

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 3 January 2019

Response Date: 9 January 2019; updated 27 July 2021

Type of TA Request: Standard

Request:

The requestor asked for technical assistance in researching the following:

- Best practices by healthcare coalitions (HCC) with the health department as the lead member.
- Utilization practices of information technology (IT)-related information sharing, notification, and alerting platforms.
- Benchmark performance improvement data being used for emergency communications, alerts, and notifications (e.g., the time the incident is recognized to the first alert to coalition members, and first alert notification to bed availability call down).

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](#), [Coalition Response Operations](#) Collections).

We would also like to highlight the following related Topic Collections: [Communication Systems](#), [Information Sharing](#), and [Emergency Public Information and Warning/Risk Communications](#).

Related resources are presented under the following four categories: Section I includes a “best practice” plan in which the health department serves as the HCC lead. Section II provides links to several HCC plans that include communication and information sharing components. Section III includes a resource that is considered a best practice (but not necessarily a “benchmark”) and provides the type of information collected from healthcare organizations. Section IV includes additional relevant materials that may be helpful.

A list of comprehensively developed Topic Collections can be found here:

<https://asprtracie.hhs.gov/technical-resources/topic-collection>.

I. HCC Best Practices with Health Department as Lead

Santa Barbara County. (2017). [Santa Barbara County 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. Planners may be particularly interested in the table and accompanying narrative that detail agency/discipline roles and responsibilities during response.

II. HCC Plans Including Communications/ Information Sharing Components

DC Emergency Healthcare Coalition. (2014). [DC Emergency Healthcare Coalition Communications Support Annex: A Support Annex to the DC EHC Emergency Operations Plan for Coalition Members.](#)

This document provides guidance on the specific processes, procedures, and technology related to the communication systems utilized by the DC Emergency Healthcare Coalition during incident response. The information management needs during response require the ability to share information within the Coalition as a group of healthcare organizations, with jurisdictional agencies, with other external partners (e.g., Suburban Maryland Hospital Communication Center), and potentially federal entities (e.g. HHS, DHS).

DC Emergency Healthcare Coalition. (2014). [Emergency Operation Plan \(EOP\) for the DC Emergency Healthcare Coalition.](#)

This plan describes the organizational structure and emergency response processes used by participating healthcare organizations in Washington, DC to collectively respond to and recover from an incident that severely challenges or exceeds normal day-to-day healthcare system management and/or healthcare delivery operations.

DC Emergency Healthcare Coalition. (2014). [Public Information Functional Annex.](#)

This annex to the DC Emergency Healthcare Coalition (DCEHC) EOP provides guidance to Healthcare Coalition public information officers (PIOs) and/or their staff during a pre-planned event or no-notice incident of significance to assist in providing timely, accurate, and consistent information to hospital personnel, external response partners (police, fire, EMS, public health, and emergency management), and the public.

Eastern Virginia Healthcare Coalition. (2016). [Eastern Virginia Healthcare Coalition Emergency Operations Guide.](#)

This Emergency Operations Guide addresses protocols, procedures, and organizational structure necessary for the healthcare entities in the Eastern Region to prepare for, respond to and recover from emergencies as a collective whole, in partnership with other emergency response agencies. **NOTE:** Section V of this plan pertains to information and communications.

Healthcare Preparedness Coalition of Utah/Wasatch Counties. (2014). [Regional Medical Surge Plan: Expanding Local Healthcare Structure in Mass Casualty Events.](#)

This plan defines how healthcare and related organizations within this specific region will work together to prevent, mitigate, respond to and recover from a disaster that leads to a surge on healthcare facilities. It can be used by personnel in real emergencies and when

conducting training, drills, and exercises. **NOTE:** Section 8 addresses emergency communications.

Illinois Department of Public Health. (2014). [Illinois Department of Public Health Emergency Support Function \(ESF\) 8 Plan](#).

This plan describes concept of operations, roles and responsibilities, and command structures for ESF-8 members in Illinois that may be useful to coalitions in developing coordination structures and plans for their communities. This plan can be used as a guidance or template for regional healthcare coalitions. Illinois has seven Public Health and Medical Service Response Regions with a state-wide population of approximately 12.8 million. **NOTE:** Section 5 of this plan provides information on communication technology.

Kansas City Metropolitan Area. (2016). ESF 8: Public Health and Medical Services: Kansas City Metropolitan Area Regional Coordination Guide. (Contact [ASPR TRACIE](#) for a copy.)

This comprehensive (318 page) annex to the Regional Coordination Guide describes how public health and medical services capabilities from metropolitan areas surrounding Kansas City would be coordinated in the event of a natural or human-caused disaster. It details planning for every aspect of disaster medical response and may be a useful reference for metro area planners. It is not public but available on request for official use. **NOTE:** A section on the Notification Process begins on page 38, followed by Information Sharing and Communications starting on page 41. Appendix P also includes information on the various communication technology and systems used.

Nevada Division of Public and Behavioral Health. (2016). [Nevada Statewide Medical Surge Plan](#).

This state-level plan provides guidance for healthcare facilities in Nevada, allowing them to prepare to respond to planned and unexpected events that may necessitate a surge of hospital and other healthcare resources within the state. It outlines roles and responsibilities of each entity during the response phase. **NOTE:** Pages 17-19 address communications methods for providing notifications during a medical surge incident.

Public Health-Seattle and King County, Washington. (2017). [ESF 8 Basic Plan-Health, Medical and Mortuary Services](#).

This plan describes concept of operations, roles and responsibilities, and command structures for ESF-8 members in King County, Washington that may be useful to coalitions in developing coordination structures and plans for their communities. This plan includes concept of operations and roles and responsibilities that involve the Northwest Healthcare Response Network (healthcare coalition). **NOTE:** A section on Public Information and Communications – ESF 8 Joint Information System begins on page 14.

Santa Barbara County. (2017). [Santa Barbara County 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. Planners may be particularly interested in the table and accompanying narrative that detail agency/discipline roles and responsibilities during response. **NOTE:** Page 12 includes a section of the table that identifies the responsibilities of the various agencies pertaining to information sharing. Appendices D, E, and F also provide Emergency and Disaster Communication and Operational Expectations for the following facility types respectively: Facilities Serving Medically Fragile/Vulnerable Individuals, Clinic and Outpatient Providers, and Agencies Serving Medically Fragile/Vulnerable Individuals.

SE Minnesota Healthcare Coalition. (2013). [Communications Guidelines](#).

This plan provides information to support interoperability and effective communication among coalition partners during all phases of disaster.

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.

This article describes the Healthcare Facilities Partnership of South Central Pennsylvania and the effect of the coalition on enhancing surge capacity for optimization of access to hospital beds during mass casualty events over a 24-month evaluation period that used exercises and communications among partners to measure success. **NOTE:** A flow chart is available in Figure 3 of this resource.

III. Benchmark Performance Improvement Data

Central Maine Regional Health Care Coalition. (2019). [All Hazards Emergency Operations Plan](#). (**NOTE:** This is a Word document and the file may be opened once prompted.)

This plan describes the roles and responsibilities of the Central Maine Regional Health Care Coalition (CMRHCC) in responding to a healthcare emergency. It is comprised of a Base Plan and Annexes (e.g., communication plan, medical surge, responder health and safety) and concludes with appendices that include a list of acronyms and forms that can be downloaded and printed (e.g., volunteer request form, resource request form). **NOTE:** This 2019 plan was updated from the 2016 version that the ASPR TRACIE Team found for the initial request and is in draft form. The table on pages 28-29 summarizes the type of information collected from healthcare organizations, the timeframe for reporting the information, the method of communication to the HCC, the target audience to receive that information, and the method in which the target audience will be notified.

IV. Other Related Resources

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

This template provides general headers and descriptions for a sample health care coalition (HCC) Preparedness Plan Template. The resources used to develop this template include sample HCC plans and the Health Care Preparedness and Response Capabilities.

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

This template provides general headers and descriptions for a sample health care coalition (HCC) Response Plan Template. The resources used to develop this template includes sample HCC plans and the Health Care Preparedness and Response Capabilities.

Hanfing, D. (2013). [Role of Regional Healthcare Coalitions in Managing and Coordinating Disaster Response](#). Institute of Medicine.

This white paper was prepared for the January 2013 workshop on Nationwide Response to an Improvised Nuclear Device Attack. It focuses on the role of coalitions in catastrophic disaster event response, and how coalitions that organize to form regional networks can improve communication of resource needs and provide situational awareness. The experiences of building coalitions in the National Capital Region are also discussed.

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.

University of Iowa, College of Public Health, Upper Midwest Preparedness and Emergency Response Learning Center. (2013). [Capability-Based Training and Education Resources for Coalitions](#).

This toolkit consists of a catalog of online trainings, resources, and drills and exercises organized by each of the 15 Public Health Emergency Preparedness Capabilities. There are six sections: Community Preparedness; Community Recovery; Emergency Operations Coordination; Emergency Public Information and Warning; Fatality Management; and Information Sharing.

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

This follow up to the landmark Medical Surge Capacity and Capability (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.