

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]
Requestor Phone: [REDACTED]
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 9 June 2016
Response Date: 11 July 2016
Type of TA Request: Standard

Request:

[REDACTED] is working with the [REDACTED] healthcare coalitions on joint information activities. One of the lead PIOs who works on a campus that comprises six distinct entities (three hospitals, a blood center, a rehabilitation center and the county's behavioral health complex) asked for examples of plans that other healthcare systems might have done to tackle the issue of working across different entities to share information. She is specifically looking for ideas on how to structure it, tools to use, examples of how other connected groups have addressed similar issues.

Response:

The ASPR TRACIE Team conducted a search on guidance and best practices regarding information sharing. In addition, we requested resources from the ASPR TRACIE Subject Matter Expert (SME) Cadre members. Their responses are included in Section I below and our research findings are provided in Section II.

Please also see the resources available in the following ASPR TRACIE Topic Collections:

- [Communication Systems](#)
- [Coalition Models and Functions](#)

We are currently developing the Information Sharing Topic Collection and will share this with you when it is completed (expected Fall 2016).

I. ASPR TRACIE SME Cadre Comments/ Recommendations

- Our hospital compact has a PIO group that meets a few times per year to craft messages about influenza vaccine or whatever the topic du jour is and also participates in exercises, helping craft and coordination information for the health care system, and interfacing with public health and the jurisdictional Joint Information System to assure that they understand and can help amplify talking points.
- The PIOs are good about working with the media to craft a single message for all the hospitals - this was extremely valuable during the 2009 H1N1 pandemic when we were able to craft and communicate joint visitor policies, vaccine administration policies, and then get those out to major media through multiple channels with consistent information. The PIOs are also extremely valuable to help with messaging after an event to communicate plans for family assistance centers and other support.

- I would encourage the PIOs for the different entities to exercise message elements during full scale exercises and practice the integration with their JIC/JIS, as well as make sure that the hospital/health care talking points reflect PH/EM needs. They could consider doing fake interviews with likely spokespersons from the hospital based on the exercises, providing them with a few talking points just before and then doing some coaching afterwards about what they said and how they said it, etc.
- My suggestion is to get the members of the health system in a room for 4 hours and use the top 2-3 risks from your hazard vulnerability assessment as your examples. Then, using HICS structure, ask each sector to discuss what their needs are in order to manage an incident. I would include external groups in a large coalition after the health system does its homework. The easy part is what you want – the harder part is how to get it in a timely fashion. Must consider that electronics can go down, so need a backup with paper, etc. A trick we learned in Sandy was to also take pictures with a cell phone and text the form. Also, make sure it is standardized.
- In a major event areas of a hospital will be closed, e.g. Ambulatory elective surgery. Look to see how you can use these highly trained people to gather data for the providers who are busy with patients.

II. General Guidance and Resources

Agency for Healthcare Research and Quality. (2009). [Strengthening Regional Emergency Planning Alliances](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This report summarizes challenges and successes related to regional public health and medical response planning by Region IV's Unified Planning Coalition (UPC) and the Mid-America Alliance (MAA) in Regions VII/VIII. Information sharing, resource inventories, coalition representation and coordination, and geographic boundary considerations are discussed.

Booth, C. and Stewart, T. (2003). [Communication in the Toronto Critical Care Community: Important Lessons Learned During SARS](#). *Critical Care*. 7(6): 405–406.

The authors describe information sharing during the critical care response to SARS. Some of the initiatives that helped the healthcare community exchange information include regular teleconference calls, web-based training and education, and the rapid coordination of research studies.

Hanfling, 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.

Immunization Partnership. (2012). [Tools for Effectively Engaging Coalition Members and Stakeholders](#).

This PowerPoint presentation provides some strategies around engaging and communicating between different coalition members. Though this may not be specific to information sharing, it may have some good tips regarding working with different entities to achieve a common goal.

Louisiana Hospital Association. (2013). [Louisiana ESF-8 Health and Medical Preparedness and Response Coalition](#).

This plan describes the structure, functions, and planning frameworks of the Louisiana ESF-8 Health and Medical Preparedness and Response Coalition. Coalition membership is primarily those that have a preparedness and response function under ESF-8 such as public health, pre-hospital, and hospital assets. This plan includes sections such as ESF-8 Network Information Sharing, communication hardware/ modalities, planning framework, and cross-cutting activities/processes.

Porth, L. and Gatz, J. (2013). [Healthcare Coalitions: An Emergency Preparedness Framework for Non-Urban Regions](#). Missouri Hospital Association.

This guidance is targeted to non-urban communities in Missouri developing regional healthcare coalitions. It provides guidance on coalition membership, structure, governance, and roles/ responsibilities during a response (including coordination with city, county, regional, and state partners). Annex A specifically discusses initiating and sustaining emergency interoperable communications between healthcare organizations within the coalitions.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2014). [Disaster Behavioral Health Coalition Guidance](#).

This document provides guidance for establishing a disaster behavioral health coalition for disaster response and recovery to facilitate communication across provider groups, coordinate behavioral health care efforts, and help identify existing and emergent needs. Checklists of guidelines for successful coalitions, ways to recruit members, and Disaster Behavioral Health Coalition activities are included.