**REGION H HEALTHCARE COALITION**

**PREPAREDNESS PLAN**



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# IRODUCTION

# PURPOSE

The purpose of this document is to outline the goals, objectives, membership, organizational construct and administrative guidelines of the “Region H Healthcare Coalition”.

# SCOPE

The Region H Healthcare Coalition includes local Emergency Management, Emergency Medical Services, Public Health, Hospitals, Nursing Homes, Personal Care Homes (i.e. “Assisted Living Facilities”), Home Health, Hospice, End Stage Renal Disease Centers, Ambulatory Surgical Centers and all other healthcare organizations in Region H *who are committed to achieving the goals and objectives outlined in this Plan*.

# GOALS

The overall goal of the Region H Healthcare Coalition partners is to ***collaborate*** in the sharing of information and resources, and the development of regional plans. And, to collaboratively ***coordinate*** the execution of the four phases of the emergency management cycle; to mitigate, to prepare for, to respond to and to recover from an emergency or disaster affecting any or all of our healthcare community partners in the support of the overall health of the communities that we serve.

# COALITION OVERVIEW

# PURPOSE OF THE COALITION

The Region H Healthcare Coalition will support local healthcare community and other response agencies to jointly plan for and respond to man-made or natural emergencies, by promoting intra/inter-regional cooperation and sharing of resources.

# GEOGRAPHICAL BOUNDARIES

The geographical boundaries of the Region H Healthcare Coalition will be those of the Georgia Hospital Association’s Regional Coordinating Hospital boundaries for Region H. The counties included in Region H are; Baldwin, Bleckley, Dodge, Hancock, Jasper, Johnson, Laurens, Montgomery, Pulaski, Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, and Wilkinson. [See figure 1.]

**Figure 1:** Regional Healthcare Coalitions



# SELF-GOVERNANCE AND ORGANIZATIONAL STRUCTURE

The self-governance structure will include an Executive Committee responsible for “steering” the larger Region H Healthcare Coalition group in the creation and periodic review of regional plans including the Region H Incident Management Base Plan, completion of regional Hazard Vulnerability Analysis (HVAs)’s, completing and maintaining regional inventories, the identification of resource gaps, and the effective utilization of grant funding and other support resources as might become available. Additionally, the Executive Committee will consider all suggestions regarding process or process changes. They will actively engage in any necessary conflict resolution within the Coalition.

The Healthcare Coalition Coordinator and Healthcare Facilitator Co-Chair the Executive Committee. The Executive Committee members will include liaisons from 1) South Central Health District Office of Emergency Preparedness and Response; 2) Hospital; 3) Emergency Management Expert, 4) EMS/EMA; 5) Nursing Homes, and; 6) Home Health/Hospice.

**NOTE 1**: Ad hoc representation may be added to the Executive Committee as prevailing circumstances might dictate.

**NOTE 2**: On matters where a group majority of opinion needs to be established, each of the six represented disciplines will have just one vote.

**NOTE 3**: The Healthcare Coalition Coordinator will Chair the Executive Committee.

**NOTE 4**: The District’s Healthcare Coalition Facilitator (HCF) will hold the post of Co-chair for the Executive Committee

The larger Region H Healthcare Coalition will be comprised of a multi-disciplined group of representatives from each of the region’s members as well as representatives from Hospitals, Nursing Homes, Public Health, Emergency Management Agencies, Emergency Medical Services, Law Enforcement/Fire, and providers such as dialysis centers, behavioral health, home health, hospice, assisted living, personal care homes, federally qualified community health centers, and others as may be identified in the future.

**NOTE 1**: On matters where a group majority of opinion needs to be established, each of the representative’s present will have just one vote.

**NOTE 2**: The HCC Coordinator will Chair the meetings of the Coalition

**NOTE 3**: The District’s HCF will hold the post of Co-Chair for the Coalition

Because the Healthcare Coalition’s overarching mission is to manage issues as described in the National Response Framework, Emergency Support Function-8 and to do so in collaboration with all the other community partner agencies and organizations that comprise the remaining Emergency Support Functions, it is an imperative that the Healthcare Coalition actively involve the other regional community response partners in its work activities.

# COALITION MEMBERSHIP

Membership in the Region H Healthcare Coalition will be as diverse and inclusive of all regionally resident healthcare disciplines as reasonably possible. In keeping with the historic genesis of the healthcare coalition, all Region H hospitals will continue to represent themselves individually within the coalition. Those representatives will be expected to serve as *active* members of the coalition and in doing so to represent their respective discipline constituencies and expected to be a conduit of information back to their constituent partners. (Meeting minutes will be provided to Coalition members for their use.)

Emergency Preparedness and Response Program employees, Georgia Hospital Association, Georgia Healthcare Association, the one resident health district and the relevant State and Federal partners will always be considered de facto members of Region H Healthcare Coalition.

# MEMBER ROLES & RESPONSIBILITIES

The primary role and responsibility of the Coalition membership is to establish and maintain a robust, multi- discipline, multi-agency, coordinated body of regional healthcare emergency planners and responders. In living up to that primary responsibility, the Coalition and its members must:

1. Provide representation at Coalition meetings and activities to ensure attendance.
2. Participate in collaborative regional preparedness planning.
3. Contribute in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
4. Incorporate Coalition plans and procedures in their organizational preparedness planning.
5. Contribute to meeting coalition priorities, goals, and contractual deliverables.
6. Vote on questions placed before the membership.
7. Respond to regional emergencies and disasters in collaboration with other members and in accordance with Regional plans.
8. Participate in sub-committees and workgroups as requested by members or individuals and organized under the umbrella of the Coalition. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.

# STRATEGIC DEVELOPMENT PLAN REVIEW AND REVISION

This document will be reviewed annually by the Region H Healthcare Coalition Executive Committee to ensure any necessary revisions are made. It is important during the review processes that this document is verified as remaining current, relevant, and effective in documenting the Coalition’s governing structure and administrative guidelines.

# CHANGES TO COALITION GOVERNANCE AND ADMINISTRATIVE GUIDELINES

When it becomes necessary for the Coalition’s governance to change (i.e. new members to the Executive Committee, overall Coalition reorganization, etc.), the currently seated Executive Committee will draft and propose said changes to the Coalition’s general membership. The membership will adopt or reject the proposed changes by majority vote.

It is anticipated that during the course of changing events, subsequent to Coalition exercises, the addition of Coalition membership, etc. that gaps in these administrative guidelines will be realized. When gaps are realized, the Executive Committee will lead the way in efforts to find ways to fill those gaps, revise the administrative guidelines themselves, or otherwise take the necessary actions to mitigate those gaps. Any proposed remedies or mitigating actions will be reviewed and approved by the Coalition’s general membership.

# COALITION FUNDING & SUPPORT

The Region H Healthcare Coalition is solely funded by way of Healthcare Preparedness Program (HPP) grant monies received from the Department of Health and Human Services (HHS); Assistant Secretary of Preparedness and Response (ASPR) by way of the Georgia Department of Public Health (GaDPH). GaDPH is the HPP grant awardee and the Coalition is the sub-awardee.

It is currently not envisioned that the Region H Healthcare Coalition will establish itself as a 501c3 or any other like non-profit legal entity. And currently, no funding stream other than that from ASPR has been identified. However, the Coalition retains the right to form itself as a free-standing legal entity and seek funding sources independent of, or in addition to, any available federal funding source.

If federal funding becomes no longer available, the Coalition Executive Committee, in discussion with the Coalition general membership, will determine if continued, Coalition self-funded activities can be supported.

**COALITION SUSTAINMENT**

It is incumbent upon the Coalition’s Executive Committee to ensure in any way practicable the sustainability of the Region H Healthcare Coalition. The Region H Regional Coordinating Hospital and the District 5-1 Public Health Emergency Preparedness Office will be the lead agencies in ensuring the sustainment of the Coalition.

If and when members of the Executive Committee or members of the Coalition membership retire, change jobs, or otherwise leave their Coalition role, the Executive Committee Chair will ensure a replacement member is recruited to fill that gap.

# PLAN, ORGANIZE, EQUIP, TRAIN & EXERCISE

The Coalition’s prioritization of planning, equipping, training and exercising will be guided by the Coalition’s HVA. The HVA will be reviewed and updated annually by the Coalition’s membership in a quarterly work meeting session. The Executive Committee will lead the Coalition and be responsible for:

**Plans** will be written and maintained to address core capabilities such as Incident Management, Surge, Mass Fatality, Resilience, Medical Countermeasures, and Information Management. Plans will be based upon the findings of the Region H Healthcare Coalition HVA on an annual basis.

**Organization** of resources within the Coalition will be established per an organization’s capability, each healthcare discipline being depended upon to fulfill their applicable roles during a healthcare community (ESF-8) response. When a Coalition member organization cannot meet their role responsibilities, it will be incumbent upon the Coalition as a whole to support that member organization so they can meet their responsibilities.

**Equipping** Coalition members must have capability assessments completed to identify existing gaps. The obtaining and allocation of resources will be prioritized based upon those identified gaps. Coalition members may submit resource requests to the Executive Committee for their review and approval. Approval is based upon funding available.

**Training**, like equipping will be based upon capability assessments and filling any identified gaps. Numerous training classes are currently available via Region H Healthcare Coalition and from GaDPH, FEMA, GEMA, DHS and other preparedness training provided locally.

**Exercises** will test plans, but most particularly those plans involving ‘Incident Management’, i.e. notification, communication and situational awareness, multi-agency coordination, resource management and information management. Although member organizations are expected to conduct exercises within their own organizations and local communities, the GaDPH orchestrates region-wide exercises approximately every three years. These exercises are constructed per the regions HVA and are HSEEP compliant. After-action Reports (AARs) are formulated post-exercise as well as Improvement Plans.

# OPERATIONAL PLANNING STRUCTURE

The Region H Healthcare Coalition’s executive committee has the responsibility to ensure that necessary planning work – as prioritized by the regional HVA – is completed. Generally, individual plan writing will be conducted by same facility. Facility point of contact can consult with their local EMA or the Coalition for feedback if necessary.

The “State Workgroups” (groups formed by the state consisting of relevant stakeholders, and subject matter experts) develop certain plan templates for regional coalitions to utilize as an aid in developing their related plans. It will

be the responsibility for an assigned sub-committee (s) - with the assistance of the Coalition’s executive committee

- to evaluate those template plans for appropriateness and applicability to the Region H and make modifications as appropriate.

# RESOURCE & INFORMATION MANAGEMENT

# Resource Management is maintained via the iCAM platform and strategically staged throughout the Coalition for accessibility. Resources are purchased through identified gaps either in the HVA, exercises or real-world events. During a response, resource requests and allocations will be managed per the “Region H Healthcare Coalition Response Plan” (available under separate cover).

# The Healthcare Coalition Coordinator or Facilitator will generally communicate resource information and general information via the Coalition email address during normal operations (“blue skies”) or via WebEOC during disaster operations (“gray skies”).

# The Region H HCC webpage (https://www.garegionhcoalition.com) will be a continuously updated platform for use as an information sharing tool.

# HEALTHCARE DELIVERY AND COALITION INTEGRATION

The Region H Healthcare Coalition has been integrated into the regional healthcare delivery system from the outset. The Coalition boundaries and member partners were established based upon the original GHA-Regional Coordination Hospital Region H boundaries.

# CAPABILITIES AND CAPACITIES

The Coalition, having the responsibility to compile and maintain an inventory of capabilities and capacities, must complete a regional, total healthcare community wide assessment and inventory thereof. (Continuous maintenance of that assessment and inventory will be essential as the Coalition continues to grow and evolve over time.)

The assessment must include in its information gathering, demographic information on each healthcare facility to include licensed bed capacity, normally staffed bed capacities, essential healthcare services provided, acuity of patients the facility can care for, patient decontamination capabilities, etc. as well as physical assets on hand such as emergency management caches, fuel for emergency power supply systems, back-up water supplies, etc.

# ENGAGING SYSTEM EXECUTIVES AND CLINICAL LEADERS

Healthcare system executives and clinical leaders generally cannot be available for the day-to-day work of the Coalition. However, the Coalition will engage system executives and clinical leaders in coalition planning and response process as well as act as a conduit of information to and from their respective disciplines.

**VULNERABLE POPULATIONS**

Those persons within our community who are vulnerable during a disaster cannot be overlooked. Within this very diverse group are those who are electricity dependent, have physical or mental health challenges, have communication challenges, are institutionalized, depend upon dialysis to survive end stage renal disease and/or a host of other like examples of vulnerability. Coalition planners must be mindful of this population and include them in their work.

It has been learned that knowing the location of each and every one who could be described as “vulnerable” is not practicable. It is practicable, however, to have cataloged those groups, agencies and organizations who are advocates for, provide services to or ombudsmen to these people. The Coalition will make every effort to develop and maintain a directory of these agencies, organizations and groups.

# INCIDENT MANAGEMENT

Multi-agency coordination will not supersede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts. Rather, this regional approach enhances health-related response strategies by including assets from multiple municipal and institutional resources and facilities in coordinating a regional response.

The Region H Healthcare Coalition MAC functions virtually through WebEOC but is situationally dependent. The Coalition has adopted the “Region H Healthcare Coalition Response Plan” (available under separate cover)

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