

A healthcare coalition (HCC), as defined in the [HHS ASPR 2017-2022 Health Care Preparedness and Response Capabilities](#), is a group of individual healthcare and response organizations (e.g., hospitals, emergency medical services [EMS], emergency management organizations, and public health agencies) in a defined geographic location that play a critical role in developing healthcare system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with [ESF-8](#) activities in jurisdictional incident command systems (ICS).

The Health Care Preparedness Capabilities and resources such as those found in [ASPR TRACIE's Health Care Coalition Resources page](#) provide detailed guidance for establishing and sustaining an HCC. This fact sheet summarizes general information on the basic structure and key functions of an HCC. A complementary ASPR TRACIE fact sheet summarizes several [different fiscal models for an HCC](#). Additionally, ASPR TRACIE continues to host a [series of webinars](#) focused on improving HCC preparedness efforts, decision making processes, and operational planning. These resources and webinars include concepts and content from coalitions from around the country.

The HCC structure should bring together diverse healthcare organizations to work together to respond and coordinate efforts before, during, and after emergencies. HCCs collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and exercised personnel to respond to an emergency.¹

HCC Core Capabilities

HCC governance and structure differ based on jurisdiction and need, however, there are a few key capabilities and goals that HCCs should strive to achieve (taken directly from the [Health Care Preparedness and Response Capabilities](#)):

- **Capability 1: Foundation for Health Care and Medical Readiness**

Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

- **Capability 2: Health Care and Medical Response Coordination**

Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency, plan and collaborate to share and analyze information,

¹ See the [HHS ASPR 2017-2022 Health Care Preparedness and Response Capabilities](#) Glossary for a definition of "emergency."

manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

- **Capability 3: Continuity of Health Care Service Delivery**

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

- **Capability 4: Medical Surge**

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

HCC Response Functions

The key response functions of HCCs during an emergency response include:

- **Share and analyze information** (e.g., coordinate information exchange and ongoing situational awareness).
- **Manage and share resources** (e.g., work with partners to manage regional cache [if appropriate/available], obtain/identify pharmaceuticals, medical equipment, and non-clinical supplies).
- **Coordinate strategies to deliver medical care** (e.g., enhanced medical surge capacity and capability, standardized response protocols, platform for real-time policy and strategy development and coordination).

HCCs should have a collective response plan that integrates with members’ individual plans as well as the lead ESF-8 agency plan (in cases where the HCC serves as the ESF-8 lead agency, a single plan suffices). The HCC response plan should describe how the key functions above are integrated with the ESF-8 lead agency operations to ensure information is provided to local officials and to effectively communicate and address resource needs met through jurisdictional processes. The [ASPR TRACIE HCC Response Plan Template](#) provides additional information and guidance.