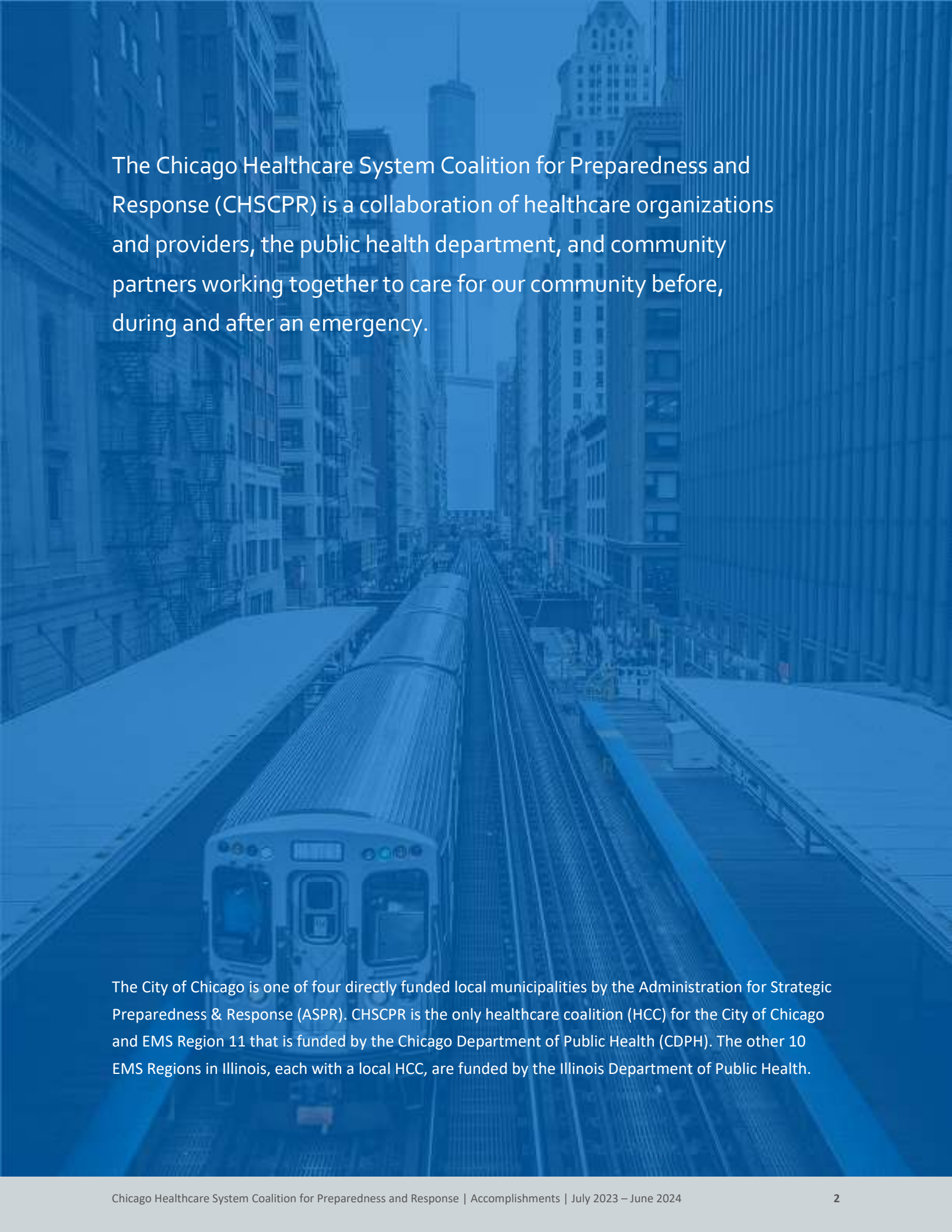


# Accomplishments

JULY 2023 – JUNE 2024







The Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR) is a collaboration of healthcare organizations and providers, the public health department, and community partners working together to care for our community before, during and after an emergency.

The City of Chicago is one of four directly funded local municipalities by the Administration for Strategic Preparedness & Response (ASPR). CHSCPR is the only healthcare coalition (HCC) for the City of Chicago and EMS Region 11 that is funded by the Chicago Department of Public Health (CDPH). The other 10 EMS Regions in Illinois, each with a local HCC, are funded by the Illinois Department of Public Health.

## LEADERSHIP & COMMITTEE CHAIRS



### EXECUTIVE COMMITTEE

**Public Health Chair**

Chicago Department of Public Health

**Healthcare Chair**

Loretto Hospital

**Healthcare Vice Chair**

Ann and Robert H. Lurie Children’s Hospital of Chicago

**Healthcare Past Chair**

John H. Stroger, Jr. Hospital of Cook County

**Regional Hospital Coordinating Center (RHCC)**

Advocate Illinois Masonic Medical Center

**At-Large Members**

Endeavor Health Swedish Hospital

Erie Family Health Centers

UChicago Medicine

**Emergency Medical Services**

Chicago Fire Department

**Clinical Advisor**

UChicago Medicine

**Readiness Response Coordinator**

Advocate Illinois Masonic Medical Center

**Emergency Management**

Office of Emergency Management and Communications

**Fiduciary Agent and Program Support**

Illinois Health and Hospital Association

### CHAIRS

**Information Sharing**

Ascension Sts. Mary & Elizabeth

**Medical Surge**

Advocate Illinois Masonic Medical Center

**Responder Safety and Health**

Sinai Chicago

**Training and Exercise**

Advocate Trinity Hospital

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## MEMBERSHIP

Member organizations include but are not limited to the following Chicago healthcare and supporting organizations: acute care, specialty and long-term acute care hospitals; public health; emergency medical services; emergency management agencies; long-term care facilities; dialysis centers; Federally Qualified Health Centers (FQHCs); hospice; ambulatory surgery centers; mental health centers; organ procurement organizations; and home health agencies.

In February 2024, the HCC approved an amended Governance Charter. Key updates included the addition of the Region 11 Regional Hospital Coordination Center (RHCC) manager and succession plan for vacant roles.



35

Hospitals\*



15

LTC\*



8

Dialysis\*



28

Other Stakeholders\*

\* Active organizations per category

## HEALTHCARE SYSTEM PREPAREDNESS—PARTICIPATION

90

Meetings



18

Training



12

Drills/Exercises



## HOSPITALS

Advocate Illinois Masonic Medical Center  
Advocate Trinity Hospital  
Ann & Robert H. Lurie Children's  
Hospital of Chicago  
Ascension Resurrection  
Ascension Saint Joseph - Chicago  
Ascension Sts. Mary & Elizabeth  
Community First Medical Center  
Endeavor Health Swedish Hospital  
Hartgrove Behavioral Health System  
Holy Cross Hospital  
Humboldt Park Health  
Insight Hospital & Medical Center  
Jackson Park Hospital & Medical Center  
Jesse Brown VA Medical Center  
John H. Stroger, Jr. Hospital of Cook County  
Kindred Chicago Market  
La Rabida Children's Hospital

Loretto Hospital  
Montrose Behavioral Health Hospital  
Mount Sinai Hospital  
Northwestern Memorial Hospital  
Provident Hospital of Cook County  
RML Chicago  
Roseland Community Hospital  
Rush University Medical Center  
Saint Anthony Hospital  
Shirley Ryan Abilitylab  
Shriners Children's - Chicago  
South Shore Hospital  
St. Bernard Hospital & Health Care Center  
Thorek Memorial Hospital  
Thorek Memorial Hospital – Andersonville  
UChicago Medicine  
UI Health  
Weiss Memorial Hospital



## PARTICIPATING HEALTHCARE PARTNERS

ACCESS Community Health Network

AHS Family Health Center

The Admiral at the Lake

Alden Estates of Northmoor Rehabilitation  
& Health Care Center

Alden Lakeland Rehabilitation  
& Health Care Center

Alden Lincoln Rehabilitation  
& Health Care Center

Alden Village North

Alivio Medical Center

Belhaven Nursing and Rehabilitation Center

Best Home Healthcare Network

Birchwood Plaza Nursing  
& Rehabilitation Center

California Terrace Health Care

Central Healthcare, Inc.

The Clare

Comfort Care Home Health Care

Cook County Cermak Health Services

DaVita

Erie Family Health Centers

Esperanza Home Health Care, Inc.

Excel Renal Care Services LLC

Fresenius Kidney Care

Great Paragon Healthcare, Inc.

Hamdard Health Alliance

Howard Brown Health

iCare Home Health

Illinois Veterans' Home at Chicago

Kidney Care at Home, LLC

Lakeview Rehabilitation and Nursing Center

MADO Healthcare

Medical District Home Dialysis

Mercy Circle

Misericordia

Nephron Dialysis Center Ltd

Norwood Crossing

Park View Rehab Center

Princeton Rehabilitation & Health Care Center

SAH Dialysis Center at 26th Street

Saint Thomas Home Healthcare, Inc.

The Selfhelp Home, Inc.

Smith Village

St. Mary of Providence: Rose-Angela Hall

The Surgery Center at 900 North Michigan Ave

Symphony of Chicago West

Tapestry 360 Health

Trilogy Behavioral Health

U.S. Renal Care

Unity Hospice of Chicagoland

Visiting Nurses of Illinois, Inc.

Warren Park Health and Living Center

The Waterford Care Center

Wentworth Rehabilitation  
and Health Care Center





## TRAINING

Identifying and assessing the preparedness to respond to an emergency by developing the necessary knowledge, skills, and abilities of HCC member's workforce.

HCC members actively engaged in training and development initiatives focused on emergency care. The participants' enthusiastic involvement and unwavering commitment truly demonstrates the effectiveness of the HCC training courses.

Training is a critical element in advancing patient care and quality. In preparation for the Democratic National Convention (DNC), CHSCPR offered a training program for **first receivers' decontamination** at six hospitals strategically located to receive patients from the DNC. The comprehensive training sessions included classroom lectures and hands-on practice, ensuring participants were well-prepared for any decontamination scenario. The practical sessions focused on vital skills such as setting up powered air-purifying respirators (PAPRs), donning and doffing personal protective equipment (PPE), and identifying contaminants. Each day concluded with a full-scale drill, where volunteers simulated patients requiring decontamination, allowing hospitals to practice the entire procedure from start to finish. **Seventy-nine first receivers** from renowned medical centers participated in this immersive and hands-on training, fostering a sense of collaboration and community among Rush University Medical Center, UChicago Medicine, Mount Sinai Hospital, Insight Hospital and Medical Center, Saint Anthony Hospital, and John H. Stroger, Jr. Hospital of Cook County.

To increase providers' knowledge, confidence, and competence with the HCC, twenty-seven clinicians attended two **Advanced Burn Life Support (ABLS)** courses. These in-person courses were designed to equip participants with the skills to assess and stabilize patients with serious burns within the critical first hours following injury and identify those who may require transfer to a specialized burn center. The training included didactic lectures, hands-on simulations, and engaging case studies for group discussions, culminating in a written exam and a practical assessment.

In conjunction with the University of Arizona, twenty-four healthcare professionals participated in a virtual **Advanced Hazmat Life Support (AHLs) for Radiological Incidents & Terrorism** course. This specialized training focused on preparing attendees to medically manage patients with acute radiation syndrome and internal contamination with radionuclides, engaging in discussions about the evaluation and management of patients contaminated with radioactive materials and exposure to ionizing radiation. The course components included didactic lectures and a tabletop exercise to ensure a comprehensive understanding of the subject matter.

By actively engaging with these tailored training opportunities, HCC members have significantly enhanced their readiness and response capabilities, bolstering their overall preparedness for various emergencies.



## EXERCISE

Conducting coordinated exercises that highlight applicable regulatory and compliance issues that assess the HCC's readiness by identifying resource needs and gaps before, during, and after an emergency.

HCC members participated in three exercises including a tabletop exercise, medical response surge exercise, and full scale exercise. This comprehensive exercise series was crucial in testing and refining HCC emergency response plans.

The first exercise in the series was a **Chemical Response Tabletop Exercise (TTX)**. With over 224 participants, this exercise addressed critical elements of CHEMPACK response, including initial notifications, activation, chain of custody, and transport. Hospitals and CDPH collaborated with various stakeholders, such as the Chicago Fire Department, Illinois Poison Center, and Office of Emergency Management and Communications, to review roles and responsibilities for CHEMPACK response. The scenario involved a tanker truck overturning and spilling 10,000 gallons of the organophosphate pesticide diazinon.

Strengths demonstrated during the exercise included hospitals having a defined set of initial actions following notification of organophosphate/nerve agent exposure and having existing supplies of one or more agents to treat an organophosphate or nerve agent exposure on hand. An improvement plan was developed in response to the TTX, which included broad education about **CHEMPACK**, updating plans to reflect current processes, more frequent activities and exercises for CHEMPACK (Full Scale), and more visual data, such as pictures of CHEMPACK, dosing, and ways to train non-clinical staff to administer medication.

**The Medical Response and Surge Exercise (MRSE)** is an annual requirement of the HPP grant. The purpose of the MRSE was to demonstrate the HCC approach to a medical surge equal to 20% of all staffed beds across Chicago. Stressing on the health system is important for testing current response systems, identifying gaps in preparedness, and informing improvement planning.

The exercise was conducted in a command center environment, did not require the physical movement of patients, supplies, staff, or equipment, and included over 198 participants. The scenario involved an early morning explosion on public transportation with the release of a radioactive agent. Emergency Medical Services (EMS) and the Regional Hospital Coordinating Center (RHCC) discussed the patient distribution strategy and hospitals worked through the patient surge component. Participants coordinated the identification of resources such as transport mechanisms, available medical beds, and other resources relevant to a radiation incident response.



Several strengths were exhibited throughout the exercise: the RHCC's coordination with neighboring EMS regions to manage patient distribution outside of Region 11; hospitals' ability to rapidly identify bed availability for select units within the facility based on the definitions provided in EMResource™; and all hospitals' ability to rapidly triage patients and make appropriate decisions regarding patient admission or treatment and discharge.

Public health and healthcare partners conducted an operations-based, **Full Scale Exercise (FSE)** that demonstrated coordinated response to a radiation incident. The scenario involved an explosion in the mass transit system, resulting in a mass casualty incident complicated by a radiation threat. Efforts were focused on command and control, information sharing, patient and responder safety, decontamination, medical surge, finance tracking, and continuity of operations.

Healthcare partners identified several notification methods that would be utilized during an incident of this nature, including public address/overhead paging systems, text messages, walkie-talkies, phone calls, and emails.

Hospitals rapidly activated their incident command teams and upon awareness of the radiological isotope, expanded teams to include radiation subject matter experts as well as the pharmacy department and decontamination teams.



## EXERCISE CONTINUED

Chicago Medical Reserve Corps (**MRC**) participated in the FSE by supporting in testing hospital decontamination, patient triage, and other duties as assigned. There were sixteen volunteers across three hospitals, for a total of sixty-two volunteer hours dedicated to hospital preparedness.

The exercise ended with 635 participants representing 28 hospitals, 13 dialysis centers, 7 long-term care facilities (LTCFs), 1 hospice organization, and 1 federally qualified health center (FQHC).

HCC created Off-the Shelf (OTS) TTXs exclusively for Healthcare Partners. The on-demand exercise series assists in meeting emergency preparedness requirements and enables facilities to conduct and evaluate exercise independently.

Healthcare Partners now have access to the **Winter Storm OTS TTX**, which is intended to address principles of continuity of healthcare services in the event of a severe winter storm. The exercise challenges various capabilities, including command and control, communications, medical surge, and continuity of operations (COOP).

The HCC has posted two additional OTS TTX scenarios on its website CHSCPR.org, focusing on active shooter recovery and catastrophic tornado situations. While these exercises are designed for non-hospital partners, other organizations may also find them valuable.



## INFORMATION SHARING

The coordination and ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical-related information and situational awareness between the healthcare system and partners.

The HCC constantly seeks ways to improve communication, including updating radio redundancy, training, and innovative web-based outreach.

### The Data in Communications

More than 200 emails have been dispatched from [chscpr@team-iha.org](mailto:chscpr@team-iha.org) to over 330 HCC members and stakeholders. These communications offered situational updates such as planned protests, rallies, marches, weather conditions, and special events. Additionally, they included invitations and follow-ups for coalition, committee, and radio drills, as well as educational and training opportunities. Furthermore, the emails contained guidance, resources, and inquiries from ASPR, IDPH, CDPH, and other preparedness partners.



The **Communications Annex** underwent significant revisions. This annex outlines available emergency communication redundancies and processes including Essential Elements of Information (EIs). EIs contain situational awareness information that is critical to the initial response, ongoing response, and recovery operational periods. The annex should be printed and used as a tool to support HCC partners.

**CHSCPR.org** is the official website for the HCC. The site has undergone a significant revitalization and has become the primary source of membership information for the HCC. Updates to the site include:

- An improved member registration process now represents over **130 hospitals and healthcare organizations**.
- A *NEW* publicly available Educational and Training Resources Library featuring over **145 trending preparedness resources**, with more being added regularly.
- More than **300 news items and 150 calendar events** posted, along with numerous other resources such as CHSCPR plans, annexes, and guides.
- A modernized Member Portal with a new announcements section for Members, as well as quick links to resources, emergency preparedness contacts, and the HCC's events calendar.

#### STARCOM21 Radios

- Support for the outdated HCRS radio system and infrastructure was discontinued.
- **New APX6500 (STARCOM21) radios** were deployed to replace outdated equipment, and training was conducted in collaboration with the Illinois Department of Public Health.
- STARCOM21 radio drills were conducted with an **average participation rate of 88%**, improved from an average of 67% in BP4.



## EMERGENCY OPERATIONS COORDINATION

Developing processes for notification and information exchange of healthcare delivery between relevant response partners, stakeholders, and healthcare organizations to determine immediate resource needs.

The HCC's automation of hospital queries and long-term engagement furthered the collaboration in emergency coordination.

Hospitals were encouraged to participate in the **EMResource™ API** initiative. The Submit Resource Status Application Programming Interface (API) is a web service that improves interoperability by automatically updating status data in a statewide information-sharing platform. The adoption of the EMResource™ API by thirteen hospitals in Chicago is a significant achievement, as it enhances data accuracy and situational awareness while also reducing the administrative burden on frontline staff.

EMResource™ is a statewide system used to track available hospital beds, hospital and Emergency Medical Services resources, and other emergency response data. It launched and closed multiple queries and notifications for real events, such as the Chicago Measles outbreak and a CTA train derailment, providing essential information and data collection.

CDPH created a new role to support the HCC in engaging with non-hospital partners by introducing a **Long-Term Care (LTC) Liaison**. This role was instrumental in facilitating visits to twenty-four facilities, where it met with administrators, directors of nursing, and emergency preparedness personnel. These visits were a collaborative effort, focusing on reviewing Emergency Plans (EOP), training and exercise plans, and the outcomes of these events. The information gathered from these visits served as a basis for discussions on enhancing current capabilities and identifying additional support that CDPH and the HCC can offer for these improvements.





## MEDICAL SURGE

Provides adequate medical evaluation and care planning during incidents that exceed the limits of the normal medical infrastructure within the community.

The HCC has made significant strides in enhancing emergency preparedness and response capabilities for special events (e.g., NASCAR, Lollapalooza, Democratic National Convention, etc.)

In preparation for the busy summer events season, the HCC revised the **Evacuation/Shelter-in-Place** and **Fatality Management Annexes**. Both annexes are available and should be used in conjunction with partners' internal policies and procedures.

A new **Radiation and Chemical Emergency Annex** was curated in coordination with the exercise series. This annex provides guidance to support a coordinated healthcare response to a radiation or chemical emergency in situations where the number and severity of exposed or possibly exposed patients challenges the capability of partners. It outlines specific incident response necessary to properly plan, manage, and care for patients during a radiological emergency.

To support medical response coordination, **EMResource™** definitions related to **Peak Census** were redefined and updated. This is an important contribution in recognizing and attempting to balance the capabilities of different hospitals in the region.



## RESPONDER SAFETY & HEALTH

Developing, refining, and sustaining strategies to assist healthcare organizations with planning, equipping, or training to meet their anticipated decontamination and pharmaceutical needs.

The HCC has developed a protocol to facilitate the replenishment of pre-deployed disaster caches.

Every year, HCC partners can enhance disaster readiness by replenishing facility-specific disaster supplies and procuring items across the region. This year, the focus was on purchasing general responder supplies, decontamination supplies, and forward-deployed items to aid in managing patient flow and control during the Democratic National Convention.

The HCC maintains a centralized cache of medical supplies, including expanded and updated burn kits and respiratory supplies. Expert panels in burn care and adult and pediatric respiratory care reviewed the contents of the burn kits and respiratory supplies. This cache is accessible during a medical surge incident within the region.

All hospitals in the HCC were polled to obtain updated data on the number of staff as well as inpatient capacity to assist in determining how to best support the region in the event of any incident related to the Category A Threat Agents, Anthrax, Plague, and Tularemia.



### COVID-19 Pandemic Response

Beginning in January 2020, CDPH and the HCC were proactively engaged in response activities to a novel coronavirus, which later evolved into the COVID-19 pandemic. Their swift and decisive actions demonstrate their competence and dedication to public health.

The response activities were comprehensive, involving the rapid activation of sequential and simultaneous public health and emergency response functions. These included command and control, information and data sharing, medical surge, infection control, and responder safety, as well as resource requests such as PPE, volunteers, and fatality management resources. The thoroughness of these activities instills confidence in the preparedness for subsequent surges and vaccine distribution.

Utilizing structures that were put in place years before the pandemic (e.g., bed tracking, situational awareness calls, contacts lists, and in-cache ventilators and PPE), the HCC was prepared when the pandemic arrived. While many additional structures and operations had to be implemented, the HCC had the basics and knew how to reach partners to disseminate and obtain information that led to decision-making based on data and actual situations.

Three after-action reports covering the COVID-19 pandemic response have been prepared for the HCC and are available on the Coalition's website. The reports document response activities, highlight the strengths to be maintained and built upon, identify potential opportunities for further improvement, and support the development of future planning and continued capability enhancement for the HCC to respond to future public health emergencies.



## Measles Response

In March and April 2024, Chicago responded to a measles outbreak in a shelter setting. The HCC conducted five situational awareness calls to offer guidance and address questions from coalition partners. Hospital partners provided care and isolation for infected individuals, along with rapid vaccination and educational efforts within affected shelter settings to minimize the spread of the disease.

The HCC utilized the measles and vaccination dashboards to monitor the surge and its impact on the hospital system.

Chicago MRC volunteers were mobilized in early March to aid the measles response by providing additional administrative and vaccination support. Specifically, Spanish-speaking volunteers were required to assist in educating the public about the response and the importance of measles vaccination. As the response progressed, MRC volunteers assisted in screening and testing efforts at various affected new arrival shelters. In total, twenty-six medical and six non-medical volunteers dedicated one hundred seventy-nine hours to the measles response from March through April 2024. Among the thirty-two total volunteers, eighteen were Spanish speaking.





## New Arrivals Response

Since August 31, 2022, the State of Texas has bused asylum seekers through private charter buses to Chicago at regular intervals. During the last several months, Texas officials dispatched buses with hundreds of migrants to Chicago, Washington D.C., and New York City. While most asylum seekers are from Venezuela, individuals and families are also from all over the world, including countries from Africa, Europe, and the Middle East.

The City of Chicago has also seen an increase in asylum seekers arriving through other modes of transportation, often without resources. NGOs and local governments along the border purchase airline or bus tickets to other cities like Chicago without any coordination. Since August 2022, the city has shouldered the responsibility of caring for more than 41,000 men, women, and children.

Medical Reserve Corps (MRC) is a volunteer group of medical and non-medical professionals organized locally to help provide needed services to their communities during emergencies and disasters. From May 2023 through December 2023, Chicago MRC Volunteers supported the new arrival response by supporting medical triage and education efforts at various police districts. In total, forty-eight medical and thirty non-medical volunteers supported the police district deployments, with three hundred ninety-four volunteer hours dedicated to the response. In January 2024, Chicago MRC Volunteers supported COVID/Flu/Varicella vaccination efforts at a new arrival shelter. Two volunteers supported this clinic for a total of ten volunteer hours.





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[www.chscpr.org](http://www.chscpr.org)