Knox/East Tennessee Health Care Coalition

Preparedness/Administrative and Continuity Plan

May 30, 2017

TABLE OF CONTENTS

1.0 Introduction 3

2.0 Coalition Overview……… ……………………………………………………….…4

3.0 Coalition Objectives 5

4.0 Workplan...6

5.0 Appendices 9

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1 INTRODUCTION

1.1 MISSION

The Knox/East Tennessee Healthcare Coalition (KET HC) will assist the health care community and other emergency response agencies to jointly prepare for, respond to and recover from disaster events by supporting collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of the people in Tennessee.

1.2 PURPOSE

The purpose of The Knox/East Tennessee Healthcare Coalition is to support the development of cooperative partnerships in order to promote and enhance the well-being of the community's healthcare system through coordinated disaster preparedness, education, public information, response/ recovery activities, and sharing of resources.

1.3 SCOPE

The purpose of this plan is to outline the administrative procedures followed by the KET HC in an effort to provide transparency and continuity. The coalition's work shall encompass efforts to meet requirements as prescribed by ASPR's (Assistant Secretary for Preparedness and Response) Hospital Preparedness Program (HPP), Tennessee Department of Health's (TDH) Program Guidance for Healthcare Coalitions, Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program, Centers for Medicare and Medicaid Services (CMS), and accrediting bodies such as The Joint Commission. This plan does not supersede authority of or any guidance for of any participating entities.

1.4 Administrative Support

This plan will be approved by Active Coalition Members and will be reviewed annually at a minimum or following an identified gap that should be immediately addressed following a real-world event or exercise. The Regional Hospital Coordinators (RHCs), serving as the KET HC Advisory Body, will provide administrative support to the document.

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2 COALITION OVERVIEW

2.1 MEMBERSHIP

Coalition Membership is open to all healthcare organizations and jurisdictions and emergency management related organizations within the coalition's geographic area as outlined in the KET HC Bylaws.

Membership is divided into 4 types: active members (governing body), inactive members, advisory body, and invited non-members or subject matter experts. Each participating organization should assign one to three members to attend meetings and actively participate in coalition activities. Active members maintain voting rights by attending at least 8 of every 12 meetings annually and serve as the governing body for the coalition – making all coalition related decisions to include plan and expenditure approvals. Inactive members are those participating organizations who have not maintained meeting attendance.

The Advisory Body is composed of the region's Regional Hospital Coordinators. They are tasked with maintaining an advisory role to the coalition and ensuring day-to-day coalition operations and requirements are met.

Finally, the coalition reserves the right to invite subject matter experts to attend as needed. Additionally, visitors often attend and are encouraged to participate in coalition discussions.

Membership details can be found in the KET HC Bylaws and also the KET HC Memorandum of Understanding.

2.2 Coalition Boundaries

The KET HC primary boundaries include the following counties: Scott, Campbell, Claiborne, Hamblen, Grainger, Union, Morgan, Anderson, Jefferson, Cocke, Knox, Roane, Loudon, Blount, Sevier, and Monroe.

KET HC participates in an active network of healthcare coalitions across Tennessee as well, through the RHCs and Regional Medical Communications Centers, which permits planning, response, and recovery activities to also occur outside of our geographical boundaries.

2.3 ORGANIZATIONAL STRUCTURE/GOVERNANCE

In an effort to meet all required Healthcare Preparedness Program Capabilities and Deliverables, the KET HC must maintain an internal structure to support coalition activities and operations. Specific roles and responsibilities by membership type are described in the KET HC Bylaws to include member guidelines for participation and engagement as well as policies and procedures for making changes and delegation of authority.

Participating organization executives formally endorse their organization's participation in the KET HC through signing our KET HC Memorandum of Understanding. Furthermore, KET HC newsletters are developed to engage healthcare and governmental executives and other stakeholders. Executives are encouraged to participate in KET HC meetings or send feedback through their KET HC organizational representative. Furthermore, most participating organizations incorporate KET HC activities into their internal emergency preparedness/response meetings and structure, which includes executive input and oversight.

KET HC integration with existing state, local, and member-specific incident management structures is described in the KET HC Response/Coordination Plan, along with ESF 8 integration details.

2.4 Committee Structure

A Planning Subcommittee has been established to develop and review all coalition related plans, budget, and other items as needed. The Training and Exercise Subcommittee work to identify and/or develop all coalition trainings and exercises. Additionally, because it would be impossible for the KET HC membership alone to address all of the various required functions and because it would be redundant to duplicate efforts from other groups – the KET HC maintains a diverse relationship with various other committees and groups that all ultimately have similar goals to meet the community's medical needs during emergency situations.

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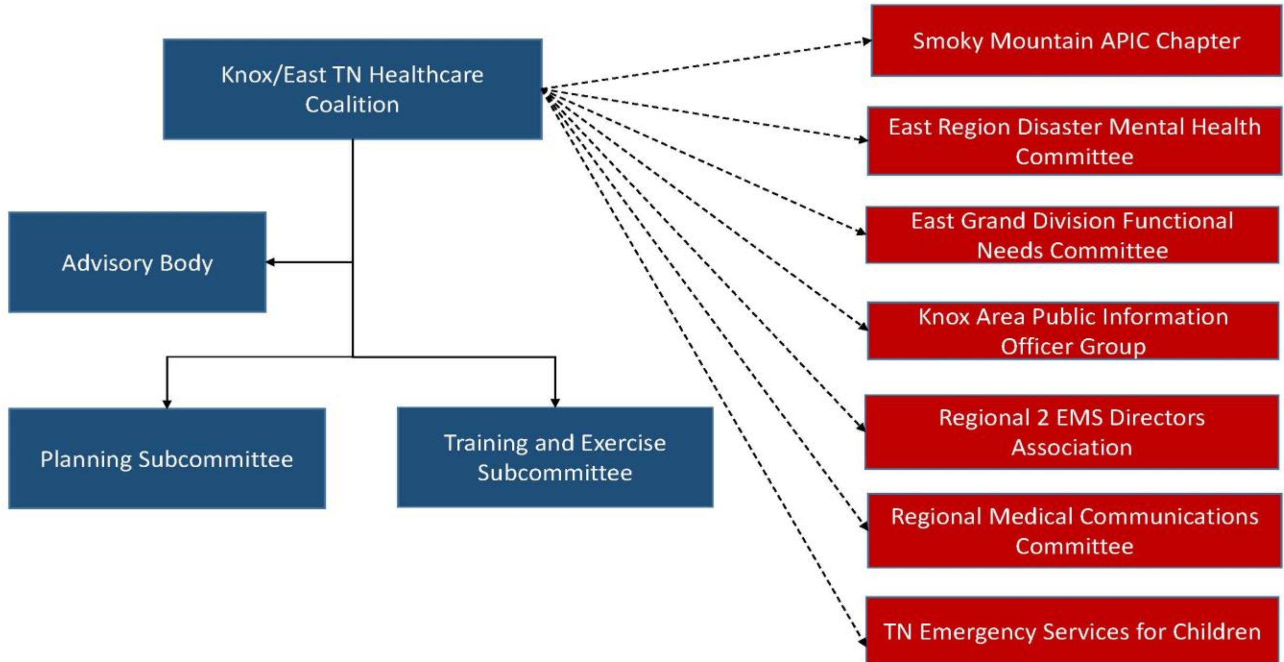

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2.5 FUNDING ACTIVITIES AND GRANT MANAGEMENT

HPP

The majority of the funding dedicated towards KET HC activities comes from ASPR's (Assistant Secretary for Preparedness and Response) Hospital Preparedness Program (HPP) grant dollars. These funds are provided from ASPR within the Department of Health and Human Services to the Tennessee Department of Health (TDH). The state awarded funds are then divided among the 8 healthcare coalitions across Tennessee and TDH's Central Office. KET HC has chosen to partner with Tennessee Hospital Association's (THA) education and research foundation (THERF) to serve as our fiduciary agency – who directly receives the state funding, manages the funds, and ensures that all accounting requirements are met.

The Regional Hospital Coordinators, which serve as the Advisory Body for the KET HC, are fully supported by HPP funding. Additionally, HPP funding provided to the coalition is used to offer training and education, resources, exercises, and other needs as identified by the Active Members of the coalition. All funding allocation decisions are based on meeting gaps as identified through the Hazard Vulnerability Assessment and Gap Analysis that shall be completed or reviewed each year.

OTHER FUNDING SOURCES

Additional funding sources that may support coalition activities include PHEP grant dollars and PHEP supplemental dollars for Ebola Preparedness and Response Activities. Funding from other sources shall be handled in the same manner as HPP related funding.

2.6 RISK, GAP ANALYSIS, AND BUDGET DEVELOPMENT

Annually, in the KET HC will review and update (as needed) the KET HC Hazard Vulnerability Assessment (HVA). To develop the KET HC HVA, participating organizations submit their internal risk assessments. The results are cumulated and scores are assigned. KET HC Active Members then review the cumulative results and make recommendations on rankings. Then, based on input provided, the final HVA is developed. KET HC Active Members review and vote to approve the HVA each year.

After the HVA is developed, the KET HC Advisory Body develops an anonymous survey (utilizing survey monkey) asking member organizations to identify gaps based on each of our highest hazards and threats as defined by our HVA. The raw survey data is then reviewed by the KET HC Planning Subcommittee and synthesized into groups and categories. A second survey is then sent to member organizations asking them to prioritize the identified gap categories. The final survey report becomes the Gap Analysis.

Finally, the KET HC Planning Subcommittee utilizes the Gap Analysis to develop budget categories and priorities. The budget will be developed to include the total of HPP funding. Additionally, a strategic plan will be developed to include projects that cannot be initially funded but should be available in the event surplus funding becomes available or for future grant years.

This process will cycle annually to meet TDH grant requirements for budget completion. The HVA will be compiled and reviewed beginning 4 months prior to the final budget deadline to TDH. The Gap Analysis process begins immediately following coalition approval of the HVA, with the final budget being approved prior to TDH's deadline.

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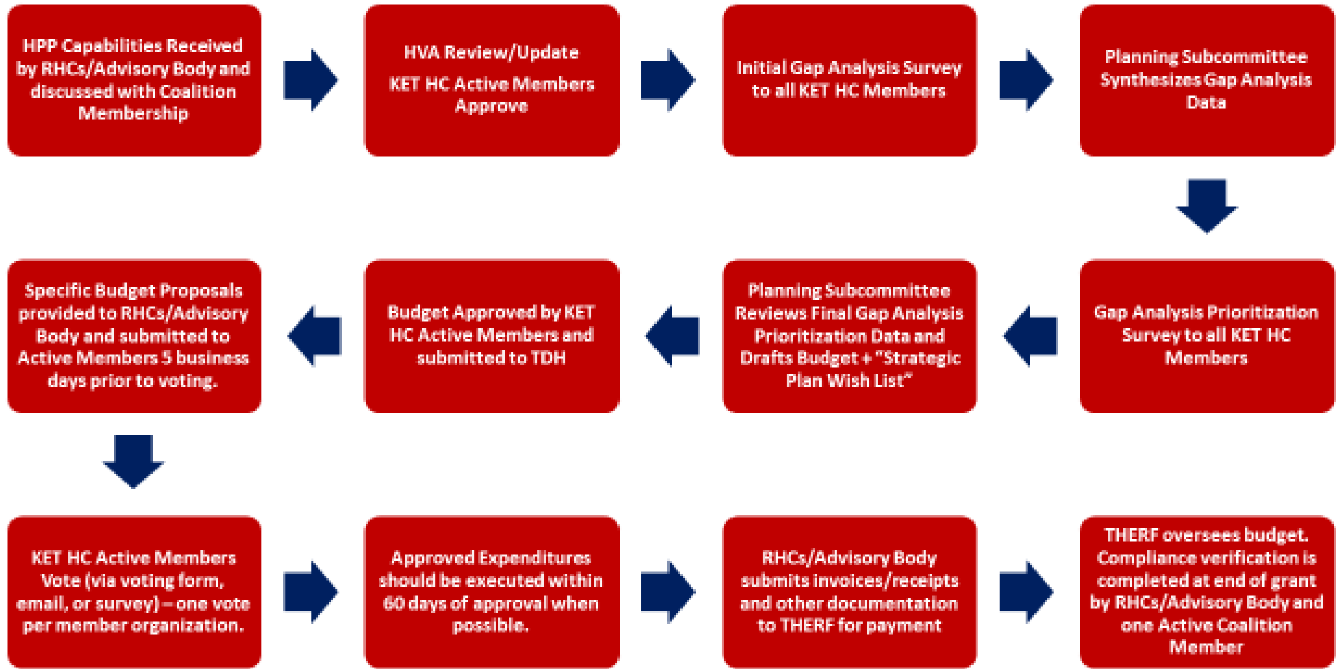
GRANT FUNDS MANAGEMENT PROCESS



2.7 COMPLIANCE REQUIREMENTS/LEGAL AUTHORITIES

In addition to meeting HPP requirements and deliverables, KET HC activities are also informed by CMS Emergency Preparedness Rule, Joint Commission, Tennessee Department of Health Bureau of Health Licensure, and other local state and federal regulatory authority requirements.

Additionally, KET HC members will annually review TDH Crisis Standards of Care Guidelines to assure that legal authorities and protections available from the State of Tennessee during times of crisis are understood by member organizations.

2.8 MEETINGS

DATE AND LOCATION

KET HC meetings are typically held monthly (but must be held at least quarterly) on the 2nd Tuesday of each month at 2:30 pm in the Community Room of the Knox County Health Department. The meeting location may be changed as needed.

Remote attendance is also offered via Adobe Connect and Conference Call to accommodate those unable to meet in person.

MEETING PROCEDURES

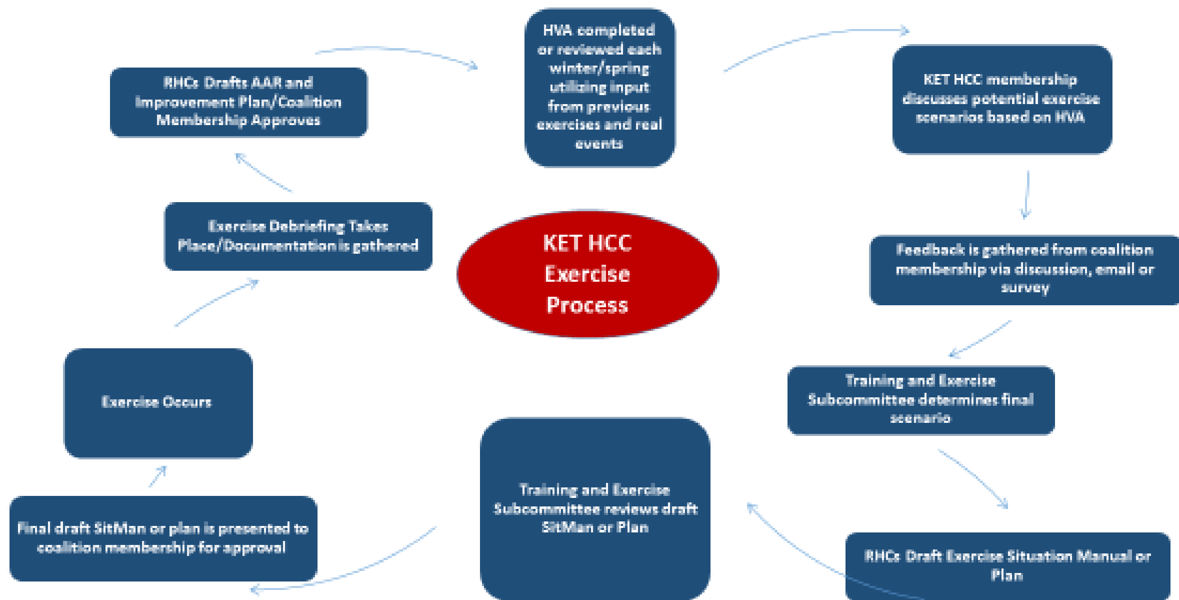
The Advisory Body will develop – utilizing coalition member input - the KET HC meeting agenda and assure it is provided to coalition members within 5 business of the meeting. The agenda will be posted to the KET HC website or sent to the coalition membership via email. Meetings will be led by the Advisory Body while all KET HC decisions will be made by the Active Members, serving as the governing body. Meetings may be attended in person or remotely via methods such as adobe connect or conference phone line (more details are available in the KET HC bylaws).

Roberts Rules are followed during KET HC meetings. For decision-based items to move forward, there must be a first and second motion and a consensus vote. Active Coalition Members may choose to delay a vote if necessary.

Funding proposals shall also be provided to the Advisory Body within 5 business days of the meeting in order to distribute and allow the membership ample time for review. During meetings, the Advisory Body will present regional based proposals to the membership. Individual organization proposals will be presented to the membership by the organization's representative. Prior to each meeting, the Advisory Body will determine which meet requirements to be Active Members and will provide voting sheets to the Active Member organizations. Each Active Member organization is allowed one vote. Votes shall be made after proposals are presented and a question and answer session (unless it is an emergency vote, which may occur via other methods such as email or survey monkey). Absent Active Members have 5 business days to provide their votes. The Advisory Body will tally the votes (only the Advisory Members are able to see how each organization votes) and notify the coalition membership of the results.

2.9 EXERCISE PLANNING AND DESIGN PROCESS

The KET HC maintains a robust exercise program. Annual full-scale exercises are conducted to test coalition capabilities. Tabletop and Functional Exercises are also planned as necessary. Exercise needs are identified by the Training and Exercise Subcommittee and approved by the coalition members.



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2.10 TRAINING PROGRAM DEVELOPMENT

After the KET HC HVA, Gap Analysis, and Budget is developed, the KET HC Training and Exercise Subcommittee meets to discuss and prioritize training categories based on feedback from the gap analysis and budget development process.

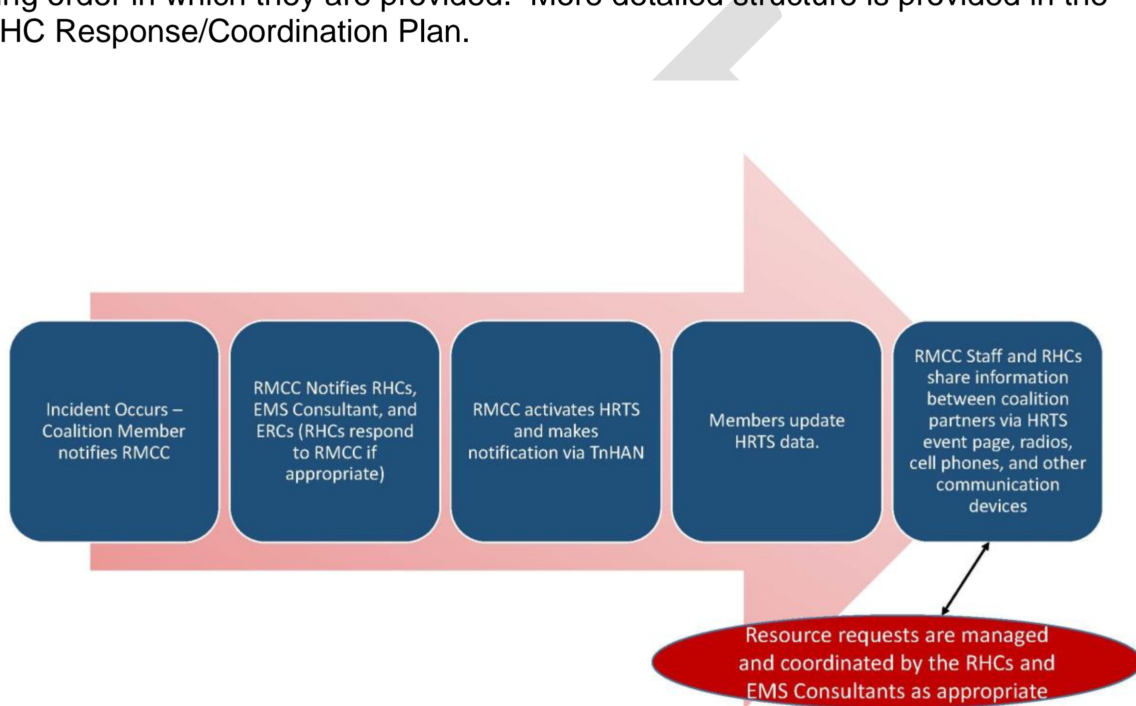
KET HC RHCs/Advisory Body and coalition members then work to identify training opportunities to meet the identified need. RHCs/Advisory Body secures training opportunities, provides logistical support, and ensures training advertisement through the KET HC website, calendar, newsletter, and email distribution lists.

2.11 INCIDENT MANAGEMENT

The Knox/East Tennessee Healthcare Coalition is not an independent response body. Rather, each member of the coalition has a primary organization to which they are accountable and they respond to emergencies according to their organizations plan. Nevertheless, KET HC's combined response efforts resembles a multi-area coordination system dedicated to meeting Emergency Support Function 8 (ESF 8) related needs such as medical surge events. Member response roles and responsibilities are outlined more fully in the KET HC Coordination Plan. The following

diagram demonstrates the basic coordination-related functions of the KET HC members.

During active incidents information and resources are shared as prescribed by the KET HC Memorandum of Understanding (MOU). During incidents, information shall be shared as freely as possible given the situation. Resources should also be shared as needed. Every effort should be made by the borrowing organization to assure that shared/borrowed resources are returned to their owner organization in the same working order in which they are provided. More detailed structure is provided in the KET HC Response/Coordination Plan.



2.12 PROGRAM MAINTENANCE AND IMPROVEMENT

KET HC members wish to ensure open communication and continuous improvement for coalition activities. Member feedback to the Advisory Body is encouraged. Feedback can be provided directly or anonymously. Unidentified surveys (such as survey monkey) may be utilized to gather anonymous feedback in an effort to encourage the most honest responses possible. The Advisory Body shall attempt to address concerns at the lowest level possible. If they are unable to rectify the issue, identified concerns may be brought to the coalition membership as appropriate for resolution.

3 COALITION OBJECTIVES

3.1 MAINTENANCE AND STABILITY

KET HC strives to promote the value of healthcare and medical readiness with support from its member organizations. Inter-organization relationship and trust are the hallmarks of the KET HC, ensuring a robust and sustainable coalition. Coalition member organizations recognize that – even though they may be competitors – they are better when working together to prepare for and respond to medical disasters. While grant funding is an asset in helping the KET HC meeting its goals, the coalition members first recognize the importance of the strategic partnerships that are developed through the coalition.

Furthermore, TDH provides assistance to healthcare coalitions by providing both state and metro Regional Hospital Coordinators who are available to provide program expertise, guidance, and administrative support to the coalition is recognized as key to maintaining and improving the KET HC. Without their full-time contribution, the daily operations of the KET HC would suffer.

3.2 ENGAGEMENT OF PARTNERS AND STAKEHOLDERS

KET HC newsletters, created by the RHCs, are developed to engage healthcare and governmental executives and other stakeholders. Executives (clinical and non-clinical) are encouraged to participate in KET HC meetings and/or send feedback through their KET HC organizational representative. Furthermore, most participating organizations incorporate KET HC activities into their internal emergency preparedness/response meetings and structure, which includes executive input and oversight.

Additionally, the KET HC website - found at http://ketcoalition.org and managed by the RHCs – strives to provide exposure of coalition activities. Additionally, feedback mechanisms are provided through the website.

Finally, KET HC partners with the East Grand Division Functional Needs Committee, whose mission is to integrate and coordinate access and function needs of children and adults in emergency preparedness, response, and recovery before, during and after a disaster with a collaborative whole community network. The RHCs/Advisory Body participate in this committee, ensuring full collaboration is available with the KET HC.

Additionally, the RHCs/Advisory Body will ensure that the CMS EMPOWER data and Social Vulnerability Index data will be reviewed with both KET HC members and the East Grand Division Functional Needs Committee to ensure adequate planning considerations are made for those with access and functional needs.

3.3 OBJECTIVES

PLAN PRIORITIES

To create a more cohesive coalition structure, provide guidance for coalition members, and give direction for administrative organization.

LONG TERM GOALS AND SHORT TERM OBJECTIVES

Goal 1: Improve interoperability in regards to communication between healthcare facilities, RHCs, and the RMCC.

Objective 1: Partner with Blue Wing consulting to provide regional assessment of communication infrastructure.

Objective 2: Develop operational communications plan with Blue Wing consulting assistance.

Objective 3: Identify gaps and means to address gaps from the assessment and operational plan.

Objective 4: Prioritize communication needs and funding to meet goal for interoperability.

Goal 2: Increase recognition of KET HC brand, capabilities, and contribution to healthcare emergency preparedness and response by leaders in healthcare and government at the local, state, and federal level.

Objective 1: Develop ongoing marketing strategy to promote KET HC activities through area media.

Objective 2: Develop KET HC Newsletter and distribute to regional governmental leaders, healthcare leaders, and other stakeholders.

Objective 3: Seek opportunities to network and share lessons learned at meetings and training events throughout the country.

Goal 3: Ensure KET HC sustainability.

Objective 1: Work with THERF, our non-profit fiduciary agency, to determine capability to receive and manage funding from sources other than the HPP grant.

Objective 2: Record and share KET HCs community impact and capabilities.

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Objective 3: Document the full-time coalition workload required to sustain and strengthen the KET HC's community benefits and capabilities in order to justify continued funding.

Goal 4: Develop regional resource inventory inclusive of coalition assets, member assets, and community assets.

Objective 1: Identify resources and location of coalition, membership, and community assets and contact information.

Objective 2: Provide coalition resource listing on KET HC website with procedures for requesting assets.

4 WORKPLAN

The KET HC roles and responsibilities are outlined throughout this plan, as well as in the KET HC Bylaws and MOU.

5 APPENDICES (IF NEEDED)

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