



Foundation *for*
Healthy Communities

2023 Granite State Health Care Coalition Hazard Vulnerability Analysis

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Background

Purpose

This report presents and discusses the results of the 2022-2023 Granite State Health Care Coalition (GSHCC) Hazard Vulnerability Analysis (HVA).

An HVA is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system's ability to provide these services.¹ Through the identification of hazards and impacts to these systems, participants develop strategies to mitigate the impacts of the identified hazards. HVAs inform future planning and serve as a foundation for the implementation of mitigation strategies across the healthcare, public health, and behavioral health systems. The GSHCC has created an HVA process that can be built upon annually to show progress in mitigating top identified risks.

The goals of the HVA process are to:

- Identify and understand the overall likelihood, impact, and planning implications of identified hazards.
- Propose potential GSHCC systemwide mitigation strategies and review and update these strategies and accompanying mitigation strategies annually as required.
- Fulfill federal and state requirements to conduct an annual HVA.

Assumptions

This report considers several planning assumptions in its design:

- Not all staff are trained at the same level and training will remain an on-going priority for all organizations.
- Each organization should perform their own HVA to determine their greatest internal risks.
- Certifying agencies, stakeholder demand, and/or current events may require hazard specific planning not noted in this report. Planning efforts therein may require sector specific elements.
- Past and current event history around facilities and organizations may elevate certain planning initiatives over others.
- Staffing and funding needs may impact current and future risks which could alter overall hazard scenario importance.
- Environmental design may greatly impact hazard scenario ratings and should be closely considered.

HVA Approach

The GSHCC conducted the HVA following the general principles outlined in the *2017-2022 Health Care Preparedness and Response Capabilities*:

- GSHCC members and partners should participate in the HVA process.
- The HVA should be coordinated with state and local emergency management organization assessments (e.g., Threat and Hazard Identification and Risk Assessment [THIRA]) and public health hazard assessments (e.g., jurisdictional risk assessment [JRA]).

¹ U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response. (2016). 2017-2022 Health Care Preparedness and Response Capabilities. <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

- Hospitals, emergency medical services (EMS), emergency management, public health, and other healthcare organizations should provide input into the development of the GSHCC HVA.
- Assessment components should include regional characteristics, such as risks for natural or man-made disasters, geography, and critical infrastructure.
- The assessment should address population characteristics (including demographics), and consider those individuals with access or functional needs, including people with disabilities, vulnerable populations, and those who may require additional assistance in an emergency.
- The HVA should be regularly reviewed (annually) and shared with members and partners.
- At least seven (7) hazards must be addressed in the HVA.

Methodology

Approach

The 2022-2023 GSHCC HVA process was built upon previous GSHCC HVA processes which were adapted from two similar HVA processes established by New York City and the State of Connecticut. The 2022-2023 GSHCC HVA process resulted in the following outcomes.

Table 1

Granite State Health Care Coalition 2023 Hazard Vulnerability Analysis Hazard Outcomes

Likelihood of Occurrence	Human Impact	Healthcare Impact	Mental Health Impact	Planning in Reducing Risk
Most to Least Probable	Most to Least Catastrophic			(High to Low Priority)
Extreme Winter Weather	Pandemic/ Infectious Disease Event	Pandemic/ Infectious Disease Event	Pandemic/ Infectious Disease Event	Pandemic/ Infectious Disease Event
Pandemic/ Infectious Disease Event	Active Shooter/Active Threat	Extreme Winter Weather	Active Shooter/Active Threat	Extreme Winter Weather
Cyber Attack	RDD/Radiological Incident	RDD/Radiological Incident	RDD/Radiological Incident	Cyber Attack
Hurricane/Tropical/Post-Tropical Cyclone	Extreme Winter Weather	Active Shooter/Active Threat	Hurricane/Tropical/Post-Tropical Cyclone	Active Shooter/Active Threat
Active Shooter/Active Threat	Hurricane/Tropical/Post-Tropical Cyclone	Hurricane/Tropical/Post-Tropical Cyclone	Chemical Incident	Chemical Incident
Chemical Incident	Chemical Incident	Cyber Attack	Extreme Winter Weather	Hurricane/Tropical/Post-Tropical Cyclone
RDD/Radiological Incident	Cyber Attack	Chemical Incident	Cyber Attack	RDD/Radiological Incident

The 2022-2023 GSHCC HVA process was comprised of three phases including a survey sent to GSHCC partners, a hybrid meeting, and an HVA Report. At the meeting participants were briefed on results of the HVA survey, implementation activity progress, and a root cause analysis of implementation activity achievement gaps. A discussion was held on how to close the gaps presented utilizing polling mechanisms.

For 2022-2023 the following hazards were broadened to reflect current and relevant risk scenarios in NH.

- Pandemic- Now Pandemic/Infectious Disease Event

- Hurricane- Now Hurricane/Tropical/Post-Tropical Cyclone
- Active Shooter- Now Active Shooter/Active Threat
- Radiological Dispersion Device (RDD)- Now Radiological Dispersion Device (RDD)/Radiological Incident

Participant Survey

Participants from across the GSHCC membership were invited to complete a brief survey. Ninety-five participants completed the survey. The survey assessed GSHCC mitigation strategy implementation activity progress and evaluated whether the planning priority hazard rankings as established in the 2021-2022 HVA remained accurate. Survey responses determined all mitigation strategies were being adequately addressed by the GSHCC. The hazards prioritized for planning effort in order from highest to lowest priority are pandemic/infectious disease event, extreme winter weather, cyber attack, active shooter/active threat, chemical incident, hurricane/tropical/post-tropical cyclone, and RDD/radiological incident. Survey response data determined active shooter/active threat and chemical incident planning priority rankings should be switched.

Meeting

Overview

A total of forty-seven partners participated in the hybrid meeting representing each of the four core disciplines as well as additional sectors. A full list of participant sectors is available in [Appendix B- GSHCC HVA Participants](#).

Methodology

Meeting participants were brought together to accomplish the following objectives:

1. Review HVA survey results and mitigation strategy implementation activity progress and achievement gaps identified therein
2. Propose potential solutions for closing gaps

These objectives were accomplished by reviewing the HVA survey results, reviewing mitigation strategy implementation activity progress and gaps, and identifying potential solutions to close gaps.

Strategies, suggestions, and thoughts were captured through discussion, Zoom chat, and Poll Everywhere polls. Participants were asked to vote on potential recommendations to close mitigation strategy implementation activity gaps.

Mitigation Strategy Implementation Activity Updates

The GSHCC team reviewed progress updates, planned activities, and barriers/challenges, and root cause of gaps identified in each mitigation strategy implementation activity.

Mitigation Strategy Implementation Activity Achievement Gaps Proposed Solutions

The team then led an interactive discussion on proposed solutions for the achievement gaps. The representatives participating in the meeting weighed in via discussion and Poll Everywhere poll. The group weighed in on solutions for the following achievement gaps.

- 1.) What can the GSHCC do to offer continuing education units (CEUs) and certifications?**
 - a. Contract/partner with a third party to assist in offering CEUs- 77%*

- b. Offer a la carte CEUs for a fee at GSHCC events- 23%
- 2.) **How can the GSHCC provide/promote additional stand-alone training opportunities in topics of interest.**
 - a. Survey partners to see which trainings they require- 45%
 - b. Offer standing introductory, intermediate, and advanced courses throughout the year on National Incident Management System (NIMS), After-Action Report/Improvement Plan (AAR/IP) processes etc.- 55%
- 3.) **How can the GSHCC best engage additional sectors in statewide exercises such as the Medical Response and Surge Exercise (MRSE)?- open ended**
 - a. Identify grant funding to support participation
 - b. Coordinate with NH Division of Homeland Security and Emergency Management (HSEM), NH Fire Academy
 - c. Hold an annual exercise to help build partnerships
 - d. Offer additional trainings in various geographical areas statewide
 - e. Create champions in elected officials
 - f. Work with partners in bordering states to collaborate on cross border exercises
 - g. Collaborate with partners to engage additional key stakeholders
- 4.) **How can the GSHCC conduct tabletop exercise tutorials for partners new to emergency preparedness?**
 - a. Hold exercise concepts workshops statewide- 70%
 - b. Hold introductory trainings for partners new to emergency preparedness and include an exercise component- 30%

Meeting attendees made many additional suggestions in Poll Everywhere relative to finding solutions for these implementation activity gaps.

Mitigation Strategy Implementation Activity Achievement Gaps Solution Framework

Due to challenges identified in [Appendix C GSHCC 2023 HVA Mitigation Strategy Implementation Activity Progress Update](#) the following solutions will be implemented by the GSHCC in BP5 to fill these outlined gaps.

Mitigation Strategy 1: Provide additional trainings of value to all partners.

- 1.) **Activity:** Maintain a GSHCC training and exercise calendar/list on GSHCC website.
 - a. **Solution:** The GSHCC website has launched, and a training and exercise calendar/list will be added as the web pages are being built out in addition to registration information which is currently posted ad hoc.
- 2.) **Activity:** Explore offering CEUs and certifications for training.
 - a. **Solution:** Offer CEUs via third party contractor/partner when applicable, cost allowable, and feasible. Certificates and contact hours are currently offered for almost all GSHCC trainings/events and will continue to be offered.
- 3.) **Activity:** Offer on-demand training/canned training for organizations to conduct independently.

- a. **Solution:** This is a top priority now that the GSHCC website has launched. Training recordings will be added as available and infection control training-the-trainer courses are currently being offered.
- 4.) **Activity:** Conduct region-specific training.
 - a. **Solution:** in-person infection control training and med sled training have been offered in a train-the-trainer format regionally. The GSHCC team will continue to conduct trainings in various geographical areas to ensure all partners have the opportunity to attend trainings where applicable.
- 5.) **Activity:** Develop and disseminate an AAR/IP template for reporting on real-world events.
 - a. **Solution:** Revisit and revise template based on recent exercises and real-world events to meet the needs of partners. A draft template has been disseminated to partners upon request.
- 6.) **Activity:** Provide/promote additional stand-alone training opportunities on topics of interest (e.g., public information, NIMS, real-world event after-action reporting, cyber security and safety, etc.)
 - a. **Solution:** Exercise concepts and real-world AAR/IP trainings are under development to be conducted across the state. The GSHCC will continue to promote/hold NIMS, Hospital Incident Command System, (HICS), continuity of operations (COOP), Public Information Officer (PIO), Homeland Security Exercise & Evaluation Program (HSEEP) and other state level trainings for introductory, intermediate, and advanced levels. Virtual federal training opportunities are also being disseminated. Sessions on cyber security have been offered at GSHCC events.

Mitigation Strategy 2: Provide additional planning guidance to all partners.

- 7.) **Activity:** Identify and disseminate reference materials to partners on Emergency Operations Plans (EOPs), communication plans, and COOP plans.
 - a. **Solution:** The GSHCC website is currently being built out and will include a repository of these resources, in addition to the weekly resource email.
- 8.) **Activity:** Provide annex/plan templates, checklists, and guidance for all-hazard and hazard-specific annexes.
 - a. **Solution:** The GSHCC website is currently being built out and will include a repository of these resources.
- 9.) **Activity:** Conduct training on planning processes and resources.
 - a. **Solution:** A training course for healthcare and public health partners new to emergency preparedness is under development and will include a segment on developing annexes/plans.
- 10.) **Activity:** Post guides, training, aids, and resources on the GSHCC website for members to access.
 - a. **Solution:** Guides, aids, and plans currently posted to Juvare and disseminated via email but will be posted to member section of GSHCC website as the website is currently being built out.
- 11.) **Activity:** Conduct seminars/workshops that address changing planning priorities, expectations, and requirements.

- a. **Solution:** GSHCC trainings and seminars on EOP development, exercise concepts, and introduction to emergency preparedness will address any relevant changes in planning requirements.

Mitigation Strategy #3: Strengthen partner engagement in GSHCC exercises.

- 12.) **Activity:** Engage long-term care, home health care, public health, EMS, emergency management, and other additional partners in the MRSE.
 - a. **Solution:** The 2022 MRSE did include most sector types but would like to include additional sectors in 2023 as appropriate.
- 13.) **Activity:** Ensure all coalition exercises include representation from each of the four core disciplines (hospitals, public health, EMS, and emergency management).
 - a. **Solution:** All core disciplines are currently invited and participate in most exercises. The GSHCC team will continue to invite all core disciplines to the table for exercise planning.
- 14.) **Activity:** Conduct exercises that may assist facilities in meeting Centers for Medicare & Medicaid Services (CMS) requirements.
 - a. **Solution:** The GSHCC team plans to invite as many partners as possible to participate in BP5 exercises. Partners can count GSHCC exercises as facility-level exercises if internal organizational policies and plans are simultaneously tested. The GSHCC can communicate this information as applicable.
- 15.) **Activity:** Conduct tabletop exercise tutorials/seminars for partners new to emergency preparedness.
 - a. **Solution:** Exercise concepts workshops will be held statewide for partners new to emergency preparedness and include a section on how to conduct tabletop exercises.
- 16.) **Activity:** Conduct regional exercises.
 - a. **Solution:** All GSHCC exercises are conducted with partners from across the state. All future GSHCC exercises will include partners statewide.

Appendices

Appendix A Acronyms and Abbreviations

Appendix B GSHCC HVA Participants

Appendix C GSHCC 2023 HVA Mitigation Strategy Implementation Activity Progress Update

Appendix A Acronyms and Abbreviations

AAR/IP	After-Action Report/ Improvement Plan
ACS	Alternate Care Site
CEU	Continuing Education Unit
CMS	Centers for Medicare & Medicaid Services
CONOPs	Concept of Operations
COOP	Continuity of Operations
CSC	Crisis Standards of Care
CST	Coalition Surge Test
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
ETO	Exercise and Training Officer
FQHC	Federally Qualified Health Center
GSHCC	Granite State Health Care Coalition
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Analysis
IPP	Integrated Preparedness Plan
JRA	Jurisdictional Risk Assessment
LTC	Long-Term Care
MHCGM	Mental Health Center of Greater Manchester
MOCC	Medical Operations Coordination Cell
MRSE	Medical Response & Surge Exercise
NHHCA	NH Health Care Association
NH HSEM	NH Division of Homeland Security & Emergency Management
NIMS	National Incident Management System
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
RDD	Radiological Dispersal Device
RDHRS	Regional Disaster Health Response System
SME	Subject Matter Expert

STEP	Statewide Training and Exercise Program
THIRA	Threat and Hazard Identification and Risk Assessment
TTX	Tabletop exercise

Appendix B GSHCC HVA Participants

HVA Survey Response Participants

Total number of participants: 93

Sector	Number of Participants
Ambulatory Surgical Center	2
Dialysis	5
Emergency Management	4
Emergency Medical Services	1
Community Health Center/Federally Qualified Health Center	5
Home Health Care & Hospice Care	7
Hospital	24
Long-Term Care, Assisted Living, Nursing Home	27
Mental Health Care, Behavioral Health Care	3
Outpatient Rehabilitation Care	1
Public Health	14

HVA Meeting Participants

Total number of participants: 49

Sector	Number of Participants
Community Health Center/Federally Qualified Health Center	2
Dialysis	2
Emergency Management	4
Emergency Medical Services	1
Home Health Care & Hospice Care	2
Hospital	17
Long-Term Care, Assisted Living, Nursing Home	4
Mental Health Care, Behavioral Health Care	2
Public Health	15

Appendix C GSHCC 2023 HVA Mitigation Strategy Implementation Activity Progress Update

GSHCC 2023 HVA Mitigation Strategy Implementation Activity Progress Update

Yellow highlighted sections indicate challenge areas

GSHCC 2023 HVA Mitigation Strategy Implementation Activity Progress Update

1. Provide additional trainings of value to all partners.				
Objectives	Activities	Progress Updates	Planned Activities	Barriers/Challenges
Promote hazard-specific training and educational opportunities from industry leaders.	Provide a list of training resources in the GSHCC newsletter.	Provided in October 2022 Newsletter	Will be included in Spring 2023 Newsletter.	
	Maintain a GSHCC Training and Exercise Calendar/list on FHC website.	Save the Dates and registrations posted on GSHCC pages.	Once GSHCC website is fully operational, training and exercises will be added.	FHC website encountered significant delays.
	Publish available training opportunities in the Statewide Training and Exercise Program (STEP) calendar.	General Meeting and Conference added to calendar.	Exercises will be added once scheduled.	
	Disseminate upcoming webinars and State, Federal, and partner-sponsored training and education in member email updates.	Disseminated to listserv on a regular basis that include a variety of topics.	Continued weekly releases to partners that include relevant opportunities.	
	Explore offering CEUs, CMEs, and certifications for training.	Certificates with contact hours offered for GSHCC events. CEUs offered at GSHCC Conference. CEUs and CMEs offered at partner held events.	Will continue to offer certificates with contact hours, and CEUs when possible. Will look into streamlining offering CEUs.	Offering CEUs is costly, time consuming, and sector specific. CEUs are offered when partners can act as certifying agency.
	Offer on-demand training/canned training for organizations to conduct independently.	Offered train-the-trainer on fit-testing.	Will continue to conduct train-the-trainer sessions.	New ETO hired, will occur with transition

	Conduct region-specific training.	Region-specific Med Sled and tent training occurred.	In-person train-the-trainers on fit-testing offered regionally.	New ETO hired, will occur with transition
In collaboration with NH DHHS, promote the use of the Statewide Training and Exercise Program (STEP) calendar to increase visibility of applicable training and exercise opportunities for partners.	Contribute to and participate in the NH PHEP-HPP IPP.	Participating in STEP state conducted IPP.	Will continue to participate in IPP as directed by EPRR.	Must be completed in collaboration with NH DHHS.
	Promote the STEP calendar to partners.	STEP calendar was promoted in GSHCC Fall 2022 Newsletter.	STEP calendar is promoted in all GSHCC newsletters and will be included in Spring 2023 Newsletter. Also promoted in GSHCC weekly event email update.	
Identify and address training and education needs of partners through after-action reviews of real-world events, exercises, surveys, etc.	Continue COVID-19 After-Action Review activities.	Completed GSHCC COVID-19 AAR #3	Future evaluation of recovery efforts should be completed during BP5. (TBD)	When state Public Health Incident ends, Recovery AAR will begin.
	Develop and disseminate an AAR/IP template for reporting on real-world events.	Draft document is disseminated to partners as needed.	Will revisit and revise document and promote further.	New ETO hired, will occur with transition
	In collaboration with other HHS Region 1 healthcare coalitions and the Regional Disaster Health Response System (RDHRS), identify and promote training and educational opportunities to partners.	Hosted RDHRS supply chain educational session at GSHCC Conference in April 2022. Promote RDHRS trainings and resources to partners.	Promoting RDHRS webinars/trainings and surge tools as appropriate.	Ongoing effort, provided as opportunities arise.
Facilitate or support opportunities that address	Host a GSHCC Conference.	Conducted on April 19, 2022.	Scheduled for May 11, 2023.	Hybrid/Virtual option will be provided for plenaries but not breakouts due to cost.

identified training and education gaps.	Facilitate the GSHCC Annual General Membership Meeting.	Conducted on November 17, 2022 (virtual)	Planning an additional Meeting in BP5.	Partners would prefer an in-person/hybrid format.
	Provide/promote additional stand-alone training opportunities in topics of interest e.g., public information, NIMS, real-world event after-action reporting, cyber security and safety, etc.	PIO, COOP, HSEEP, NIMS training opportunities offered by NH HSEM. Virtual training opportunities sponsored by federal organizations also presented to partners. Cyber webinars, trainings, and breakout sessions have been shared with partners.	Plan to build upon exercise concepts and look at real-world AAR reporting. COOP and NIMS identified as needed training among partners. Will continue to promote training on these topics.	Availability of trainers is limited. New ETO hired, will occur with transition

2. Provide additional planning guidance to all partners.				
Objectives	Activities	Progress Updates	Planned Activities	Barriers/Challenges
Disseminate tools, guidance, and templates to GSHCC members as appropriate to aid in all-hazards emergency planning.	Identify and disseminate reference materials for partners for Emergency Operations Plans (EOPs), communication plans, and continuity of operations (COOP) plans.	Continue to provide tools and guidance in specialty annexes as developed. The webinar/education email and newsletters contain additional considerations for planning with an all-hazards approach.	Continue weekly email to partners to include these resources and tools.	Website would be ideal to be the repository of these materials but waiting on redesign.
	Provide annex/plan templates, checklists, and guidance for all-hazard and hazard-specific annexes.	Will be revisited in BP4-BP5.	Will be revisited in BP4-BP5.	Website would be ideal to be the repository of these materials but waiting on redesign.

	Conduct training on planning processes and resources.	Will be revisited in BP4-BP5.	Will be revisited in BP4-BP5.	New ETO hired, will occur with transition
Offer additional support, trainings, and/or technical assistance to planning initiatives regionally or statewide.	Post guides, training, and other aids on the GSHCC website for members to access.	Plain Language canned training toolkit and Framework resource were disseminated via email. Plans posted to Juvare.	Will be revisited in BP4-BP5.	FHC website has encountered significant delays in updating functionality to support these features.
	Collaborate with members and professional associations to offer additional planning education to members.	Presented at Bi-State Primary Care Conference presentation in May 2022. Presented at MHCGM and held table and NHHCA conference.	Plan to continue to offer trainings to partner organizations and associations.	
	Establish professional peer groups to discuss planning initiatives and troubleshooting in a learning environment.	Participated in CSC planning groups. Conducted framework and color codes workgroups.	The GSHCC will co-facilitate workgroups on ACS and MOCC concepts with NH DHHS.	
Work collaboratively with NH Health Facilities Administration to communicate planning priorities and requirements to partners.	Conduct seminars or workshops that address changing planning priorities, expectations, and requirements.	Will be revisited in BP4-BP5.	Will be revisited in BP4-BP5.	Turnover and lack of capacity prevent training development.
	Provide planning guidance from regulatory bodies.	The GSHCC disseminates updates once made aware of developments.	As regulatory bodies update guidance, the GSHCC will continue to disseminate timely guidance.	

3. Strengthen partner engagement in GSHCC exercises.				
Objectives	Activities	Progress Updates	Planned Activities	Barriers/Challenges
Encourage participation of coalition partners in the annual Medical Response & Surge Exercise [MRSE], formerly the CST, including those from long-term care, home health, EMS, hospitals, public health, and emergency management.	Engage long-term care, home health, public health, EMS, emergency management, and other unique partners in the MRSE.	The MRSE was conducted in October 2022 and consisted of participation from hospitals, EMS, EM, public health, home health care, LTC, and other state and local partners.	The GSHCC will conduct another MRSE in BP5 and include as many partner types as possible.	Challenge including local public health and other sectors in exercise as it is designed to primarily include hospitals and EMS.
Promote participant diversity in planned coalition exercises, including but not limited to crisis standards of care concept of operations, pediatric surge, and burn surge.	Ensure all coalition exercises include representation from each of the four core disciplines (hospitals, public health, EMS, emergency management).	All core disciplines represented in Burn Surge TTX and MRSE. Most core disciplines participated in the Pediatric Surge TTX.	CSC CONOPS TTX, Radiation Surge TTX, and MRSE will require engagement from all core disciplines.	Difficult to get some sectors to table, though most participate in planning teams.
	When appropriate, invite additional partner sectors to participate in exercises.	RDHRS, other SMEs, and most sectors participated in Pediatric Surge TTX, burn surge TTX, and MRSE.	Will continue to engage partners in exercises as available and appropriate.	
	Conduct exercises that can assist facilities in meeting CMS requirements.	All exercises could be applied to meet requirements if internal organizational policies and plans are tested.	CSC CONOPS TTX, Radiation Surge TTX, and MRSE will serve as exercise opportunities in BP4 and BP5.	New ETO hired, will occur with transition.
	Invite guest subject matter experts from external organizations to participate in the exercise.	RDHRS and other SMEs participated in Pediatric Surge TTX, burn surge TTX, and MRSE.	Will continue to engage SMEs, clinicians, and other external organizations in exercises as available and appropriate.	

	Conduct tabletop exercise tutorials for partners new to emergency preparedness.	Will be revisited in BP4-BP5.	Will be revisited in BP4-BP5.	New ETO hired, will occur with transition
Support or provide technical assistance to members on regional exercises as appropriate.	Provide planning support relative to exercise scope, scenario, and objectives development.	Tabletop scenarios and template materials have been provided to those who have reached out. Also provided TA to several hospitals looking for additional support.	Will continue to provide support appropriately, as able.	
	Serve as exercise controller/evaluator for member exercises.	GSHCC team members have served as evaluators for member exercises.	Will continue to provide support appropriately, as able.	
	Participate in and/or support member after-action review processes.	Coalition staff continue to participate in AARs when asked.	Will continue to provide support appropriately, as able.	
	Conduct regional exercises.	All GSHCC exercises conducted thus far are completed statewide.	CSC CONOPS TTX, Radiation Surge TTX, and MRSE will occur with participation from organizations statewide in BP4-BP5.	New ETO hired, will occur with transition