

ASPR TRACIE Technical Assistance

Request:

The ASPR TRACIE Team was asked to develop a document that identifies the key factors and concepts for operationalizing successful regional planning and response.

Response:

The ASPR TRACIE Team reviewed existing resources, namely those provided on our [Healthcare Coalitions](#) Resource page. We also conducted a search online and outreach to our ASPR TRACIE Subject Matter Expert (SME) cadre members, including the National Healthcare Preparedness Programs (NHPP). Comments from our SMEs can be found in Section I of this document.

Of particular importance, the [Regional Disaster Health Response System \(RDHRS\)](#) program (ASPR's fourth priority goal listed in the [Strategic Plan for 2020-2023](#)) establishes "a network of state-level clinical response assets as well as inter-state regional assets to create a more coherent, comprehensive, and capable health care disaster response system that can respond to 21st century health security threats and integrate into daily care delivery systems."

Priority Goal 4 of the Strategic Plan, "Build a Regional Disaster Health Response System," is comprised of the following objectives:

- Objective 4.1: Modernize National Disaster Medical System (NDMS)
- Objective 4.2: Expand Specialty Care Capabilities
- Objective 4.3: Enhance Private Sector All-Hazards Preparedness
- Objective 4.4: Promote a Resilient Medical Supply Chain
- Objective 4.5: Develop Regional Response Consortia & Exercise Regional Capabilities
- Objective 4.6: Integrate Emergency Medical Services (EMS) into Response Operations

While specific to the federal government, the ASPR TRACIE team ensured that the information in this document reflects these objectives from a regional standpoint. The table found in Section II of this document provides considerations for operationalizing successful regional planning and response as identified through our search of multiple resources.

It is important to note that the information provided in this document are high-level considerations. The original request did not specify how "regional" is defined. This response takes into account that the way regions are defined will vary on multiple factors including, but not limited to, the following: what geographical area is covered (interstate/ intrastate); what organizations, stakeholders, jurisdictions have memberships to this defined region, what are the legal authorities, and what specific issues and challenges this region faces. All references to the term "regional" in this response are general and does not necessarily indicate formal vs. informal entities/ organizations.

I. ASPR TRACIE SME Cadre Member Comments

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

SME Cadre Members:

- It is important to note that many healthcare coalitions (HCCs) have been focused on planning elements only, and that COVID-19 may have illustrated a necessary coordination, resource allocation, or patient movement (load-balancing) role for them.
 - However, it is important to note that HCCs often do not have the authority to decide on resource allocation or load-balancing in their state and/or they are not funded or staffed with the appropriate personnel to take these kinds of expert actions (e.g., medical/clinical decision making).
- There should be one HCC per jurisdictional area with an understanding of how these interface with the region/ state to maximize efficiency and efficacy. In some cases, there have been ‘coalitions’ set up for COVID-19, or specialty care that may not follow the same geography, functions, or governance as the all-hazards coalition. This can create significant confusion during a response. Specific hazards should be planned for within the context of an all-hazards response framework and partners.
- Regardless, every region should ensure that:
 - All healthcare stakeholders have access to accurate and timely information.
 - Capacity and capabilities are monitored and utilized to the maximal degree and in a consistent manner across the region.
 - Regional information and any identified issues are coordinated with other regions and the state(s).
 - There is a mechanism to broker resource requests, allocation, and patient transfers.
 - The mechanisms for each region may vary. For example, it may be within the HCC, among adjacent HCCs, with the HCC and the state, or with other entities. It may also be voluntary or the healthcare entities within an HCC’s jurisdiction may be required to participate.
- The core functions previously noted must be achieved, as well as identifying the stakeholders and mechanisms to close any specific gaps in those domains. In doing so, it may provide the opportunity for broader collaboration as described next.
- Ensuring that emergency management, healthcare, EMS, and public health understand their roles, as well as their legal authorities and specific areas of expertise, in achieving these functions at a regional, rather than solely at a jurisdictional level (since healthcare systems do not follow geographic boundaries), is a critical starting point in planning.
- Often, healthcare facilities and systems will be the drivers behind these discussions as their needs do not follow jurisdictional boundaries and their private sector nature requires a cooperative solution.
 - Public health and emergency management agencies may not have the subject matter expertise to oversee and manage many of the resource sharing and patient movement questions that arise within the healthcare facility and system setting.

- Coordination among stakeholders is key. It is important to note that regional entities (e.g., formal or informal) must closely collaborate with jurisdictional and coalition activities to ensure that multiple, separate chains of command are not established.
- The regional entity should coordinate information and processes for all hazards and ensure that appropriate expertise (e.g., pediatric, burn) is provided to ensure capabilities are met when an event requires them.

II. Considerations for Operationalizing Successful Regional Planning and Response

Key Factors	Concepts for Regional Planning
Objectives	<ul style="list-style-type: none"> • Determine regional planning objectives based on any identified needs and gaps. For example, regional pre-hospital response, inter-agency coordination of information, load-balancing of patients, resource sharing, and access to clinically relevant disaster SMEs (trauma, burn, critical care pediatrics, etc.) in real time.
Key Stakeholders	<ul style="list-style-type: none"> • Identify the stakeholders that are directly impacted by the current gaps and that will benefit from the envisioned preparedness, response, and recovery coordination at the regional level.
Pre-planning	<ul style="list-style-type: none"> • Invite key stakeholders and determine the: <ul style="list-style-type: none"> ○ Key functions that need to be achieved ○ Current or needed organizations, authorities, and systems that can be leveraged to support the functional need. ○ Strategies and tactics to achieve the objectives. ○ Other stakeholders and any regulatory or policy needs that should be identified and addressed. • Develop plans, policies, and procedures to identify how healthcare and related organizations within the region will work together to prevent, mitigate, respond to and recover from a disaster of any origin and specifically address the identified gaps if a broader scope is not possible or intended. <ul style="list-style-type: none"> ○ Ensure that decision-makers from member/partner facilities/organizations are engaged and supportive. ○ Solicit leadership buy-in as needed in both private and public sector. In some cases, the private sector will drive the form and functions that support the healthcare response. In others, the public sector may act as a driver. ○ Share existing plans developed by individual facilities or other regional entities to help jumpstart planning. ○ Consider a virtual sharing platform (e.g., share drive, ASPR TRACIE Information Exchange) to share resources, information, and develop plans/ policies. • Ensure that processes and policy for sharing essential elements of information are included that reflect current operating conditions and help inform regional needs, requests, and allocation decisions. • Ensure that processes are incorporated at the regional level for appropriate allocation of scarce resources so overwhelmed

Key Factors	Concepts for Regional Planning
	<p>community healthcare systems can receive equitable allocation during patient surge incidents (e.g., public health emergency, and mass casualty incidents).</p> <ul style="list-style-type: none"> • Develop and maintain plans that provide guidance for local health departments, hospitals and other medical care facilities, local EMS, community service organizations and medical personnel within the defined region.
Regional Community Profiles	<ul style="list-style-type: none"> • Develop and regularly update a regional community vulnerabilities profile/ hazard vulnerability assessment (HVA) to better understand the unique characteristics of the region and help develop common assumptions and priorities. • Identify and consider the following elements when developing a regional community profile: population characteristics; climate; unique regional threats such as earthquakes; likely targets of terrorist activity; utilities vulnerability; demographics; income, poverty and education levels; social vulnerabilities; number of people using durable medical equipment (DME) or that are technology-dependent; pediatric vulnerability; and tribal area demographics (as appropriate).
Partnership Building	<ul style="list-style-type: none"> • Build upon existing/ established relationships with community partners and invite new partners to strengthen disaster health response and increase statewide and regional medical surge capacity. These relationships will be the key to successful disaster responses. • Expand networking outside of area hospitals and healthcare facilities to include first responders, emergency management, public health agencies, laboratories, home and community-based health and human services, behavioral health services, community and volunteer organizations, the private sector, and individual residents as required based on the scope of the regional collaboration. <ul style="list-style-type: none"> ○ Ensure that the policy and governance of the group remains focused on the functional objectives they started with. In some cases, sub-groups, committees, or other structures may be needed to partition the discipline-specific efforts while remaining integrated. ○ In addition, include any other partners available in the region, such as trauma centers, burn centers, poison control centers, and pediatric hospitals to ensure maximal awareness of regional planning and response structures and utilization of all available resources during a response. • Support healthcare system resiliency by maintaining a good working relationship with partners. Schedule regular meetings to share updates. • Develop and maintain current contact information for all partners.

Key Factors	Concepts for Regional Planning
Resource Management and Sharing	<ul style="list-style-type: none"> • Identify economic and other incentives to develop a public-private partnership for preparedness investment between healthcare systems, government, and the business community. • Conduct a regional/ HCC resource gap analysis to identify additional gaps and inform strategies for prioritizing which gaps to close including pediatric and specialty surge needs. • Ensure that systems are available at the right time and in the right place to successfully manage all-hazards incidents. • Promote strengthening of medical surge capacity and capability through resource building, information sharing, mutual aid and response coordination. • Ensure that each organization identifies an Authorized Official and at least one alternate to manage receiving/submitted requests for assistance. • Identify organizations to partner with during incidents and develop individual memorandum of understanding/ memorandum of agreements (MOU/MOA) to activate resource management/ sharing processes and activities as needed. • Ensure resource management operations are scalable, multijurisdictional, and assure the specific authorities and process/ policy for regional resource request and management is defined and followed, including the role of jurisdictional emergency management. • Establish and implement the appropriate fiscal model that works best for the region/ HCC and allows for flexibility to use federal funds as well as integrate local funds when needed. Note that no one model can be standardized across the country. • Identify specific resources and capabilities available regionally that serve children. These include but are not limited to the following: children/ pediatric hospitals, other hospitals that provide routine pediatric services (e.g., inpatient, and neonatal/ pediatric intensive care units [NICU/ PICU]), pediatric mental and behavioral health services, pediatric referral centers, sub-specialists, and patient transport resources for pediatric patients (including NICU patients). • Consider working as a regional group with medical and pharmacy suppliers to understand resources and create common expectations for shortage situations and identify alternative sources of resources.
Communications and Information Sharing	<ul style="list-style-type: none"> • Create knowledge-sharing platforms, promote bidirectional communication, and expand lines of communication (internally and externally with partners) to enhance situational awareness of medical needs/ issues in disaster response statewide and regionally. • Ensure redundancy and interoperability of communication systems within healthcare facilities and externally with partners, as appropriate. • Ensure Public Information Officers (PIOs) are assigned to each entity/ organization as appropriate and collaborate prior to

Key Factors	Concepts for Regional Planning
	<p>emergencies via drills, exercises, or informally. This will ensure a synchronized communications response during an emergency.</p> <ul style="list-style-type: none"> • Assign a regional PIO to serve as a centralized point of contact for the regional entity and assure integration with jurisdictional Joint Information Systems/ Centers.
Capabilities Testing and Training	<ul style="list-style-type: none"> • Consider developing metrics to reflect level of readiness within individual organizations/ entities and at the regional level. • Consider regular training opportunities for disaster response personnel to inform and enhance their knowledge and skills. <ul style="list-style-type: none"> ○ Consider what funding opportunities are available to provide these trainings and identify who will be taking specific them (e.g., all healthcare workers, general emergency response personnel, EMS personnel, ED staff, or specific SMEs). • Implement regular regional exercises to test specific regional capabilities. • Identify any gaps identified during exercises and determine corrective actions required to improve subsequent response
Response Collaboration	<ul style="list-style-type: none"> • Increase statewide and regional medical surge capacity by developing tiered systems that can expand in capacity and specialty care access, as needed. Understand the resources, timelines, and access to the contributing systems/ resources. <ul style="list-style-type: none"> ○ This may be dependent on legal authorities, available data systems, and level of transparency. The entire region should be aware of patient occupancy status and any surge actions taken to be situationally aware and know that all systems are playing their role equally and sharing the burdens/ strains. • Implement incident command and incident action planning techniques. The roles, responsibilities, and authorities within the region and among partners must be clearly documented and understood within the region. • Ensure response plans among partners are aligned to be realistic and adaptive to various situations. • Develop innovative mechanisms, between partners and stakeholders, that meet the specific needs of the region to improve coordination of response activities and support optimal patient care during disasters. • Consult with subject matter experts in healthcare disaster response to assist in enhancing regional response activities. • Consider staff sharing agreements and/or deployable disaster medical response teams, both general and specialty teams as appropriate, to support disaster response. • Promote the use of telemedicine, mobile care, and in-home care options during disasters to increase the availability of clinical care to the community. This should include pediatric clinical care, dialysis, and other specialty care services.

Key Factors	Concepts for Regional Planning
	<ul style="list-style-type: none"> ● Assess potential locations for alternate care sites both on hospital campuses and in the community, and conduct regional planning for the use of these sites.
Expertise in Specialty Areas	<ul style="list-style-type: none"> ● Maximize response capabilities by mobilizing trained emergency managers and technical experts from across the regional partnership. <ul style="list-style-type: none"> ○ Personnel should have expertise in various areas such as, traumatic injuries, burns, chemical or radiation injuries, infectious diseases, and pediatric disaster management that can inform an ongoing response and help prioritize transfers and interventions. ○ Establish registries and other mechanisms for identifying, vetting, and mobilizing SMEs in needed specialties during a response, especially SMEs who may be distant from the clinical response and therefore able to support regional response decision making and other actions. ● Establish mechanisms to build specialty care capacity at a regional level where gaps may be identified.
Continuity of Operations (COOP)	<ul style="list-style-type: none"> ● Identify the regional role within individual healthcare facility COOP plans (e.g., regional coordination function during a hospital evacuation) and develop a regional COOP plan for the regional structure to ensure continuity of coordination functions. ● Identify a line of succession for leadership positions at the regional level. Orders of succession identifies who assumes authority and responsibility if leadership is incapacitated or unavailable. <ul style="list-style-type: none"> ○ Formal roles and legal authorities for a regional entity should initially be established in order to best identify lines of succession. ● Identify delegations of authority, which are individuals in positions that have the legal authority to carry out particular duties for the region and ensure that these roles are identified in individual healthcare facilities or organizations. These delegations must be written, signed and included as part of the plan. Delegations of authority identify who has the legal right to act on behalf of the healthcare facility’s leadership including how a regional structure may be empowered to request and/or allocate resources.
Recovery Operations	<ul style="list-style-type: none"> ● Understand the regional role during recovery to ensure the restoration and strengthening of key systems and resource assets that are critical to a community’s continued viability. ● Evaluate incident impact and decisions about restoration of services including how to “rebuild stronger systems.” <ul style="list-style-type: none"> ○ Determine how to enhance community resiliency and how the services could be provided more efficiently, safely, and cost effectively in the future by evaluating options. ○ Support the impact assessment process including issues of trends, themes, and emerging or persistent needs.

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	<ul style="list-style-type: none"> • Assign a liaison to interface with local and state health, emergency management officials, and federal partners in estimating initial disaster costs and providing assistance in applications for state or federal disaster recovery funding (if available). • Ensure a forum for collaboration and information sharing is provided to help disseminate post-disaster public health communications (e.g., mold and environmental health hazards). • Ensure stakeholders are connected with recovery assistance programs. • Participate in (or support) community-wide recovery planning and organization efforts; convene or participate in formal assessments and strategic planning. • Advocate for the needs of healthcare within the broader community and/or state recovery efforts. • Promote effective messaging to the community about healthcare system recovery efforts and available services.

The ASPR TRACIE Team would also like to highlight the following table, pulled directly from [Regional Medical Surge Plan: Expanding Local Healthcare Structure in Mass Casualty Events](#) (Healthcare Preparedness Coalition of Utah/Wasatch Counties, 2014), which identifies the tiers of healthcare disaster response. Note that this was built from the [Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery](#) (HHS, ASPR, 2009).

Table 1 Tiers of Health Care Disaster Response

Response Tier	Response Scope	Agencies Involved	Response Role
Tier 1	Individual hospital response	Affected hospitals	Activate Hospital ICS Activities within hospitals to reduce normal census
Tier 2	Healthcare Preparedness Coalition response	Healthcare Preparedness Coalition Partners including all hospitals and Public Health	Activate Utah County Health Department and/or Wasatch County Health Department EOC supplies/equipment Transfer patients within systems Transfer patients between systems
Tier 3	Jurisdictional response	Emergency Medical Services, first responders in Utah and/or Wasatch County communities	Activate Utah County and/or Wasatch County Emergency Operations Center (EOC) Coordinate community response through (EOC)
Tier 4	Regional response	Healthcare Preparedness Coalition and other regional coalitions	Cooperation between jurisdictions ICS
Tier 5	State response	UDOH, Utah Department of Public Safety, Homeland Security	Support jurisdictions Intermediary between jurisdictions and the federal resources
Tier 6	Federal Response	DMORT DMAT CDC	Support state operations Agency involvement depends upon nature of emergency/disaster

III. Select Resources

ASPR TRACIE. (2021). [Healthcare Coalitions Resources Page](#).

ASPR TRACIE received multiple questions regarding the role of HCCs in all phases of a disaster cycle, strategic planning, etc. To comprehensively respond to the various requests regarding HCC needs, the ASPR TRACIE Team developed the Select Health Care Coalition Resources web page, which includes various resources from Topic Collections, plans, tools, templates, webinar recordings, and more. **NOTE:** Multiple resources were used from this web page to inform the development of this technical assistance response document.

Massachusetts/ Region 1 Partnership for Regional Disaster Health Response. (2021). [Region 1: Regional Disaster Health Response System](#).

This web page provides information on the Region 1: Regional Disaster Health Response System, which was developed to connect experts in healthcare disaster response with other key partners in healthcare, government, and the community. It enhances the

collaboration of planning and response activities among stakeholder to provide optimal patient care during disasters.

Region VII Disaster Health Ecosystem (DHRE) Project. (2021). [Region VII Disaster Health Response Ecosystem](#).

This web page provides information on the Region VII Disaster Health Response Ecosystem Project, which utilizes the ecosystem model to ensure inclusivity, interconnectedness, redundancy, and self-sustainment. It also contains links to their various resources including playbooks and guides, COVID-19 resources, and links to training and education.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). [2017-2022 Health Care Preparedness and Response Capabilities](#).

This 70-page document describes the four capabilities that healthcare coalitions and individual healthcare facilities need to prepare for, respond to, and recover from emergencies. The capabilities are: foundation for healthcare and medical readiness; healthcare and medical response coordination; continuity of healthcare service delivery; and medical surge.

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.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2021). [Regional Disaster Health Response System](#).

This web page provides information about the RDHRS, which was developed to enhance existing programs, such as the Hospital Preparedness Program and the NDMS. It is intended to “create a more coherent, comprehensive, and capable healthcare disaster response system integrated into daily care delivery.”

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2020). [Strategic Plan for 2020-2023](#).

This document provides information on ASPR's mission, vision, and values and their plans for achieving four public health emergency-specific goals.