2024-2025

Extended Downtime Health Care Delivery Impact Assessment

Region 3 Healthcare Coalition Alliance

June 2025

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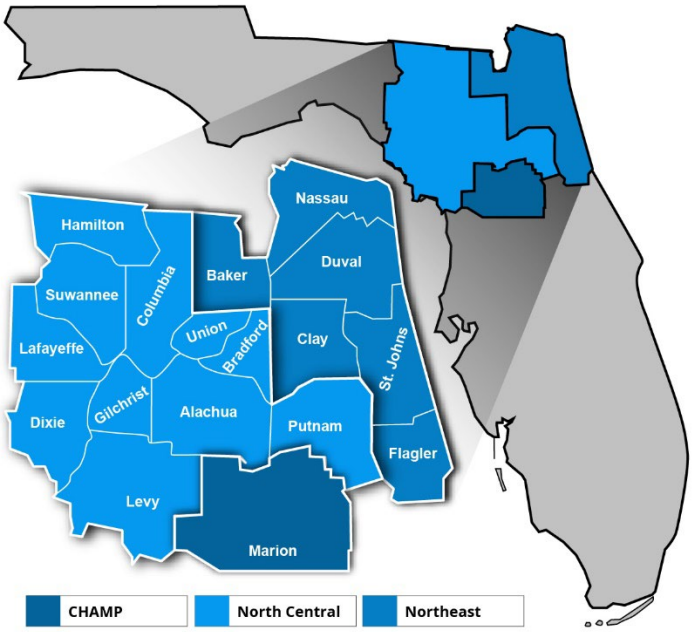
Introduction

The Region 3 Healthcare Coalition Alliance (Alliance) is made up of three existing Healthcare Coalitions: **Northeast Florida Healthcare Coalition** (NEFLHCC), **North Central Florida Health Care Coalition** (NCFHCC) and **Coalition for Health and Medical Preparedness** (CHAMP). The 18 counties served by the Alliance include: Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union Counties. Planning for response and recovery for this 12,000 square mile geographic area can be challenging as it includes immense diversity from rural to urban areas and includes both coastal and inland counties.



The healthcare coalition program is administered by the Northeast Florida Regional Council (NEFRC), through a contract with the Florida Department of Health, which is funded through the Hospital Preparedness Program (HPP) cooperative agreement with the Administration for Strategic Preparedness and Response (ASPR). As the administrative and fiduciary agent for the Alliance, the NEFRC employs staff to administer the FDOH contract and manage the program.

Purpose

The Alliance Extended Downtime Health Care Delivery Impact Assessment includes an overview of downtime impacts on clinical and operational functions and member information on how prolonged downtime events would impact their operations. Special considerations are acknowledged in this assessment for communities most impacted by disasters, and a provision of mitigation methods that accounts for all aspects of the region.

Methodology

The Alliance shared a brief survey with members who deliver direct patient care on April 30, 2025, via email and closed the survey on May 14, 2025. The 14-question survey captured information on impacts to patient care, communications, and infrastructure/operational from an extended downtime event. A total of 16 responses were received (7 Hospitals, 2 Outpatient/Ambulatory Care Sites, 2 Dialysis Facilities, 1 Pediatric Home Care Agency, 1 EMS Agency, 1 Federally Qualified Health Center (FQHC), and 2 Long Term Care Facilities).

The information shared in this assessment is a culmination of responses from healthcare facilities in the region regarding the impacts an extended downtime event would have on patient care, communications, and critical infrastructure/operational functions.

Functional Impacts

Technological advancements and reliance on technology create a detriment to the health care delivery system during a downtime event on both clinical and operational functions. The following impacts were captured by member facilities who must maintain patient care during downtime events. Outpatient care and non-critical facilities have the ability to reschedule appointments and reduce clinical impact.

Clinical and Operational Impacts on Patient Care:

- Access to Electronic Health Record (EHRs)
    - Medications
    - Orders
    - Treatments
- Food delivery and storage
- Surge of patients to local emergency departments if a facility cannot provide necessary care
- Patient registration/admission and patient transfer/discharge
- Availability of rescues to respond promptly to 911 calls
- Billing, imaging reading, possible cardiac monitoring, transfer center integration, physician transcription, tube system, lab result integration into patient chart, and possible HIPPA issues
- All clinical spaces would suffer having to work through downtimes
- Accessing schedules and staffing, documentation for field staff, accessing and recording MAR/orders

- Risk for error, without all of the systems in place there is an increased risk for things such as medication errors or transcription errors
- Patients receiving dialysis at home communicate treatment information for the clinic staff via machine modems, iPads, telephone, etc. An extended downtime would impact continuity of care and potentially limit the patient's ability to continue dialysis at home
- Home dialysis training

Clinical and Operational Impacts on Communications:

- Phone and internet services
    - EHRs
    - Email
    - Mobile communications apps
    - EMR messaging
    - Telemetry
    - Internal calls
- Maintaining HIPPA compliance with tertiary tools
- Communicating with patients and family in a timely manner depending on the down time event
- Loss of 911-related communications over an extended time would severely hamper EMS response
- Patient appointment scheduling
- Dialysis treatment continuity between facilities, hospitals, etc.
- Pharmacy (medication / prescriptions)
- Laboratory (obtaining / results)
- Radiology Services

Critical Infrastructure and Operational Functions Impacts:

- HVAC units not powered by generator(s)
- Losing power, water and HVAC would cause facility to shut down
- Loss of vaccines, medications and supplies
- Electrical dependent patient equipment (tube feeding pumps, concentrators, etc.)
- Possible delay in response to 911 calls
- Building automation systems fail or are sporadic
- Dialysis treatment disruption
- Evacuation would have to occur; critical patients of all ages would need resources for breathing, dialysis, critical care functions, etc.

Extended Downtime Health Care Delivery Impact on Communities Most Impacted by Disasters

An extended downtime incident in the healthcare sector can have disproportionately severe consequences for Communities Most Impacted by Disasters (CMID), including underserved populations, rural communities, older it affects all populations. An extended downtime event may have increased impacts on the elderly, geographically isolated individuals, and other vulnerable populations. For rural populations, it would be

possible for individuals to end up without care, medications and potentially suffer at home or end up in the emergency room. The cause of the downtime event (if regional) could lead to other considerations for at-risk populations including death due to increased barriers to access of water, food, medications, and other essential resources.

Hospitals still must treat all patients. However, there may be a delay and reduction in services, and there could be a delay in 911-dispatch and calls if it is a regional downtime event. This is especially a strain on rural communities with little to no access to critical care facilities. For facilities that are considered “critical access” or “rural access" it is essential for there to be planning considerations for CMID in the event their facility must evacuate or severely reduce services, and how they can still meet the needs of their most vulnerable populations.

Communication materials and dissemination methods must be inclusive, and representative of the region impacted so everyone has the same opportunity to be informed of the downtime event and its implications.

Mitigation Strategies

The mitigation strategies described below are a sampling of the healthcare facilities perspective on solutions to the impacts an extended downtime event would have on patient care, communications, and critical infrastructure/operational functions.

Patient Care Mitigation Strategies:

- Backup health record to a backup computer (off network); Documentation in different software systems i.e. Google Sheets, Excel, and MSWord, and scanning documents for future integration in patient care software when downtime ends
- Emergency power supply can be used with the use of power supply cords, but it presents a huge onsite risk
- Cases would stop and be rescheduled
- Use of paper methods (i.e., downtime treatment sheets, pre-printed orders, med labels, admission forms, discharge forms, POC documentation); Three-hole punch notebooks; Pens/paper/printer ink
- Mobile medical units and a mobile dental unit
- Use of an additional/ back-up internet provider
- Regional mutual aid agreements
- Developing and training on downtime forms and exercise using them
- Transferring patients to sister facilities to ensure no disruption of care
- Runners for urgent medical needs and results

Communications Mitigation Strategies:

- Backup cellular phones and emergency management provided phone if needed
- Training on use of backup systems (i.e., systems like Everbridge and paper/runners)
- Manually contacting each patient
- Policy implementation, downtime sheets, analog phones, emergency and disaster policies, all patient and staff emergency numbers on paper

- Satellite phones and radios
- Walkie talkies
- SPOK (HIPPA compliant communication device)
- Copper lines for fax
- Patients are given Network 7 contact information on admission, and it is posted throughout clinic

Infrastructure/Operational Mitigation Strategies:

- Generator capacity to sustain facility operations
- Moving patients to other care sites (if applicable)
- Emergency fuel supply contract
- Local station evacuation and relocation plans in place
- Manual operations can be put into place
- Supplemental bottled water supply for potable and sanitary
- Air Cooled Chiller rental for cooling capacity
- Need to relocate resources

Regional Resources

The Region 3 HCC Alliance serves as a communication hub during emergencies. In the event of a jurisdictional- or regional downtime event, the Alliance would share information with members as the information is received. Per the results of this survey, members are unaware of external resources that could be available during such an event and responded that most downtime response would be handled internally.

Patient Care Regional Resources:

- Local emergency management
- The entire Fresenius Kidney Care team
- AHCA (Agency for Healthcare Administration)
- FHCA (Florida Health Care Association)
- Local pharmacies
- Internet service providers
- Regional EMS mutual aid
- Private EMS providers
- Utilization of sister facilities (if applicable)
- Corporate support (when applicable)
- Network 7

Communications Regional Resources:

- Local emergency management
- Internet service providers
- FHCA (Florida Health Care Association)
- Florida Division of Emergency Management

- Regional mutual aid
- Network 7
- DCI IT Department
- Corporate support (if applicable)

Infrastructure/Operational Regional Resources:

- Agreements for mobile generators when needed
- FHCA (Florida Health Care Association)
- AHCA (Agency for Healthcare Administration)
- Regional government support
- Regional mutual aid agreements with other 911 agencies
- Corporate system support (if applicable)
- Ring Power
- Trane
- Dietary Partners
- Network 7

Escalation

The following discusses aspects of a downtime event which would lead to further escalation for a request for assistance from external partners and stakeholders. This includes how a downtime event would supersede an internal facility response, and require the alert to local, state, regional and/or federal level agencies.

Downtime Event Impacting Patient Care:

- Notification of resources lost and unavailable for operational needs – alert to local emergency management, AHCA (Agency for Healthcare Administration) and Florida Department of Health
- Notification via local Board of County Commissioners, Florida Fire Chief's Association, or Governor's action
- An event affecting more than one hospital system
- Possible coordination with medical transport to other facilities (chopper transfer, ALF/SNF transfers, etc.)
- Event due to cyber-attack or EMR breach
- Length of down time, slow response from local agency, harm to patients
- Report to AHCA if hospital went on divert due to downtime
- Dialysis treatment disruption
- Report to OEM
- Unable to be handled at the local and regional level and/or global hospital issues

Downtime Event Impacting Communications:

- Inability to access resources or resources not operational
- Number of buildings and time down/notification

- If multiple healthcare operations are affected
- Cyber-attack or EMR breach
- Report to AHCA if hospital went on divert due to downtime
- Dialysis treatment disruption
- Report to OEM
- Unable to be handled at the local and regional level and/or global hospital issues

Downtime Event Impacting Infrastructure/Operational Functions:

- Inability to obtain a mobile generator if onsite is not operational
- Number of buildings and time down/notification
- Patient safety or comfort is compromised
- Low to no resources available locally
- Report to AHCA on hospital evacuations if emergency power backups or water are lost
- Unable to be handled at the local and regional level and/or global hospital issues

Other Considerations

As with any emerging threat, it is essential to evaluate the whole landscape a potential event could impact for a single facility, region, state, or larger scale. The above reviews impacts, mitigation strategies, and escalation steps for an extended downtime event in a healthcare facility. The assessment reviews patient care, communications, and critical infrastructure/operational lens impacts. This document is a collaborative assessment from member perspectives across the patient care delivery system.

Other considerations not discussed above include patient transportation with limited resources. If the event was large enough to impact multiple facilities in the region, there would be a strain on the transportation assets. An extended downtime event would impact the mental health and accessibility of field staff and teams.

Conclusion

The FY24–25 Extended Downtime Health Care Delivery Impact Assessment provides critical insight into the current practices and plans identified by healthcare organizations in the region. The information shared above culminates healthcare facilities' perspective on how an extended downtime event would impact patient care, communications, and critical infrastructure/operational functions. Findings from this assessment indicate that facilities and organizations have planned for and have inter-facility resources to respond to a downtime event. Each event is unique in the response it requires, and it is imperative for facilities to continue to account, prepare, and drill for an extended downtime event.