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PURPOSE
The purpose of this document is to guide development of healthcare coalition (HCC) planning in each health emergency region. In Wisconsin, multidisciplinary partners have been working in collaboration for over a decade to prepare for emergencies. In order to increase the efficiency and effectiveness of emergency response, Wisconsin has begun to shift from funding specific agencies/entities for preparedness to focusing on strengthening a regional response and recovery system using an HCC. The Assistant Secretary for Preparedness and Response (ASPR) has directed that funding be used to further establish, enhance, and refine HCCs to build this system. The ASPR Program has also developed HCC program measures that all states are accountable for accomplishing. Although we haven’t had formal HCCs at the regional level, we already have local partnerships similar to HCCs in several parts of Wisconsin. We would like to further develop and enhance coordination with existing partners and engage new partners not previously involved in emergency planning and response efforts. Formalized HCCs will begin on July 1, 2015. Initially, base HCC funding will come from ASPR, through the Wisconsin Hospital Emergency Preparedness Program (WHEPP). HCCs are encouraged to seek funding from other sources and develop strategies for long-term sustainability and maintenance.

HEALTHCARE SYSTEM PREPAREDNESS is the ability of a community’s healthcare system to prepare for, respond to, and recover from incidents that have a public health and medical impact in the short and long term.

The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, and state, local, tribal and territorial governments to do the following:

- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities without jeopardizing services to individuals in the community
- Provide timely monitoring and management of resources
- Coordinate the allocation of emergency medical care resources
- Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, exercising, equipping, training, evaluating and taking corrective actions.

A HEALTHCARE COALITION (HCC) is defined by the Office of the Assistant Secretary for Preparedness and Response (ASPR) as a formal collaboration among healthcare organizations and public and private-sector partners that is organized to prepare for, and respond
to, an emergency, mass casualty or catastrophic health event. During emergencies, HCCs provide multi-agency coordination, advice on decisions made by incident management, information sharing, and resource coordination. In order to be considered highly developed and functional, an HCC “…must be able to demonstrate preparedness, response, recovery and mitigation functionality,” according to the July 2013 ASPR program measures.

The Wisconsin Hospital Emergency Preparedness Program (WHEPP) has been evaluating its current structure and functionality in the context of this definition and these measures in order to ensure that a broad spectrum of healthcare partners are actively involved in coalition planning. WHEPP and its regional boards have not previously functioned as response and recovery entities. This paradigm change requires careful planning and analysis. This guidance is intended to assist partners and stakeholders in developing a structure for healthcare coalitions in Wisconsin. The Department of Health Services (DHS) will make the final approval of each region’s plan.

Along with other healthcare partners, local public health jurisdictions will play an active role in the development and sustainment of HCCs. Public health departments are critical to the healthcare coalition for the provision of legal authority, dispensing medicine and vaccines, public messaging, mass fatality management, and sheltering during communicable disease or environmental health events, disasters, or emergency responses. To that end, the Wisconsin Public Health Emergency Preparedness (PHEP) Program Advisory Committee has identified HCC collaboration as a primary local public health department objective in Budget Period 2 (July 2013-June 2014).

**DISASTER MEDICAL COORDINATING CENTERS**

Nationally, many states have developed medical coordinating centers as a part of the HCC model. The medical coordinating centers serve as the “response” arm of the HCC. Disaster medical coordinating centers can be virtual or located at a facility. Some of the activities of a disaster medical coordinating center may include: monitoring and alerting HCC partners in an emergency, coordinating the use of hospital beds in a large-scale emergency, providing situational awareness during a disaster to all response partners, providing clinical consultation and coordination (such as in burn and medical surge capacity), coordinating the movement of medical supplies in a response, and serving as a centralized communications hub and establishing memorandums of understanding (MOUs) with HCC partners for a response. HCCs will incorporate their model for area and regional disaster medical coordinating centers within their strategic plan. DHS is funding rural and urban test-bed projects to develop suggested models for disaster medical coordinating centers that identify best practices, lessons learned, and potential applications throughout the state.

**MEDICAL ADVISORS**

As funding allows, the Department plans to fund part-time medical advisors within HCCs. Evidence suggests that medical advisors are important to the overall planning, training,
outreach, coordination, communication, and response of the HCC. Medical advisors will provide critical liaison and outreach with HCC partners, clinical expertise, coordination with statewide clinicians, and linkage from the field of a disaster with trauma, emergency medical services, hospitals, and public health through response and recovery.

**STRATEGIC PLANNING PROCESS**

Each WHEPP regional board will be responsible for developing an HCC strategic plan. Plans should be developed with representation from hospitals, public health, emergency medical services, trauma, emergency management and other key HCC partners.

Plans should be submitted to DHS no later than December 31, 2014. At a minimum, submitted plans should include the following emergency response partners: hospitals and clinics, public health, long-term care facilities, emergency management, emergency medical services, trauma, tribes and mental and behavioral health providers and community health centers.

Each HCC will receive a base amount of funding from DHS. Each HCC should identify a recommended fiscal agent during the strategic planning process that could manage a potential base funding amount up to $300,000.

**MINIMUM REQUIREMENTS FOR HEALTHCARE COALITION LEADERSHIP STRUCTURE**

**Regional Board of Directors**

- Responsible for overall function of HCC
- Accountable to DHS, HCC state leadership, and HCC member organizations
- Exact size and membership at HCC discretion (should be defined)
  - Composition should be representative of organizations, disciplines, and localities that form region and HCC
- Must include at least:
  - One representative from a participating hospital/hospital systems
  - One representative from a participating public health department/organization
  - One representative from a participating emergency management department/organization
  - One representative from emergency medical services
  - One representative from trauma

The Regional Board of Directors should develop a rotation procedure to allow for diversity of leadership and participation.
Regional HCC coordinator
- Responsible for day-to-day operations and functioning of HCC
- Coordinates with DHS on planning initiatives
- Develops the regional funding application and budget
- Attends public health emergency planning meetings, trauma, emergency medical services and emergency management meetings
- Accountable to DHS as a contracted state employee and to fiscal agent if applicable

Regional Trauma coordinator
- Responsible for day-to-day operations and functioning of regional trauma system
- Assists with day-to-day operations and functioning of HCC
- Coordinates with DHS on planning initiatives
- Attends public health emergency planning meetings, trauma, emergency medical services and emergency management meetings
- Accountable to DHS as a contracted state employee and to fiscal agent if applicable

HCC Medical Advisor
- Responsible for overall medical oversight and functioning of HCC
  - Serves as lead medical authority for planning and response within HCC
  - Expected to be involved/aware of all medical surge planning activities within HCC
- Serves as advisor to Regional Trauma Advisory Council, regional public health emergency planning, and regional emergency management meetings as needed
- Accountable to HCC Executive Committee and directly to DHS as a contracted state employee
- Coordinates with DHS
- Coordinates with emergency medical services

OTHER REQUIREMENTS
Each strategic plan must include the following items:
- A structure for medical coordination during emergency response
  - Identify area medical coordinating center(s) within HCC region
  - Initial proposal for regional medical coordinating center
- A description of how the HCC will coordinate with the jurisdiction(s) emergency operations center(s) when activated
- An assessment and process for closing gaps in factors¹
- General description of how the HCC would plan, respond, train, exercise, equip, and coordinate resources in, and recover from, an emergency

¹ As described in Hospital Preparedness Program (HPP) Measure Manual: Implementation Guidance for the HPP Program Measures Healthcare Coalition Developmental Assessment Factors
http://www.phe.gov/Preparedness/planning/evaluation/Documents/Forms/AllItems.aspx
TIMELINE

Fiscal Year One (July 1, 2014-June 30, 2015)
- Develop HCC strategic plans
- Identify and develop state HCC executive committee (deadline January 1, 2015)
  o Elect chair and co-chair
- Develop governance structure and by-laws/procedures
- Identify HCC partners/members
- Recommend a fiscal agent
- Develop job description for HCC coordinator
  o Full-time position
- Develop job description for HCC medical advisor
  o Part-time position
- Hire HCC coordinator, trauma coordinator and medical advisor with expected start date of July 1, 2015

Fiscal Year Two (July 1, 2015-June 30, 2016)
- Demonstrate or have detailed plan to address ASPR indicators (see below)
- Demonstrate functionality of area and regional medical coordinating centers during exercises or real event

FUTURE APPLICATION PROCESS

Beginning March 1, 2015, DHS will require each HCC to develop an annual application for funding, including components such as:
1. A draft work plan that addresses public health and hospital preparedness capabilities, assessments and activities to close identified gaps as described in the contract.
2. An itemized budget (up to $300,000) for all planned activities.
3. A training and exercise plan.
4. A description of how the HCC will work to meet the ASPR program measures.
**HEALTHCARE COALITION TEMPLATE**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
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</table>
| **Healthcare coalition mission:**  
The mission of the healthcare coalition is to ensure collaboration among healthcare organizations and public- and private-sector partners that is organized to prepare for, and respond to, an emergency, mass casualty or catastrophic health event. |
<p>| <strong>Healthcare coalition members (types of entities not specific agencies):</strong> |
| <strong>Structure, definitions and operating procedures (by-laws, decision making, communication):</strong> |
| <strong>Type of recommended fiscal authority or agent:</strong> |
| <strong>Fiscal accountability (description of how the coalition will ensure accountability to the Department of Health Services as the funding entity):</strong> |
| <strong>Program accountability (description of how the coalition will ensure programmatic activities fulfill requirements identified in the ASPR cooperative agreement):</strong> |
| <strong>Healthcare system capabilities addressed (description of how the coalition will work collaboratively to close gaps in capabilities and emergency functions):</strong> |
| <strong>Medical coordination (description of the medical coordinating model to ensure information and resources are shared during response):</strong> |
| <strong>How the healthcare coalition will coordinate to (1) plan, (2) respond, (3) train, (4) exercise, (5) equip, (6) coordinate resources, and (7) recover from an emergency:</strong> |
| 8 |</p>
<table>
<thead>
<tr>
<th>HEALTHCARE COALITION INDICATORS</th>
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<tbody>
<tr>
<td><strong>Indicator</strong></td>
</tr>
<tr>
<td><strong>Medical Surge</strong></td>
</tr>
<tr>
<td>The awardee has posted its approved Crisis Standards of Care plan on the ASPR Communities of Interest SharePoint site.</td>
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<tr>
<td>The awardee has completed mass fatality management plans that have been adopted by HCC members.</td>
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<tr>
<td>The HCC has developed a strategic plan with participation from its membership.</td>
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<td>The HCC has demonstrated, through exercise or real event, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate availability of staffed members’ beds, within four hours of a disaster.</td>
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<tr>
<td>The HCC has demonstrated the ability to do the following during an incident, exercise, or event: (1) monitor patient acuity and staffed bed availability in real time, (2) off-load patients, (3) on-load patients, and (4) track and document patient movement.</td>
</tr>
<tr>
<td>The awardee’s recovery plan addresses how it will meet post-disaster behavioral and mental healthcare needs of communities (i.e., HCC member staff).</td>
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<td>The HCC has a mechanism to obtain feedback to help resolve member conflicts that have the potential to affect the overall performance of the HCC.</td>
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<tr>
<td><strong>Continuity of Healthcare Coalition Operations</strong></td>
</tr>
<tr>
<td>The HCC has access to a risk-based HVA which prioritizes the risks to its members.</td>
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<tr>
<td>The HCC has conducted gap analysis to identify resource shortfalls during an event and is implementing plans to close those resource gaps.</td>
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<tr>
<td>The HCC has a process to enhance its members’ situational awareness to support activation of immediate bed availability through continuous monitoring.</td>
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<tr>
<td>The HCC has demonstrated the capability of a redundant means of communication for achieving and sustaining situational awareness.</td>
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<tr>
<td>The HCC has tested its ability to address its members’ healthcare workforce safety needs through training and resources.</td>
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<tr>
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<tr>
<td>The HCC has prioritized and integrated essential healthcare needs in its Emergency Operation Plan.</td>
</tr>
<tr>
<td>The HCC has achieved its exercise objectives during tests of state or regional healthcare disaster plans.</td>
</tr>
</tbody>
</table>
REFERENCES

Healthcare Preparedness Capabilities
January 2012

Hospital Preparedness Program (HPP) Measure Manual: Implementation Guidance for the HPP Program Measures Healthcare coalition Developmental Assessment Factors:

The Healthcare coalition in Emergency Response and Recovery
http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/Pages/default.aspx

Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies

Developing the Health Care Coalition:
http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter5/Pages/developing.asp

From Hospitals to Health Care Coalitions: Transforming the System:

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