Florida Healthcare Coalition Task Force
Healthcare Coalition Requirements

HEALTHCARE COALITION REQUIREMENTS

The following is a list of requirements for healthcare coalitions (HCC) to complete if participating in grant funds through the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR), National Healthcare Preparedness Program (NHPP). The elements must be completed in their entirety by the end of the 2016-2017 fiscal year which ends on June 30, 2017.

This checklist serves as a resource tool to assist HCC personnel assist the completion of ASPR, NHPP requirements. It is not to be used as documentation or reporting of completion of specific elements under each functional area. Its primary purpose is to serve as a roadmap for assuring performance completion of each designated function.

Function 1 - Develop, Refine or Sustain Healthcare Coalitions

HCC Boundaries Identified   YES ☐   NO ☐

Essential Partners Membership Includes: (Please check all that apply☑)

☐   Hospitals and other Healthcare Providers

☐   EMS Providers

☐   Emergency Management/Public Safety

☐   Long-Term Care Providers

☐   Mental/Behavioral Health Providers

☐   Private Entities Associated with Healthcare (Hospital Associations)

☐   Specialty Service Providers (e.g., dialysis, pediatrics, women's health, stand-alone surgery)

☐   Support Service Providers (e.g., laboratories, pharmacies, blood banks, poison control)

☐   Primary Care Providers

☐   Community Health Centers

☐   Public Health

☐ Tribal Healthcare

☐ Federal Entities (e.g., VA Hospitals, NDMS, IHS Facilities, Department of Defense facilities)

Additional Partners: (Please check all that apply☑)

☐ Local and State Law Enforcement and Fire Services

☐ Public Works

☐ Private Organizations

☐ Non-Governmental Organizations

☐ Non-Profit Organizations

☐ Volunteer Organizations Active in Disaster (VOAD)

☐ Faith-based Organizations (FBOs)

☐ Community-based Organizations (CBOs)

☐ Volunteer Medical Organizations (American Red Cross)

☐ Medical Reserve Corps within the healthcare coalition boundaries

☐ Medical Examiners within the healthcare coalition boundaries

Partnerships Evidenced By: (Please check all that apply☑)

☐ Memoranda of Understanding (MOU)

☐ Mutual Aide Agreements (MAA)

☐ Interagency Agreements (IAA)

☐ Letter of Agreement

☐ Charters

☐ Other (please specify): _____

Written Charter   YES ☐   NO ☐

Written By-laws   YES ☐   NO ☐

Healthcare Coalitions Organization and Structure: (Please check all that apply☑)

☐ A leadership structure determined and appointed by the HCC.

☐ A governance structure that includes membership guidelines, participation requirements and voting structure.

☐ A clear structure that can coordinate with the local Emergency Operations Center.

- This includes a primary point of contact and/or process that serves as the liaison/method to communicate with EFS#8 and Emergency Operations Center during response.

☐ Cleary defined roles and responsibilities for each participating member as it relates to local disaster preparedness, response, and recovery.

☐ Strategies to empower and sustain the HCC as an entity, to include financial sustainability.

☐ Process to implement and document the administrative responsibilities needed to maintain the Healthcare Coalition.

Multi-agency coordination during response: (Please check all that apply☑)

☐ HCC coordination with local Emergency Management (ESF #8)

☐ HCC coordination with incident management at the federal, state, local, and tribal government levels

☐ Information sharing procedures between HCC and incident management

Function 2 - Coordinate Healthcare Planning to Prepare the Healthcare System for a Disaster

Healthcare system situational assessments: (Please check all that apply☑)

☐ Identified demographics of the HCC including identification of at-risk individuals and those with special medical needs.

☐ Identification of healthcare organizations within the HCC boundaries that service at-risk individuals and those with special medical needs (i.e., dialysis centers, nursing homes, group homes).

☐ Geographical characteristics that may impede or preclude healthcare delivery (e.g., flood plains, poor road conditions).

☐ HCC Risk Assessment - Identification and prioritization of the risk of natural and human-caused hazards within the HCC, developed by utilizing healthcare organization assessments, local hazard vulnerability assessments (HVAs) and other risk assessment tools to include local natural and human-caused hazards

☐ Assessment of the HCC's ability to respond to risks identified in the HCC Risk Assessment.

☐ HCC Resource Assessment – Identification of all disaster preparedness resources available within the HCC

☐ Estimates of the anticipated number of casualties that contribute to surge planning (based on identified and prioritized risks).

☐ Estimates of the anticipated number of casualties that contribute to fatality management planning (based on identified and prioritized risks).

Resources:

- Hazard Risk Assessment Instrument Workbook: http://www.cphd.ucla.edu/hrai.html

- FEMA: Understanding Your Risks: Identifying Hazards and Estimating Losses
  http://www.fema.gov/library/viewRecord.do?id=1880

Healthcare System Disaster Planning: (Please check all that apply☑)

☐ HCC member organizations objectives and priorities for response based on the HVA and risk assessment.

☐ Assist HCC member organizations in developing capabilities required to prevent, protect against, respond to, and recover from all-hazards events when and where they are needed.

☐ Provide a process to request local, state, and federal assistance for HCC member organizations through local emergency management.

☐ Provide the processes for HCC member organizations to request resources from community partners, stakeholders and other healthcare organizations.

☐ Coordinate HCC operations with the local emergency operations center to assist with disaster response.

☐ Document the coordination of healthcare coalition members planning for continuity of operations plans (COOP) and the assessment of COOP capabilities.

☐ Coordinate the development of HCC member organization plans that include specific healthcare delivery priorities including, but **NOT** limited to:

  o Medical Surge Management

  o Continuity of Operations

  o Information Management

  o Fatality Management

  o Communications

Function 3 - Identify and Prioritize Essential Healthcare Assets and Services

Identify and prioritize critical healthcare assets and essential services: (Please check all that apply☑)

☐ Identification of and prioritization of critical medical services (e.g., trauma, radiology, critical care, surgery, pediatrics, EMS, decontamination, isolation).

☐ Identification of and prioritization of critical medical support services (e.g., patient transport services, pharmacy, blood banks, laboratory medical gas suppliers).

☐ Identification of and prioritization of critical facility management services (e.g., power, water, sanitation, generators, heating, ventilation, and air condition (HVAC), elevators).

☐ Identification of and prioritization of critical healthcare information systems for information management/communications. (e.g., failover and back up remote site hosting).

Priority healthcare assets and essential services planning: (Please check all that apply☑)

☐ Development of processes for healthcare organizations to quickly restore essential medical services in the aftermath of an incident.

☐ Development of strategies for resource allocation that assist with the continued delivery of essential services during and after a response.

☐ Identification of processes for HCC member organizations to request assistance and activate resources agreements to improve access to resources and emergency supply lines.

- The objective should be to extend operational ability well past the 96 hour standard (The Joint Commission EM.02.01.01 EP3) and if possible up to recovery.

☐ Development of processes to coordinate with healthcare organizations to assist with the movement of patients to alternate locations, when necessary.

☐ Identification of processes to assist HCC member organizations with the decompression (clearing) of critical beds by assisting with the movement of patients to alternate facilities.

☐ Identification of processes to assist healthcare organizations with the provision of special services/teams to support patient care and treatment (e.g., DMAT Teams, SMRS Teams, mobile radiology, mobile pharmacy, transportation, etc.).

☐ Coordinate the HCC's ability to assist local Emergency Management in dissemination of federal-, state-and regional-based pharmaceutical caches and medical supplies   .

Equipment to assist healthcare organizations with the provision of critical services: (Please check all that apply☑)

☐ Identify equipment within the HCC that can provide specialty medical services (e.g., mobile pharmacy).

☐ Identify equipment within the HCC that can deliver power, HVAC, portable water, provides food storage, or other equipment that sustain essential patient services.

☐ Identify systems within the HCC that can provide redundant communication and information management capability (e.g., failover and back up, remote site hosting).

☐ Document regular testing of communication equipment with HCC member organizations.

☐ Identify space to secure caches of critical medical supplies and pharmaceuticals and provide necessary environmental storage devices to maintain the appropriate environment (climate control).

Function 4 - Determine Gaps in Healthcare Preparedness and Identify Resources for Mitigation of These Gaps

Resource Elements: Plans (P), Equipment (E), Skills (S), Healthcare Resources Assessment: (Please check all that apply☑)

☐ Identification of gaps ascertained as a result of Function 2 Risk and Resource Assessments

- o Communications

- o Surge or Alternate Care Sites

- o Transportation

- o Specialty services

- o Staffing

- o Equipment and supplies

- o Other resources identified by the gap analysis/corrective actions

☐ Development of mutual aid agreements for resources from public and private sector.

☐ Processes for requesting local, state, and federal resources.

☐ De-confliction of over allocated resources (e.g., competing priorities for the same resource at the same time).

Address healthcare information gaps: (Please check all that apply☑)

☐ Ensure communication and data interoperability for healthcare and response partners.

☐ Assist with information sharing between partners during an incident or event.

☐ Update HCC plans to test and exercise capabilities and gaps in capabilities.

Function 5 - Coordinate Training to Assist Healthcare Responders to Develop the Necessary Skills In Order to Respond

Please check all that apply☑

☐ Resource Elements: Plans (P), Equipment (E), Skills (S) Healthcare Organization-National Incident Management System (NIMS) training.

☐ Assess NIMS compliance status of all HCC member organizations.

☐ Promote NIMS adoption within HCC member organizations.

☐ Assist HCC member organizations in revising and updating Emergency Operation Plans to incorporate NIMS and National Response Framework components.

☐ Assist HCC member organizations in developing, refining, and sustaining interagency mutual aid agreements, (e.g., agreements with public, private sector, and non-governmental organizations).

☐ Assist HCC member organizations with FEMA 100, 200, and 700 level training or equivalent training.

☐ Assist HCC member organizations with FEMA 8000 level training or equivalent training.

☐ Integrate NIMS concepts and principles into all HCC training and exercises.

☐ Ensure all emergency incidents, exercises and preplanned (recurring/special) events are managed with a consistent application of ICS organizational structures, doctrine, processes, and procedures.

☐ Assist HCC member organizations with adoption of the principle of Public Information, facilitated by the use of a Joint Information System.

☐ Identify, implement and document education and training opportunities that address capability gaps.

Function 6 - Improve Healthcare Response Capabilities through Coordinated Exercise and Evaluation

Exercise Plans: (Please check all that apply☑)

☐ An exercise schedule.

☐ An annual update plan.

☐ An approach for testing healthcare system capabilities.

☐ Roles and responsibilities of participating healthcare entities.

Exercise Implementation and Coordination: (Please check all that apply☑)

☐ Exercises based on the guidance and concepts of Homeland Security Exercise and Evaluation Program (HSEEP) or equivalent program.

☐ Encouragement of healthcare organization participation to address gaps in capabilities.

☐ Horizontal and vertical coordination with relevant response partners and stakeholders to include Federal, state, and local response teams.

☐ Evaluation and Improvement Plans.

☐ HSEEP or equivalent, based capability assessment guidance.

☐ The coordination of After Action Reports (AAR) for exercises/actual incidents.

☐ The coordination of Improvement Plans for exercises/actual incidents.

☐ The integration of findings from the improvement plan into the next planning, training, exercise, and resource allocation cycle.

Function 7 - Coordinate with Planning for At-Risk Individuals and Those with Special Medical Needs

Please check all that apply☑

☐ Document the status of at-risk populations and the potential impact on healthcare delivery for at-risk populations from disaster scenarios.

☐ Healthcare planning for at-risk individuals and functional needs.

☐ The State and HCC, in coordination with member healthcare organizations, ESF#6, public health, emergency management, ESF #8, relevant response partners, and stakeholders, participate in planning to determine the appropriate protocols regarding individuals with functional needs so that assistance and guidance can be provided to healthcare organization upon request.

Resources:

- ASPR Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination (ABC), At-Risk Individuals: http://www.phe.gov/Preparedness/planning/abc/Documkents/AtRisk.pdf

- Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters: http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

Special medical needs planning: (Please check all that apply☑)

☐ Courses of action to ensure individuals will be seen by the appropriate healthcare personnel during an incident.

☐ Coordination with EMS to improve transport capabilities.

☐ Coordination with alternative transportation providers capable of supporting individuals with special medical needs.

☐ Coordination with public health and ESF #6-(Mass Care) planning to determine transfer and transport options and protocols for individuals with special medical needs to and from shelters/healthcare facilities.