overall resilience.

- Delivery: CSA-facilitated

- Benefits:

  - Effective assessment of cybersecurity controls in place for a critical service,

  - Easy-to-use interactive dashboard to support cybersecurity planning and resource allocation.

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September 16, 2022

CIS Dashboard - Comparison

- Shows the low, median, and high performers
- Compares your organization to the aggregate

Cyber Protection Resilience

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September 16, 2022
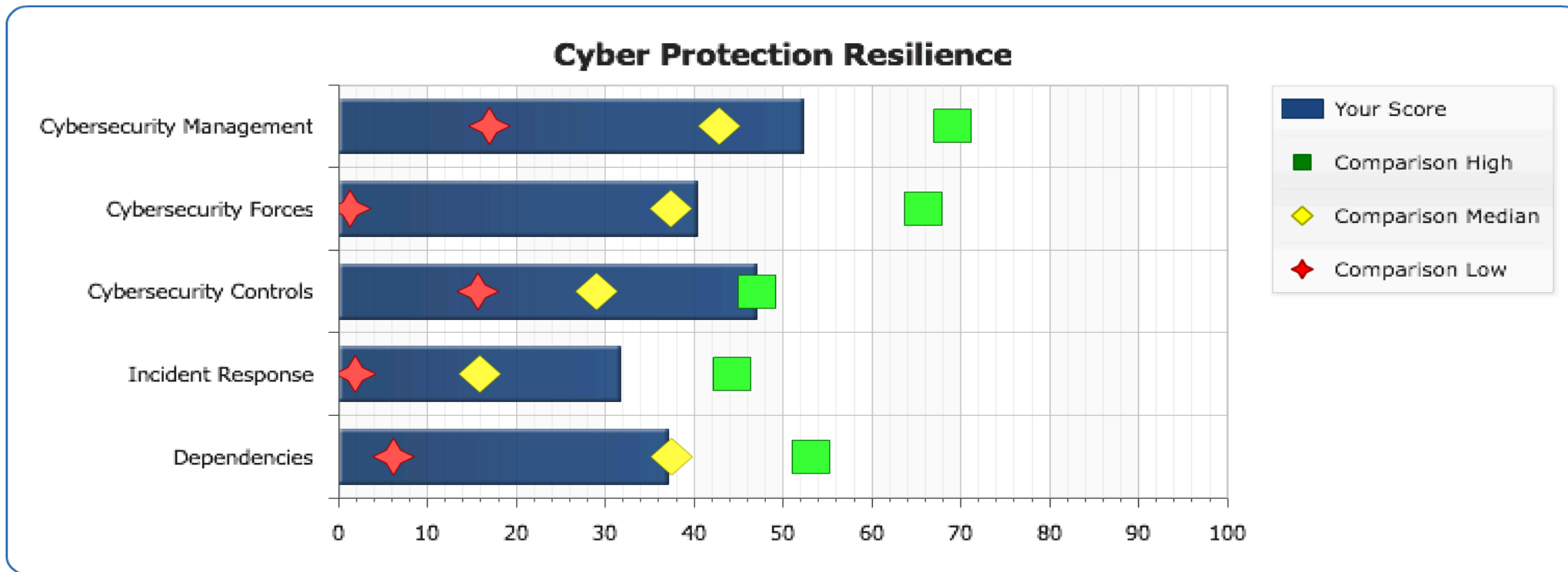
Example of CIS Dashboard

Scenario:
❑ Where should we to invest?
❑ Weakest area in comparison to peers
❑ Show management improvement

Threat-based PMI:
❑ Natural Disaster
❑ Distributed Denial-of-Service
❑ Remote Access Compromise
❑ System Integrity Compromise

Comparison:
❑ Low Performers
❑ Median Performers
❑ High Performers

Jason Burt
September 16, 2022
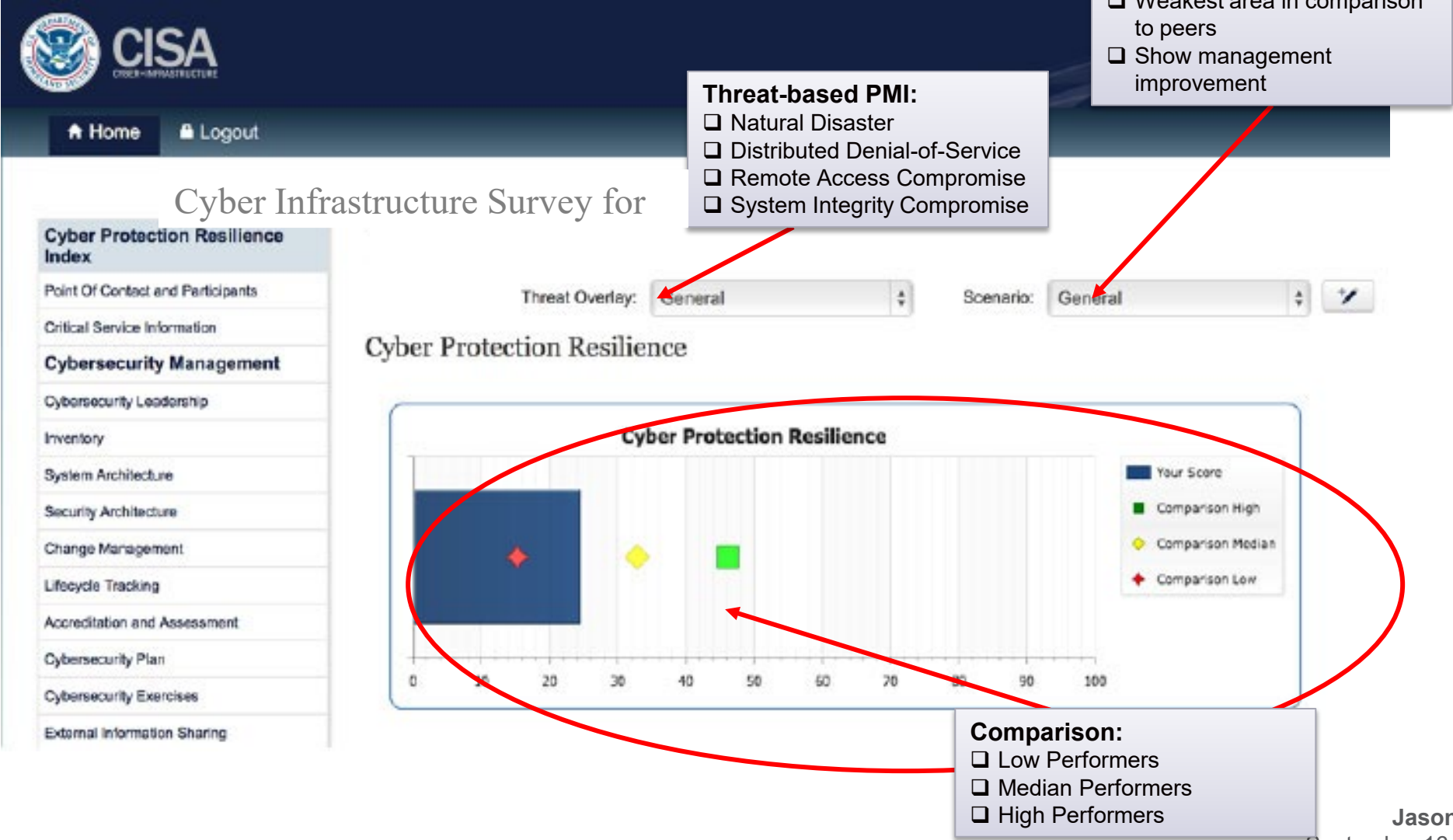
Contact

CISA Contact Information

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Nursing Recruitment and Retention

Mary Lou Sole, PhD, RN, FCCM, FAAN

Dean and Professor
Orlando Health Endowed Chair in Nursing
University of Central Florida
September 15, 2022

1

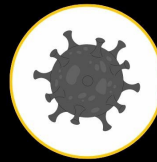**Fueling the Future of Nursing**

UNIVERSITY OF CENTRAL FLORIDA

2

3
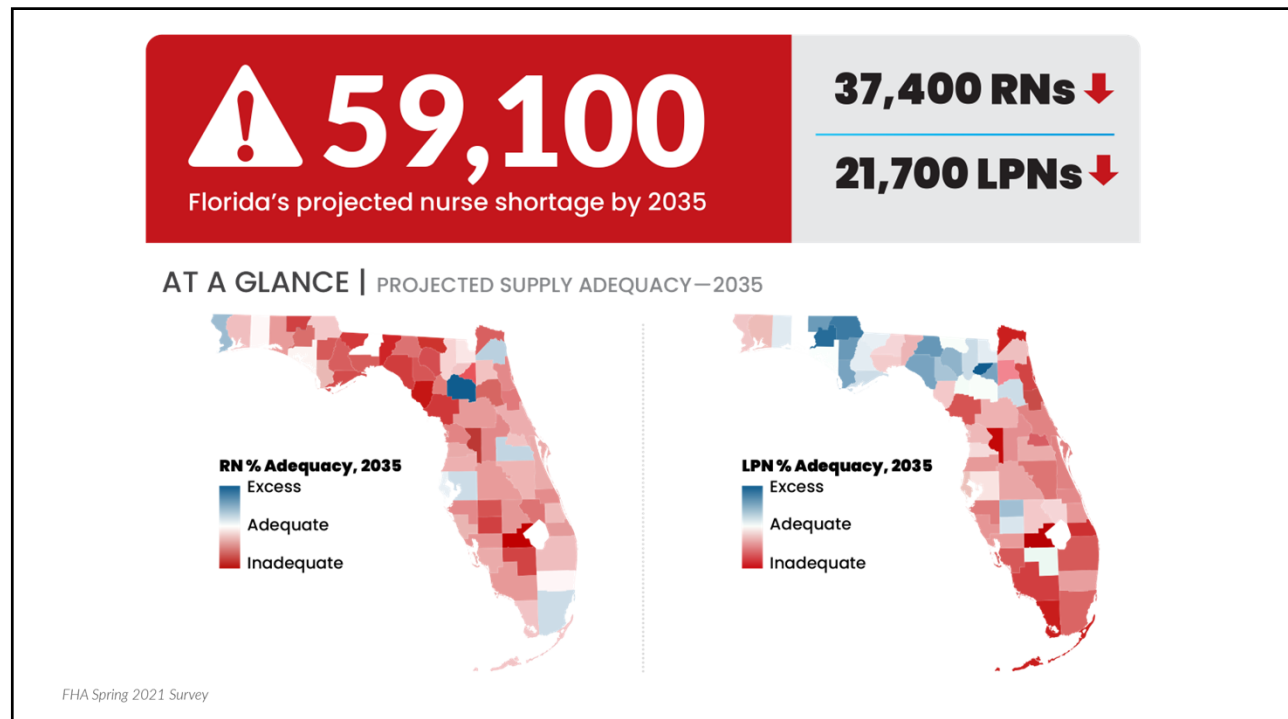
4

Nursing Shortage Issues

- Over 260,000 nurses leave the profession annually
- Not being replaced quickly
- New nurses lack experience
- Each % change in retention costs about $379,000
  - 11% pre COVID-19 to 25%!
- Average loss for a hospital of $5 to $8 million annually
- Erosion of quality of care

This Photo by Unknown Author is licensed under CC BY

https://www.healthstream.com/resource/blog/seven-nurse-retention-strategies-that-you-can-use-now

5

Turnover Highest: Critical Care/ED, LPNs, CNAs

COVID-19 is driving many nurses away from the bedside

1 out of 4
RN's left positions in the last year

1 out of 3
Critical care nurses
left positions in the last year
*the highest turnover rate ever seen in Florida

Category	Percentage
Critical Care	28.8%
Medical/Surgical & Telemetry	29.1%
Emergency	29.6%
TOTAL RNs	25.0%
Procedural Services	17.5%
Surgical Services	19.9%
Licensed Practical Nurses (LPN)	34.6%
CNAs	34.5%
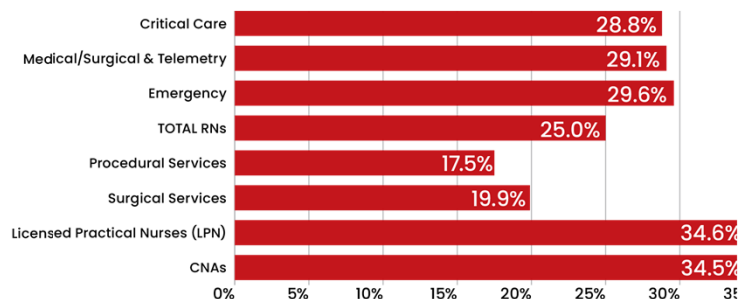
FHA Spring 2021 Survey

6

Causes of Shortage

- Aging population
  - more people >65 than ANY TIME in history
- Aging workforce
  - 1/4 of workforce >50
- COVID-19
- Nurse burnout
- Career and family
- Travel nursing phenomenon
- Regional population growth
  - Higher needs in those with high retirement populations
  - Every state 11% growth through 2022
- Violence in the workforce

https://www.ncbi.nlm.nih.gov/books/NBK493175/

7

Shortage Outcomes

- **Patient Care**
  - Errors
  - Higher morbidity and mortality
  - Failure to rescue

- **Nurse**
  - Burnout and dissatisfaction
  - Leaving the profession

8

Local Impact

- AdventHealth Orlando has over 140 vacant nursing positions, according to its website
- Orlando Health has over 750 openings in the Orlando area
- HCA Healthcare Florida has over 200, according to its website

Source: Orlando Sentinel

9

WHAT SHOULD FLORIDA DO?

ACT NOW!

⚠️ The nurses needed in 2035 just entered Kindergarten this fall!

🔄 Increase classroom and clinical training opportunities.

NURSE EDUCATION | RECRUITMENT AND RETENTION | CAREER LADDERS | IMPROVE LICENSING EXAM PASS RATE | DATA COLLECTION

FHA Spring 2021 Survey

10

FHA Report: Recommended Action Items

1. Increase availability of clinical sites for nurse training.
2. Increase supply of qualified faculty and campus resources for nursing programs.
3. Study why some nursing programs have low NCLEX pass rates and identify strategies and resources required to improve the state's overall NCLEX pass rates.
4. Facilitate opportunities for nurses to enhance their education, including LPNs working towards a career as a RN, nurse-to-BSN programs, and RNs working towards a career as an APRN.

Source: Florida Hospital Association and the Safety Net Hospital Alliance of Florida engaged IHS Markit to develop projections of future supply and demand for RNs, LPNs, APRNs, and physicians in the state.

11

FHA Report: Recommended Action Items

5. Study why nurses move to or leave Florida and create innovative solutions to increase retention and improve recruitment from other states.
6. Study why Florida nurses have left the workforce or have chosen to work part time, and identify strategies to increase labor force participation rates.
7. Implement policies and practices where all members of the healthcare team can practice at the highest level their license, education and training allows.
8. Focus expansion of nurse training programs in underserved communities, including options for training nurses in non-metropolitan areas.
9. Implement a survey for nurses, like that implemented for physicians, at time of nurse license renewal.

Source: Florida Hospital Association and the Safety Net Hospital Alliance of Florida engaged IHS Markit to develop projections of future supply and demand for RNs, LPNs, APRNs, and physicians in the state.

12

Nursing Education

- **Increase enrollment in nursing programs at all levels: LPN, ASN, BSN**
- **Challenges**
  - Budgets
  - Faculty
  - Clinical Sites
  - Simulation Needs
- **State funding support 2022 to increase enrollment**
  - PIPELINE funds for the universities
  - Other funds for the state colleges
  - LINE funds for partnership projects

13

Recruitment and Retention

- 4.3 million RNs
  - Crucial in delivery of care
  - Addressing health disparities
  - Improving health of individuals, states, and the nation
  - Harness the power of nurses!
- Build an adequate supply of nurses
- Create safe, empowering, and healthy work environments
- Create policy that supports quality health care
- Enable laws and regulations that enable nurses to practice at the full extent of their education and licensure

https://www.nursingworld.org/practice-policy/workforce/

14

Retention Strategies

- Financial compensation / benefits
  - Florida median $75K ($36/hr);
    - Insurance
    - Education
    - Bonuses
    - Flexible scheduling
    - Certification reimbursement
- Work life integration
- Maximum use of technology
- In-house travel pools

- Nurses practice at highest level of license
- Effective communication
- Respect and recognition
- Shared governance
- Magnet and Pathway to Excellence certifications (ANCC)
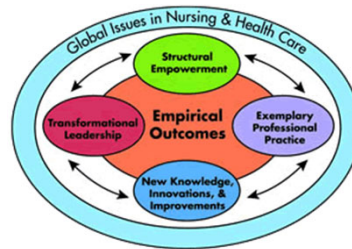
Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, April 1st, 2022
Identifying effective retention strategies for front-line nurses - PubMed (nih.gov)

15

Other Retention Strategies

- Early engagement of organizations with students via scholarships
- Engage from the first touch in recruiting and hiring
- Establish a hiring standard
- Put science in employee selection
- Adopt a structured competency nurse residency program
- Actively support career development
- Support clinical decision making at the point of care

https://www.healthstream.com/resource/blog/seven-nurse-retention-strategies-that-you-can-use-now

16

10 ways to support nurses

1. Advocate for change
2. Increase access for nurses to learn new skills
3. Offer emotional wellness and mental health training to nurses
4. Ensure adequate staffing
5. Increase nurse base pay
6. Offer better benefits
7. Address bullying
8. Create space for nurses' voices to be heard
9. Increase respect for nurses' well-being
10. Increase access to mentors and career coaches

https://nursejournal.org/articles/how-to-support-nurses-considering-resigning/

17

Career Ladders

CAREER LADDERS

- High school pipeline programs
- High school nursing assistant programs
- LPN programs
- LPN to RN
- LPN to BSN
- Paraprofessional programs to nursing (e.g., firefighter/paramedic/respiratory)
- Nursing as a second profession
- Career ladders for bedside nurses

18

Addressing Shortage by Increased Enrollment and Alternative Pathways

Orlando Sentinel News

Amid nursing shortage, a high school teacher and IT consultant step up to fill in gaps

Sayid Yasin, 28, comes from a family of nurses including his parents, cousins, aunts and uncles....

September 4, 2022

Amid nursing shortage, a high school teacher and IT consultant step up to fill in gaps – Orlando Sentinel

19

IMPROVE LICENSING
EXAM PASS RATE

Improve Licensure Pass Rates

Florida has the lowest pass rate in the nation on the NCLEX RN exam!

Exhibit 3: Average NCLEX Passage Rates for Public and Private Schools by Program Type and For-Profit Status, Compared to National Average

| Program | FL Public | | National | | FL Private | | | | | | | |
| | | | | | Total Private | | For-Profit | | Not-for-Profit | | Unknown | |
	NCLEX Avg.	#	NCLEX Avg.	#	NCLEX Avg.	#	NCLEX Avg.	#	NCLEX Avg.	#	NCLEX Avg.	#
LPN	86.7%	61	85.9%		58.8	82	78.5%	40	82.8%	4	21.8%	38
AD-RN	88.6%	31	85.1%		52.9	128	61.0%	77	81.5%	20	15.9%	31
BD-RN	93.7%	11	91.6%		85.9	41	82.6%	13	91.0%	22	46.0%	6

Data from Florida Center for Nursing 2019 Report on Nurse Edcuation (2018 Rates)

20

Data Collection

DATA
COLLECTION

- Accurate data related to workforce essential
- Professional organizations
    - American Association of Colleges of Nursing
    - National League for Nursing
- State Offices
- Florida Center for Nursing

21
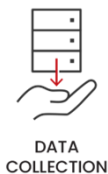
DATA
COLLECTION

- Florida Statute—FCN to collect data and provide reports related to the nursing workforce
    - Workforce data
    - Education data
    - Project needs
    - Create strategic plan to address nursing workforce
- In partnership with Florida Nurses Association (FNA)
- Housed at USF; previous at UCF

https://www.flcenterfornursing.org/

22

11

Alternative Care Delivery Models Needed

- If not enough nurses, what else can be done to ensure safe, quality care?
  - Different models
  - Working at highest level of licenses
  - Paraprofessionals
  - Technology
  - Volunteers

23

- Keep existing nurses and graduates in Central Florida
- Recruit new nurses into Central Florida
- Grow and sustain a pipeline of new graduates and faculty

24

UCF PIPELINE Funding

Hire Faculty
- Increase the number of newly licensed BSN RNs
- Increase the number of RNs with a graduate degree to obtain a faculty role
- Improve student graduation rates
- Increase contract and grant funding
- Improve national rankings
- Reduce class sizes
- Reduce the number of nursing adjunct faculty FTE

Hire Additional Staff
- Support the admission, progression, and graduation of students

Student Support
- Provide support strategies for undergraduate retention and success on NCLEX licensure exam
- Increase recruitment and retention of qualified applicants
- Support graduate teaching assistants and post-doctoral fellow(s) for advanced preparation for faculty careers

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25

UNLEASHING OUR
POTENTIAL

UCF | **College of Nursing**

26

more space needed to
IMPACT THE FUTURE

BURSTING AT THE SEAMS:
Recent PIPELINE funding allows growth, but current rented space is limited.
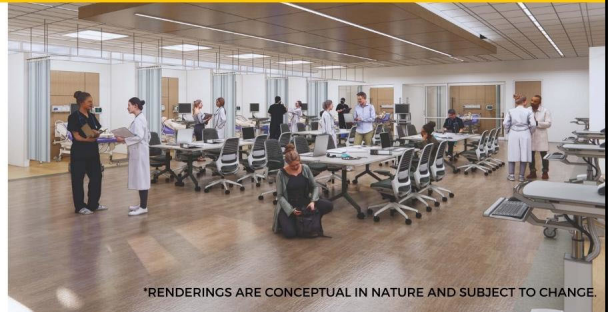
NEW BUILDING AT LAKE NONA WILL HELP SOLVE THE NURSING SHORTAGE

MORE newly licensed nurses - **at least 50%**

MORE faculty to educate **future generations**

MORE interdisciplinary collaboration in **research and innovation**

*RENDERINGS ARE CONCEPTUAL IN NATURE AND SUBJECT TO CHANGE.

27

MORE for Nursing's Future

MORE NURSES

AT LEAST 50% THANKS TO NEARLY DOUBLE THE BUILDING SPACE FOR CLASSROOMS AND LABS
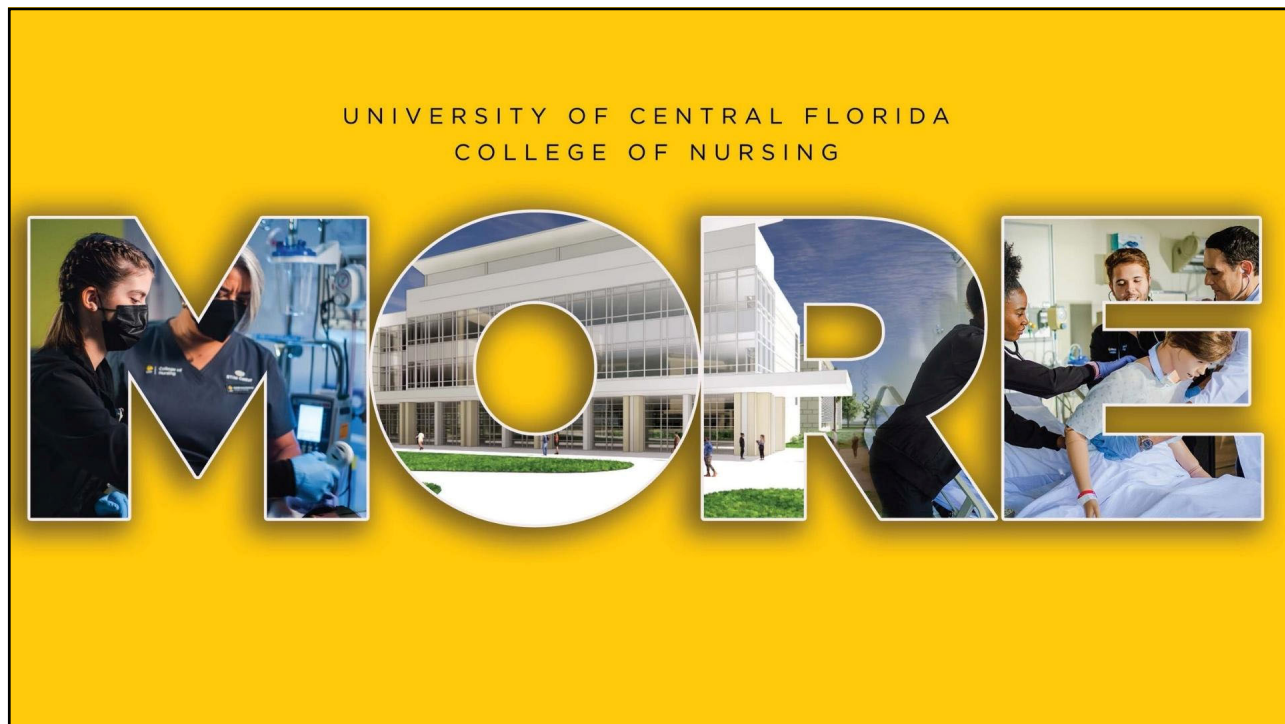
MORE FACULTY

TO EDUCATE FUTURE GENERATIONS AND ADDRESS NATIONAL FACULTY SHORTAGE

MORE INNOVATION

IN RESEARCH AND COLLABORATION IN UCF'S ACADEMIC HEALTH SCIENCES CENTER

28

29

30

Reference List

American Association of Colleges of Nursing

American Hospital Association

American Nurses Association

American Organization for Nursing Leadership

Florida Board of Nursing

FL Dept. of Economic Opportunity Bureau of Workforce Statistics

Florida Hospital Association

Safety Net Hospital Alliance of Florida

McKinsey Report

National Council of State Boards of Nursing

US Bureau of Labor Statistics

Credit to: Anne Peach

Haddad LM, Annamaraju P, Toney-Butler TJ. Nursing Shortage. [Updated 2022 Feb 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK493175/

31

Reference Guide: Emergency Management Standards

Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only

New EM Standards	EP	Area	Emergency Management Topic	Apply		Prior EM Standards
				CAH	HAP	
EM.09.01.01	1	EM Program	Written EM Program w/all-hazards approach	X	X	N/A
EM.09.01.01	2	EM Program	Separately certified Hospitals (unified/integrated EM Program)	X	X	04.01.01/1,2,3
EM.09.01.01	3	EM Program	Complies with laws and regulations	X	X	N/A
EM.09.01.01	4	EM Program	Transplant program (inclusion in the EM Program)	n/a	X	02.01.01/13
EM.10.01.01	1	EM Leadership	Senior leaders provide oversight & support	X	X	01.01.01/1; 02.01.01/1
EM.10.01.01	2	EM Leadership	Qualified individual to lead the EM Program	X	X	N/A
EM.10.01.01	3	EM Leadership	Multidisciplinary committee oversees EM Program	X	X	N/A
EM.10.01.01	4	EM Leadership	Multidisciplinary committee provides input	X	X	N/A
EM.11.01.01	1	HVA	Facility based HVA	X	X	01.01.01/2
EM.11.01.01	2	HVA	HVA: natural, human, tech, hazmat, infectious disease	X	X	N/A
EM.11.01.01	3	HVA	Prioritizes findings of HVA	X	X	01.01.01/3
EM.11.01.01	4	HVA	Uses HVA for mitigation & preparedness actions	X	X	01.01.01/5,6
EM.12.01.01	1	EOP-Planning	EOP is written all-hazards, including several plans	X	X	02.01.01/2, 8
EM.12.01.01	2	EOP-Planning	EOP identifies patient populations	X	X	02.02.011/11; 02.02.011/4
EM.12.01.01	3	EOP-Planning	EOP includes shelter-in-place and evacuation	X	X	02.01.01/15; 02.02.11/3
EM.12.01.01	4	EOP-Planning	EOP includes providing essential needs for staff/patients	X	X	02.02.03/3
EM.12.01.01	5	EOP-Planning	EOP describes incident command operations (IC)	X	X	02.02.01/22
EM.12.01.01	6	EOP-Planning	EOP includes process to cooperate/collaborate	X	X	02.02.01/22
EM.12.01.01	7	EOP-Planning	EOP identifies person(s) with authority to activate EOP/IC	X	X	02.01.01/5, 6; 02.02.01/5
EM.12.01.01	8	EOP-Planning	EOP identifies primary & secondary sites for IC operations	X	X	N/A
EM.12.01.01	9	EOP-Planning	EOP identifies 1135 waiver procedures	X	X	02.01.01/7, 14; 02.02.03/10
EM.12.02.01	1	EOP-Communications	Contact lists with names and contact info	X	X	02.02.01/20
EM.12.02.01	2	EOP-Communications	Coordinated messages and information during incident	X	X	02.02.01/1, 2, 3, 4, 6, 8, 9, 13
EM.12.02.01	3	EOP-Communications	Communication with relevant authorities	X	X	01.01.01/4
EM.12.02.01	4	EOP-Communications	Identifies warning and notification alerts	X	X	02.02.01/17
EM.12.02.01	5	EOP-Communications	Method for sharing patient information	X	X	02.02.01/5, 12, 21, 22
EM.12.02.01	6	EOP-Communications	Primary and Secondary means of communicating	X	X	02.02.01/14
EM.12.02.03	1	EOP-Staffing	Staffing plan to manage staff	X	X	02.02.07/10, 14
EM.12.02.03	2	EOP-Staffing	Addresses all staff and volunteers	X	X	02.02.07/2, 3, 4
EM.12.02.03	*4	EOP-Staffing	Managing volunteer licensed practitioners	X	X	02.02.13/1, 4, 5, 6, 7, 8 & 02.02.15/1, 4, 5, 6, 7, 8
EM.12.02.03	5	EOP-Staffing	Granting disaster privileges	X	X	02.02.13/2; 02.02.15/2

Reference Guide: Emergency Management Standards

Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only

New EM Standards	EP	Area	Emergency Management Topic	Apply CAH	HAP	Prior EM Standards
EM.12.02.03	6	EOP-Staffing	Providing employee assistance and support	X	X	02.02.07/5, 6
EM.12.02.05	1	EOP- Patient Clinical & Support	Written procedures with other hospitals re: patient information	X	X	02.02.03/9; 02.02.11/8, 12
EM.12.02.05	2	EOP- Patient Clinical & Support	Written procedures for managing visitors	X	X	**N/A**
EM.12.02.05	3	EOP- Patient Clinical & Support	Coordinates with Medical Examiner, mortuary, etc.	X	X	02.02.01/11; 02.02.11/7
EM.12.02.07	1	EOP- Safety & Security	Roles community security agencies have during disaster	X	X	02.02.05/1, 2, 3
EM.12.02.07	2	EOP- Safety & Security	Tracking on-duty staff and patients	X	X	02.02.07/9, 11; 02.02.11/12
EM.12.02.09	1	EOP- Resources & Assets	Written plan for managing resources and assets	X	X	01.01.01/8; 02.02.03/6, 12
EM.12.02.09	2	EOP- Resources & Assets	Written plan to obtain, allocate, mobilize, replenish, etc.	X	X	02.02.01/7, 10; 02.02.03/1, 2, 4, 5
EM.12.02.09	3	EOP- Resources & Assets	96-hour sustainability plan	X	X	02.01.01/3
EM.12.02.11	1	EOP- Utilities	Written plan for managing essential/critical utilities	X	X	02.02.09/7
EM.12.02.11	2	EOP- Utilities	Written plan for maintaining essential/critical utilities	X	X	02.02.09/8
EM.12.02.11	3	EOP- Utilities	Written plan for alternative power/systems	X	X	02.02.09/2, 3,4, 5, 6
EM.12.02.11	4	EOP- Utilities	Plan for managing alternative power/systems	X	X	**N/A**
EM.13.01.01	1	Continuity of Operations Plan	Written Continuity of Operations Plan (COOP)	X	X	**N/A**
EM.13.01.01	2	Continuity of Operations Plan	Written plan for secondary location	X	X	**N/A**
EM.13.01.01	3	Continuity of Operations Plan	Written succession plan	X	X	02.01.01/12
EM.13.01.01	4	Continuity of Operations Plan	Written delegation of authority plan	X	X	02.01.01/12
EM.14.01.01	1	Disaster Recovery	Written strategies for assessments, restoration	X	X	02.01.01/4
EM.14.01.01	2	Disaster Recovery	Written plan for family reunification	X	X	**N/A**
EM.15.01.01	1	Staff Education/Training	Written education and training program	X	X	**N/A**
EM.15.01.01	2	Staff Education/Training	Initial education and training	X	X	02.02.07/7
EM.15.01.01	3	Staff Education/Training	Ongoing education and training	X	X	02.02.07/13
EM.15.01.01	4	Staff Education/Training	Incident command staff education and training	X	X	**N/A**
EM.16.01.01	1	Testing the EOP	Written plan for annual testing of EOP	X	X	03.01.03/5; 03.01.03/17
EM.16.01.01	2	Testing the EOP	Conduct two (2) exercises per year	X	X	03.01.03/3
EM.16.01.01	3	Testing the EOP	Outpatient Care buildings conduct one (1) per year	X	X	**N/A**
EM.17.01.01	1	Evaluation of EM Program	Committee reviews AAR/IPs	X	X	03.01.03/13, 14, 15, 16
EM.17.01.01	2	Evaluation of EM Program	AAR/IPs forwarded to Senior Leadership	X	X	03.01.01/4
EM.17.01.01	3	Evaluation of EM Program	Updates made every two (2) years	X	X	02.01.01/16; 02.02.07/21; 03.01.01/1, 2

Key: Emergency Management (EM); Hazard Vulnerability Analysis (HVA): Emergency Operations Plan (EOP); After-action reports/Improvement Plans (AAR/IP); *4 (No EP 3)

APPLICABLE PROGRAM(S)			
☐ AHC	☐ BHC	☒ CAH	☒ HAP
☐ LAB	☐ NCC	☐ OBS	☐ OME

New EM Standards for Hospitals* Compliance Assessment Checklist

Effective July 1, 2022, The Joint Commission requires accredited hospitals and critical access hospitals to comply with a new "Emergency Management" (EM) chapter that has additional EM standards and elements of performance (EPs), as well as different standards numbering. This checklist, the use of which is not required by The Joint Commission, has been developed to facilitate compliance with the new EM standards.

Answers to all questions ideally should be Y for Yes (unless marked NA for Not Applicable). Use the Comments section to indicate specific actions prompted by an N for No response.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
EMERGENCY MANAGEMENT PROGRAM (EM.09.01.01)				
Does your hospital have a comprehensive emergency management (EM) program that uses an all-hazards approach?				
If so, does your hospital's EM program include at least the following key components? ☐ A leadership structure and program accountability ☐ A hazard vulnerability analysis (HVA) ☐ Mitigation and preparedness activities ☐ An Emergency Operations Plan (EOP) and related policies and procedures (P&Ps) ☐ Education and training for staff ☐ Emergency preparedness exercises and testing of the EOP ☐ A continuity of operations plan (COOP) ☐ A disaster recovery plan ☐ Evaluation of the EM program [EM.09.01.01, EP 1]				
Does your hospital comply with all federal, state, and local emergency preparedness laws and regulations? [EM.09.01.01, EP 3]				
* In this checklist, the term *hospitals* refers to both accredited hospitals and accredited critical access hospitals.				

QUESTIONS	Y	N	NA	COMMENTS
For hospitals that use Joint Commission accreditation for deemed status purposes: If your hospital has one or more transplant programs, are the following criteria satisfied? ☐ A representative from each transplant program is included in the development and maintenance of your hospital's EM program. ☐ Your hospital develops and maintains mutually agreed upon protocols that address the duties and responsibilities of your hospital, each of its transplant programs, and the organ procurement organization (OPO) for the donation service area where your hospital is situated (unless your hospital has been granted a waiver to work with another OPO during an emergency). [EM.09.01.01, EP 4]				
OVERSIGHT BY HOSPITAL LEADERSHIP (EM.10.01.01)				
Does senior leadership provide oversight and support for your hospital's EM program?				
If so, do your hospital's senior leaders oversee and support the following activities? ☐ Allocation of resources for the EM program ☐ Review of the EM program documents ☐ Review of the EOP, policies, education, and training that underpin the EM program ☐ Review of after-action reports (AARs) and improvement plans [EM.10.01.01, EP 1]				
Has senior leadership designated a qualified EM program lead who has responsibility for the following at a minimum? ☐ Developing and maintaining the EOP and related P&Ps ☐ Implementing the four phases of EM (mitigation, preparedness, response, and recovery) ☐ Implementing EM activities across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities) ☐ Coordinating EM exercises and developing AARs ☐ Collaborating across clinical and operational areas to implement organizationwide EM ☐ Identifying and collaborating with community response partners [EM.10.01.01, EP 2]				
Has your hospital appointed a multidisciplinary committee to oversee the EM program? [EM.10.01.01, EP 3]				

QUESTIONS	Y	N	NA	COMMENTS
Does the multidisciplinary EM committee include the following members? ☐ EM program lead [required] ☐ Representative(s) from senior leadership ☐ Representative(s) from nursing services ☐ Representative(s) from medical staff ☐ Representative(s) from pharmacy services ☐ Representative(s) from infection prevention and control ☐ Representative(s) from facilities engineering ☐ Representative(s) from security ☐ Representative(s) from information technology (IT) *(Note that except for the EM program lead, this suggested list of EM team members is a recommendation, not a Joint Commission requirement. Note also that the multidisciplinary EM committee can be incorporated into an existing committee.)* [EM.10.01.01, EP 3]				
Does this EM committee assist with the preparation, development, implementation, evaluation, and maintenance of the hospital's EM program, including taking part in the following activities? ☐ Conducting the HVA ☐ Creating the EOP and related P&Ps ☐ Developing the COOP ☐ Educating and training staff ☐ Planning and coordinating the incident response exercises, including full-scale exercises, community-based exercises, functional exercises, tabletop exercises, workshops, and seminars ☐ Creating AARs and improvement plans [EM.10.01.01, EP 4]				
HAZARD VULNERABILITY ANALYSIS (EM.11.01.01)				
Does your hospital conduct a facility-based HVA based on an all-hazards approach?				
If so, does your hospital's HVA address and document the following? ☐ Hazards likely to affect the hospital's geographic region ☐ Hazards likely to affect the surrounding community ☐ Hazards likely to affect the facility ☐ Hazards likely to affect the hospital's patient population(s) [EM.11.01.01, EP 1]				
Does your hospital's HVA include a community-based risk assessment (such as those developed by external EM agencies)? [EM.11.01.01, EP 1]				
Does your hospital or health system have a separate HVA for accredited facilities that differ from the main site? *(Note that a separate HVA is required only if the accredited facilities are in different geographic locations or face different hazards or threats or if the patient population and services offered are unique to the specific facility.* [EM.11.01.01, EP 1]				

QUESTIONS	Y	N	NA	COMMENTS
Does your hospital's HVA also address the following? ☐ Natural hazards (such as flooding and wildfires) ☐ Human-caused hazards (such as bomb threats and cyber or IT crimes) ☐ Technological hazards (such as utility or IT outages) ☐ Hazardous materials (such as radiological, nuclear, chemical) ☐ Emerging infectious diseases (such as Ebola, Zika virus, SARS-CoV-2) [EM.11.01.01, EP 2]				
Does your hospital evaluate and prioritize the findings of the HVA to determine the hazards most likely to occur and their impact on the operating status of your hospital and its ability to provide services? [EM.11.01.01, EP 3]				
Does your hospital use its prioritized hazards from the HVA to identify and implement mitigation and preparedness actions to increase your hospital's resilience and help reduce the disruption of essential services or functions? [EM.11.01.01, EP 4]				
EMERGENCY OPERATIONS PLAN (EM.12.01.01)				
Has your hospital developed a written EOP based on an all-hazards approach?				
If so, do your hospital's EOP and related P&Ps address the following EM activities at a minimum? ☐ Mobilizing incident command ☐ Developing and implementing the communications plan ☐ Maintaining, expanding, curtailing, or closing operations ☐ Protecting critical systems and infrastructure ☐ Conserving and/or supplementing resources ☐ Developing and implementing surge plans (such as flu or pandemic plans) ☐ Identifying alternate treatment areas or locations ☐ Sheltering in place ☐ Evacuating (partial or complete) or relocating services ☐ Maintaining safety and security during the incident ☐ Securing information and records [EM.12.01.01, EP 1}				
Does the EOP identify the patient population(s) that your hospital would serve, including at-risk populations, and the types of services your hospital would be able to provide in an emergency or disaster event? [EM.12.01.01, EP 2]				
Does the EOP include written procedures for when and how your hospital would shelter in place or evacuate (partial or complete) its staff, patients, and volunteers? *(Note that shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation.)* [EM.12.01.01, EP 3]				

QUESTIONS	Y	N	NA	COMMENTS
Does the EOP include written procedures for how the hospital will provide essential needs for its staff and patients, whether they shelter in place or evacuate, that address at least the following resources? ☐ Food and other nutritional supplies ☐ Medications and related supplies ☐ Medical/surgical supplies ☐ Medical oxygen and supplies ☐ Potable or bottled water [EM.12.01.01, EP 4]				
Does your hospital's incident command structure describe the overall incident command operations, including specific incident command roles and responsibilities? [EM.12.01.01, EP 5]				
Does the EOP include a process for cooperating and collaborating with the following entities? ☐ Other health care facilities ☐ Health care coalitions ☐ Local, tribal, regional, state, and federal EM agencies and initiatives [EM.12.01.01, EP 6]				
Does your hospital identify individuals who have the authority to activate the EOP and/or incident command? [EM.12.01.01, EP 7]				
Does the EOP identify your hospital's primary and alternate sites (including virtual sites) for incident command operations and determine how your hospital will maintain and support operations at these sites? [EM.12.01.01, EP 8]				
Does the EOP include P&Ps related to CMS 1135 waivers?				
COMMUNICATIONS PLAN (EM.12.02.01)				
Does your hospital have a communications plan that addresses how it will initiate and maintain communications during an emergency?				
Does your hospital maintain an up-to-date contact list of individuals and entities that are to be notified in response to an emergency? [EM.12.02.01, EP 1]				
Is this contact list included in your hospital's communications plan? [EM.12.02.01, EP 1]				

QUESTIONS	Y	N	NA	COMMENTS
Does the contact list include the following individuals and entities? ☐ Staff ☐ Physicians and other licensed practitioners ☐ Volunteers ☐ Other health care organizations ☐ Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies ☐ Relevant community partners (such as, fire, police, local incident command, and public health departments) ☐ Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) ☐ Other sources of assistance (such as health care coalitions) [EM.12.02.01, EP 1]				
Does the communications plan describe how your hospital will deliver coordinated messages and information during an emergency or disaster incident to the following individuals: ☐ Staff, licensed practitioners, and volunteers (including individuals providing care at alternate sites) ☐ Patients and family members, including people with disabilities and other access and functional needs ☐ Community partners (such as the fire department, emergency medical services, the police, and the public health department) ☐ Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) ☐ The media and other stakeholders [EM.12.02.01, EP 2]				
Does the communications plan describe how your hospital will communicate with relevant authorities and report information about its organizational needs, available occupancy, and ability to provide assistance during or after an emergency or disaster incident? [EM.12.02.01, EP 3]				
Does the communications plan identify the hospital's warning and notification alerts specific to emergency and disaster events, as well as describe the procedures to follow when an emergency or disaster incident occurs? [EM.12.02.01, EP 4]				
In accordance with law and regulation, does the communications plan include a method for sharing or releasing location information and medical documentation for patients under your hospital's care to the following individuals or entities: ☐ The patient's family or representative or others involved in the care of the patient ☐ Disaster relief organizations and relevant authorities ☐ Other health care providers [EM.12.02.01, EP 5]				

QUESTIONS	Y	N	NA	COMMENTS
Does the communications plan identify your hospital's primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff)? [EM.12.02.01, EP 6]				
Does the communications plan include procedures for determining the following? ☐ How and when alternate/backup communication methods are used ☐ Verification that your hospital's communications systems are compatible with those of community partners and relevant authorities your hospital plans to communicate with ☐ Assessment of the functionality of your hospital's alternate/backup communications systems or equipment [EM.12.02.01, EP 6]				
STAFFING PLAN (EM.12.02.03)				
Does your hospital have a staffing plan for managing all staff and volunteers to meet patient care needs during an emergency or disaster incident or during a patient surge?				
If so, does the staffing plan address the following? ☐ Methods for contacting off-duty staff, physicians, and other licensed practitioners ☐ Methods for acquiring staff, physicians, and other licensed practitioners from your hospital's other health care facilities ☐ Use of volunteer staffing, such as staffing agencies, health care coalition support, and volunteer clinicians deployed as part of disaster medical assistance teams [EM.12.02.03, EP 1]				
Does the staffing plan address the following P&Ps? ☐ Roles and responsibilities for essential functions ☐ Reporting processes ☐ Integration of staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities [EM.12.02.03, EP 2]				
Does the staffing plan describe in writing how your hospital will manage volunteer licensed practitioners when the EOP has been activated and your hospital is unable to meet its patient needs? [EM.12.02.03, EP 4]				

QUESTIONS	Y	N	NA	COMMENTS
Does the staffing plan address the following? ☐ Verification and documentation of the identity of all volunteer licensed practitioners ☐ Primary source verification of licensure, which must be completed as soon as the immediate situation is under control or within 72 hours of the time the volunteer licensed practitioner first presents to the organization ☐ Oversight of the care, treatment, and services provided by volunteer licensed practitioners *(Note that if primary source verification of licensure cannot be completed within 72 hours, the hospital must document the reason[s] this could not be performed.)* [EM.12.02.03, EP 4]				
Does the staffing plan identify the individual(s) responsible for granting disaster privileges to volunteer physicians and other licensed practitioners (such as advanced practice registered nurses [APRNs] and physician assistants [PAs]) and describe the process for granting these privileges? [EM.12.02.03, EP 5]				
Does the staffing plan describe the process for granting privileges to volunteer physicians and other licensed practitioners? [EM.12.02.03, EP 5]				
Does the staffing plan describe how it will provide employee assistance and support, including addressing the following? ☐ Staff support needs (for example, housing or transportation) ☐ Family support needs of staff (for example, child care and elder care) ☐ Mental health and wellness needs [EM.12.02.03, EP 6]				
PLAN FOR PROVIDING CARE AND CLINICAL SUPPORT (EM.12.02.05)				
Does your hospital have a plan for providing patient care and clinical support during an emergency or disaster incident?				
If so, does your hospital's plan for providing patient care and clinical support include written procedures and arrangements with other hospitals and providers that address the following? ☐ How your hospital will share patient care information and medical documentation ☐ How your hospital will transfer patients to other health care facilities to maintain continuity of care [EM.12.02.05, EP 1]				
Does the plan for providing patient care and clinical support include written procedures for managing individuals who may present during a disaster or an emergency but are not in need of medical care (such as visitors)? [EM.12.02.05, EP 2]				
Does your hospital coordinate with the local medical examiner's office; local mortuary services; and other local, regional, or state services when there is a surge of unidentified or deceased patients? [EM.12.02.05, EP 3]				

QUESTIONS	Y	N	NA	COMMENTS
PLAN FOR SAFETY AND SECURITY MEASURES (EM.12.02.07)				
Does your hospital have a plan that discusses the safety and security measures to take during an emergency or disaster incident?				
If so, does the plan for safety and security measures describe the roles that community security agencies (for example, police, sheriff, or National Guard) will have in the event of an emergency and how the hospital will coordinate security activities with these agencies? [EM.12.02.07, EP 1]				
Does the plan for safety and security measures include a system to track the location of your hospital's on-duty staff and patients when sheltering in place, relocating, or evacuating the facility? [EM.12.02.07, EP 2]				
PLAN FOR MANAGING RESOURCES AND ASSETS (EM.12.02.09)				
Does your hospital have a plan for managing resources and assets during an emergency or disaster incident?				
If so, does the plan for managing resources and assets describe in writing how your hospital will document, track, monitor, and locate the following resources (on-site and off-site inventories) and assets during and after an emergency or disaster incident? ☐ Medications and related supplies ☐ Medical/surgical supplies ☐ Medical gases, including oxygen and supplies ☐ Potable or bottled water and nutrition ☐ Nonpotable water ☐ Laboratory equipment and supplies ☐ PPE ☐ Fuel for operations ☐ Equipment and nonmedical supplies to sustain operations [EM.12.02.09, EP 1]				
Does the plan for managing resources and assets describe in writing how your hospital will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following procedures? ☐ If part of a health care system, coordinating within the system to request resources ☐ Coordinating with local supply chains or vendors ☐ Coordinating with local, state, or federal agencies for additional resources ☐ Coordinating with regional health care coalitions for additional resources ☐ Managing donations (such as food, water, equipment, materials) [EM.12.02.09, EP 2]				
Does the plan for managing resources and assets describe in writing the actions your hospital will take to sustain its needs for up to 96 hours based on calculations of current resource consumption? [EM.12.02.09, EM 3]				

QUESTIONS	Y	N	NA	COMMENTS
PLAN FOR MANAGING ESSENTIAL OR CRITICAL UTILITIES (EM.12.02.11)				
Does your hospital have a plan for managing essential or critical utilities during an emergency or disaster incident?				
If so, does the plan for managing utilities describe in writing the utility systems your hospital considers essential or critical to providing care, treatment, and services? [EM.12.02.11, EP 1]				
Does the plan for managing utilities describe in writing how your hospital will continue to maintain essential or critical utility systems if one or more are affected during an emergency or disaster incident? [EM.12.02.11, EP 2]				
Does the plan for managing utilities describe in writing alternate means for providing essential or critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, and emergency generators? [EM.12.02.11, EP 3]				
Does the plan for managing utilities address alternate sources for maintaining energy to the following? ☐ HVAC system components that ensure optimal temperatures are maintained to protect patient health and safety and for the safe and sanitary storage of provisions ☐ Emergency lighting ☐ Fire detection, extinguishing, and alarm systems ☐ Sewage and waste disposal [EM.12.02.11, EP 4]				
CONTINUITY OF OPERATIONS PLAN (EM.13.01.01)				
Does your hospital have a COOP?				
If so, does your hospital have a written COOP that is developed with the participation of key executive leaders, business and finance leaders, and other department leaders, as determined by your hospital? [EM.13.01.01, EP 1]				
Do those key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations? [EM.13.01.01, EP 1]				
Does your hospital consider the following essential business functions during COOP development? ☐ Administrative/vital records ☐ Information technology ☐ Financial services ☐ Security systems ☐ Communications/telecommunications ☐ Building operations [EM.13.01.01, EP 1]				

QUESTIONS	Y	N	NA	COMMENTS
Does the COOP identify in writing how and where your hospital will continue to provide its essential business functions when the location of the essential or critical service has been compromised due to an emergency or disaster incident? [EM.13.01.01, EP 2]				
Does the COOP include a written order-of-succession plan that identifies who is authorized to assume a particular leadership or management role when that leader or manager is unable to fulfill assigned functions or duties? [EM.13.01.01, EP 3]				
Does the COOP include a written delegation-of-authority plan that provides specified individual(s) with legal authorization to act on behalf of your hospital for specified purposes and to carry out specific duties? [EM.13.01.01, EP 4]				
DISASTER RECOVERY PLAN (EM.14.01.01)				
Does your hospital have a disaster recovery plan?				
If so, does the disaster recovery plan describe in writing your hospital's strategies for when and how it will do the following? ☐ Conduct organizationwide damage assessments ☐ Restore critical systems and essential services ☐ Return to full operations [EM.14.01.01, EP 1]				
Does the disaster recovery plan describe in writing how your hospital will address family reunification and coordinate with local community partners to help locate and assist with the identification of adults and unaccompanied children? [EM.14.01.01, EP 2]				
EMERGENCY MANAGEMENT EDUCATION AND TRAINING PROGRAM (EM.15.01.01)				
Does your hospital have an EM education and training program?				
If so, does your hospital have a written education and training program in EM, based on the prioritized risks identified as part of the HVA, the EOP, the communications plan, and P&Ps? [EM.15.01.01, EP 1]				
Does your hospital provide and document initial education and training in EM to the following individuals that is consistent with their roles and responsibilities in an emergency? ☐ All new and existing staff ☐ Individuals providing services under arrangement ☐ Volunteers ☐ Physicians ☐ Other licensed practitioners [EM.15.01.01, EP 2]				

QUESTIONS	Y	N	NA	COMMENTS
Does the initial education and training address and document the following topics? ☐ Activation and deactivation of the EOP ☐ The communications plan ☐ Emergency response P&Ps ☐ Evacuation, shelter-in-place, lockdown, and surge procedures ☐ Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment)? [EP.15.01.01, EP 2]				
Does your hospital provide and document ongoing education and training in EM to the following individuals that is consistent with their roles and responsibilities in an emergency? ☐ Staff ☐ Volunteers ☐ Physicians ☐ Other licensed practitioners [EP.15.01.01, EP 3]				
Is the ongoing training provided at the following intervals? ☐ At least every two years ☐ When roles or responsibilities change ☐ When there are significant revisions to the EOP and/or P&Ps ☐ When procedural changes are made during an emergency or disaster incident, requiring just-in-time training [EM.15.01.01, EP 3]				
Does your hospital require that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure? [EM.15.01.01, EP 4]				
EXERCISES TO TEST EMERGENCY OPERATIONS PLAN AND RESPONSE PROCEDURES (EM.16.01.01)				
Does your hospital plan and conduct exercises to test its EOP and emergency response procedures?				
If so, does your hospital describe in writing a plan for when and how it will conduct annual testing of its EOP? [EM.16.01.01, EP 1]				
Are the planned exercises based on the following? ☐ Likely emergencies or disaster scenarios ☐ The EOP and P&Ps ☐ After-action reports (AARs) and improvement plans ☐ The six critical areas: communications, resources and assets, staffing, patient care activities, utilities, and safety and security [EM.16.01.01, EP 1]				

QUESTIONS	Y	N	NA	COMMENTS

Does your hospital conduct and document two exercises per year to test its EOP, satisfying the follow criteria?
☐ One of the annual exercises must be an operations-based exercises—either a full-scale community-based exercise or a functional facility-based exercise when a community-based exercise is not possible
☐ The other annual exercise must consist of either an operations-based or discussion-based exercise, such as any of the following:
  o Full-scale community-based exercise
  o Functional facility-based exercise
  o Mock disaster drill
  o Tabletop exercise, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
(Note that a hospital could be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident. [Discussion-based exercises are excluded from exemption.] An exemption applies only if the hospital provides documentation that it activated its EOP.)
[EM.16.01.01, EP 2]				

If your hospital has any accredited freestanding outpatient care buildings that do not participate in the hospital emergency exercises, does each of those facilities conduct at least one operations-based or discussion-based exercise per year to test its emergency response procedures? [EM.16.01.01, EP 3]				
EVALUATION OF EMERGENCY MANAGEMENT PROGRAM, EMERGENCY OPERATIONS PLAN, AND CONTINUITY OF OPERATIONS PLAN (EM.17.01.01)				
Does your hospital evaluate its EM program, EOP, and COOP?				
Does the multidisciplinary EM committee evaluate and document all exercises and actual emergency or disaster incidents by doing the following? ☐ Reviewing AARs ☐ Identifying opportunities for improvement ☐ Recommending actions to take to improve the EM program [EM.17.01.01, EP 1]				
Does the review and evaluation process address the following? ☐ The effectiveness of your hospital's emergency response procedures ☐ The COOP (if activated) ☐ Training and exercise programs ☐ Evacuation procedures ☐ Surge response procedures ☐ Activities related to communications, resources and assets, security, staff, utilities, and patients [EM.17.01.01, EP 1]				

QUESTIONS	Y	N	NA	COMMENTS
Do your hospital forward the following to senior leadership for review? ☐ AARs ☐ Identified opportunities for improvement ☐ Recommended actions for improving the EM program [EM.17.01.01, EP 2]				
At least every two years, does your hospital review and make necessary updates based on AARs and opportunities for improvement to the following items? ☐ The HVA ☐ The EM program ☐ The EOP and P&Ps ☐ The communications plan ☐ The COOP ☐ The education and training program ☐ The testing program [EM.17.01.01, EP 3]				