



# TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

Healthcare Coalitions: Administrative Issues  
Topic Collection  
8/16/2017

Preparing to respond to public health emergencies with scarce resources can be challenging to even the most competent healthcare facility. Healthcare coalitions (HCC) can not only save a jurisdiction precious human and financial resources, they can increase collaboration, cooperation, and improve community resilience. Monetary funds will come and go and coalitions should work to become self-sustaining while also continually engaging their members in collaborative and educational efforts. We also know that successful healthcare coalitions rely upon solid foundations that are built upon lessons learned and best practices.

This Topic Collection includes examples of bylaws, plans, tools, templates, and information on sustaining and growing a coalition. This collection also contains guidance and lessons learned from administering and developing healthcare coalitions that can be implemented and modified by others. Access ASPR TRACIE's [Select Health Care Coalition Resources](#) page for links to related plans, tools, templates, Topic Collections, and webinars.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (\*) appear in more than one category.

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#### **Must Reads**

ASPR TRACIE. (2017). [Growing and Sustaining: A Discussion About Healthcare Coalition Financial Models](#).

Speakers from across the country share their experiences using various financial models to sustain their healthcare coalitions.

ASPR TRACIE. (2017). [Health Care Coalition and Gap Analysis Tool](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This tool is designed to help health care coalition (HCC) partners develop a common understanding of their resources and existing gaps, and strategies for prioritizing which gaps to close. Gaps may include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, and/or services. HCCs are encouraged to modify the template to reflect their coalition members, resources, and unique community attributes.

A companion HCC Aggregator Tool is under development, which will allow information from multiple HCCs to be summarized to present an overall picture of a larger geographic area, including an entire state.

Coalitions Work. (2007). [Coalition Sustainability Characteristics](#).

This is a list of ten characteristics coalitions should aim to have in order to be successful and sustainable.

Coalitions Work. (2007). [Factors that Promote Sustainability](#).

This list can help coalitions focus on the necessary factors to increase sustainability.

Eastern Virginia Healthcare Coalition. (2016). [Eastern Virginia Healthcare Coalition Charter-Bylaws](#).

This document lists the characteristics and bylaws of the Eastern Virginia Healthcare Coalition. The structure of the document can apply across a spectrum of healthcare coalition types.

Kansas Department of Health and Environment. (2013). [Healthcare Coalition Charter Template](#).

This coalition charter template may be used by other coalitions as a model for developing their own charters. This modifiable template includes categories such as mission, membership, conducting business, leadership roles, and additional provisions. Guidance for coalitions as they complete the template is also provided in italics throughout the document.

Maryland Department of Health and Mental Hygiene. (2014). [Framework for Development of Healthcare Preparedness Coalitions](#).

This state-specific document is intended to assist health departments and healthcare system partners to identify gaps in preparedness, determine specific priorities, and develop plans for building and sustaining healthcare specific capabilities. It does not provide specifics about coalition administration but includes discussion of multiple examples from within Maryland, other states, and the District of Columbia.

National Healthcare Coalition Resource Center. (2014). [Region 9 Healthcare Coalition Strategic Planning Workshop: Final Report](#).

The purpose of this workshop is to assist the Region 9 Healthcare Coalition with developing a strategic plan for their HCC. This document provides information on levels of collaboration, desired core services, stakeholders and partners, funding sources, governance models, and more. Appendix 5 includes tables comparing different governance models.

Office of the Assistant Secretary for Preparedness and Response. (2017). [2017-2022 Health Care Preparedness and Response Capabilities](#).

The guidance specific to these capabilities highlights what healthcare delivery system (e.g., hospitals, healthcare coalitions, and emergency medical services) have to do to effectively prepare for and respond to emergencies that impact the public's health. Capability 1, Objective 1 includes discussion of stakeholders, roles, and potential structure of a coalition according to the cooperative agreement program.

Santa Barbara County. (2014). [Disaster Healthcare Partners Coalition Governance Document](#).

This document spells out Santa Barbara County's healthcare coalition member roles and responsibilities during disaster response and recovery.

Sonoma County, California. (2014). [Sonoma County Healthcare Coalition Governance](#).

This concise governance document may be used by other coalitions as a model. It outlines the structure and process used by Sonoma County Healthcare Coalition to develop cooperative disaster capacities. It includes sections on membership, meetings, steering committee, subcommittees, and funding and staffing. Sonoma County (CA) has a population of near 500,000.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2009). [Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery](#).

This follow up to the landmark MSCC Handbook covers all aspects of a healthcare coalition and its role in response and recovery. Though slightly dated, this remains a 'must read' for all coalition leaders and planners

Walsh, L., Craddock, H., Gulley, K., et al. (2015). [Building Health Care System Capacity to Respond to Disasters: Successes and Challenges of Disaster Preparedness Health Care Coalitions](#). (Abstract only.) *Prehospital Disaster Medicine*. 30(2): 112-122.

Project staff interviewed nine healthcare coalition leaders for this project. The leaders shared lessons learned regarding challenges and successes, and the authors suggested additional research specific to the benefit of coalitions to the local community and improving capacity building.

## **Coalition Bylaws and Governance**

Central Florida Disaster Medical Coalition. (2016). [Strategic Plan: 2016-2018](#).

This document includes a list of the coalition's board of directors, and strategic objectives from 2016 through 2018. These "SMART" objectives include measures, the name(s) of the person in charge, and an actions/status column.

Central Florida Disaster Medical Coalition. (2017). [Governance Policies](#).

This document describes the bylaws of the Central Florida Disaster Medical Coalition. It includes the following sections: Charter/Code of Ethics, Board Nominations/Elections Process, Board Onboarding Process, Member Recruitment and Onboarding, Communication, Financial Policies and Processes, Coalition Support Roles & Responsibilities, Risk-Based Project Funding Process, and Conflict Resolution.

Eastern Virginia Healthcare Coalition. (2016). [Eastern Virginia Healthcare Coalition Charter-Bylaws](#).

This document lists the characteristics and bylaws of the Eastern Virginia Healthcare Coalition.

Healthcare Coalition Council of King County. (n.d.). [King County Healthcare Coalition](#). Center for Infectious Disease Research and Policy. (Accessed 7/21/2017.)

This presentation reviews how the coalition in King County, Washington defines coalition responsibilities; benefits to members; expectations of members; coalition governance; priorities; and planning issues. This was the original model used in the early formation of the King County Healthcare Coalition when it was based at Public Health-Seattle & King County. It is now known as the Northwest Healthcare Response Network and is a private 501c3 entity involving multiple counties.

Maryland Department of Health and Mental Hygiene. (2014). [Framework for Development of Healthcare Preparedness Coalitions](#).

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\*National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (2010). [Healthcare Coalition Matrix](#).

This is a useful matrix that compares and contrasts a number of different healthcare coalition models.

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Southeast Minnesota Disaster Health Coalition. (2017). [Our Coalition](#).

This webpage provides information on the specific coalition and links to helpful resources, such as the coalition's charter.

## **Education and Training**

Center for Domestic Preparedness. (n.d.). [Healthcare Coalition Response Leadership Course](#). (Accessed 8/7/2017.)

The three-day course provides instruction and facilitated discussion in healthcare coalition preparedness, best practices, and lessons learned in establishing an effective healthcare coalition framework and conducting healthcare coalition planning. Participants will learn about developing indicators, triggers, and tactics for proactive coalition planning as well as strategies for leading coalition response and recovery.

## **Guidance**

\*National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (2010). [Healthcare Coalition Matrix](#).

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National Healthcare Coalition Resource Center. (2014). [Region 9 Healthcare Coalition Strategic Planning Workshop: Final Report](#).

The purpose of this workshop is to assist the Region 9 Healthcare Coalition with developing a strategic plan for their HCC. This document provides information on levels of collaboration, desired core services, stakeholders and partners, funding sources, governance models, and more. Appendix 5 includes tables comparing different governance models. Appendix 5 includes tables comparing different governance models.

Office of the Assistant Secretary for Preparedness and Response. (2017). [2017-2022 Health Care Preparedness and Response Capabilities](#).

The guidance specific to these capabilities highlights what healthcare delivery system (e.g., hospitals, healthcare coalitions, and emergency medical services) have to do to effectively prepare for and respond to emergencies that impact the public's health.

Capability 1, Objective 1 includes discussion of stakeholders, roles, and potential structure of a coalition according to the cooperative agreement program.

\*Rogers, T. and Maloni, M. (2016). [Health and Medical Coordinating Coalitions: An Introduction to the Western Massachusetts HMCC](#).

This document provides an overview of the Western Massachusetts Health and Medical Coordinating Coalition, including activities, benefits, and leadership roles.

## Lessons Learned

Rice, S. (2011). [A Review of Successful Health Care Coalitions and Partnerships](#). U.S. Army War College.

The author shares lessons learned from several successful healthcare coalitions regarding partnership and sustainability as well as their general focus and structure.

Walsh, L., Craddock, H., Gulley, K., et al. (2015). [Building Health Care System Capacity to Respond to Disasters: Successes and Challenges of Disaster Preparedness Health Care Coalitions](#). (Abstract only.) *Prehospital Disaster Medicine*. 30(2): 112-122.

Project staff interviewed nine healthcare coalition leaders for this project. The leaders shared lessons learned regarding challenges and successes, and the authors suggested additional research specific to the benefit of coalitions to the local community and improving capacity building.

## Plans, Tools, and Templates

ASPR TRACIE. (2017). [Health Care Coalition and Gap Analysis Tool](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

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Coalitions Work. (2007). [Factors that Promote Sustainability](#).

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Coalitions Work. (2007). [Coalitions Work Tools](#).

While geared more towards community coalitions, the resources on this page can help healthcare coalition stakeholders in every stage. A section on “Coalition Sustainability Tools” includes links to related resources.

DC Emergency Healthcare Coalition. (2010). [Appendix C: MOU for Hospitals in the District of Columbia](#).

This Mutual Aid & Cooperative Assistance Memorandum of Understanding describes the relationship and the associated procedures which participating healthcare organizations can use to share resources in supporting each other during response to potential or real emergencies or disasters.

Kansas Department of Health and Environment. (2013). [Healthcare Coalition Charter Template](#).

This coalition charter template may be used by other coalitions as a model for developing their own charters. This modifiable template includes categories such as mission, membership, conducting business, leadership roles, and additional provisions. Guidance for coalitions as they complete the template is also provided in italics throughout the document.

NW Oregon Health Preparedness Organization. (2015). [Memorandum of Understanding: Hospital/ Health System Facility Emergency Mutual Aid](#).

This Memorandum of Understanding (MOU) is a voluntary agreement among the hospital/health system facilities in Northwest Oregon Healthcare Preparedness Region 1 (and Southwest Washington) with the goals of: 1) coordinating emergency planning; 2) preparing for a coordinated response to large-scale emergencies; 3) facilitating communications; and 4) providing mutual aid during a medical disaster.

\*Santa Barbara County. (2014). [Disaster Healthcare Partners Coalition Governance Document](#).

This document spells out Santa Barbara County's healthcare coalition member roles and responsibilities during disaster response and recovery.

Uintah Basin Region Healthcare Preparedness Coalition. (n.d.). [Inter-Healthcare Provider Master Mutual Aid Agreement](#). (Accessed 7/18/2017.)

This agreement facilitates the sharing of staff, equipment, supplies, and pharmaceuticals, and the transfer of patients during disasters affecting the Uintah Basin region.



University of Kansas. The Community Toolbox. (n.d.). [Chapter 5. Section 5. Coalition Building I: Starting a Coalition](#). (Accessed 7/21/2017.)

This toolkit—while not specific to healthcare—provides several resources on how to start a coalition. It includes a checklist, examples of how coalitions got started, various tools, and a PowerPoint presentation summarizing the major points of this Section of the toolkit.

## Research

Acosta, J., Howards, S., Chandra, A., et al. (2015). [Contributions of Health Care Coalitions to Preparedness and Resilience: Perspectives From Hospital Preparedness Program and Health Care Preparedness Coalitions](#). (Abstract only.) *Disaster Medicine and Public Health Preparedness*. 9(6): 690-697.

The authors conducted a literature review and interviews with leaders from 22 coalitions and hospital preparedness programs. They determined five dimensions of success: strong member participation, diversity of members, positive changes in members' capacity to respond to or recover from disaster, sharing of resources among members, and being perceived as a trendsetter. They also listed barriers and suggest that coalitions develop a common typology that could be used to specify coalition capabilities and functions.

Brown, L., Feinberg, M., and Greenbert, M. (2012). [Measuring Coalition Functioning: Refining Constructs Through Factor Analysis](#). *Health Education Behavior*. 39(4): 486-497.

The authors used factor analysis to determine coalition functioning in six domains: leadership, interpersonal relationships, task focus, participation benefits/costs, sustainability planning, and community support. They emphasize the importance of having a feedback mechanism in a coalition's sustainability.

Hupert, N., Biala, K., Holland, T., et al. (2015). [Optimizing Health Care Coalitions: Conceptual Frameworks and a Research Agenda](#). (Abstract only.) *Disaster Medicine and Public Health Preparedness*. 9(6): 717-723.

The authors provide an overview of the Hospital Preparedness Program and healthcare coalitions in general. This is followed by a description of two frameworks they created to give coalition leaders improved insight into “how different enterprises achieve similar ends relevant to emergency response.” The authors also provide a research agenda related to coalition contribution to the healthcare system.

McElwee, J.A. (2012). [Taking A Regional Healthcare Coalition Approach To Mitigating Surge Capacity Needs Of Mass Casualty Or Pandemic Events](#). Naval Postgraduate School Thesis.

This report provides a dated but detailed analysis of healthcare coalition development, comparing and contrasting three different coalitions. It uses a case study methodology to provide qualitative analysis of the coalitions, focused on governance, level of participation, and funding.

Walsh, L., Craddock, H., Gulley, K., et al. (2015). [Building Health Care System Capacity to Respond to Disasters: Successes and Challenges of Disaster Preparedness Health Care Coalitions](#). *Prehospital and Disaster Medicine*. 30(2): 112-122.

The authors interviewed nine healthcare coalition leaders to identify benefits and challenges related to healthcare coalitions and their ability to augment healthcare system preparedness for disasters. The article discusses promising practices for: stakeholder engagement; communicating value and purpose; simplifying processes; formalizing connections; and incentivizing participation.

### **Return on Investment**

Holt, C. (2014). [Hospital Coalitions Save Money and Improve Care](#). *Harvard Business Review*.

The author explains how local and regional collaboration reduces healthcare costs and improves patient outcomes for healthcare coalitions founded for joint purchasing.

\*Rogers, T. and Maloni, M. (2016). [Health and Medical Coordinating Coalitions: An Introduction to the Western Massachusetts HMCC](#).

This document provides an overview of the Western Massachusetts Health and Medical Coordinating Coalition, including activities, benefits, and leadership roles.

Terndrup, T., Leaming, J., Adams, R., and Adoff, S. (2012). [Hospital-Based Coalition to Improve Regional Surge Capacity](#). *The Western Journal of Emergency Medicine*. 13(5):445-52.

The authors examined the effect of a newly-developed regional healthcare coalition (in south Central Pennsylvania) on six surge capacity-related objectives. In a two-year period, the healthcare coalition improved areas under all objectives.

### **Sustaining Healthcare Coalitions**

ASPR TRACIE. (2017). [Growing and Sustaining: A Discussion About Healthcare Coalition Financial Models](#).

Speakers from across the country share their experiences using various financial models to sustain their healthcare coalitions.

Center for Leadership in Public Health Practice, University of South Florida Center for Leadership in Public Health Practice. (2013). [Collaborative Partnerships and Your Community-Based Disaster Coalition - Identifying, Engaging, Motivating, and Sustaining](#).

This free online training course includes three modules focused on organizing a community disaster preparedness coalition or strengthening existing coalitions. The modules include: Identifying Collaborative Partnerships; Engaging, Motivating, and Sustaining; and Sustaining Coalitions. The training also includes a course overview and final steps.

McCulley, K. (n.d.). [Utah's Regional Medical Surge Coalitions](#). (Accessed 8/9/2017.)

The author shares information about Utah's Healthcare Coalitions (HCC), and lists barriers to surge planning and how the state is working to overcome them. Subsequent presentations by other HCC representatives focus on HCC governance and sustainability.

McCulley, K., Apodaca, R., Russell, M., et al. (2014). [Healthcare Coalitions—Governance and Sustainability](#). National Association of County and City Health Officials.

This 2-hour webinar includes information on how healthcare coalitions are setting up their operational governance models. Speakers provide detailed information on the formation of their coalitions, (including key decision points and foundational documents), and highlight sustainability practices being implemented. A summary matrix of information presented is available for ease of reference. (Note: scroll to the bottom of the page to access the recording.)

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2009). [Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery](#).

This follow up to the landmark MSCC Handbook covers all aspects of a healthcare coalition and its role in response and recovery. Though slightly dated, this remains a “must read” for all coalition leaders and planners

## **Agencies and Organizations**

*Note: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.*

[CoalitionsWork](#).

[Northwest Healthcare Response Network](#).

U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response. [Hospital Preparedness Program](#).

*This ASPR TRACIE Topic Collection was comprehensively reviewed in July and August 2017 by the following subject matter experts (listed in alphabetical order):*

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