

Southwest Kansas Healthcare Coalition (SWKSHCC)

Emergency Preparedness Plan

January 18, 2024

Table of Contents

Introduction	4
A. Preparedness Cycle	4
B. Purpose and Scope	4
C. Administrative Support	5
Coalition Overview	5
A. Coalition Boundaries	5
B. Coalition Membership	6
C. Organizational and Governance Structure	6
1. Executive Committee	6
2. Readiness and Response Coordinator	7
3. Membership	8
4. Plan Distribution	8
5. Committees	8
D. Planning, Training, Exercise, Resource and Communication Coordination	9
E. Hazard Analysis and Risk Assessment	9
F. Compliance & Legal Requirements	9
Southwest Kansas Healthcare Coalition Sustainability and Engagement	9
A. Maintenance and Sustainability	9
B. Engagement of Partners and Stakeholders	10
C. Clinical Knowledge	10
D. Lead/Co-Lead Hospital	10
E. Vulnerable Populations & Planning	10
Southwest Kansas Healthcare Coalition Work Plan Gaps and Objectives	10
Communications & Outreach	11

Introduction

A. Preparedness Cycle

The preparedness cycle consists of four main phases: Preparedness, Response, Recovery, and Mitigation. Each incident cycles through each phase

- Preparedness
 - The Southwest Kansas Healthcare Coalition (SWKSHCC) will utilize health-related lessons learned from previous incidents, exercises and training to determine what is likely to occur during any particular type and intensity of disaster. These needs may be prioritized, and plans, resources, and trainings may be similarly identified and prioritized to address those needs.
- Response
 - The Southwest Kansas Healthcare Coalition (SWKSHCC) responds to emergencies following notification and request by member entities.
- Recovery
 - Following the resolution of, or simultaneous to, response actions, the Southwest Kansas Healthcare Coalition will determine what resources and personnel staffing will be required to return impacted health and medical facilities to normal operations.
- Mitigation
 - The Southwest Kansas Healthcare Coalition will assess both short and long-term mitigation measures to reduce the impact of the emergency or disaster on the Coalition's key resources.

B. Purpose and Scope

This Southwest Kansas Healthcare Coalition Preparedness Plan addresses the first phase of the preparedness cycle: Preparedness. The purpose of this plan is to establish a process or structure for the coordination of activities between member entities, including Coalition preparedness and information sharing. This document interfaces with the Coalition's Response Plan.

This Plan supports existing facility disaster plans. It is expected that all participating entities develop and maintain their own emergency preparedness/management programs to enhance organizational preparedness and self-reliance while addressing community needs at the local level. This Plan does not supersede authorities of the entities mentioned within, nor department/organization specific plans, procedures and/or standard operating guides.

B. Coalition Membership

The SWKSHCC has representation from the four core members, as identified by Federal guidelines. These four core members are the following: Hospitals (with a minimum of two acute care hospitals), Local Public Health Departments (LHDs), Emergency Medical Services (EMS) and Emergency Management (EM). Along with the four core members, additional coalition members come from the disciplines outlined in the 2017 – 2022 Health Care Preparedness and Response Capabilities publication.

The provider types (which does not include hospitals, as listed above) are as follows:

- Religious Nonmedical Health Care Institutions (RNHCIs)
- Ambulatory Surgical Centers (ASCs)
- Hospices
- Psychiatric Residential Treatment Facilities (PRTFs)
- All-Inclusive Care for the Elderly (PACE)
- Transplant Centers
- Long-Term Care (LTC) Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Home Health Agencies (HHAs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers (CMHCs)
- Organ Procurement Organizations (OPOs)
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- End-Stage Renal Disease (ESRD) Facilities

A complete list of member organizations, including contact information for each organization is in [Appendix 1](#).

C. Organizational and Governance Structure

1. Executive Committee

An Executive Committee governs the SWKSHCC (SHERT). The Executive Committee is a 9-member group whose overall objective is to formulate policy and direct coalition affairs and activities. Offices may be held by members of various provider types to minimize the domination of the Coalition by any one discipline.

Southwest Kansas Healthcare Coalition Executive Committee
Chairperson
<p>Current Chairperson: Jenette Schuette RN Hodgeman County Public Health Director, Hodgman County Health Department</p> <p>The Chairperson is elected by general membership to a two (2) year term beginning July 1, on even numbered years.</p> <p>The Chairperson of the Executive Committee, if present, shall preside at all meetings of the Coalition and shall have such other powers and duties as are commonly incident to the position of Chairperson of the Executive Committee or that may be assigned to him or her by the Executive Committee.</p>
Vice-Chairperson
<p>Current Vice-Chairperson: Jade Carabajal-Richter Kearny County Hospital Respiratory Therapist, Emergency Preparedness Manager</p> <p>The Vice-Chairperson is elected by general membership to a two (2) year term, with years beginning on July 1, of even numbered years</p> <p>In the absence of the Chairperson of the Executive Committee, the Vice Chairperson of the Executive Committee, if present, shall preside at all meetings of the Coalition and shall have such other powers and duties as are commonly incident to the position of Chairperson of the Executive Committee or that may be assigned to him or her by the Executive Committee.</p>
Secretary
<p>Current Secretary: Shania Peacock Morton County Hospital RRT, Bioterrorism/Disaster Planner</p> <p>The Secretary is elected by general membership to a two (2) year term, with years beginning on July 1, of even numbered years</p> <p>The Secretary shall attend all meetings of the Coalition and record all votes and summary minutes of all proceedings in electronic format to be kept for that purpose and shall perform like duties for the standing committees when required or requested. The Secretary shall have such other powers and duties as are commonly incident to the office of secretary.</p>

Details regarding the voting structure of the Coalition is in the SWKSHCC Governance Document.

2. Readiness and Response Coordinator

The Readiness and Response Coordinator (RRC), in consultation with the Executive Committee, organizes agendas, secures speakers, and otherwise assists in all aspects of meeting facilitation. In addition, the RRC creates tools and aids for the Healthcare Coalition, keeps up to date on current emergency preparedness trends and makes recommendations to the Coalition in fulfillment of the mission. The RRC will review the financial projections and financial condition of the Coalition against its requirements for funds (i.e., balance the budget). Finally, the RRC is responsible for the annual SWKSHCC Work Plan.

The RRC also acts as the liaison between the Executive Committee, Healthcare Coalition Partners of KS, and KDHE. The RRC also recruits members for the Executive Committee's consideration and verifies Coalition membership.

3. Membership

Members of the SWKSHCC fall into one of three categories: General Members, Voting Members, and Ex-Officio. Details regarding membership categories is in the Southwest Kansas Healthcare Coalition Governance Document.

4. Plan Distribution

The purpose of this plan is to describe the current preparedness efforts of the SWSKHCC. The word "current" is important as this plan is treated as a living document. A downloadable version of this plan is available to all members on the state HCC website (www.kshcc.com).

5. Committees

The Coalition turns competitors into collaborators by bringing together healthcare leaders to build collective preparedness and response capabilities in the Southwest Kansas region. One way this collaboration is accomplished is through committees.

Standing Committees

The Executive Committee has currently appointed three (3) standing committees: An Education Advisory Committee, a Planning Committee and a Resources / Communication Committee. From time to time, there will be occasions on which the SWKSHCC (SHERT) may want to rotate standing committee members but does not believe that it should establish a formal policy of rotation.

All Committees referenced above work in both a top-down and bottom-up fashion. Through the annual process, all members through the HVA and ultimately the Executive Committee objective-setting process identify HCC objectives. Once objectives are identified, they are assigned to the committees. Planning objectives are assigned to the Planning Committee, Resource and Communication objectives are assigned to the Resource/Communications Committee and Training and Exercise Objectives are assigned to the Education Advisory Committee. All committees will work with committee members to create specific strategies to implement plans, training and exercises. Once the strategies are identified, they are pushed back up to the Executive Committee and then to general membership. General membership has the opportunity to incorporate their individual plans and provide feedback as to how the HCC plans/training/exercises will work with their individual facilities in both the original objective setting process as well as the final strategy approval process.

Special Projects Committees

The Executive Committee may form special project committees from time to time to address specific situations, as it deems appropriate. At this time, there are no HCC Special Committees.

D. Planning, Training, Exercise, Resource and Communication Coordination

The Planning Committee is charged with the creation and revision of this plan. It is important to note that committee work is simply one part of the approval process of this plan. Once the Planning Committee creates the plan, it moves to the Executive Committee and HCC Clinical Advisor(s) for review. Upon review and revision by the Executive Committee, the plan is presented to the General membership for a final review/revision/vote opportunity. In keeping with this process, each member of the coalition has the opportunity to review/revise and vote on this plan. This specific plan will run through the process annually in order to keep the plan current and relevant.

E. Hazard Analysis and Risk Assessment

Given the size of the Coalition and the various member organizations, an HVA incorporating every risk and threat within the Coalition boundaries is improbable. To complete an HVA for the Coalition, the Coordinator requests the top ten (10) threats from Executive Committee Members. The most common top 10 threats are then compiled into a survey, which is sent to the entire Coalition Membership. The HVA can be found as an attachment to this document and will be used to guide Coalition training, exercise and purchasing opportunities.

The Coalition's HVA does not replace an assessment on the local or organizational level, nor does it represent the only threats affecting counties and members in the Coalition. The Coalition HVA provides a broad overview of perceived risks and threats to the 18-county Southwest Kansas region.

F. Compliance & Legal Requirements

The SWKSHCC is fully funded by HPP Grant Funds. All HPP Grant Funds in the State of Kansas are awarded to the Kansas Department of Health and Environment (KDHE) and then contracted to a Fiscal Agent. The Fiscal Agent for the SWKHCC (SHERT) is Healthcare Coalition Partners of KS, LLC who is responsible for complying with all terms in the current HCC Work Plan. All transactions and purchases made, utilizing these funds, are reviewed, approved and reimbursed by KDHE under the terms of the annual KDHE – Healthcare Coalition Partners of KS, LLC contract.

Southwest Kansas Healthcare Coalition Sustainability and Engagement

A. Maintenance and Sustainability

Current healthcare coalition funding is provided by KDHE. In the future, additional funding may be made available in concurrence with national funding trends. In addition to funding, the Coalition is maintained through the collaboration and engagement of HCC partners.

B. Engagement of Partners and Stakeholders

The Coalition is open to a wide range of medical providers and other partners. Detailed information on community engagement and types of members/partners can be found in the Southwest Kansas Healthcare Coalition Governance document.

C. Clinical Knowledge

The Clinical Advisor provides clinical leadership to the HCC and acts as the liaison between the HCC and Clinicians. Filling the SWKSHCC Clinical Advisor role is Mindi Bremer, RN. Mindi serves as part of a team of Clinical Advisors throughout Kansas. In their role, all Clinical Advisors work together to review both Statewide Healthcare Coalition templates as well as Coalition specific documents. The SWKSHCC supports this method of teamwork and review as it allows for input from multiple disciplinary and geographic backgrounds.

D. Lead/Co-Lead Hospital

The Lead/Co-Lead Hospital promotes higher levels of health care engagement, specifically with acute medical care. The Lead/Co-Lead Hospital does not have jurisdictional authority and is strictly an advisory, coordinating and liaison entity. St. Catherine's Hospital-Garden City (CommonSpirit Health) and Wichita County Health Center serve as the Lead and Co-Lead Hospitals for the SWKSHCC. The HCC values the relationships that are created and maintained as well as and the promotion of emergency preparedness efforts by the Lead/Co-Lead Hospital.

E. Vulnerable Populations & Planning

The Coalition includes Vulnerable Populations in all planning efforts. Information regarding vulnerable populations is gathered through pediatric networks, long-term care facility participation within the coalition and through the HHS EmPOWER database. This tool contains up-to-date information on home-based patients who are dependent upon durable medical equipment (DME).

Southwest Kansas Healthcare Coalition Work Plan Gaps and Objectives

The HCC, KDHE and ASPR work together on an annual basis to create an HCC work plan that incorporates all required elements of ASPR's FOA. These work plans vary by year and are, in general, a piece of a broad five-year budget period. Each work plan builds upon the year prior.

In addition to the base work plan, the Coalition members determine annual objectives based upon the following process:

1. Annual Hazard Vulnerability Assessment (HVA) – Coalition members are surveyed annually to determine the top risks to the Coalition. The top risks are compiled into a single report and ranked.
2. Risk Mitigation – The Executive Committee meets to discuss the top risks, which were identified in the annual HVA. In addition, the Executive Committee reviews improvement plan items from

recent after-action reports. From this data, the Committee sets objectives to mitigate these risks and assigns these objectives to the standing committees.

3. Progress – The Committees put together action plans to meet the objectives. These action plans can include training, exercises and plan development. Each committee tracks progress on assigned objectives and reports this data back to the Executive Committee annually.
4. Continuous Improvement – The Executive Committee meets the next year to discuss the prior year’s progress and the cycle outlined above repeats.

The process above represents the Coalition’s Gap analysis process. Once the Gaps are identified, objectives are created to close these gaps. Objectives are broken into short-term and long-term timelines. Short-term objectives are those that can be completed within the next Fiscal year, with Long-Term objectives to be completed by the end of BP5.

In addition to the objectives, which are identified through the process above, this plan, will have a recurring objective. This objective is as follows:

Objective: Develop and Review the HCC response plan on an annual basis.

Communications & Outreach

The management of physical resources (stuff) and personnel resources (staff) is of the utmost concern during an emergency. The Resource/Communication Committee leads the charge in planning for management of staff, stuff and contact methods. The SWKSHCC maintains one climate-controlled cache of HCC resources in Garden City, KS. Management, rotation and utilization guidelines for these resources are included in the HCC’s Inventory Management Plan. Communication methods within the Coalition are tested on a semi-annual basis through the Coalition’s Redundant Communication drill. Means of communication available to Coalition members and which are included in the redundant communication drill rotation include:

- Email
- Cell phone
- Everbridge
- 800 MHz radio
- Land line
- Cell phone text
- KS-HAN
- EMResource
- INA Alert

In addition, the SWKSHCC pays eCoalitions to host a website. This site serves as a central location for documents, educational resources and, if needed, a communication platform during an emergency event.

Appendix 1—Member List

Name of Member Organization (No Abbreviations)	Member Organization Address
Ashland Health Center	625 Kentucky St, Ashland, KS 67831
Bob Wilson Memorial Hospital	415 N Main St, Ulysses, KS 67880
Greeley County Health Services	506 3rd St, Tribune, KS 67879
Hamilton County Hospital	700 Huser St, Syracuse, KS 67878
Hodgeman County Health Center	809 W Bramley St, Jetmore, KS 67854
Kearny County Hospital	500 E Thorpe St, Lakin, KS 67860
Lane County Hospital	235 W Vine St, Dighton, KS 67839
Meade District Hospital (Artesian Valley Health System)	510 E Carthage St, Meade, KS 67864
Minneola District Hospital	212 S Main St, Minneola, KS 67865
Morton County Health System	445 Hilltop St, Elkhart, KS 67950
Satanta District Hospital	401 Cheyenne Ave, Satanta, KS 67870
Scott County Hospital	201 Albert Ave, Scott City, KS 67871
Southwest Medical Center	315 W 15th St, Liberal, KS 67901
Stanton County Hospital	404 N Chestnut St, Johnson City, KS 67855
St Catherine Hospital	401 E Spruce St, Garden City, KS 67846
Stevens County Hospital	1006 S Jackson St, Hugoton, KS 67951
St Catherine Dodge City	3001 Avenue A, Dodge City, KS 67801
Wichita County Health Center	211 Earl St, Leoti, KS 67861
Clark County Emergency Management	PO Box 886, Ashland, KS 67831
Finney County Emergency Management	304 North 9th St, Garden City, KS 67846
Ford County Emergency Management	100 Gunsmoke, Dodge City, KS 67801
Grant County Emergency Management	108 S Glenn St #9, Ulysses, KS 67880
Greeley County Emergency Management	208 Harper, Tribune, Kansas 67879
Hamilton County Emergency Management	1301 North Main, Syracuse, KS 67878
Haskell County Emergency Management	700 W LaLande, Sublette, KS 67877
Hodgeman County Emergency Management	203 North West St, Suite 112 Hanston, KS
Kearny County Emergency Management	104 E Waterman, Lakin, KS 67860
Lane County Emergency Management	145 S Lane St, Dighton, KS 67839
Meade County Emergency Management	200 N Fowler St, Meade, KS 67864
Morton County Emergency Management	722 Stevens Ave, Elkhart, KS 67950
Scott County Emergency Management	602 W 5th St, Scott City, KS 67871
Seward County Emergency Management	10 W 15th St, Liberal, KS 67901

Stanton County Emergency Management	900 West Road 10, Johnson City, KS
Stevens County Emergency Management	109 Northwest Ave. Hugoton, KS
Wichita County Emergency Management	411 South 4th St, Leoti, KS 67861
Finney County Emergency Medical Services	803 W Mary St, Garden City, KS
Clark County Health Department	913 Highland St, Ashland, KS 67831
Finney County Health Department	919 Zerr Road, Garden City, KS 67846
Ford County Health Department	507 Avenue L, Dodge City, KS 67801
Grant County Health Department	105 S Glenn St, Ulysses, KS 67880
Gray County Health Department	300 S Main St, Cimarron, KS 67835
Greeley County Health Department	510 West Lawrence St. Tribune KS
Hamilton County Health Department	304 E Avenue A, Syracuse, KS 67878
Haskell County Health Department	301 S Derby St, Sublette, KS 67877
Hodgeman County Health Department	500 Main St, Jetmore, KS 67854
Kearny County Health Department	402 N Main, Lakin, KS 67860
Lane County Health Department	125 W Long Street, Dighton, KS 67839
Meade County Health Department	309 S Webb St, Meade, KS 67864
Morton County Health Department	625 Colorado Ave, Elkhart, KS 67950
Scott County Health Department	204 S College St, Scott City, KS 67871
Seward County Health Department	103 W Second St, Liberal, KS 67901
Stanton County Health Department	114 N Main St, Johnson City, KS
Stevens County Health Department	505 S Polk St, Hugoton, KS 67951
Wichita County Health Department	104 S Indian Road, Leoti, KS 67861
Compass Behavioral Health	531 Campus View St, Garden City, KS
Fowler Nursing Home	401 E 6th St, Fowler, KS 67844
Fresenius Kidney Care	2319 N Kansas Ave, Liberal, KS 67901
High Plains Retirement Village	500 Thorpe St, Lakin, KS 67860
Homestead Assisted Living	2414 N Henderson Dr, Garden City, KS
Legacy Suites Independent Living LTCU	200 W Apache, Satanta, KS 67870
Manor of the Plains	200 Campus Dr, Dodge City, KS 67801
Park Lane Nursing Home	210 Park Lane, Scott City, KS 67871
Pioneer Manor	1711 S Main, Hugoton, KS 67951
Ranch House Senior Living	2900 Campus Dr, Garden City, KS
St Catherine Hospice	602 N 6th St, Garden City, KS
SunPorch of Dodge City	501 W Beeson Rd #5996, Dodge City, KS
Trinity Manor	510 W Frontview St, Dodge City, KS
Bethel Home Inc	300 S Aztec St, Montezuma, KS 67867
Pioneer Health Network	310 E Walnut, Ste 210, Garden City, KS

Appendix 2—HVA

The following summary of the SWKSHCC Hazard Vulnerability Assessment (HVA) includes an overview of the process that was used in 2023 to identify and prioritize the likely hazards that Southwest Kansas Healthcare Coalition (SWKSHCC) could encounter and a summary of those outcomes.

The Southwest Kansas Healthcare Coalition Region is comprised of the following eighteen counties: Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Lane, Meade, Morton, Scott, Seward, Stanton, Stevens, and Wichita.

The goal in this comprehensive HVA is to identify and prioritize the likely hazards that the regional healthcare coalition could face; to further identify the factors that are most impactful to the region and then assess considerations for mitigation as appropriate. It is understood that each community is unique and may have specific patient population, geography, and healthcare needs to consider. (These unique hazards are often confronted by others in the coalition and are typically identified using historical and current data from multiple sources.)

Note: The HVA process is iterative and is therefore reviewed on an annual basis. Coalition members are given the opportunity to participate and/or review the regional coalition HVA efforts prior to its adoption by the region. Coalition members have provided important information related to hazards and vulnerabilities as well as guidance on risk interventions for healthcare organizations. The outputs of the regional healthcare coalition HVA are used by the SWKSHCC membership to structure and prioritize its efforts.

OVERVIEW:

A regional HVA was developed for the SWKSHCC to better understand the events and conditions that threaten the SWKSHCC's ability to continue the provision of healthcare at the regional level. Each member facility is encouraged to regularly conduct an HVA focused on the potential impacts to the facility's operations. Hospitals, ancillary healthcare providers, public health agencies, and local emergency management agencies are encouraged to assess hazards and vulnerabilities that may impact the ability of their agency to continue normal operations. The HVA is the initial step in understanding the events and circumstances that may reduce the capability and capacity of healthcare provision throughout SWKSHCC.

The initial step in developing the SWKSHCC HVA began by reviewing the Budget Period 4 HVA and determining whether the probably top ten hazards are still probable. After review by both the Executive Committee and membership, it was determined the top ten hazards identified in Budget Period 4 HVA should remain the same in Budget Period 5. However, it was determined the rank of each hazard should be voted on by

the full membership as the hazards may have moved up or down in ranking since Budget Period 4.

REGIONAL HVA SUMMARY:

The highest risk events identified for the healthcare capability in the Southwest Kansas Region are (in order):

1. Wildfire
2. Severe Weather
3. Pandemic / Highly Infectious Disease (HID)
4. Winter Storm
5. Supply Shortage (including Staffing)
6. Communication Failure
7. Hazardous Materials
8. Power Outage
9. Workplace Violence
10. Mass Casualty Incident

RECOMMENDATIONS AND NEXT STEPS:

Based on the review, analysis, and discussion, the following items are recommended to continue utilization of this assessment. These recommendations will assist the SWKSHCC develop a long-term strategy to address the mitigation strategies found within the assessment.

1. **Establish priority for mitigation strategies and develop timelines for completion:** The information developed during this project can provide direction for coalition preparedness activities and expenditures. As this assessment is utilized, it may be helpful to the coalition to establish priorities. A prioritized list of events that impact the healthcare capability may provide guidance as the coalition works to understand the membership's perception of risk. Similarly, prioritizing the mitigation strategies will assist the coalition in determining the activities or expenditures in which to engage.
2. **Continue to incorporate prioritized mitigation strategies into annual budget and mini grants:** Many of the mitigation strategies require funds in order to be able to fully execute the strategy (i.e., PPE re-stocking, trainings, exercise development, etc.).

3. **Share and review the SWKSHCC HVA with coalition members via email:**

This will provide coalition members an opportunity to assess the regional hazards and vulnerabilities and improve the understanding and focus for the SWKSHCC.