

Activity Session – Strengthening Emergency Preparedness: Overcoming Barriers and Fostering Partnerships

Thursday, March 19th, 2026

2:00 - 3:00pm Eastern / 11:00 - 12:00pm Pacific

**MORE THAN
WHAT WE DO.
IT'S WHO WE
DO IT FOR.**



Learn More at mwhs1.com



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

CeCN

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

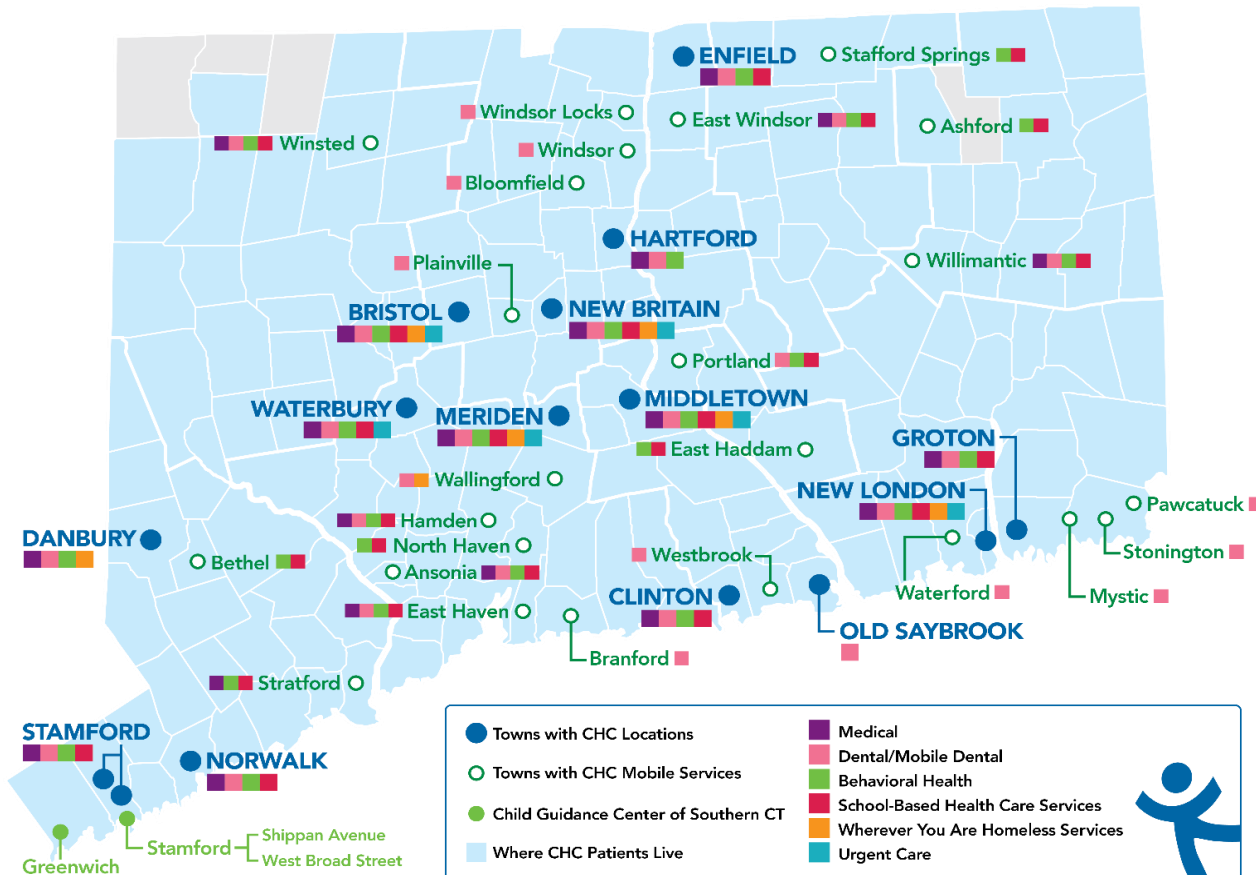
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

Speaker

- Matthew Griswold, CHFM, CHSP, Director of Facilities, Community Health Center, Inc.

Learning Objectives

- Identify common internal challenges and barriers to effective emergency preparedness within health centers.
- Describe best practices, partnership strategies, and approaches for communicating emergency management priorities with leadership.
- Apply practical emergency preparedness strategies informed by case studies and peer breakout discussion to strengthen organizational emergency response.

Missed It? Catch Up on Our Previous Webinar

- March 12, 2026, | Strengthening Emergency Preparedness: Overcoming Barriers and Fostering Partnerships Webinar
 - [Slides](#)
 - [Video](#)

Common Challenges & Barriers

Competing
clinical
priorities

Limited
staffing depth

Budget and
resource
constraints

Plans exist but
aren't tested

Multi-site
coordination
challenges

Leadership
engagement
gaps

Vendor
delivery
assumptions

Hazard Vulnerability Analysis (HVA)

Identifies and prioritizes potential hazards

Drives 96-hour plan development

Categories: natural, infrastructure, cyber, supply chain

Finance is a core component

Outcome: prioritized threat list for planning

Emergency Preparedness Plan (EPP) Overview

- ✓ Safety plan for patients, staff, and visitors
- ✓ Roadmap for emergency management — updated to reflect evolving threats
- ✓ Developed with stakeholder input and tested through regular drills
- ✓ Your 96-hour plan lives here — leadership must define and document what level of operational continuity is acceptable
- ✓ Built around your HVA findings — your highest-risk scenarios drive your plan

Quick Guide on Developing an Emergency Preparedness Committee

Identify key stakeholders:
facilities, clinical leadership, IT, HR, finance, communications

Establish a meeting cadence — at minimum quarterly

Assign clear roles:
committee chair, safety officer, finance lead, communications lead

Charge the committee with reviewing the EPP, overseeing drills, and reporting to leadership

Document committee activities and decisions

Supply Management & Partnerships

- ✓ 96-hour supply inventory on site?
- ✓ Vendor contracts — what do they guarantee?
- ✓ Know your place in the pecking order
- ✓ Memorandum of Understanding (MOUs) with key vendors and partners
- ✓ Document partnerships in your EPP

Case Study #1: Waterbury Water Outage

On a Saturday night, the city of Waterbury lost all municipal water — affecting every Community Health Center, Inc. site in the city. With clinical operations scheduled to resume Monday morning, the team had hours to activate partnerships, secure resources, and determine whether sites could safely open.

Case Study #1: Executive Summary

- Saturday evening — city of Waterbury loses all municipal water, all CHC Waterbury sites affected
- Immediate activation — purchasing sourced bottled water, site services arranged portable hand washing and restrooms
- Staff support — water distributed to affected employees, shower access offered at 675 Main Street
- Tenant notified and coordinated overnight
- Monday morning — all sites opened on schedule, operations maintained throughout

Case Study #1: Objectives

- Objectives for the event were:
 - Determine whether sites could safely open for Monday operations
 - Secure water and sanitation resources for all affected sites
 - Communicate with staff, tenants, and leadership across sites
 - Identify and support staff living in the affected area

Case Study #1: Observations

Strengths

- Partnership network activated rapidly
- Staff support was proactive
- Tenant coordination handled quickly
- Leadership communication clear and timely

Opportunities

- Vendor MOUs not yet formalized
- On-call contact list needed updating
- No documented water loss protocol
- No emergency water reserves on site

Case Study #1: Outcomes

- Sites remained operational throughout the water outage — patient care was not interrupted
- Formalized vendor relationships for water delivery and portable sanitation following the event
- Updated on-call contact lists made accessible outside of the network
- Water loss added as a scenario in the HVA and addressed in the updated EPP
- Demonstrated that partnerships and rapid communication can bridge a gap that planning had not yet covered

Case Study #2: IT Outage Response

Community Health Center, Inc. experienced a major IT system failure resulting in a complete loss of network connectivity and access to electronic health records across all sites.

Case Study #2: Executive Summary

- Around 9:00 a.m., reports of network slowness were received. The IT team responded and made changes to improve the connection, which stabilized for approximately 90 minutes. Then, around 11:00 a.m., the agency experienced a total network outage. Phones, applications, and computers were affected.
- Between approximately 11:30 a.m. and 11:45 a.m., some sites reported that network connectivity had been restored; however, printers and other systems were still down but were gradually coming back online.

Case Study #2: Objectives

- Objectives for the event were:
 - Establish communication with multiple sites
 - Confirm what applications are accessible
 - Providing schedules to all Operations Managers

Case Study #2: Observations

Strengths

- Bridgeline established quickly
- All key participant roles filled
- Command structure activated immediately
- IT designated as technical specialist

Opportunities

- Impacted systems not fully documented
- Downtime procedures inconsistently practiced
- No offline method for information sharing
- Patient schedules inaccessible without network
- Contact lists outdated and off network

Case Study #2: Outcomes

- Improved downtime procedure training and access
- New bridge line access
- Updated contact lists made available through AirWatch
- Confirmed which apps and services are available without network

Breakout Discussions

1. How long can your organization sustain operations on its own — and is that acceptable to leadership?
2. What partnerships or contracts do you have in place today, and where are the gaps?
3. How do you communicate emergency preparedness priorities to leadership to get the resources you need?

Breakout: Report-Out

-
1. What was your biggest takeaway from your group discussion?

 2. Did your group identify a gap you hadn't considered before?

 3. What is one action your organization can take in the next 30 days?

Best Practices: Strategies to Strengthen Emergency Response

- **Anchor to Leadership:** Define acceptable continuity timeframes (24, 48, or 96 hours).
- **Know Your Vendors:** Review contracts, formalize MOUs, and understand your priority status.
- **Build Partnerships:** Establish relationships before they are needed.
- **Embed into Operations:** Ensure downtime procedures are accessible without relying on the network.
- **Test, Evaluate, Improve:** Debrief after every drill and assign an owner to address each identified gap.

Questions?

Wrap-Up

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

<https://www.weitzmaninstitute.org/ncaresources>

Health Center Resource Clearinghouse



<https://www.healthcenterinfo.org/>

Contact Information

For information on future webinars, activity sessions, and communities of practice: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.