



September 2017

# The Role of Healthcare Coalitions in Emergency Response



# Background

Healthcare coalitions (HCCs) play a critical role in providing and linking healthcare and public health preparedness and response capabilities. According to the 2017–2022 Health Care Preparedness and Response (HPP) Capabilities, HCCs are groups of individual healthcare and response organizations in a defined geographic location that serve as multi-agency coordinating groups and support and integrate with public health and medical services activities (i.e., Emergency Support Function #8 (ESF-8)). HCC member composition varies by jurisdiction but should include four core members: hospitals, emergency medical services (EMS), emergency management organizations, and public health agencies. Other partners may include behavioral health, long-term care, pharmacies, tribal entities, public safety, and many community-based and nongovernmental organizations. HCCs have functions during both preparedness and response. HCCs serve as communication hubs for participating entities and coordinate the sharing of resources, policy, and practices both prior to and during an event.

## Healthcare Coalition Key Informants

While many HCCs have well-defined roles, some HCCs are still developing their roles in an emergency response. The HCC itself may or may not be a response entity depending on local needs and resources; regardless, the core members must coordinate information and activities during a public health emergency response according to their roles and responsibilities.

To better understand HCC response roles, NACCHO conducted key informant interviews with eight different HCCs. These interviews dispel the notion that HCCs do not respond by highlighting examples of HCC response, identifying HCC roles and responsibilities, and relating ongoing HCC preparedness activities to potential response activities.

Eight states were represented among the HCC key informant interviews. Participants represented HCCs serving a diverse sampling of jurisdiction sizes, including those covering urban, suburban, and rural areas, with populations ranging from 56,000

to 2.1 million. Half of the key informant HCCs are led by local health departments (LHDs); the other HCCs share leadership responsibilities among LHDs, healthcare, and emergency management agencies. In addition, one HHC is led by an independent non-profit organization. The majority of the key informant HCCs (75%) had dedicated HCC preparedness and response plans; the remainder incorporated HCC planning elements into other plans.

## Healthcare Coalition Response Roles

HCC key informants specified a variety HCC response roles during the interviews, including the following:

- Sharing information between HCC members and with other jurisdictional partners;
- Maintaining situational awareness;
- Sharing and coordinating resources;
- Analyzing public health and healthcare data;
- Coordinating patient movement and evacuation;
- Conducting disease surveillance functions;
- Assisting with coordination of mass shelter operations;
- Tracking patients and supporting family reunification;
- Coordinating assistance centers and call centers;
- Coordinating psychological care services; and
- Providing staff to support emergency operations centers.

Though the HCC as an entity may carry out specific response functions, individual HCC members must also perform roles specific to their organizations to carry out an effective response. Individual response roles that support the overall HCC response can vary by organization but can include the following:

- Provide organization-specific information to HCC leads;
- Provide bed availability counts, disease surveillance information, and patient tracking information;
- Conduct planning and training activities with agency staff;
- Contribute and share agency resources to help support surge needs and alleviate resource shortages;
- Host community response sites and/ or points of dispensing; and

## [FACT SHEET]

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 Provide talking points, messaging templates, and clinical recommendations.

In addition, HCCs use a variety of strategies to organize and coordinate response operations, including the following:

- Establishing a HCC leadership committee to make decisions and set priorities;
- Providing representatives to sit in the ESF-8 desk at county emergency operations centers; and
- Utilizing existing HCC communication channels to share and receive emergency information.

## **Building Response Capacity**

As part of the interviews, NACCHO asked HCC representatives which strategies, tools, or resources have been the most helpful in laying a foundation for HCC preparedness planning and response. Their answers are summarized below.

#### **Strategies**

- Consistently engaging HCC members through in-person meetings and large event planning;
- Establishing memoranda of understanding to share resources among HCC members;
- Leveraging subject matter experts to inform HCC plans;
- Starting planning with a smaller group, then gradually expanding HCC participation during plan review;
- Including members with different levels of experience and continually including those with a "fresh set of eyes";
- Using lessons learned from real-world response and exercises to identify gaps and improve plans;
- Defining HCC priorities and strategies at the start of each fiscal year; and
- Sharing best practices among HCC members.

#### **Tools and Resources**

- HPP Capabilities
- ASPR TRACIE
- NACCHO Toolbox
- <u>Transitional Medical Model Toolkit</u>

## **Examples of Healthcare Coalition Response**

#### **Boston Marathon Bombings**

On April 15, 2013, two bombs went off during the Boston Marathon, resulting in three deaths and 264 injuries to civilians attending the event. On-scene medical personnel and first responders provided immediate care. and victims were sent to 27 hospitals throughout the area. The Boston Healthcare Preparedness Coalition (HPC) responded through the city's Medical Intelligence Center (MIC) to share information, establish a common operating picture, and coordinate the provision of resources and services. The MIC disseminated numerous situation briefings and advisories; carried out patient tracking and family reunification; provided disaster behavioral health services to HPC member organizations; and established a family assistance center for survivors.

Representatives from Boston HPC indicated that both strong networks and thorough large event planning for the Boston Marathon contributed to a well-coordinated HPC response. Lessons learned from the event led to the strengthening of family reunification systems and processes.

#### The Chimney Wildfire

In August 2016, the Chimney Wildfire occurred in San Luis Obispo County, CA. The fire burned more than 46,000 acres of land and destroyed 49 residences and 21 other structures. The HCC in San Luis Obispo County was responsible for coordinating the healthcare response to the fire. For the response, the San Luis Obispo HCC conducted health surveillance of wildfire health effects, provided regional health situation awareness updates, coordinated clean-up activities with environmental health, coordinated with the Medical Reserve Corps (MRC) and the Red Cross to provide care at shelters, worked with behavioral health to provide psychological care to residents, and worked with human services agencies to address some of the displaced residents long-term needs.

HCC representatives indicated that the response went well due to effective coordination and each agency and individual completing their specific roles. Building on lessons learned from the event, the HCC developed pre-drafted communications templates for wildfires and strengthened external and internal communication strategies.





The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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