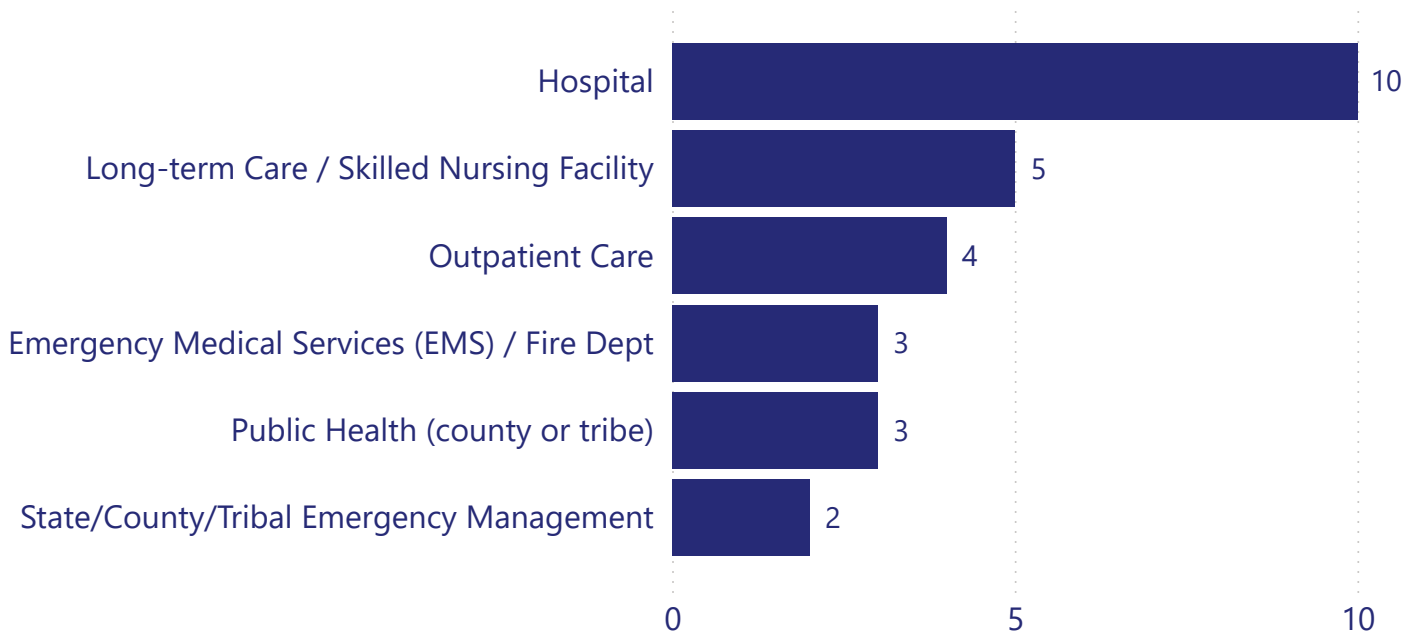


## Appendix 4: Northern Region Results

Organization Type	Number of Respondents
Hospital-Acute Care	6
Skilled Nursing or Long-Term Care Facility	5
Ambulatory Surgery Center	3
Emergency Medical Services (EMS) / Fire Dept	3
Hospital-Critical Access	3
Public Health Agency (County or Tribe)	3
Emergency Management Organization (County or Tribe)	2
Behavioral Health Facility	1
End-Stage Renal Disease Facility	1
<b>Total</b>	<b>27</b>

### Responses by Sector Type



## Northern Region HVA Results

Hazards for the Northern Region are ranked by weighted risk score, with unweighted scores producing the same ranking. Risk scores were calculated taking the average ranking for occurrence probability, impact, preparedness, and response capacity using the previously defined formula. Impact was weighted by multiplying the impact score by 2 to account for both business and human impact in the healthcare delivery setting.

Unique Regional Hazard Considerations:

- Severe weather (cold)
- Rural area
- Distance between healthcare services
- High traffic (highways, railway, gas lines, etc.)

### Ranked Hazards

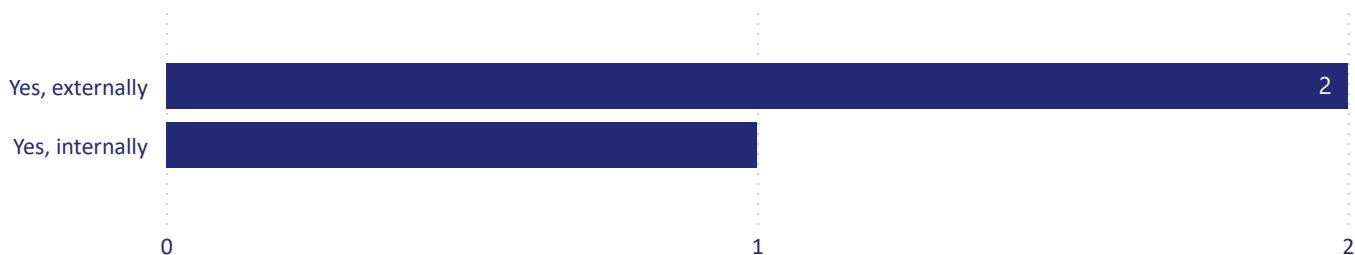
Hazard	Occurrence Probability	Impact	Preparedness	Response Capacity	Weighted Risk Score	Unweighted Risk Score
Communications/Network Failure	2.30	2.33	1.78	1.88	19.13	13.77
Staffing Shortage	2.19	1.67	2.15	2.15	16.68	13.04
Wildfire	2.31	2.15	1.44	1.35	16.38	11.41
Monsoon Weather	2.52	1.56	1.59	1.62	15.91	12.00
Extreme Winter Weather	2.07	1.74	1.67	1.81	14.43	10.82
Extreme Heat	2.07	1.48	1.81	1.81	13.66	10.59
Cyberattack	1.59	2.15	1.93	1.96	13.03	9.61
Active Threat/Workplace Violence	1.59	1.78	1.78	1.81	11.37	8.54
Pandemic/Epidemic	1.44	2.12	1.59	1.69	10.86	7.80
Supply Chain Failure	1.52	1.56	2.00	2.00	10.80	8.44

## Northern Region County/Tribe Public Health Resources

Public Health agencies, both county and tribal, were asked if they maintained the following resources. Definitions of what constitutes each resource are provided in each graphic. Participants were provided with three answer choices: "Yes, internally," "Yes, externally," and "No." A "Yes, internally" indicates the agency maintains that resource within their own site and under their own control. A "Yes, externally" response indicates the agency may have access to the resource through memorandums or understanding, mutual aid, or other agreement with community partners.

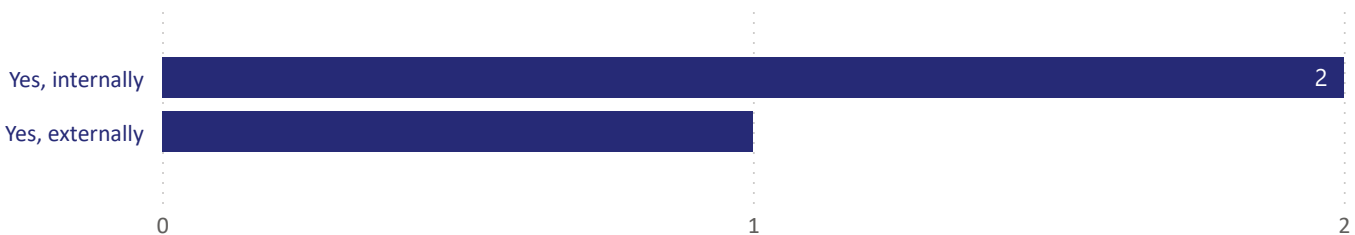
### Alternate Care Sites

Includes supplies or equipment for alternate care sites – managed by hospitals or local/tribal/state EM or federal



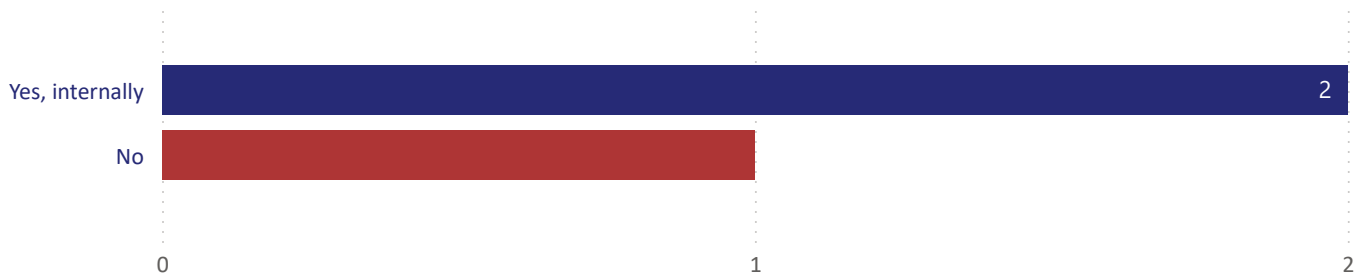
### Call Centers

Call centers: Capability to set up a call center for a public health emergency



### Healthcare Volunteer Management

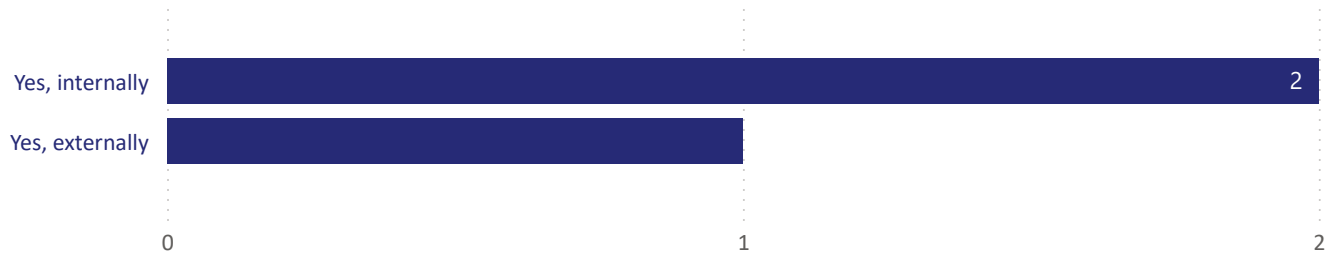
Healthcare volunteer management: Resources or MOUs for healthcare volunteers (e.g., CERT or MRC) Several PH or other county departments have Medical Reserve Corp (MRC), Community Emergency Response Teams (CERT), or other volunteer programs (nursing students and COAD/VOAD partners)



Northern Region  
County/Tribe Public Health Resources (cont'd)

Mass Mortuary Capacity

Plans and/or resources for processing / identification / storage. May plan with local ME office or nearby counties and tribes to increase fatality management capacity



Medical Countermeasures and Administration

Includes physical assets that support Chempack, antidote, vaccination, prophylaxis operations and distribution of other countermeasures from the SNS and/or state and local assets that may include databases, electronic systems, as well as physical resources (signage, badging systems, coolers, etc.)



PPE Stockpile

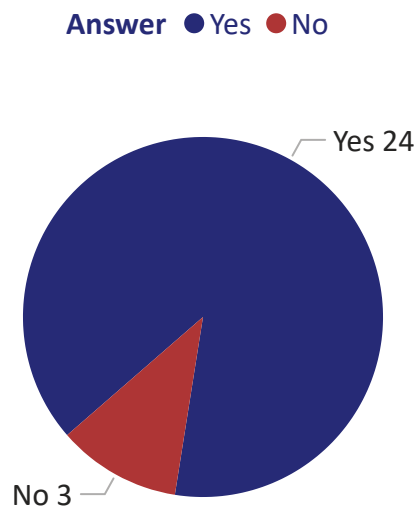
Available supplies and storage capacity, PPE stockpile Most PH have stockpiles of gowns, gloves, surgical masks, N95 masks, shoe covers, head covers, goggles, safety glasses, etc.



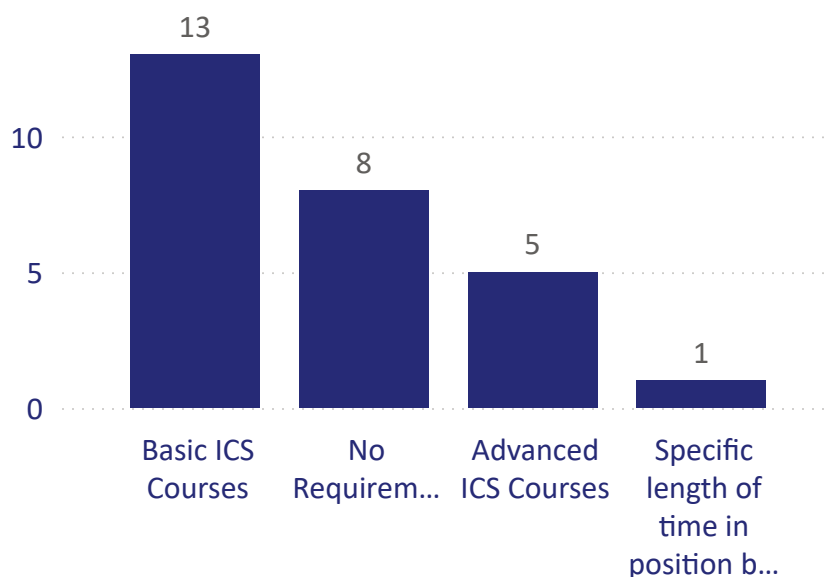
## Northern Region Resource Gap Analysis

Arizona Health Alert Network Alerts provide healthcare providers fast access to information regarding emergent threats and threats. Both Arizona Department of Health Services and AzCHER utilize this platform to quickly notify members of current and planned incidents. Respondents were asked if they receive these alerts in an effort to identify gaps in reach and opportunities for expansion or training.

### Do you receive AzHAN alerts?



### Highest Level of Training Required for EOC Employees



A new inquiry for the 2024-2025 Resource Gap Analysis was in regards to the level of training required for employees to work in the Emergency Operations Center (EOC). It is highly recommended employees complete IC courses 100, 200, 700, and 800 prior to working in the EOC. Response data will be used to identify training gaps and opportunities for the different regions. Most require basic ICS courses, representing a strength for the coalition.

## Northern Region- Communications Assets

### Phone/Mobile Phone Assets

Phone and mobile phone related assets maintained by facilities are shown below. Most do not maintain satellite phones, but have access to cell phones.

Sector	Cell Phones	Internet-based phone	Landline telephones	Mobile communication apps	Satellite phones
Hospital	10	5	8	3	4
Long-term Care / Skilled Nursing Facility	5	2	5	4	
Outpatient Care	4	2	4		
Public Health (county or tribe)	3	2	2	1	1
Emergency Medical Services (EMS) / Fire Dept	3	2	2	1	
State/County/Tribal Emergency Management	2	2	2	1	1

### Community Communications

Assets used to communicate with the general public are shown below. Means to communicate with patients and families are lacking among most sector types.

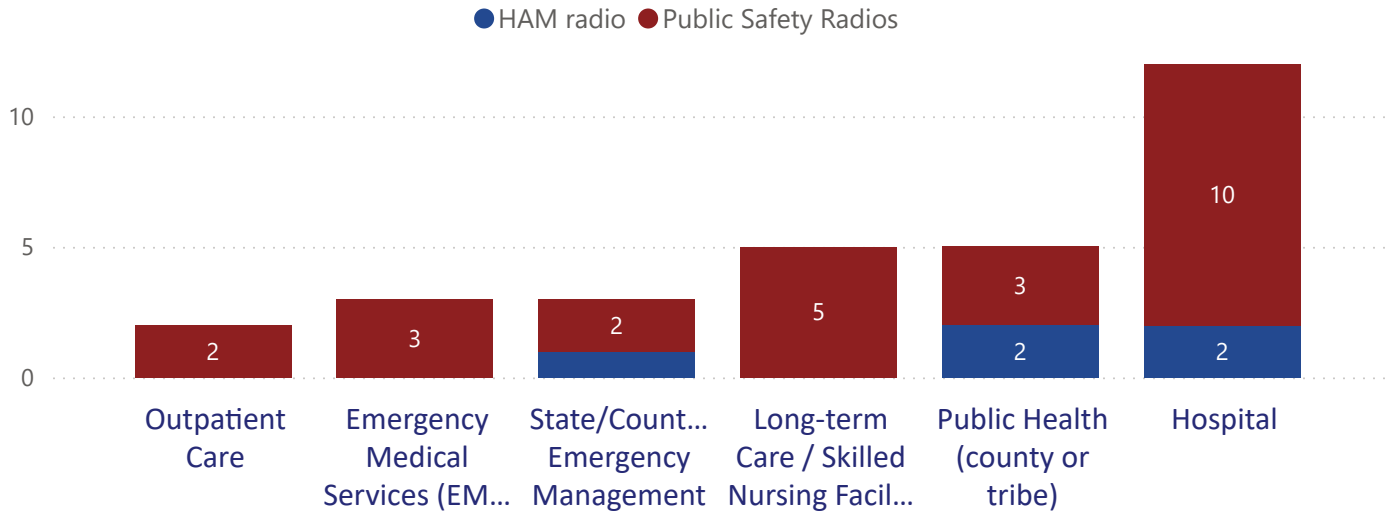
Sector	Ability to Receive Community Alerts	Mass communication platform	Platform to communicate within organization/ system	Social Media	System to communicate with patients and families
Emergency Medical Services (EMS) / Fire Dept	1	1		2	
State/County/Tribal Emergency Management	2	2	1	2	
Long-term Care / Skilled Nursing Facility	2	1	4	1	1
Outpatient Care	3		1	4	1
Public Health (county or tribe)	3	2	2	3	1
Hospital	9	7	5	9	2

## Northern Region- Communications Assets

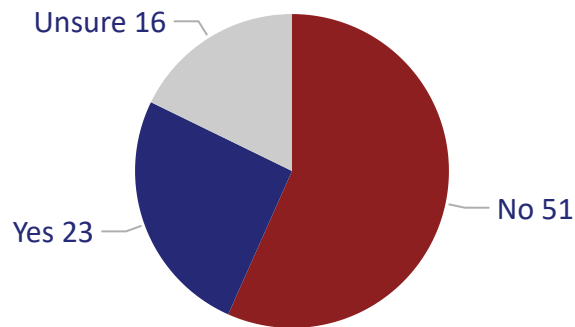


### Radio Assets

The type of radio assets maintained by facility type are shown below. Public safety radios are the most common, with few agencies utilizing HAM radios.



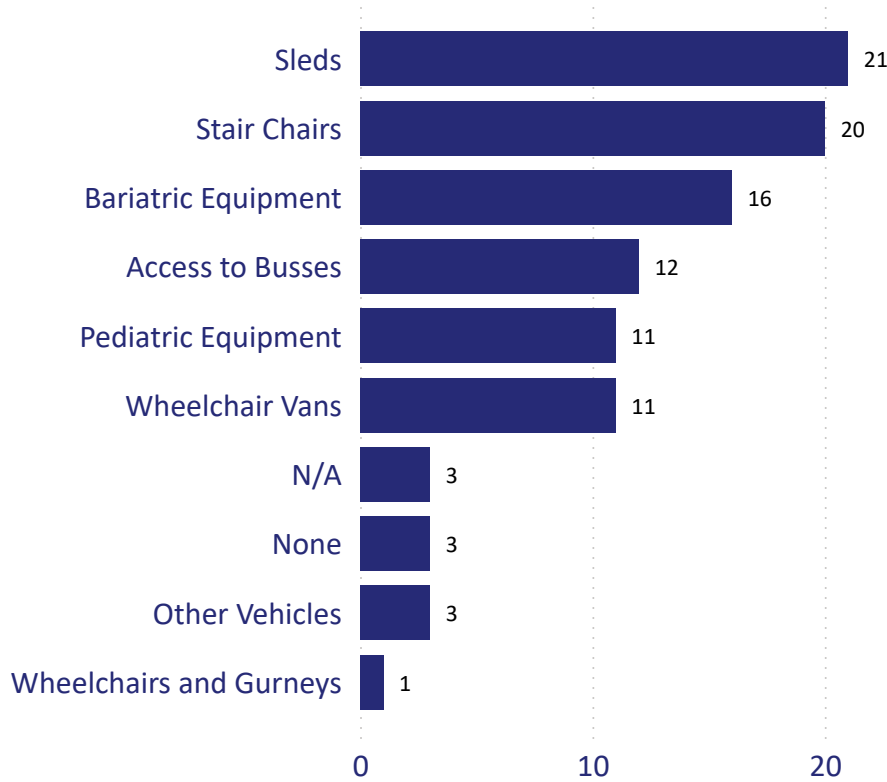
### Number of Agencies with Personnel Trained to Use HAM Radios



## Northern Region Hospital Resources

Hospitals throughout the state were asked to provide information on the resources available at their facilities. The results of this inquiry are illustrated and extrapolated below. Data collected is used to form work groups, develop trainings, and provide resource sharing opportunities in times of low-resource availability.

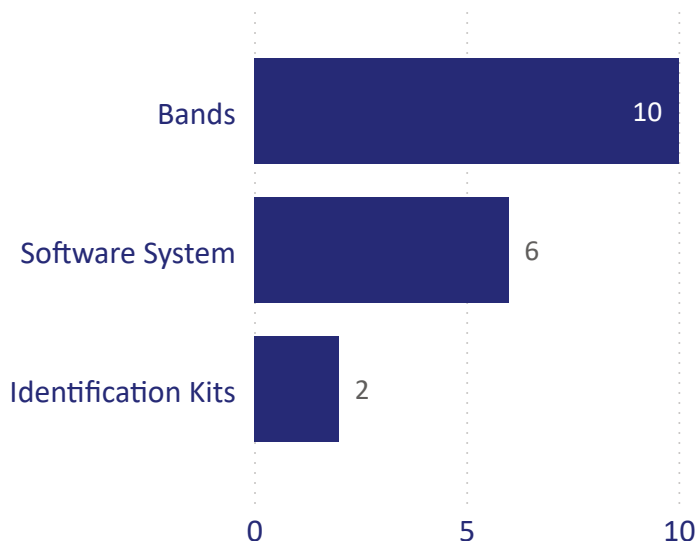
### Evacuation Resources



Data on evacuation resources available among regional hospitals was collected to identify gaps and opportunities for resource sharing. Access to a variety of evacuation resources is critical to effectively respond to an incident which requires the prompt evacuation of a hospital or local healthcare provider.

The graph to the left indicates how many hospitals in the region possess and maintain the identified resource, not necessarily the quantity of that resource available.

### Patient Tracking Resources



The ability to track patients being transferred, evacuated, or accepted by a facility in times of crisis is a complex endeavor. In response to the results collected here and in steering committee groups, AzCHER developed a work group in November 2024 to identify gaps and solutions in tracking patients during a crisis, multi-casualty incident, evacuation, or other large-scale event requiring the use of these resources. Identifying resources already available provides AzCHER and its members the ability to expand on what is already in place and identify training and resource gaps.

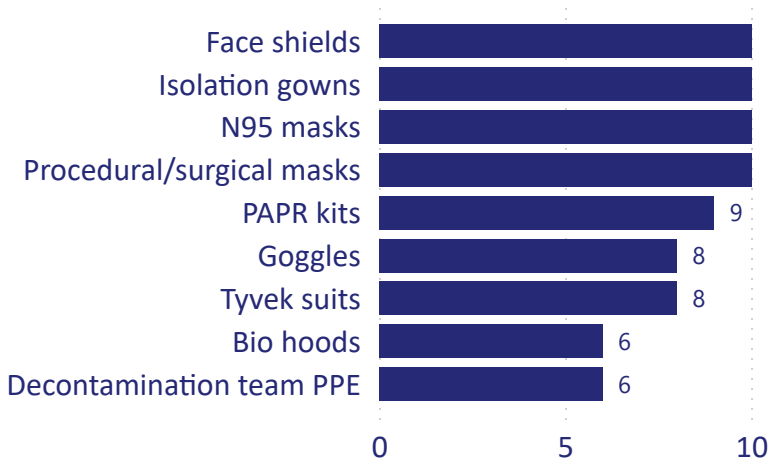


## Northern Region Hospital Resources

Combined, 9 reporting hospitals have a total morgue capacity of 10.  
 A higher participatory rate among hospitals were produce a more accurate count of morgue capacity.

Hospital Morgue Capacity  
**10**

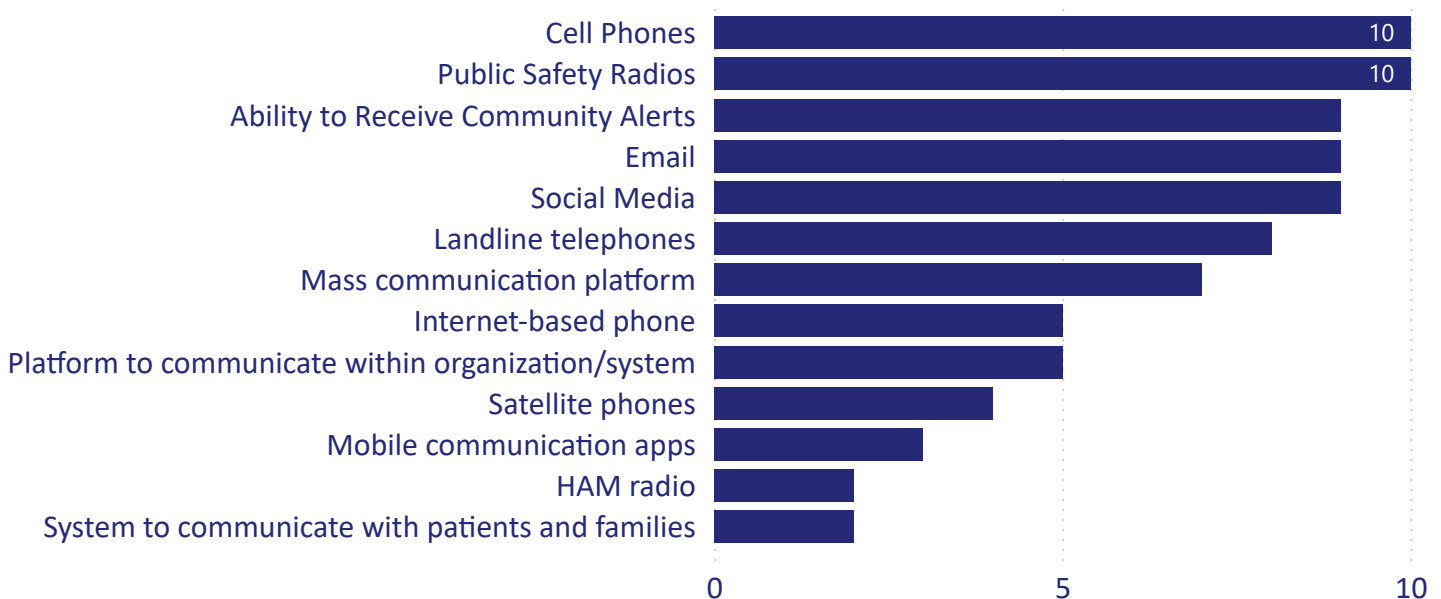
### PPE Resources



Hospitals in the northern region reported maintaining substantial PPE. Gaps were identified in the maintenance of decontamination PPE, bio hoods, and Tyvek suits.

All 9 reporting hospitals maintain cell phones, email, and public safety radios as communication assets. 6 have social media and landline phones. A substantial gap identified is the availability of a system to communicate with patients and families, with less than half the hospitals reporting to maintain this asset.

### Communication Assets in Hospitals



## Northern Region- Evacuation Resources

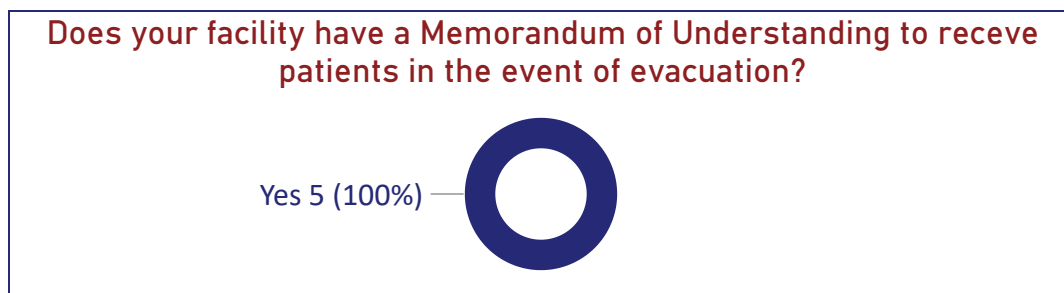
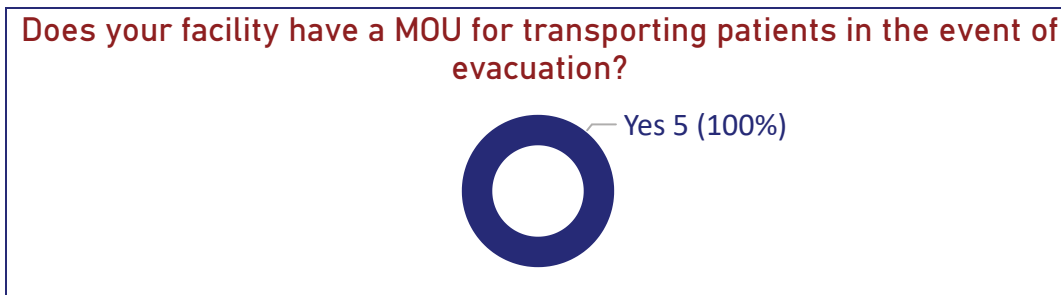
### Evacuation Resources

Evacuation resources for EMS, Hospitals, and Long Term Care Facilities were evaluated. Access to pediatric equipment, other vehicles, and wheelchairs were identified as resource gaps.

What evacuation resources do you have?	Emergency Medical Services (EMS) / Fire Dept	Hospital- Acute Care	Hospital- Critical Access	Skilled Nursing or Long-Term Care Facility	Total
Access to Busses			8		8
Bariatric Equipment		1	4	3	8
Sleds	1	7			8
Wheelchair Vans			4	4	8
Stair Chairs	1	5			6
Pediatric Equipment	1		4		5
ATV	1				1
Wheelchairs and Gurneys			1		1
<b>Total</b>	<b>4</b>	<b>13</b>	<b>21</b>	<b>7</b>	<b>45</b>

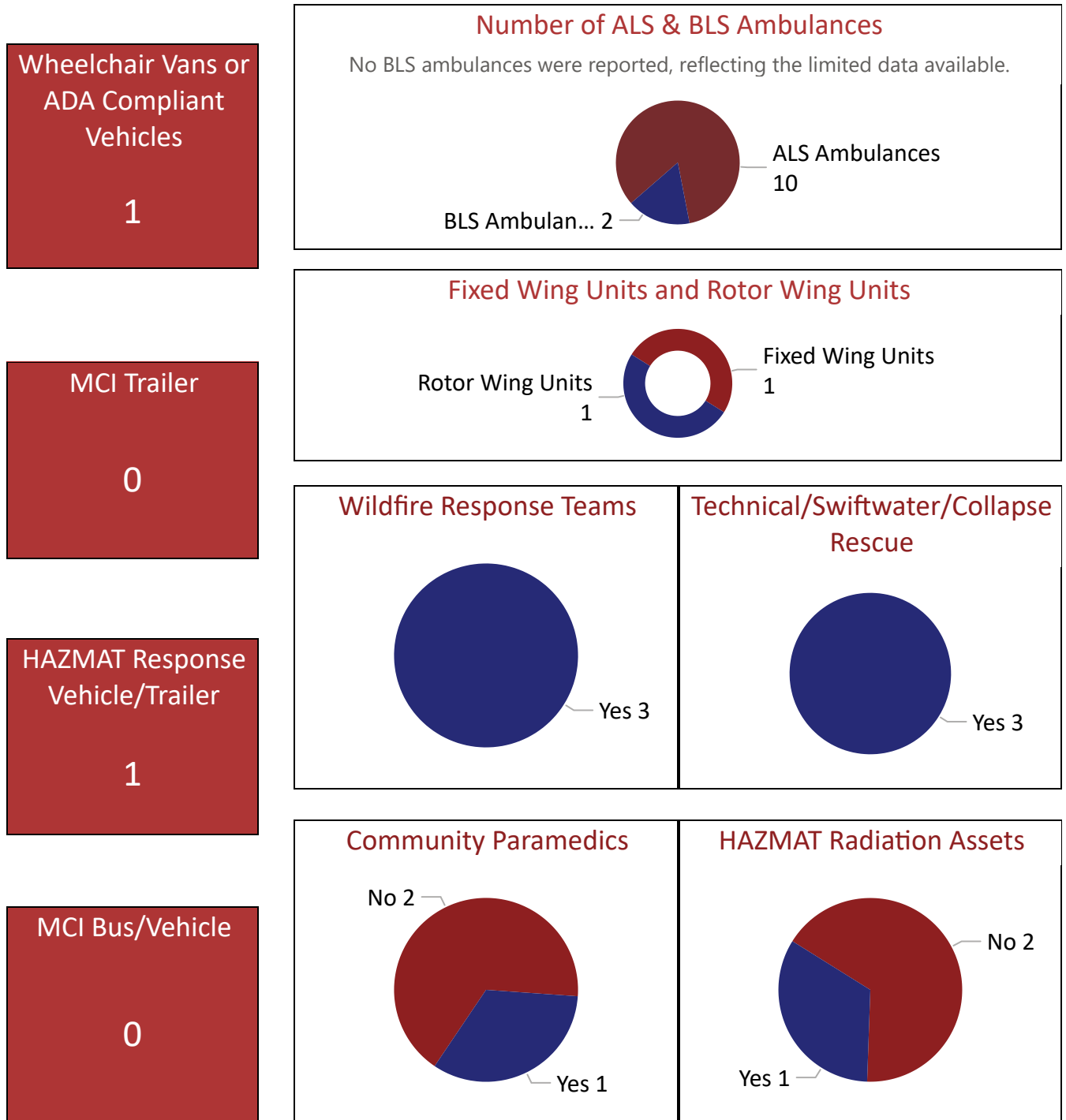
### Memorandums of Understanding for Long-Term-Care Facilities

- Long-Term Care and Skilled Nursing Facilities were asked if they had memorandums of understanding (MOU) in place for evacuation scenarios, either to receive or transfer out patients.



## Northern Region- EMS and Fire Resources

Data on Emergency Medical Service and Fire resources has historically been difficult to gather. Only a small percentage of EMS and Fire agencies are members of AzCHER, and even fewer participated in the RGA. Increasing engagement among these partners will provide a more robust and thorough examination of resources available to the region. Below are the results received, but due to the limited participation rate, results are likely not reflective of actual resources.



## Northern Region- PPE Maintained by Agency Type

### PPE Maintained by Each Sector

Agencies were asked what personal protective equipment (PPE) they maintain an inventory for. Decontamination PPE was identified as a gap and high need, particularly for hospitals.

PPE	Emergency Medical Services (EMS) / Fire Dept	Hospital	Long-term Care / Skilled Nursing Facility	Outpatient Care	Public Health (county or tribe)	State/County/Tribal Emergency Management
▲ Bio hoods	1	6	1			
Decontamination team PPE	1	6	1			
Face shields	2	10	5	3	3	1
Goggles	2	8	5	3	3	1
Isolation gowns	2	10	5	3	3	1
N95 masks	3	10	5	4	3	2
PAPR kits	1	9	1		3	
Procedural/surgical masks	3	10	5	4	3	1
Tyvek suits	3	8	1	1	2	1