



Budget Period 5 (July 1, 2016 - June 30, 2017)

HPP Reporting Template

Hospital Preparedness Program (HPP)

Due Date: September 1, 2017



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Introduction

This July 1, 2016 to June 30, 2017 (BP 5) End of Year Reporting template should be completed and sent in to Robert Newsad. Guidance and sample information in this document is in red.

This information is due on or before: **September 1, 2017**

The template sections are based on content and the program indicators and factors with the form reference numbers from the ASPR on line report:

- **Healthcare Coalition Information** - Data on your coalition and its member organizations

Form 3.1.1.2 The Awardee has completed mass fatality management plans that have been adopted by HCC members.

Form 4.2.1: Healthcare Coalition Organizations

- **HCC program indicators and HCC developmental assessment factors**

Form 5.1.1: Medical Surge

Form 5.2.1: Continuity of Healthcare Operations

Form 5.3.1: Healthcare Coalition Developmental Assessment

3.1.1 Mass Fatality Surge

HHS HPP-BP3 Annual Progress Report Section 3: Awardee Program Measure Indicators Form 3.1.1: Medical Surge (Includes the following capabilities: Healthcare System Preparedness, Healthcare System Recovery, Fatality Management, Medical Surge) Please provide a response value of 1-9 for each awardee program indicator.	
Awardee Indicators	Response
3.1.1.2 The mass fatality management plans have been reviewed/adopted by HCC members .	7

4.2.1 Healthcare Coalition Organizations

Information on HCC member types are located in **Appendix A —Coalition Member “Types”**

HHS HPP Cooperative Agreement FY13 Progress Report Form 4.2.1: Healthcare Coalition Organizations (HCOs)			
Name of the Organization (Please list any new members first and list rest in alphabetical order)	HCC Member Organization type**	Did this HCO participate in an HPP funded full scale or functional exercise last year? (List Type)	Did this HCO participate in HPP funded a full scale or functional exercise last year?
Amateur Radio Communications	Communications Group	NO	NO
Cherokee Health	Behavioral Health, Community Health Center	NO	NO
Fresenius Kidney Care	Outpatient or In-Home Provider	NO	NO
REAC/TS (Radiation Emergency Assistance Center/Training Site)	Healthcare Support Suppliers	NO	NO
Premiere Surgical	Outpatient or In-Home Provider	NO	NO
134 th Medical Group, Tennessee Air National Guard	Other Federal Healthcare Public Safety	NO	NO
American Red Cross, East TN	“Grass Root”/Volunteer/Non Profit Advocacy or Service Organization	NO	NO
Blount Memorial Hospital	Inpatient Hospital Long Term Care Other (<i>Outpatient or In Home Provider</i>)	NO	NO
Covenant Health	Inpatient Hospital Behavioral Health Long Term Care	NO	NO
East Tennessee Children’s Hospital	Inpatient Hospital Other (<i>Outpatient or In Home Provider</i>)	NO	NO
East Tennessee Regional Health Office	Public Health	NO	NO

Fort Loudon Medical Center	Inpatient Hospital		
Fort Sanders Regional Medical Facility	Inpatient Hospital Long Term Care Other (<i>Outpatient or In Home Provider</i>)	<i>NO</i>	<i>NO</i>
Jefferson County EMA/EMA	Emergency Management	<i>NO</i>	<i>NO</i>
Jefferson Memorial Hospital	Inpatient Hospital	<i>NO</i>	<i>NO</i>
Jellico Community Hospital	Inpatient Hospital	<i>NO</i>	<i>NO</i>
Knox County Medical Examiner's Office	Medical Examiner/Coroner	<i>NO</i>	<i>NO</i>
Knox County Health Depart.	Public Health	<i>NO</i>	<i>NO</i>
Knoxville Police Department	Public Safety	<i>NO</i>	<i>NO</i>
Knox County Emergency Management Agency	Emergency Management	<i>NO</i>	<i>NO</i>
LaFollette Medical Center	Inpatient Hospital Long Term Care	<i>NO</i>	<i>NO</i>
LaConte Medical Center	Inpatient Hospital Long Term Care	<i>NO</i>	<i>NO</i>
LifeGuard Ambulance Service	Emergency Management	<i>NO</i>	<i>NO</i>
Medic Regional Blood Center	Healthcare Support Suppliers	<i>NO</i>	<i>NO</i>
Medlink 2 (Region 2 Regional Medical Communications Center)	Emergency Medical Services Communication Group	<i>NO</i>	<i>NO</i>
Methodist Medical Center of Oak Ridge	Inpatient Hospital	<i>NO</i>	<i>NO</i>
Morristown Hamblen Healthcare System	Inpatient Hospital	<i>NO</i>	<i>NO</i>
Newport Medical Center	Inpatient Hospital	<i>NO</i>	<i>NO</i>
North Knoxville Medical Center	Inpatient Hospital	<i>NO</i>	<i>NO</i>
Parkwest Medical Center	Inpatient Hospital	<i>NO</i>	<i>NO</i>

Pennisula Hospital	Behavioral Health		
Physicians Regional Medical Center	Inpatient Hospital	NO	NO NO
Pioneer Community Hospital of Scott County	Inpatient Hospital	NO	NO
Roane Medical Center	Inpatient Hospital	NO	NO
Rural Metro of Tennessee Knox County EMS	Emergency Medical Services	NO	NO
Sweetwater Hospital Association	Inpatient Hospital	NO	NO
Tennessee Department of Health- Department of EMS	Public Health Emergency Medical Services	NO	NO
Tennessee Emergency Management Agency (TEMA)	Emergency Management	NO	NO
Tennessee Homeland Security District 2	Other (<i>Federal Entities</i>)	NO	NO
Turkey Creek Medical Center	Inpatient Hospital Other (<i>Outpatient or In Home Provider</i>)	NO	NO
University of Tennessee Medical Center	Trauma Center	NO	NO

List for **HCC Member Organization type includes: Inpatient Hospitals; Trauma Centers; Long Term Care; Community Health Centers; OTHER Outpatient or In-Home Providers; Individual Physicians—Primary Care; Individual Physicians—Specialists; OTHER Non-Physician Specialists; Behavioral Health; Healthcare Support Suppliers; Federal Hospitals; OTHER Federal Healthcare; OTHER Federal entities; Emergency Medical Services (EMS); Public Health; Public Safety; Emergency Management; Medical Reserve Corps; Academia; Airport / Transportation; Communication Groups; “Grass root”/ Volunteer/ non-profit advocacy or Service Organizations; Trade Organizations; Other State and Local; Private Business, Medical Examiner.

If the healthcare facility or partner organization participated in an exercise, please list Full Scale Exercise/ Functional Exercise, otherwise report “NA”

5.1.1 Medical Surge (HCC Indicators)

To determine the correct response please refer to **Appendix C — CONTINUITY OF HEALTHCARE OPERATIONS Indicators**

HHS HPP Cooperative Agreement BP2 Progress Report Form 5.1.1: Medical Surge (Includes the following capabilities: Healthcare System Preparedness, Healthcare System Recovery, Medical Surge) Please provide a response value of 1-9 for each healthcare coalition program indicator.	
HCC Indicators	Response
5.1.1.1 The HCC has developed a strategic plan with participation from its membership. <i>7 rating last year Action for 9 rating:</i> <ul style="list-style-type: none"> • <i>Strategic plan needs to approved (completed), signed (incomplete) and adopted (complete) by HCC members</i> • <i>Plan needs to be submitted and verified by state</i> • <i>Justification for 9- Signed Preparedness Plan</i> 	9
5.1.1.2 The HCC has demonstrated, through exercise or real incident, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster. <i>6 rating last year Action for 9 rating:</i> <ul style="list-style-type: none"> • <i>The medical surge plan has been approved, signed, and adopted by HCC members and response partners</i> • <i>The medical surge plan has been reviewed by HCC members and sectors of the response community within the last five years</i> <i>Justification for 9- Signed Preparedness Plan</i>	9
5.1.1.3 The HCC has demonstrated the ability to do the following during an incident, exercise or event: monitor patient acuity and staffed bed availability in real-time, off-load patients, on-load patients, and track and document patient movement. (HRTS and patient tracking) <i>Justification for 8: Coordination plan has been completed and reviewed, but not yet approved by KET HC</i>	8
5.1.1.4 The HCC has a mechanism to obtain feedback to help resolve member conflicts that have the potential to affect the overall performance of the HCC. (Meeting procedures/Coalition rules)	9

5.2.1 Continuity of Healthcare Operations (HCC Indicators)

To determine the correct response please refer to **Appendix C — CONTINUITY OF HEALTHCARE OPERATIONS Indicators**

<p style="text-align: center;">HHS HPP Cooperative Agreement BP2 Progress Report Section 5: Healthcare Coalition Program Indicators and Factors Form 5.2.1: Continuity of Operations (Includes the following capabilities: Healthcare System Preparedness, Healthcare System Recovery, Medical Surge)</p> <p>Please provide a response value of 1-9 for each healthcare coalition program indicator.</p>	
HCC Indicators	Response
5.2.1.1 The HCC has access to a risk-based HVA which prioritizes the risks to its members. (Revised HVA in past 3 years)	9
5.2.1.2 The HCC has conducted a gap analysis to identify resource shortfalls during an event and is implementing plans to close those resource gaps. (Resource request procedures and regional resources)	9
5.2.1.3 The HCC has a process to enhance its member’s situational awareness to support activation of immediate bed availability through continuous monitoring. (HRTS, etc) <i>6 rating last year Action for 9 rating:</i> <ul style="list-style-type: none"> • <i>The Coordination plan, which includes surge capacity, will need to be approved, signed, and adopted by HCC members and relevant response partners</i> <i>Justification for 8: Coordination plan has been completed and reviewed, but not yet approved by KET HC</i>	8
5.2.1.4 The HCC has demonstrated the capability of a redundant means of communication for achieving and sustaining situational awareness. (Satellite Radios, Amateur radios, State Radios) <i>7 rating last year Action for 9 rating:</i> <i>Finalized and obtain KET HCC approval of Coordination plan, which contains communication plan.</i> <i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i>	8
5.2.1.5 The HCC has tested its ability to address its member’s healthcare workforce safety needs through training and resources. (PPE, Decon training and plans, Closed POD Plans, Responder Safety and health procedures) <i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i>	8
5.2.1.6 The HCC has prioritized and integrated essential healthcare recovery needs in its Emergency Operation Plan. (Included regional recovery needs in Regional Response Plans) <i>5 rating last year Action for 9 rating:</i> <i>Finalize and obtain KET HCC approval of Coordination plan, which will address this indicator.</i> <i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i>	8
5.2.1.7 The HCC has achieved its exercise objectives during tests of state or regional healthcare disaster plans. (5 year Surge Exercise, Communication Testing, etc)	9

5.3.1 Healthcare Coalition Developmental Assessment (HCC factors)

Each question requires a single digit response of 1 through 9. Additional information on HCC rating factors is located in **Appendix D — Healthcare Coalition Developmental Assessment Indicators**

HHS HPP Cooperative Agreement BP2 Progress Report Form 5.3.1: Healthcare Coalition Developmental Assessment	
HCC Indicators	Response
5.3.1.1 The HCC has established a formal self-governance structure, including leadership roles. (Bylaws, administrative rules)	9
5.3.1.2 The HCC has multi-disciplinary healthcare organization membership. (Hospitals, RMCC, LTC, EMS, EMA, Specialized Outpatient Services, Blood Supplier, Coroners ...)	9
5.3.1.3 The HCC has established its geographical boundaries. (EMS Region)	9
5.3.1.4 The HCC has a formalized process for resource and information management with its membership. (HRTS, TNHAN Alerts, Listserv, Redundant COMMs info)	9
5.3.1.5 The HCC is integrated into the healthcare delivery system processes for their jurisdiction (e.g., EMS, referral patterns, etc.). (Coordination with EMA) <i>6 rating last year Action for 9 rating: Finalize and obtain KET HCC approval of Coordination Plan, which references completed plans in place for this region Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i>	8
5.3.1.6 The HCC has established roles and responsibilities. (MOUs/MOAs, Bylaws, administrative rules) <i>8 rating last year Action for 9 rating: Detailed responsibilities need to be defined for roles and sharing of resources. Justification for 9- Signed Preparedness Plan</i>	9
5.3.1.7 The HCC has conducted an assessment of each of its member’s healthcare delivery capacities and capabilities. (HRTS info and drills)	9
5.3.1.8 The HCC has engaged its member’s healthcare delivery system executives. (Annual reports, meeting reports to hospital executives) <i>8 rating last year Action for 9 rating: Provide documentation that executive guidance and direction exists newsletter Justification for 9- Newsletter</i>	9
5.3.1.9 The HCC has engaged its member’s healthcare delivery system clinical leaders. (engagement with physicians, nursing leadership) <i>8 rating last year. Action for 9 rating: Provide documentation that executive guidance and direction exists Justification for 9- Newsletter</i>	9
5.3.1.10 The HCC has an organizational structure to develop operational plans. (Bylaws, administrative rules, Regional Response Plans)	9
5.3.1.11 The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during response. (Regional Response Plans) <i>7 rating last year Action for 9 rating:</i>	8

<p><i>KET HCC members will adopt and sign Coordination Plan</i> <i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i></p>	
<p>5.3.1.12 The HCC demonstrates an ability to enhance situational awareness for its members during an event (HRTS) <i>7 rating last year. Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Obtain KET HCC approval of Coordination Plan</i> <p><i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i></p>	8
<p>5.3.1.13 The HCC demonstrates an ability to identify the needs of at-risk individuals (e.g., electrically dependent, home-bound patients, chronically ill) during response. <i>7 rating last year. Action for 9 rating:</i></p> <p><i>Obtain KET HCC approval of Coordination Plan, where all plans are referenced</i> <i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i></p>	8
<p>5.3.1.14 The HCC demonstrates resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of emergency response. (Regional Response Plans, regional exercises) <i>8 rating last year. Action for 9 rating:</i></p> <p><i>Administrative clarifications need to be documented regarding fiscal responsibilities and have those changes adopted and signed off by KET HCC membership.</i> <i>Justification for 9- Signed Preparedness Plan</i></p>	9
<p>5.3.1.15 The HCC members demonstrate an evacuation capability with functional patient tracking mechanisms. (Exercises, Real Events) <i>6 rating last year. Action for 9 rating:</i></p> <p><i>Finalize and obtain KET HCC approval of Coordination plan where details are outlined</i> <i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i></p>	8
<p>5.3.1.16 The HCC utilizes an operational framework and set of indicators to transition from crisis standards of care, to contingency, and ultimately back to conventional standards of care. (HCC CSC stakeholder meetings held BP 4-BP 5) <i>1 rating last year. State responsibility</i> <i>Justification of 9- State Crisis of Standards Care Plan</i></p>	9
<p>5.3.1.17 The HCC incorporates post-incident health services recovery into planning and response (Recovery addressed in Regional Response Plans) <i>7 rating last year. Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Finalize and obtain KET HCC approval of Coordination plan where details are outlined</i> <p><i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i></p>	8
<p>5.3.1.18 The HCC ensures quality improvement through exercises/events and corrective action plans. (Annual exercises)</p>	9
<p>5.3.1.19 The HCC has an established a method (e.g., social network analysis) for incorporating feedback from its members to support group cohesion and improve processes. (Meeting processes, minutes, informational materials) <i>7 rating last year. Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Formal method of documentation included in Coordination Plan.</i> <p><i>Justification for 8- Coordination plan has been completed and reviewed, but not yet approved by KET HC</i></p>	8

<p>5.3.1.20 Within the past year, what is your HCC's MOST IMPORTANT accomplishment related to emergency preparedness, response, recovery, and/or mitigation?</p> <ul style="list-style-type: none"> Media push for Regional EMS and Hospital Surge Pediatric Project 	<p>**</p>
<p>5.3.1.20.1 Other Specified</p>	<ul style="list-style-type: none"> Coalition response to the Gatlinburg Wild Fires Development of Coalition Newsletter Website averaging appx. 1400 visits/month since May 2017 (Website has been active since July 2016)

** 5.3.1.20 Drop down list:

- 1-Enhanced connectivity with Emergency Operations Center (EOC) and Emergency Operations Plan (EOP);
- 2-Improved leveraging of disparate funding streams;
- 3-Increased ability to leverage resources and allocate scarce resources between HCC members;
- 4-Increased availability of emergency response and recovery services for the jurisdiction, bridging response and recovery;
- 5-Increased educational training opportunities for healthcare organizations;
- 6-Increased emergency management skills among HCC organizations;
- 7-Increased exercising and readiness planning among HCC members (e.g., drills and exercises);
- 8-Increased formal agreements for resource and information exchange;
- 9-Increased information sharing between HCC members through integrated communication;
- 10-Increased or enhanced sources of data needed for emergency preparedness and response;
- 11-Increased volunteerism (e.g., Emergency System for Advance Registration of Volunteer Health Professionals);
- 12-Other (please describe below)



Appendix A —Coalition Member “Types”

Guidance for Classifying Members of Coalitions

Member Type for Dropdown Listing	Description	Criteria for using this Coalition Member Classification		Examples of <i>eligible</i> coalition members
		Do NOT include:	ONLY include:	
Inpatient Hospitals	24/7 non-Federal, inpatient acute care hospitals	<ul style="list-style-type: none"> • <i>Freestanding psychiatric hospitals</i> • <i>Hospitals operated by the Fed. Govt.</i> • <i>Hospitals that qualify as Level 1-3 trauma centers</i> • <i>Sub-acute care facilities</i> • <i>Free standing Emergency Departments</i> 	<ul style="list-style-type: none"> • <i>Hospitals that operate 24/7</i> 	<ul style="list-style-type: none"> • <i>General hospitals</i> • <i>Children’s hospitals</i> • <i>Rehabilitation hospitals</i> • <i>Long-term care hospitals</i> • <i>Critical access hospitals (CAHs)</i>
Trauma Centers	24/7, non-Federal, Trauma centers	<ul style="list-style-type: none"> • <i>Hospitals operated by the Fed. Govt.</i> 	<ul style="list-style-type: none"> • <i>Trauma centers classified as Levels 1-3</i> 	
Long Term Care	24/7, non-Federal, sub-acute and long term care inpatient providers	<ul style="list-style-type: none"> • <i>Freestanding psychiatric hospitals</i> • <i>Psychiatric Residential Treatment Facilities (PRTFs)</i> • <i>Halfway houses</i> • <i>Any type of 24/7 inpatient provider agency operated by the Fed. Govt.</i> • <i>“Hospitals” that operate 24/7, even if they include “swing beds”</i> 	<ul style="list-style-type: none"> • <i>Long term care facilities that are licensed by the State</i> • <i>Inpatient facilities that operate 24/7</i> 	<ul style="list-style-type: none"> • <i>Nursing homes(NHs)</i> • <i>Skilled nursing facilities(SNFs),</i> • <i>Sub-acute care facilities</i> • <i>Rehabilitation facilities,</i> • <i>Long term care facilities (LTCFs)</i> • <i>Intermediate care facilities for persons with mental retardation (ICFs/MR)</i> • <i>PACE facilities</i> • <i>Hospice,</i> • <i>Religious nonmedical healthcare institutions</i> • <i>Alternative living facilities (ALFs)or Alternative residential facilities (ARFs)</i> • <i>Group homes</i>
Community Health Centers	Non-Federal, community health centers	<ul style="list-style-type: none"> • <i>Any type of CHC or FQHC operated by the Fed. Govt.</i> • <i>Inpatient facilities that operate 24/7</i> • <i>Community mental or behavioral health centers, or substance abuse clinics</i> 	<ul style="list-style-type: none"> • <i>Community health centers</i> • <i>Federally qualified health centers (FQHCs)</i> 	--



Member Type for Dropdown Listing	Description	Criteria for using this Coalition Member Classification		Examples of <i>eligible</i> coalition members
		Do NOT include:	ONLY include:	
OTHER Outpatient or In-Home Providers	Other non-Federal outpatient or in-home health care providers	<ul style="list-style-type: none"> • <i>Any Community health center or FQHC</i> • <i>Any type of outpatient or in-house provider agency operated by the Fed. Govt.</i> • <i>Inpatient facilities that operate 24/7</i> • <i>Community mental or behavioral health centers, or substance abuse clinics</i> • <i>Any private practice physician office groups or hospital-based “clinics”</i> 	<ul style="list-style-type: none"> • <i>Outpatient or in-home health care providers that are NOT community health centers or FQHCs</i> 	<ul style="list-style-type: none"> • <i>Ambulatory surgical centers</i> • <i>Home health agencies</i> • <i>Comprehensive outpatient rehabilitation facility (CORF)</i> • <i>Organ procurement organizations</i> • <i>Rural health clinics</i> • <i>End stage dialysis facilities</i>
Individual Physicians— Primary Care	Individual (hospital-based or private practice) allopathic, osteopathic and podiatric physicians—Primary Care	<ul style="list-style-type: none"> • <i>Physicians that are specialists as per examples under “Individual Physicians—Specialists”</i> • <i>Nurse practitioners, or Physician Assistants who provide Primary Care</i> • <i>Psychiatrists</i> 	<ul style="list-style-type: none"> • <i>Allopathic, osteopathic or podiatric physicians</i> • <i>Physicians that are in private practice or are part of a hospital-based group</i> • <i>Primary care physicians</i> • <i>Licensed Practitioners</i> 	<ul style="list-style-type: none"> • <i>Family practice</i> • <i>Geriatrics,</i> • <i>Gerontology</i> • <i>General pediatrics</i> • <i>General practice</i> • <i>General internal medicine]</i>
Physicians— Specialists	Individual (hospital-based or private practice) allopathic, osteopathic and podiatric physicians)— Specialists	<ul style="list-style-type: none"> • <i>Physicians that are specialists as per examples under “Individual Physicians—Primary care”</i> • <i>Nurse practitioners, or Physician Assistants who provide anesthesia or other specialty medicine</i> • <i>Other specialists who are NOT physicians</i> • <i>Psychiatrists</i> 	<ul style="list-style-type: none"> • <i>Allopathic, osteopathic or podiatric physicians</i> • <i>Physicians that are in private practice or are part of a hospital-based group</i> • <i>Licensed Practitioners</i> 	<i>General surgery,</i> <ul style="list-style-type: none"> • <i>Allergy/immunology</i> • <i>Otolaryngology,</i> • <i>Anesthesiology,</i> • <i>Cardiology,</i> • <i>Dermatology,</i> • <i>Intervention pain management,</i> • <i>Neurology</i> • <i>Oncology</i> • <i>Obstetrics/gynecology,</i> • <i>Ophthalmology,</i> • <i>Oral surgery,</i> • <i>Orthopedics,</i> • <i>Pathology,</i>

Appendix A—Coalition Member “Types”



				<ul style="list-style-type: none"> • Plastic and reconstructive surgery, • Physical medicine and rehabilitation, • Proctology • Pulmonary, diagnostic radiology • Urology • Nuclear medicine, • Infectious disease • Emergency medicine • Gastroenterology
Member Type for Dropdown Listing	Description	Criteria for using this Coalition Member Classification		Examples of <i>eligible</i> coalition members
		Do NOT include:	ONLY include:	
OTHER Non-Physician Specialists	OTHER Non-Physician Specialists	<ul style="list-style-type: none"> • <i>OTHER Non-Physician Specialists</i> 	<ul style="list-style-type: none"> • <i>OTHER Non-Physician Specialists</i> 	<ul style="list-style-type: none"> • <i>OTHER Non-Physician Specialists</i>
Behavioral Health	Non-Federal Behavioral health (inpatient or outpatient)	<ul style="list-style-type: none"> • <i>Any type of inpatient, outpatient or individual specialist provider group operated by the Fed. Govt.</i> • <i>Psychiatric services provided as part of a general acute care hospital program</i> • <i>General Healthcare services that do not include behavioral health</i> • <i>Self-help groups that do not operate under a plan of care developed in accordance with licensure requirements</i> 	<ul style="list-style-type: none"> • <i>Mental health, behavioral health or substance abuse providers licensed, certified or registered, as required by law</i> • <i>Institutional, inpatient or outpatient based behavioral health services that are provided under a plan of care developed in accordance with licensure requirements</i> 	<ul style="list-style-type: none"> • <i>Freestanding psychiatric hospitals</i> • <i>Psychiatric residential treatment centers(PRTFs),</i> • <i>Community mental health centers and clinics, Substance abuse clinics,</i> • <i>Halfway houses,</i> • <i>Group homes for the mentally ill,</i> • <i>Family therapists,</i> • <i>Psychotherapists,</i> • <i>Psychiatry</i> • <i>Clinical psychology</i> • <i>Psychiatric social work</i> • <i>Psychiatrist</i> • <i>Clinical psychology</i> • <i>Psychiatric social work</i>
Healthcare Support Suppliers	Non-Federal providers or suppliers of health care support services	<ul style="list-style-type: none"> • <i>Any type of provider or supplier agency operated by the Fed. Govt.</i> • <i>Suppliers of Healthcare Support that are employed by or operate under the license of another overarching health care providers, such as hospitals, nursing homes, community health centers</i> 	<ul style="list-style-type: none"> • <i>Suppliers that are licensed, certified or registered, as required by State law</i> 	<ul style="list-style-type: none"> • <i>Blood banks</i> • <i>Pharmacies</i> • <i>Poison control</i> • <i>Laboratories</i> • <i>Mammography</i> • <i>X-ray provider</i> • <i>Durable medical equipment (DME) supply centers</i>

Appendix A—Coalition Member “Types”



Member Type for Dropdown Listing	Description	Criteria for using this Coalition Member Classification		Examples of eligible coalition members
		Do NOT include:	ONLY include:	
Federal Hospitals	24-hour Federal Hospitals	<ul style="list-style-type: none"> • <i>Tribal clinics</i> • <i>Inpatient long term care facilities even though operated by the Federal government</i> • <i>Outpatient health centers, clinics ,or other outpatient healthcare services even though operated by the Federal Government</i> 	<ul style="list-style-type: none"> • <i>Any hospital or trauma center that is owned and /or operated by the Federal Government</i> • <i>Inpatient hospital providers that operate 24/7</i> 	<ul style="list-style-type: none"> • <i>Veterans Administration (VA) Hospitals</i> • <i>Dept. of Defense (DOD) Hospitals</i> • <i>Indian Health Service (IHS) Hospitals</i>
OTHER Federal Healthcare	Other Federal Healthcare (non-hospital based) providers	<ul style="list-style-type: none"> • <i>Tribal Clinics</i> • <i>Any hospital or trauma center that is owned and /or operated by the Federal Government</i> 	<ul style="list-style-type: none"> • <i>Other Inpatient health care facilities operated by the Federal government</i> • <i>Outpatient health centers, clinics ,or other outpatient healthcare services operated by the Federal Government</i> 	<ul style="list-style-type: none"> • <i>VA nursing homes</i> • <i>DOD nursing homes</i> • <i>VA clinics</i> • <i>IHS clinics</i>
OTHER Federal entities	Other Federal representatives that are NOT health care	<ul style="list-style-type: none"> • <i>Any Federal agency-providing behavioral or general healthcare program or services</i> 	<ul style="list-style-type: none"> • <i>Employees, representatives or grantors from US government agencies and who are members of healthcare coalitions</i> 	<ul style="list-style-type: none"> • <i>FEMA representatives</i> • <i>CDC representatives</i> • <i>US Navy</i>
Emergency Medical Services (EMS)	Emergency Medical Services (EMS)	--	--	
Public Health	Public health	--	--	
Public Safety	Public Safety	--	--	<ul style="list-style-type: none"> • <i>Police</i> • <i>Fire]</i> • <i>Law enforcement,</i> • <i>National guard</i>
Emergency Management	Emergency Management	--	--	



Member Type for Dropdown Listing	Description	Criteria for using this Coalition Member Classification		Examples of eligible coalition members
		Do NOT include:	ONLY include:	
Medical Reserve Corps	Medical Reserve Corps	--	--	
Academia	Academia	--	--	<ul style="list-style-type: none"> • <i>Universities, Colleges, Schools, Research facilities</i>
Airport / Transportation	Airport / Transportation	--	--	
Communication Groups	Communications	--	--	<ul style="list-style-type: none"> • <i>Ham radio operators,</i> • <i>Internet providers</i>
“Grass root”/ Volunteer/ Non-Profit Advocacy or Service Organizations	Grassroots, Volunteer Organizations, and other non-profit advocacy or service organizations	<ul style="list-style-type: none"> • <i>Volunteer agencies or organizations that are not MRC</i> 		<ul style="list-style-type: none"> • <i>Red Cross,</i> • <i>Disability organizations,</i> • <i>Children advocacy groups,</i> • <i>Child care providers,</i> • <i>Public libraries</i>
Trade Organizations	Health care provider or health care consumer trade organizations	--	--	<ul style="list-style-type: none"> • <i>National, state and local healthcare provider associations, AARP</i>
OTHER State and Local	Other State and Local Government Services (that have not otherwise been listed)	--	--	
Private Business	Private Business	--	--	<ul style="list-style-type: none"> • <i>e.g., Wal-Mart</i>
Medical Examiner/ Coroner	Medical Examiner/Coroner	--	--	

Appendix B — MEDICAL SURGE Indicators

HCC Indicators	Response
5.1.1.1 The HCC has developed a strategic plan with participation from its membership.	1 to 9

The scale criteria are defined as follows:

- To rate this as a 9, the HCC’s strategic plan has been submitted and verified by the state
- To rate this as an 8, the strategic plan has been approved, signed, and adopted by HCC members
- To rate this as a 7, the strategic plan has been reviewed by HCC members within the last five years
- To rate this as a 6, there is a strategic plan that addresses the critical tasks for both the administrative plan and preparedness strategy
- To rate this as a 5, there is a complete administrative plan OR preparedness strategy, and there is activity to develop the other
- To rate this as a 4, strategic plans (administrative plan OR preparedness strategy) exist, and there are few missing components, but there are planned activities toward revising the plan
- To rate this as a 3, strategic plans (administrative plan OR preparedness strategy) exist, but there are several missing components, and there are no planned activities to revise the plans
- To rate this as a 2, there are no strategic plans (administrative plan OR preparedness strategy),but there are planned activities toward the development of the plan
- To rate this as a 1, there are no strategic plans (administrative plan OR preparedness strategy)nor any activity or evidence toward planning

5.1.1.2 The HCC has demonstrated, through exercise or real incident, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster. (20% of all beds Region wide)	1 to 9
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- To rate this as a 9, the medical surge plan is routinely updated and has been tested based on exercise findings from a demonstration of the required capability targets
- To rate this as an 8, the medical surge plan has been approved, signed, and adopted by HCC members and response partners
- To rate this as a 7, the medical surge plan has been reviewed by HCC members and sectors of the response community within the last 5 years
- To rate this as a 6, a medical surge plan has been drafted that addresses the capability planning targets and critical tasks
- To rate this as a 5, there is evidence that HCCs are part of the medical surge planning process during revision of planning
- To rate this as a 4, medical surge plans exist, and while there are missing planning components, there are planned activities toward revising the plan
- To rate this as a 3, medical surge plans exist; there are missing planning components, but there are no planned activities to revise the plans
- To rate this as a 2, there are no medical surge plans, but there are planned activities toward the development of a medical surge plan
 - To rate this as a 1, there are neither medical surge plans nor activity or evidence toward planning

5.1.1.3 The HCC has demonstrated the ability to do the following during an incident, exercise or event: monitor patient acuity and staffed bed availability in real-time, off-load patients, on-load patients, and track and document patient movement. (region-wide or inter regional patient tracking)	1 to 9
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- To rate this as a 9, the medical surge plan is routinely updated and has been tested based on exercise findings from a demonstration of the required capability target
- To rate this as an 8, the medical surge plan has been approved, signed, and adopted by HCC members and response partners
- To rate this as a 7, the medical surge plan has been reviewed by HCC members and sectors of the response community within the last five years
- To rate this as a 6, there must be a medical surge plan drafted that addresses the capability planning targets and critical tasks
- To rate this as a 5, there is evidence that HCCs are part of the planning process during revision of planning
- To rate this as a 4, medical surge plans exist, and while there are missing planning components, there are planned activities toward revising the plan
- To rate this as a 3, medical surge plans exist, and there are missing planning components with no activity to revise the plans)
- To rate this as a 2, there are no medical surge plans but there are planned activities toward the development of the plan
- To rate this as a 1, there are neither medical surge plans nor activity or evidence toward planning

5.1.1.4 The HCC has a mechanism to obtain feedback to help resolve member conflicts that have the potential to affect the overall performance of the HCC. (Meeting procedures/MOAs/MOUs)	1 to 9
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- To rate this as a 9, the criteria for 6, 7, and 8 have been met, and there is evidence of change in administrative or preparedness functions, which has been documented in the strategic plan
- To rate this as an 8, the criteria for 6 and 7 have been met, and there is evidence of change in administrative or preparedness functions
- To rate this as a 7, the criteria for 6 has been met and there is evidence of the formal process through conflict resolution decisions approved by the HCC
- To rate this as a 6, a process for conflict resolution has been developed and accepted by HCC members and is documented in the administrative plan
- ☒To rate this as a 5, a process for conflict resolution has been developed and accepted by HCC members but is not documented in the administrative plan
- To rate this as a 4, a process for conflict resolution has been developed but remains undocumented in the administrative plan or unapproved by HCC member.
- To rate this as a 3, a process for conflict resolution has been developed but is not accepted by HCC members.
- To rate this as a 2, there is no process for conflict resolution, but one is being developed or is planned
- To rate this as a 1, there is no process for conflict resolution

Appendix C — CONTINUITY OF HEALTHCARE OPERATIONS Indicators

HCC Indicators	Response
5.2.1.1 The HCC has access to a risk-based HVA which prioritizes the risks to its members. (Revised HVA within past 3 years)	1 to 9

- To rate this as a 9, the criteria for 6, 7, and 8 have been met, and the document is used across disciplines
- To rate this as an 8, the criteria for 6 and 7 have been met, and the document has been reviewed within the last five years
- To rate this as a 7, the criteria for 6 has been met, and there is documented evidence that the HCC was included in the development of the assessment
- To rate this as a 6, the risk assessment used for planning, organization, equipping, training and exercising by the coalition has been completed
- To rate this as a 5, there is a risk assessment in use, but it is out of date or has not been integrated with healthcare system risks
- To rate this as a 4, the risk assessment has been drafted but has not been vetted by essential partners
- To rate this as a 3, the risk assessment is in development
- To rate this as a 2, the risk assessment development has been planned
- To rate this as a 1, no risk assessment has been conducted, and there is no plan to develop one

5.2.1.2 The HCC has conducted a gap analysis to identify resource shortfalls during an event and is implementing plans to close those resource gaps. (Resource request procedures and regional resources)	1 to 9
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- To rate this as a 9, the criteria for 6, 7, and 8 have been met and the resource assessment is tested/revised based on findings
- To rate this as an 8, the criteria for 6 and 7 have been met, and the resource assessment is recognized by relevant response partners
- To rate this as a 7, the criteria for 6 have been met, and the resource assessment has been accepted by the essential members of the HCC
- To rate this as a 6, a resource and capability assessment has been documented, including the identification of gaps in planning, organization, equipment, training and exercise and resources or resource processes have been matched to priority healthcare delivery services
- To rate this as a 5, a resource assessment has been completed for healthcare system and jurisdictional resources, which includes resource request processes and mutual aid agreements
- To rate this as a 4, a resource assessment has been completed for healthcare system resources
- To rate this as a 3, a resource assessment has been completed for jurisdictional resource.
- To rate this as a 2, a resource assessment or gap analysis is in progress or planned
- To rate this as a 1, no resource assessment or gap analysis is in progress or planned

5.2.1.3 The HCC has a process to enhance its member’s situational awareness to support activation of immediate bed availability through continuous monitoring. (HRTS drills or real events)	1 to 9
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- To rate this as a 9, the medical surge plan is routinely updated and has been tested based on exercise findings demonstrating the required capability targets (e.g., communication and reporting of surge status)
- To rate this as an 8, the medical surge plan has been approved, signed, and adopted by HCC members and relevant response partners
- To rate this as a 7, the medical surge plan has been reviewed by HCC members and all relevant sectors of the response community within the last five years
- To rate this as a 6, a medical surge plan has been drafted that addresses the capability planning targets and critical tasks
- To rate this as a 5, there is evidence that HCCs are part of the medical surge planning process during revision of plans
- To rate this as a 4, medical surge plans exist, but they are missing planning components. Activities are planned to revise the plan
- To rate this as a 3, medical surge plans exist, but there are missing planning components without planned activities to revise the plans
- To rate this as a 2, there are no medical surge plans, but there are planned activities toward the development of the plan
- To rate this as a 1, there are no medical surge plans nor any activity or evidence toward developing these plans

5.2.1.4 The HCC has demonstrated the capability of a redundant means of communication for achieving and sustaining situational awareness. (Satellite Radios, Amateur Radios, State Radios)	1 to 9
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- To rate this as a 9, the information/communication plan is routinely updated and has been tested based on exercise findings demonstrating the required capability targets
- To rate this as an 8, the information/communication plan has approved, signed, and adopted by HCC members and relevant response partners.
- To rate this as a 7, the information/communication plan has been reviewed by HCC members and all relevant sectors of the response community within the last five years
- To rate this as a 6, there must be information/communication plans drafted that address the capability planning targets and critical tasks
- To rate this as a 5, there must be evidence that HCCs are part of the planning process and revision of information/communication planning
- To rate this as a 4, information/communication plans exist; however there are missing planning components. Activities exist to revise the plan
- To rate this as a 3, information/communication plans exist; and while there are missing planning components, there are no planned activities to revise the plans.
- To rate this as a 2, there are no information/communication plans, but there are planned activities toward the development of the plan.
- To rate this as a 1, there are no information/communication plans nor any activity or evidence toward planning.

<p>5.2.1.5 The HCC has tested its ability to address its member’s healthcare workforce safety needs through training and resources. (PPE, Decon training and plans, Closed POD Plans, Responder Safety and health procedures)</p>	<p>1 to 9</p>
<ul style="list-style-type: none"> • To rate this as a 9, the resource management plan is routinely updated and has been tested based on exercise findings demonstrating the required capability targets. • To rate this as an 8, the resource management plan has been approved, signed, and adopted by HCC members and relevant response partners. • To rate this as a 7, the resource management plan has been reviewed by HCC members and all relevant sectors of the response community within the last five years • To rate this as a 6, there must be a resource component of a resource management plan or an annex that addresses the health and safety needs of the healthcare workforce; the plan is drafted and addresses the capability planning targets and critical tasks • To rate this as a 5, there is evidence that HCCs are part of the planning process and revision of resource management planning • To rate this as a 4, resource management plans exist but there are missing planning components, but there are activities toward revising the plan • To rate this as a 3, resource management plans exist; and while planning components are missing, there are no planned activities to revise the plans • To rate this as a 2, there are no resource management plans, but there are planned activities toward the development of the plan • To rate this as a 1, there are no resource management plans nor any activity or evidence toward planning 	
<p>5.2.1.6 The HCC has prioritized and integrated essential healthcare recovery needs in its Emergency Operation Plan. (Included recovery needs in Regional Response Plans)</p>	<p>1 to 9</p>
<ul style="list-style-type: none"> • To rate this as a 9, the continuity of healthcare operations plan is routinely updated and has been tested based on exercise findings from a demonstration of the required capability targets • To rate this as an 8, the continuity of healthcare operations plan has been approved, signed, and adopted by HCC members and relevant response partners • To rate this as a 7, the continuity of healthcare operations plan has been reviewed by HCC members and all relevant sectors of the response community within the last five years • To rate this as a 6, a continuity of healthcare operations plan has been drafted that addresses the capability planning targets and critical tasks • To rate this as a 5, there is evidence that HCCs are part of the planning process and revision of continuity of healthcare operations planning • To rate this as a 4, continuity of healthcare operations plans exist; and while there are missing planning components, there are planned activities toward revising the plan • To rate this as a 3, continuity of healthcare operations plans exist but there are missing planning components and there are no planned activities to revise the plans • To rate this as a 2, there are no continuity of healthcare operations plans but there are planned activities toward the development of the plan • To rate this as a 1, there are no recovery plans with continuity of healthcare operations plans nor any activity or evidence toward planning 	

Appendix C—Continuity Healthcare Operations Indicators

5.2.1.7 The HCC has achieved its exercise objectives during tests of state or regional healthcare disaster plans. (Region-wide or State level exercise with majority of HCC members)	1 to 9
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- To rate this as a 9, the criteria for 6, 7, and 8 have been met, and there is evidence of improvement planning and mitigation efforts to address planning, organizing, equipping, training, and exercising deficiencies by the state in support of HCCs
- To rate this as an 8, the criteria for 6 and 7 have been met, and the corrective actions have been completed
- To rate this as a 7, the criteria for 6 have been met, and there is an improvement plan addressing HCC corrective actions
- To rate this as a 6, the exercise objectives match program requirements and have been tested per requirements To rate this as a 5, the exercise objectives have been drafted and are both Homeland Security Exercise and Evaluation Program (HSEEP-) and HPP-program compliant
- To rate this as a 4, the exercise objectives have been tested but do not match required objectives
- To rate this as a 3, the exercise objectives have been drafted but do not match required objectives and have not been tested
- To rate this as a 2, the exercise objectives are being developed
- To rate this as a 1, the state has not developed nor met exercise objectives



Appendix D — Healthcare Coalition Developmental Assessment Indicators

HCC Indicators	Response
5.3.1.1 The HCC has established a formal self-governance structure, including leadership roles. (Bylaws, administrative rules)	1 to 9

- To rate this as a 9, the HCC’s administrative plan has been submitted as complete and it is verified on a periodic basis by the state
- To rate this as an 8, HCC members have reviewed the formal self-governance structure with in the last two years
- To rate this as a 7, the formal self-governance structure has been approved and adopted by HCC members.
- To rate this as a 6, there is an administrative strategy that includes the components (critical tasks) for a formal self-governance structure
- To rate this as a 5, formal self-governance structure exists and is documented, there are some missing components (1-2), and there are planned activities toward revising the plan
- To rate this as a 4, a formal self-governance structure exists and is documented, but there are three or more missing components and is activity toward revising the plan.
- To rate this as a 3, a formal self-governance structure exists, but there are missing components and there are no planned activities to revise the plans
- To rate this as a 2, there is no formal self-governance structure, but there are planned activities toward development
- To rate this as a 1, there are no plans nor any activity or evidence toward developing a formal self-governance structure

5.3.1.2 The HCC has multi-disciplinary healthcare organization membership. (Hospitals, LTC, EMS, EM, Specialized Outpatient Services, Coroners ...)	1 to 9
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- To rate this as a 9, evidence of consistent essential partner and subject matter expert participation for capability development exists, and an accountability process is in place (e.g., documentation of attendance or engagement)
- To rate this as an 8, evidence of essential partner membership and subject matter experts for capability development exist.
- To rate this as a 7, evidence of essential partner membership for capability development exists, but subject matter experts are still missing
- To rate this as a 6, evidence of consistent essential membership participation or engagement at meetings, as a minimum, exists; and the HCC has documented this evidence (through administrative plans and meeting documentation)
- To rate this as a 5, essential members inconsistently participate or engage, and the HCC has identified this as a gap and is addressing it
- To rate this as a 4, essential members participate or are engaged, but the HCC has no documentation of their participation
- To rate this as a 3, most essential members participate or are engaged, but the HCC lacks documentation of their participation
- To rate this as a 2, some of the essential members are represented at the HCC
- To rate this as a 1, little to no participation of essential members in the healthcare coalition exists

Appendix D — Healthcare Coalition Developmental Assessment Indicators



5.3.1.3 The HCC has established its geographical boundaries.	1 to 9
<ul style="list-style-type: none"> • To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and evidence exists that the boundaries do not limit resource planning per HCCDA 5. • To rate this as an 8, the HCC has met the criteria for both 6 and 7, and the boundary cannot be changed without member input and approval. • To rate this as a 7, the HCC has met criteria for 6, and a documented process to adjust the regional boundary based on the needs of the member organizations is in place. • To rate this as a 6, the HCC has defined and documented a regional boundary based on the needs of the member organizations. • To rate this as a 5, the regional boundary met criteria minimal requirements, but due to changing priorities, the HCC is revising it. • To rate this as a 4, boundaries exist, but they do not represent or reflect a viable system that can meet the intentions of the HCC (based on ongoing analysis). • To rate this as a 3, the HCC has defined but not documented a regional boundary. • To rate this as a 2, boundaries exist, but were selected without representation of the members. • To rate this as a 1, no defined boundaries exist. 	
5.3.1.4 The HCC has a formalized process for resource and information management with its membership. (TN HAN Alerts, HRTS, Redundant COMMs Info, and Listserv)	1 to 9

- To rate this as a 9, the HCC has documented resource and information management processes in operational plans and tested and revised the processes based on findings
- To rate this as an 8, the HCC has documented resource and information management processes in operational plans recognized by the jurisdiction
- To rate this as a 7, the HCC has documented resource and information management processes in operational plans which have been accepted and approved the processes
- To rate this as a 6, the HCC has documented resource and information management processes in operational plans, which include a complete resource assessment and gap analysis
- To rate this as a 5, the HCC has completed a resource assessment, and resource and information management processes exist, but HCC members have not documented them in operational plans
- To rate this as a 4, the HCC has completed a resource assessment, and resource and information management processes are nearly complete
- To rate this as a 3, the HCC has started a complete assessment of resource and information management processes
- To rate this as a 2, the HCC has planned but not started an assessment of resources and resource/information processes
- To rate this as a 1, the resource assessment does not exist nor do resource/information processes or any activity toward achieving the resource assessment



<p>5.3.1.5 The HCC is integrated into the healthcare delivery system processes for their jurisdiction (e.g., EMS, referral patterns, etc.). (Coordination with EMA)</p>	<p>1 to 9</p>
<ul style="list-style-type: none"> • To rate this as a 9, the HCC has met the criteria for 6, 7, and 8 and has tested/revise the plan based on findings. • To rate this as an 8, the HCC has met the criteria for 6 and 7, and jurisdictional emergency management is aware of the healthcare roles and responsibilities in the plan. • To rate this as a 7, the HCC has met the criteria for 6, and healthcare executives and healthcare leaders have accepted the plan. • To rate this as a 6, the HCC has conducted a full assessment of normal operating and disaster operating patterns, including resources and essential services, and the HCC has a plan reflecting resource request processes. • To rate this as a 5, resource request processes reflect normal operating patterns and disaster patterns, but the HCC has no documentation. • To rate this as a 4, resource request processes reflect normal operating patterns, but the HCC has no documentation. • To rate this as a 3, resource request processes reflect most resource patterns of applicable essential healthcare services. • To rate this as a 2, an assessment of healthcare delivery patterns is ongoing or planned. • To rate this as a 1, no assessment of healthcare delivery patterns exists, and the HCC has no plans to assess these patterns. 	
<p>5.3.1.6 The HCC has established roles and responsibilities. (Bylaws, MOAs/MOUs, administrative rules)</p>	<p>1 to 9</p>

- To rate this as a 9, the HCC has met the criteria for 6, 7, and 8 and have been tested/revise the plan based on findings
- To rate this as an 8, the HCC has met the criteria for 6 and 7, and the jurisdictional emergency management is aware of healthcare roles and responsibilities in the plan
- To rate this as a 7, the HCC has met the criteria for 6, and the HCC has approved the plan
- To rate this as a 6, roles and responsibilities for HCC members exist for administrative/preparedness strategies, and the HCC has documented roles and responsibilities for essential members in operational plans
- To rate this as a 5, roles and responsibilities for HCC members exist for administrative/preparedness strategies, and the HCC has documented roles and responsibilities for essential members in operational plans, but essential member roles and responsibilities are missing
- To rate this as a 4, roles and responsibilities for HCC members exist for administrative/preparedness strategies and operational plans, but the HCC has not documented them
- To rate this as a 3, there is a plan to develop roles and responsibilities for HCC members for administrative/preparedness strategies and operational plans
- To rate this as a 2, there is a plan to develop roles and responsibilities for HCC members for administrative/preparedness strategies or operational plans.
- To rate this as a 1, no roles and responsibilities have been developed for any member of the HCC for either administrative/preparedness strategies or operational plans



5.3.1.7 The HCC has conducted an assessment of each of its member’s healthcare delivery capacities and capabilities. (HRTS and drills)	1 to 9
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- To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and a process for ongoing updates/revisions is in place
- To rate this as an 8, the HCC has met the criteria for 6 and 7, and all relevant stakeholders have access to the assessment
- To rate this as a 7, the HCC has met the criteria for 6, and the HCC accepts the assessment
- To rate this as a 6, the HCC has completed a full capability assessment of members, and the HCC has met have conducted and documented a gap analysis
- To rate this as a 5, a capability assessment is complete, and the HCC has analyzed it for gaps.
- To rate this as a 4, a capability assessment is complete, but the HCC has not analyzed it for gaps
- To rate this as a 3, a capability assessment is complete for most HCC members
- To rate this as a 2, a capability assessment is in progress or is planned
- To rate this as a 1, the HCC has neither conducted nor are planning a capability assessment

5.3.1.8 The HCC has engaged its member’s healthcare delivery system executives. (Annual reports, meeting reports to hospital executives)	1 to 9
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- To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and evidence exists of guidance and direction from healthcare delivery executives in the functioning of HCCs.
- To rate this as an 8, the HCC has met the criteria for 6 and 7, and a process is in place to ensure healthcare executives see and accept decisions regarding healthcare system delivery.
- To rate this as a 7, the HCC has met the criteria for 6, and evidence exists of regular participation of the HCC.
- To rate this as a 6, the HCC has engaged all relevant healthcare delivery executives, and the HCC has developed and documented the process for ongoing engagement
- To rate this as a 5, the HCC has engaged all relevant healthcare delivery executives, and the HCC has developed, but not documented, the process for ongoing engagement
- To rate this as a 4, the HCC has engaged all relevant healthcare delivery executives, but the HCC has not developed a process for ongoing engagement
- To rate this as a 3, the HCC has engaged healthcare delivery executives, or the process for engagement is ongoing.
- To rate this as a 2, the HCC is planning the process for the engagement of healthcare-delivery executives
- To rate this as a 1, the HCC has not engaged healthcare delivery system executives



<p>5.3.1.9 The HCC has engaged its member’s healthcare delivery system clinical leaders. (engagement with physicians, nursing leadership)</p> <ul style="list-style-type: none"> • To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and evidence exists of guidance and direction from clinical leaders in the functioning of HCCs • To rate this as an 8, the HCC has met the criteria for 6 and 7, and a process is in place to ensure healthcare clinical leaders see and accept decisions regarding clinical care • To rate this as a 7, the HCC has met the criteria for 6, and evidence exists of regular participation of the HCC • To rate this as a 6, the HCC has engaged all relevant healthcare delivery clinical leaders, and the process for ongoing engagement has been developed and documented • To rate this as a 5, the HCC has engaged all relevant healthcare delivery clinical leaders, and the HCC has developed, but not documented, the process for ongoing engagement • To rate this as a 4, the HCC has engaged all relevant healthcare delivery clinical leaders, but the HCC has not developed a process for ongoing engagement • To rate this as a 3, the HCC has engaged healthcare delivery system clinical leaders, or the process for engagement is ongoing. • To rate this as a 2, the HCC has planned the process for healthcare delivery system clinical leaders engagement • To rate this as a 1, the HCC has not engaged clinical leaders 	<p>1 to 9</p>
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<p>5.3.1.10 The HCC has an organizational structure to develop operational plans. (Bylaws, administrative rules, Regional Response Plans)</p> <ul style="list-style-type: none"> • To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and the HCC has regularly reviewed the strategy (according to HCC policies) and revised it based on findings/input from members • To rate this as an 8, the HCC has met the criteria for 6 and 7, and the strategy has produced functional operational plans • To rate this as a 7, the HCC has met the criteria for 6, and documented evidence exists of implementation of the strategy • To rate this as a 6, the HCC has developed and documented the complete strategy for planning, organizing, equipping, training, and exercises • To rate this as a 5, the HCC has developed, but not documented, a complete strategy for planning, organizing, equipping, training and exercises • To rate this as a 4, the HCC has developed most of the strategy for planning, organizing, equipping, training, and exercises • To rate this as a 3, the HCC has developed some of the strategy for planning, organizing, equipping, training, and exercises • To rate this as a 2, the HCC has undertaken activity or has planned to develop a preparedness strategy or structure to address operational planning • To rate this as a 1, the HCC has not developed a preparedness strategy nor structure to address operational planning 	<p>1 to 9</p>
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5.3.1.11 The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during response. (Regional Response Plans)	1 to 9
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- To rate this as a 9, HCC members routinely update the emergency operation plan (EOP) and have tested it based on exercise findings from a demonstration of the required capability targets
- To rate this as an 8, HCC members and response partners have approved, signed, and adopted the plan
- To rate this as a 7, HCC members and sectors of the response community have reviewed the plan within the last five years
- To rate this as a 6, the HCC members have an EOP drafted that identifies HCC integration with the incident management structure and addresses the capability planning targets and critical tasks
- To rate this as a 5, evidence exists that HCCs are part of the planning process during revision of planning
- To rate this as a 4, plans exist but are missing planning components, and HCC members are undertaking activity toward revising the plan
- To rate this as a 3, plans exist but are missing planning components, but HCC members are not undertaking activities to revise the plans
- To rate this as a 2, no plans exist, but HCC members are undertaking activity toward developing the plan
- To rate this as a 1, HCC members have no activities toward developing the plan

5.3.1.12 The HCC demonstrates an ability to enhance situational awareness for its members during an event (HRTS)	1 to 9
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- To rate this as a 9, the HCC routinely updates the plan and tests it based on exercise findings from a demonstration of the required capability targets
- To rate this as an 8, HCC members and response partners have approved, signed, and adopted the plan.
- To rate this as a 7, HCC members and sectors of the response community have reviewed the plan within the last five years
- To rate this as a 6, the HCC has an emergency operations plan drafted that includes activation and communications protocols that address the capability planning targets and critical tasks
- To rate this as a 5, evidence exists that HCCs are part of the planning process during revision of planning
- To rate this as a 4, plans exist but are missing planning components, and the HCC has undertaken activity toward revising the plan.
- To rate this as a 3, plans exist but are missing planning components, and the HCC has undertaken no activity to revise the plans
- To rate this as a 2, no plans exist, but the HCC has undertaken activity toward the development of the plan
- To rate this as a 1, the HCC does not have either plans nor activity toward planning



5.3.1.13 The HCC demonstrates an ability to identify the needs of at-risk individuals (e.g., electrically dependent, home-bound patients, chronically ill) during response.	1 to 9
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- To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and routinely reviews the plan for gaps based on findings during exercise or other activities
- To rate this as an 8, the HCC has met the criteria for 6 and 7; the HCC has adopted the plans, and relevant stakeholders recognize the plan
- To rate this as a 7, the HCC has met the criteria for 6, and subject matter experts on at-risk populations have participated, reviewed, and accepted the plans
- To rate this as a 6, the HCC has completed and documented at-risk planning in operational plans
- To rate this as a 5, the HCC has drafted at-risk planning documents
- To rate this as a 4, the HCC is developing at-risk planning as an overarching plan or during operational planning but has not documented these efforts
- To rate this as a 3, the HCC is developing at-risk planning in most operational plans
- To rate this as a 2, the HCC has planned or is undertaking at-risk planning activities
- To rate this as a 1, the HCC has no activity or planning for at-risk populations

5.3.1.14 The HCC demonstrates resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of emergency response. (Regional Response Plans, regional and state exercises)	1 to 9
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- To rate this as a 9, the HCC has routinely updates the plan and tests it based on exercise findings from a demonstration of the required capability targets
- To rate this as an 8, HCC members and relevant response partners have approved, signed, and adopted the plan
- To rate this as a 7, HCC members and all relevant sectors of the response community have reviewed the plan within the last five years.
- To rate this as a 6, the HCC has an EOP drafted that addresses the capability planning targets and critical tasks.
- To rate this as a 5, evidence exists that HCCs participate in the planning process during revision of planning
- To rate this as a 4, plans exist but are missing planning components, and the HCC has undertaken activities toward revising the plan
- To rate this as a 3, plans exist but are missing planning components, and the HCC has not undertaken activities to revise the plans
- To rate this as a 2, no plans exist, but the HCC has undertaken activities toward the development of the plan
- To rate this as a 1, the HCC has neither plans nor activity toward planning



<p>5.3.1.15 The HCC members demonstrate an evacuation capability with functional patient tracking mechanisms. (Regional evacuation or inter regional exercises)</p>	<p>1 to 9</p>
<ul style="list-style-type: none"> • To rate this as a 9, the HCC routinely updates the healthcare evacuation plan and tests it based on exercise findings from a demonstration of the required capability targets • To rate this as an 8, HCC members and relevant response partners have approved, signed, and adopted the healthcare evacuation plan • To rate this as a 7, HCC members and all relevant sectors of the response community have reviewed the healthcare evacuation plan within the last five years • To rate this as a 6, the HCC has a healthcare evacuation plan for the region. The plan is drafted and includes the essential planning targets and critical tasks • To rate this as a 5, evidence exists that HCCs are part of the healthcare evacuation planning process during revision of planning • To rate this as a 4, healthcare evacuation plans exist but are missing planning components, and the HCC has undertaken activities toward revising the plan • To rate this as a 3, healthcare evacuation plans exist but are missing planning components, and the HCC has not undertaken activity to revise the plans. • To rate this as a 2, there are no healthcare evacuation plans, but the HCC has undertaken activities toward the development of the plan • To rate this as a 1, there are no healthcare evacuation plans, and the HCC has not undertaken activities toward planning 	

<p>5.3.1.1 6 The HCC utilizes an operational framework and set of indicators to transition from crisis standards of care, to contingency, and ultimately back to conventional standards of care. (Stakeholder Reviews to be held BP4)</p>	<p>1 to 9</p>
<ul style="list-style-type: none"> • To rate this as a 9, HCC members routinely update the crisis standards of care (CSC) guidance and test it based on a catastrophic exercise scenario • To rate this as an 8, HCC members and relevant response partners have signed and adopted the CSC guidance • To rate this as a 7, HCC members and all relevant sectors of the response community have reviewed the CSC guidance within the last three years • To rate this as a 6, HCC members have drafted CSC guidance drafted (awardee - state level) that addresses the capability planning targets and critical tasks • To rate this as a 5, evidence exists that HCCs are part of the CSC guidance planning process and revision of planning • To rate this as a 4, CSC guidance exists but is missing planning components, and the HCC is undertaking activities toward revising the plan • To rate this as a 3, CSC guidance exist but is missing planning components, and the HCC is not undertaking activities to revise the plans • To rate this as a 2, there are no CSC guidance plans, but the HCC is undertaking activities toward developing the plan. • To rate this as a 1, there are no CSC guidance plans nor any activity or evidence toward planning 	



5.3.1.17 The HCC incorporates post-incident health services recovery into planning and response (Recovery addressed in Regional Response Plans)	1 to 9
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- To rate this as a 9, the HCC routinely updates the recovery plan routinely and tests it based on exercise findings from a demonstration of the required capability targets
- To rate this as an 8, HCC members and relevant response partners have approved, signed, and adopted the recovery plan
- To rate this as a 7, HCC members and all relevant sectors of the response community have reviewed the recovery plan within the last five years
- To rate this as a 6, the HCC has a recovery plan drafted (awardee - state level) that addresses the capability planning targets and critical tasks for post-incident health services recovery
- To rate this as a 5, evidence exists that HCCs are part of the post-incident health services planning process during revision of planning
- To rate this as a 4, recovery plans exist but are missing planning components for post-incident health services, and the HCC is undertaking activities toward revising the plan
- To rate this as a 3, recovery plans exist but are missing planning components for post-incident health services, and the HCC is not undertaking activities to revise the plans.
- To rate this as a 2, no recovery plans exist, but the HCC is undertaking activities toward the development of the plan.
- To rate this as a 1, there are no recovery plans nor any activity or evidence toward planning

5.3.1.18 The HCC ensures quality improvement through exercises/events and corrective action plans. (Exercises)	1 to 9
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- To rate this as a 9, exercises/real-world demonstrations have occurred; areas for improvement have been addressed, and the preparedness strategy has been revised to reflect improvements
- To rate this as an 8, exercises/real-world demonstrations have occurred; areas for improvement have been addressed
- To rate this as a 7, exercises/real-world demonstrations have occurred; there is a documented and accepted process for implementing corrective actions, and few mission-critical findings remain unresolved
- To rate this as a 6, exercises/real-world demonstrations have occurred; there is a process for implementing corrective actions, but many mission-critical findings remain unresolved
- To rate this as a 5, exercises/real-world demonstrations have occurred, but mission-critical findings have not been resolved
- To rate this as a 4, exercises/real-world demonstrations have occurred based on HSEEP and HPP requirements, and the AAR/IP has been submitted
- To rate this as a 3, exercises/real-world demonstrations have occurred based on HSEEP and HPP requirements, but AAR/IP has been submitted
- To rate this as a 2, there is progress or planning to exercise in a qualifying exercise per HPP requirements
- To rate this as a 1, no exercises/real-world demonstration have occurred in the last five years



5.3.1.19 The HCC has an established method (e.g., social network analysis) for incorporating feedback from its members to support group cohesion and improve processes. (Meeting processes, minutes, informational materials, AAR/IPs)	1 to 9
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- To rate this as a 9, the HCC has met the criteria for 6, 7, and 8, and evidence exists that the process for incorporating feedback is effective (based on the revision of strategies in the administrative plan)
- To rate this as an 8, the HCC has met the criteria for 6 and 7, and a formal procedure to act on decisions to change processes exists
- To rate this as a 7, the HCC has met the criteria for 6, and a formal process exists to assess the feedback and form a decision approved by the HCC
- To rate this as a 6, the HCC has developed and accepted a process to solicit member feedback and has documented this process in the administrative plan
- To rate this as a 5, the HCC has developed and accepted a process but has not documented it in the administrative plan
- To rate this as a 4, the HCC has developed a process but has not approved or documented it in the administrative plan
- To rate this as a 3, the HCC has developed a process but has not accepted it
- To rate this as a 2, the HCC is developing or planning a process to provide feedback to support group cohesion and improve processes
- To rate this as a 1, the HCC has no process to provide feedback to support group cohesion and improve processes

5.3.1.20 Within the past year, what is your HCC’s MOST IMPORTANT accomplishment related to emergency preparedness, response, recovery, and/or mitigation? (Choose one.)	**
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**5.3.1.20 Drop down list:

- 1-Enhanced connectivity with Emergency Operations Center (EOC) and Emergency Operations Plan (EOP);
- 2-Improved leveraging of disparate funding streams;
- 3-Increased ability to leverage resources and allocate scarce resources between HCC members;
- 4-Increased availability of emergency response and recovery services for the jurisdiction, bridging response and recovery;
- 5-Increased educational training opportunities for healthcare organizations;
- 6-Increased emergency management skills among HCC organizations;
- 7-Increased exercising and readiness planning among HCC members (e.g., drills and exercises);
- 8-Increased formal agreements for resource and information exchange;
- 9-Increased information sharing between HCC members through integrated communication;
- 10-Increased or enhanced sources of data needed for emergency preparedness and response;
- 11-Increased volunteerism (e.g., Emergency System for Advance Registration of Volunteer Health Professionals);
- 12-Other (please describe below)

5.3.1.20.1 Other Specified	<i>Describe any other significant accomplishment</i>
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