New Jersey
Healthcare Coalitions

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

Top Five Hazards

The North 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. Inclement Weather
3. Active Shooter
4. HVAC Failure
5. Infectious Disease Outbreak

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 North Region's HVA for BP2 (2025-2026). Throughout the state of New Jersey 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 state, 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 50% of the North Region feels highly prepared for IT System Outages, while 39% of the region feels moderately or poorly equipped to respond to IT

System Outages, and another 12% not having IT System Outages on their organizations' radars.

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.

Inclement Weather

Inclement Weather was ranked as the second highest hazard on the North 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 North 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 North Region is coordination between public health and healthcare facilities for resource allocation during long-duration events needs improvement. Overall, within the region, 69% of members that responded to the HVA feel highly prepared for inclement weather while the remaining 31% feel moderately 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 or D4H.

Active Shooter

Active Shooter was the third highest hazard on the North Region's HVA for BP2 (2025-2026). Approximately 54% of the region that participated in the HVA feels highly prepared for these incidents while the remaining 46% feel as though they are moderately or poorly prepared for these types of incidents. A few capabilities that currently exist within the region are acute care facilities and some EMS agencies have conducted active shooter drills. In this same vein, the NJHCCs have worked with agencies like the New Jersey State Police (NJSP) and New Jersey Office of Homeland Security and Preparedness (NJOHSP) to host and distribute Active Shooter / Run, Hide, Fight trainings. Another strength within the region is law enforcement's integration with healthcare security in most hospital settings.

Some gaps that have been identified are homecare, hospice, and outpatient facilities having less training and limited security infrastructure at their facilities. Upon review, the lack of standardized regional training or response guidance for active shooter events in healthcare settings is another gap. As a result of it not being highly prioritized across the country, psychological first aid and workforce resiliency resources are not consistently integrated, however, workgroups such as the NJHCC Statewide Workplace Violence Committee assist in better preparing healthcare members for these occurrences.

Opportunities that exist within the North Region as it pertains to Active Shooter incidents are coalition-wide training and exercise initiatives, including Stop the Bleed and Run-Hide-Fight refreshers. Other opportunities include development of behavioral health support plans post-incident and the expansion of integration of EMS, OEM, and healthcare security in regional active shooter preparedness planning.

HVAC Failure

Coming in at the fourth highest ranked hazard identified in the North Region's HVA is HVAC Failure. On the higher end of preparedness, 69% of North Region NJHCC members that answered the HVA feel highly prepared for HVAC failures with the remaining 31% feeling moderately or poorly prepared. Two capabilities that currently exist within the region are that hospitals and large facilities maintain backup systems and access to HVAC resources through OEM partners that support coordination of portable HVAC resources during major outages.

Although the bulk of the region feels very prepared for these incidents, there are some gaps that exist. One such gap is that extended HVAC failure poses significant risks to infection control, pharmacy operations, and vulnerable populations (e.g., dialysis, long-term care, hospice, etc.). In addition to this, smaller healthcare providers lack redundancy and vendor agreements for emergency HVAC support, so it makes obtaining solutions difficult. The

final gap identified is the limited awareness of regional and statewide resource-sharing opportunities.

Even with several gaps, there are opportunities that present themselves regarding HVAC Failures. For example, identifying and pre-contracting regional vendors for rapid deployment of mobile HVAC solutions if not already done. Coalition inventory of temperature-sensitive medical supplies and patient care dependencies can also be an avenue of pursuit upon the approval from state agencies. A final opportunity that exists is joint training on contingency care planning during prolonged HVAC failures through exercises.

Infectious Disease Outbreak

The fifth and final of the top five hazards identified in the North Region is Infectious Disease Outbreaks. As per the HVA for this region, 54% of the region feels prepared to deal with Infectious Disease Outbreaks, while the other 46% feel as though they are moderately or not at all 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.