ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 19 September 2019
Response Date: 27 September 2019
Type of TA Request: Complex

Request:

The requestor asked for technical assistance in identifying any resources or information on how to engage executive leadership into ongoing healthcare coalition (HCC) activities.

Response:

The ASPR TRACIE Team reviewed our Select Healthcare Coalition Resources page (which includes links to several existing Topic Collections, including the Coalition Administrative Issues, Coalition Models and Functions, and Coalition Response Operations Collections). We also conducted a search online for open-source materials.

Additionally, we reached out to our ASPR TRACIE Subject Matter Expert (SME) Cadre members for any feedback they could provide regarding executive leadership and how to get them more involved in HCC activities.

Comments received from our SMEs can be found in Section I of this document. Section II includes resources gathered related to HCC executive leaderships and coalition development strategies.

A list of comprehensively developed Topic Collections can be found here: https://asprtracie.hhs.gov/technical-resources/topic-collection.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by an ASPR TRACIE SME Cadre member in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- Our Executive Sponsor and Chief Operating Officer (COO) of our hospital is kept up to date with any and all emergency management issues. As a routine, she reviews all HCC minutes, AARs, etc. and sits in our command center during any disaster that causes an activation of the hospital or the regional command center.
- Our Executive Sponsor, along with our Chief Executive Officer (CEO) and Chief Nursing Officer (CNO), are very attentive to the emergency management processes of both the region and our hospital.
- They understand the importance of their role during disasters. During the last two major events in our state, both hurricanes, our region accepted the leadership role for another coalition due to the damage that occurred in their region.

- Our Executive Sponsor runs the command center for the hospital and provides guidance to us for operating the regional command center.
- Simply stated, we do not have an issue with senior leadership within our region and I consider our HCC as an example of a best practice.
- Our Executive Sponsor would be happy to speak directly with the requestor. We have a culture of executive leadership participation in emergency management and could possibly provide some insight on how to explain to other executives the role they should play.
- Please contact the ASPR TRACIE Assistance Center if you wish to be connected with this SME for further consultation.

SME Cadre Member 2:

- Many HCCs face this challenge every day.
- Our HCC used a "systems-of-systems" approach. However, this was labor intensive and required constant investment of time and effort.
- We had a C-suite Board meeting every other month to keep executive leadership informed and get their guidance on various issues. We included time for them to network with their competitors. Virtual attendance was possible at most, but not all, meetings.
- Operations team members met monthly and were tasked with communicating back to their peers and supervisors.
- We had individual C-suite members sponsor events for us. For example, if someone was passionate about Ebola training, we had them host it.
- We charge annual dues to be a part of the HCC. It's a token amount but it made them value us more.
- We told them often that we struggled to get their participation and asked for their advice on how to help them improve, and then we followed it on a person-by-person basis.
- We met with them at their location to save them time.
- We scheduled events concurrently with other events so they had more incentive to participate.
- We paid for everything (as allowed by our grants and budgets).
- We withheld delivery of supplies until after necessary training was completed. This was one of our most effective efforts!
- Per their request, we gave the C-suite team a public accounting of participation. They are competitive so when they saw they were doing less than their competitors they worked harder to do better in the future. Color charts in Excel were brutally honest and the "reds" turned to "green" very quickly.

SME Cadre Member 3:

- This remains an ongoing challenge for HCCs. It is likely due to competing priorities for their time. Often, they will instead delegate participation to their organizational emergency management coordinator and team, and will not experience disasters, threats or hazards that warrant their involvement. Unfortunately, there is turnover in the upper leadership echelon just as in all of healthcare personnel and there may be leaders who have never experienced a major disaster.
- The following are solutions that can get executive leadership more involved:
    - A letter from an organization like the Department of Health or Surgeon General of your state to encourage C-suite leadership in HCC activities can help. In our

state, we have an Agency for Healthcare Administration that is fully aware and supportive of state HCCs. They are invited and do attend HCC meetings. In addition, staff are deployed to state and local Emergency Operations Centers (EOC) to provide assistance with mission requests. State and local Centers for Medicare & Medicaid Services (CMS) representatives are also fully aware of the activities and supportive of HCCs and will attend meetings.

- The Joint Commission (TJC) wants to include executive leadership participation as part of their emergency management standards. This needs to be pointed out to C-suite team. Being able to "talk and walk" how their organization participates, and not just attend HCC meetings and activities, will help them when they are surveyed by TJC.
- Make sure that the C-suite understands the cost-savings associated with HCC hazard vulnerability assessments to supplement and guide a facility's analysis. Participation of their healthcare in multidisciplinary trainings and in community-wide exercises can alleviate the burden of having to do this on their own.
- Extend an invitation to executive levels of your member organizations to attend and speak for 10 minutes at an HCC meeting, They can talk about their facility's capacity and capabilities, what they might be able to contribute to an HCC response, experiences with emergencies and disasters, accreditation visits, having to manage an emergency evacuation such as from a fire, seasonal surge, and their response to a bad flu or other outbreak. Let them know that you will rotate the invitation to other C-suite leadership from other member organizations. Give them the flexibility to pick their spot. When they actually do attend a meeting, they will begin to understand the support for situational awareness and critical mass to get through a major crisis together. CEOs do talk with other CEOs so it might just be a factor to identify a likely champion to kick off this endeavor. The invitation can also be extended to other facilities participating in the healthcare delivery spectrum and supply chain. An alternate strategy is to schedule a C-suite level breakfast for a summary of the HCC.
- Encourage C-suite membership in your HCC. Maybe it is not the CEO, but instead the COO or CNO. A CNO is a strong partner that understands medical surge.
- Provide historical examples of how your HCC served as a critical mass to prepare, respond and recover from past events. This reduces liability risk when there are common protocols. There is also a cost savings when equipment purchases are made in bulk through the coalition pricing. Newer C-suite leadership will participate in HCC activities when they are informed of past examples.
- Schedule an appointment with healthcare leadership providing a description of your HCC. Give them a copy of your HCC Annual Report if that is available. When a healthcare organization has to deal with Crisis Standards of Care or being at an advanced contingency level, it will be advantageous to understand that everyone is in the same boat with limited resources, space, or personnel.
- The HCC may send an annual letter to the CEOs asking them to assign a designated representative and two alternates so there is "three deep" attendance and participation in case of conflicting priorities. Encourage participation by an executive level designee

II. Resources Addressing HCC Executive Leadership

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.

Center for Domestic Preparedness. (2017). Healthcare Coalition Response Leadership Course: FY2019-2020 Offerings. (Accessed 9/25/2019.)

This 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.

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.

Downey, L., Ireson, C., Slavova, S., and McKee, G. (2008). Defining Elements of Success: A Critical Pathway of Coalition Development. (Abstract only.) Health Promotion Practice. 9(2):130-9.

The authors present a model that describes milestones in coalition formation. They conclude that a clear definition of the coalition structure; coalition enhancement; funding; community support; leadership; education and outreach to the community; membership; partnerships; data and evaluation; and publicity are critical to coalition formation.

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.

Raynor, J. (2011). What Makes an Effective Coalition? Evidence-Based Indicators of Success. The California Endowment.

This paper provides evidence-based indicators for what makes an effective coalition, and how to assess and improve them. Information on leadership characteristics and capacities begins on page 17.

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.

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 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.