New Jersey
Healthcare Coalitions

New Jersey Healthcare Coalition (NJHCC)
Central Region Gap Analysis
Budget Period 2 / 2025-2026

Top Five Hazards

The Central Region New Jersey Healthcare Coalition (NJHCC) conducted its Budget Period 2 (2025–2026) Hazard Vulnerability Assessment (HVA) over the course of a few months and identified the **top five hazards of concern** for healthcare partners:

1. IT System Outage
2. Workplace Violence / Threat
3. Infectious Disease Outbreak
4. Fire
5. Inclement Weather

This gap analysis outlines current capabilities, areas of concern, and opportunities for improvement across member organizations—including, but not limited to, **Acute Care, Public Health, Homecare & Hospice, Offices of Emergency Management (OEM), Emergency Medical Services (EMS), Federally Qualified Health Centers (FQHC), and Long-Term Care** — to enhance preparedness and response capacity.

IT System Outage

IT System Outage was the highest rank hazard for the Central Region's HVA for BP2 (2025-2026). Throughout the region some of the current capabilities include that, most, if not all, acute care facilities maintain electronic health record (EHR) downtime procedures and paper documentation processes. In addition to this, larger organizations and networks have Information Technology (IT) redundancy, data recovery, and cybersecurity protocols. Another capability involves OEM partners being able to assist with situational awareness and coordination during prolonged outages.

Although there are capabilities in the realm of IT System Outages in the region, there also exist gaps. One of these gaps is that smaller providers like homecare agencies, smaller hospices, and independent EMS units have limited redundancy and lack robust continuity of operations (COOP) planning. Additionally, cybersecurity response and recovery capacity varies widely across partners. A final gap that can be identified is the limited regional coordination in communicating system and region-wide IT disruptions. Data from this year's HVA tells us that only 41%, so just under half, of the Central Region feels highly prepared for IT System Outages, while 31% of the region feels moderately prepared, and

the other 28% of the region are either poorly or not at all equipped to respond to IT System Outages.

With that being said, there are some opportunities that present themselves. One such opportunity would be to develop regional IT downtime standards and cross-training on paper-based workflows. Another opportunity would be to expand cyber hygiene training and tabletop exercises across the region and the state overall. A final opportunity could be to establish communication channels for rapid notification of IT outages across coalition members.

Workplace Violence / Threat

Workplace Violence was ranked as the second highest hazard on the Central Region's HVA for BP2 (2025–2026), with 66 incidents reported. Vulnerability was measured at 25%, and 40% of respondents indicated they feel highly prepared to address workplace violence. Current capabilities within the region include the implementation of the NJ Health Care Heroes Act, which establishes prevention and response standards for healthcare settings. Additionally, the New Jersey Healthcare Coalition (NJHCC) continues to support regional partners through the Statewide Workplace Violence Committee, which fosters collaboration and shares best practices across healthcare sectors. Acute care, EMS, and public health partners are regularly engaged in coalition-wide meetings, trainings, and discussions. In the Central Region specifically, partnerships with Robert Wood Johnson health system personnel and local health law prosecutors have enhanced understanding of legal frameworks, enforcement, and prevention strategies around workplace violence.

Despite these strengths, several gaps remain. Inpatient/outpatient settings, homecare, and smaller healthcare facilities often lack consistent training and infrastructure to prevent and respond to workplace violence. Preparedness levels vary significantly across healthcare types, leaving some providers with limited access to security personnel or formal prevention programs. A regional gap also exists in the de-escalation practices across diverse healthcare environments. Although 41% of respondents report feeling highly prepared, the majority still describe themselves as only moderately or not prepared, which highlights uneven capabilities across the region.

Opportunities exist to expand coalition-wide initiatives that strengthen workplace violence prevention. In 2025, the WPV Committee emphasized priority areas such as pediatric behavioral health, restraint practices, and legal protections under the NJ Heroes Act, all of which serve as models for multidisciplinary collaboration. For the Central Region, opportunities also lie in expanding law enforcement and legal sector integration into

routine preparedness planning, ensuring consistent interpretation and application of health law protections. The region could also benefit from coalition-supported trainings, expansion of joint security and clinical exercises, and the creation of standardized reporting and data-sharing frameworks that span across healthcare settings.

Infectious Disease Outbreak

The third hazard identified in the Central Region is Infectious Disease Outbreaks. As per the HVA for this region, 77% of the region feels prepared to deal with Infectious Disease Outbreaks, while the other 33% feel as though they are moderately or poorly prepared. Several capabilities that exist in the region include, but are not limited to, public health partners having established surveillance, reporting, and outbreak investigation protocols, especially post-COVID. On top of this, acute care hospitals maintain infection prevention programs and stockpiles of personal protective equipment (PPE).

Although capabilities are strong, there are some gaps that still exist when talking about Infectious Disease Outbreaks. For example, PPE and medical supply sustainment remains uneven across smaller healthcare settings. In this same vein, homecare and hospice face challenges in infection control training and PPE availability and EMS units have variable capacity for decontamination and staff protection during sustained outbreaks.

Where gaps exist, so do opportunities. One example of an opportunity is coalition-level coordination of PPE caches and resource requests. Another opportunity is the expansion of infection control training and just-in-time education across non-acute settings. A third and final opportunity that presents itself is the development of flexible surge staffing strategies to support healthcare operations during prolonged outbreaks. This can look like the continuation of training opportunities from NJHCC partners at NETEC/Bellevue.

Fire

Within the Central Region, according to their HVA, 40% of the region feels very prepared, another 40% feels moderately prepared, and the remaining 20% feel not at all prepared for Fire incidents. This poses many issues, especially given the significant increase in Fire-related incidents across the region and the state. One capability in the region is the responsiveness of the New Jersey Forest Fire Service (NJFFS) to fire events. Another capability is the frequent review and updating of the state and regional Burn Surge Annex, which is from the Response Plan.

Gaps that exist in the realm of Fire incidents include lack of evacuation training, exercising, and overall education. Another gap that is present is the lack of consistent information sharing at a coalition-wide and statewide level when Fire incidents occur.

Some opportunities that exist within the region as it pertains to Fire hazards is to bring together members to build onto the Burn Surge Annex through meetings and workgroups sessions. Another opportunity that presents itself is the usage of subject matter experts and response-personnel to these incidents to present on lessons learned.

Inclement Weather

Inclement Weather was ranked as the fifth highest hazard on the Central Region's HVA for BP2 (2025-2026). Current capabilities within the region include but are not limited to most, if not all, sectors of healthcare maintaining basic emergency weather response protocols such as shelter-in-place or evacuation plans. Also, OEM provides forecasting, resource support, and emergency declarations when needed. Another strong capability that exists is acute care hospitals having backup power and supply stockpiles within the Central Region.

Several gaps that exist as it pertains to Inclement Weather are that homecare & hospice and public health face challenges in reaching vulnerable patients and populations during road closures or power loss. Additionally, EMS surge capacity during large-scale weather events is limited and facilities experiencing diverts still experience significant patient surges. A final gap identified for the Central Region is coordination between public health and healthcare facilities for resource allocation during long-duration events needs improvement. Overall, within the region, 50% of members that responded to the HVA feel highly prepared for inclement weather while the remaining 40% feel moderately prepared and the other 10% are poorly or not at all prepared for inclement weather events.

Opportunities do exist when it comes to Inclement Weather. One such opportunity is the expansion of patient tracking and wellness check systems for hospital and home-based populations. A second opportunity identified is to strengthen mutual aid agreements to address staffing and transportation gaps in all healthcare types. Finally, the enhancement of healthcare coalition-wide situational reporting during severe weather events through systems such as Juvare and/or D4H.