

# Engaging Clinics in a Site-Specific Hazard Vulnerability Analysis (HVA)

Monica Plumb and Taylor Wyatt

## Goal

Re-engage more than 140 outpatient clinics in the post-COVID environment by rounding on their disaster supplies, networking in person, and coordinating site-specific offsite Hazard Vulnerability Analysis (HVA) sessions.

## Rounding

OEM staff rounded at each site and:

- Built relationships with staff and updated records of clinic leadership information to inform HVA session invitations.
- Oriented site staff to on-site disaster supplies.
- Evaluated and updated copies of OEM-distributed resources, such as disaster binders, safety badges, and response procedure flipbooks.
- Familiarized themselves with the unique needs of each site.

## Follow-Up

OEM sent follow-up communications with all offsite clinic managers to maintain the relationships built during rounding. Through these phone and email communications, OEM:

- Provided updated resources for clinic emergency response, such as job action sheets and call lists.
- Answered questions about site-specific resources and trainings.
- Scheduled Offsite Clinic Hazard Vulnerability Analysis sessions.
- Offered offsite-specific trainings for emerging threats, such as cyber-attacks.

## HVA Coordination

OEM divided the 144 clinics located at 48 different offsite locations into four regions. One in-person session with a virtual option via Zoom was offered for each region. Additional virtual sessions were scheduled for ease of access. Clinic leaders were encouraged to invite as many of their staff as they could to provide a wide variety of perspectives to the HVA.

## Conducting the HVA

- Clinic leaders were contacted to schedule geographic-specific, in-person HVA sessions with virtual options.
- Hazard definitions distributed to clinic leaders in advance via email.
- At each session, OEM staff introduced the HVA purpose and scope, reviewed the scoring SmartSheet and Kaiser tool, and prompted a clinic-led discussion regarding the hazards presented.
- Hazards were grouped by topic to manage larger conversations regarding resources and response capabilities.
- A link to a Smartsheet Form was sent out during and after the informational session.
  - Smartsheet allowed for responses to all 49 hazards.
- Clinics were asked to consider risks and vulnerability unique to their sites, and rank the probability of a selected hazard occurring, the potential impacts of such an occurrence, and their confidence in the preparedness and response of the health system and its partners.
- Respondents were encouraged to provide honest and accurate responses to help direct OEM's future training and exercise opportunities.

## Hazard Groupings

- [Hazardous Materials & Fire](#)
- [Infectious Disease](#)
- [Natural Hazards](#)
- [Other Utilities & Infrastructure](#)
- [Patient Care](#)
- [Power](#)
- [Resource Management](#)
- [Security](#)
- [Technology](#)
- [Water](#)

2023 Risk	Hazard
40%	Inclement Weather/Temperature Extremes
40%	Infectious Disease Outbreak
37%	Epidemic
33%	Act of Terrorism
33%	Cyber Incident
33%	Flood, Internal
33%	Loss of Main Power, Generator Working

## Results

- Clinic representation included a variety of professionals, including clinical staff, healthcare support services, facilities services, and management.
- Clinic sites submitted responses for an average of 10 hazards per site.
- Clinic management who work at multiple sites had the option to choose different hazards for each site based off population, geographic, and infrastructure needs.
- Results were aggregated across all sites, and were also separated by clinic address.

## Next Steps

- In future years, OEM plans to host *Regional Disaster Days*, which will include evacuation training, personal preparedness information, and HVA sessions to promote more holistic engagement in the preparedness process.
- Further, OEM plans to expand the HVA Session Presentation from a half hour to one hour, to better explain the implications of specific hazards on offsite locations.