



Budget Period 3 (July 1, 2014 - June 30, 2015)

HPP Reporting Template

Hospital Preparedness Program (HPP)

Due Date: September 1, 2015



KET (Knox/East Tennessee) HCC



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Introduction

This July 1, 2014 to June 30, 2015 (BP3) End of Year Reporting template should be completed and uploaded into your HCC folder on TNHAN. Guidance and sample information in this document is in red.

This information is due on or before: **September 1, 2015**

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
- **Training Report – This template should list any HPP related training/exercise activities**

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 1
3.1.1.2 The mass fatality management plans have been reviewed/adopted by HCC members. <i>Justification:</i> <ul style="list-style-type: none">• <i>Will be presented to HCC members during the BP4 year for review and adoption.</i>	1

4.2.1 Healthcare Coalition Organizations

Information on HCC member types are located in Error! Reference source not found.

HHS HPP Cooperative Agreement FY13 Progress Report Form 4.2.1: Healthcare Coalition Organizations (HCOs)			
Name of the Organization	HCC Member Organization type*	Did this HCO participate in an HPP funded full scale or functional exercise last year?	
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	BP3 KET HCC Full Scale Exercise	Yes
Blount Memorial Hospital	Inpatient Hospital Long Term Care Other (<i>Outpatient or In Home Provider</i>)	BP3 KET HCC Full Scale Exercise	Yes
Covenant Health	Inpatient Hospital Behavioral Health Long Term Care	BP3 KET HCC Full Scale Exercise	Yes
East Tennessee Children's Hospital	Inpatient Hospital Other (<i>Outpatient or In Home Provider</i>)	BP3 KET HCC Full Scale Exercise	Yes
East Tennessee Regional Health Office	Public Health	BP3 KET HCC Full Scale Exercise	Yes
Fort Loudon Medical Center	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Fort Sanders Regional Medical Facility	Inpatient Hospital Long Term Care Other (<i>Outpatient or In Home Provider</i>)	BP3 KET HCC Full Scale Exercise	Yes
Jefferson County EMA/EMA	Emergency Management	No	No
Jefferson Memorial Hospital	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes

Jellico Community Hospital	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Knox County Medical Examiner's Office	Medical Examiner/Coroner	BP3 KET HCC Full Scale Exercise	Yes
Knox County Health Depart.	Public Health	BP3 KET HCC Full Scale Exercise	Yes
Knoxville Police Department	Public Safety	No	No
Knox County Emergency Management Agency	Emergency Management	BP3 KET HCC Full Scale Exercise	Yes
LaFollette Medical Center	Inpatient Hospital Long Term Care	BP3 KET HCC Full Scale Exercise	Yes
LaConte Medical Center	Inpatient Hospital Long Term Care	BP3 KET HCC Full Scale Exercise	Yes
LifeGuard Ambulance Service	Emergency Management	No	No
Medic Regional Blood Center	Healthcare Support Suppliers	No	No
Medlink 2 (Region 2 Regional Medical Communications Center)	Emergency Medical Services Communication Group	BP3 KET HCC Full Scale Exercise	Yes
Methodist Medical Center of Oak Ridge	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Morristown Hamblen Healthcare System	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Newport Medical Center	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
North Knoxville Medical Center	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Parkwest Medical Center	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Pennisula Hospital	Behavioral Health	No	Yes

Physicians Regional Medical Center	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Pioneer Community Hospital of Scott County	Inpatient Hospital	No	Yes
Roane Medical Center	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Rural Metro of Tennessee Knox County EMS	Emergency Medical Services	BP3 KET HCC Full Scale Exercise <i>Exercise</i>	Yes
Sweetwater Hospital Association	Inpatient Hospital	BP3 KET HCC Full Scale Exercise	Yes
Tennessee Department of Health- Department of EMS	Public Health Emergency Medical Services	BP3 KET HCC Full Scale Exercise	Yes
Tennessee Emergency Management Agency (TEMA)	Emergency Management	BP3 KET HCC Full Scale Exercise	Yes
Tennessee Homeland Security District 2	Other (<i>Federal Entities</i>)	Yes	Yes
Turkey Creek Medical Center	Inpatient Hospital Other (<i>Outpatient or In Home Provider</i>)	BP3 KET HCC Full Scale Exercise	Yes
University of Tennessee Medical Center	Trauma Center	BP3 KET HCC Full Scale Exercise	Yes

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>Justification:</i> <ul style="list-style-type: none"> • Plan has been reviewed by HCC members within last five years <i>Action for 9 rating:</i> <ul style="list-style-type: none"> • Strategic plan needs to approved (completed), signed (<i>incomplete</i>) and adopted (complete) by HCC members • Plan needs to be submitted and verified by state 	7
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>Justification:</i> <ul style="list-style-type: none"> • There is a medical surge plan drafted in the KET HCC Coordination Plan that addresses the capability planning targets and critical tasks • The plan is routinely updated and has been tested based on exercise findings from a demonstration of the required capability target. <i>Action for 9 rating:</i> <ul style="list-style-type: none"> • The medical surge plan has been approved, signed, and adopted by HCC members and response partners • The medical surge plan has been reviewed by HCC members and sectors of the response community within the last five years 	6
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. <i>Justification:</i> <ul style="list-style-type: none"> • This is done routinely through annual exercises and real world events by using the HRTS and patient tracking systems. 	9
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. <i>Justification:</i> <ul style="list-style-type: none"> • A process for conflict resolution has been met and there is evidence of the formal process through conflict resolution decisions approved by the HCC (By-Laws, Article 9, refer to Roberts Rules of Order) <i>Action for 9 rating:</i> <ul style="list-style-type: none"> • There is evidence of change in administrative or preparedness functions, which has been documented in the 	7

strategic plan

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
<p>5.2.1.1 The HCC has access to a risk-based HVA which prioritizes the risks to its members. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>The risk assessment used for planning, organization, equipping, training and exercising by the coalition has been completed</i> • <i>The document is reviewed annually</i> • <i>The document is used across disciplines</i> 	9
<p>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. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Regional gap analysis completed and approved by HCC</i> • <i>Resource assessments in HRTS, HERS, REDCAP and Regional Cache Inventory. All systems in place continue to be updated annually</i> • <i>Gaps and resource assessments are routinely tested/revised by HCC members when funding allocations are requested and events/exercises warrant changes.</i> 	9
<p>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. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>A medical surge plan has been drafted</i> • <i>The HRTS system has been tested on a routine basis and fulfills the requirements of this indicator for a 9 rating. The administrative steps still need to be completed to reflect a score of 9.</i> <p><i>Action for 9 rating:</i></p> <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> 	6
<p>5.2.1.4 The HCC has demonstrated the capability of a redundant means of communication for achieving and sustaining situational awareness. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Communications plan has been drafted and is included in the Coordination plan.</i> • <i>Capabilities are routinely demonstrated (VHF systems, UHF med channel systems, 800 radios, HAM, HAM Winlink system, state radios, fax, landline, cell phones, text messages, email, THHAN, HRTS)</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Finalized and obtain KET HCC approval of Coordination plan, which contains communication plan.</i> 	7

<p>5.2.1.5 The HCC has tested its ability to address its member’s healthcare workforce safety needs through training and resources.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Evidence of pertinent plans (Decon, closed POD, Hazmat, etc.) exists; however they have not explicitly been reviewed by KET HCC membership. Information is included in the Coordination plan.</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Finalize and obtain KET HCC approval of Coordination plan, which will address this indicator.</i> 	5
<p>5.2.1.6 The HCC has prioritized and integrated essential healthcare recovery needs in its Emergency Operation Plan.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Evidence of pertinent plans (Disaster Mental Health Plan, facilities COOP Plan, etc.) exists; however they have not explicitly been reviewed by KET HCC membership. Information is included in the Coordination plan.</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Finalize and obtain KET HCC approval of Coordination plan, which will address this indicator.</i> 	5
<p>5.2.1.7 The HCC has achieved its exercise objectives during tests of state or regional healthcare disaster plans.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>2013 East Grand Division Full Scale Exercise AAR and Incident Action Plan</i> • <i>2014 Knox/East Tennessee Full Scale Exercise AAR and Incident Action Plan</i> 	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. <i>Justification:</i> <ul style="list-style-type: none"> • Detailed in KET HCC By-laws, finalized 2014 	9
5.3.1.2 The HCC has multi-disciplinary healthcare organization membership. <i>Justification:</i> <ul style="list-style-type: none"> • Detailed in KET HCC Organizational Membership Roster and HCC meeting minutes 	9
5.3.1.3 The HCC has established its geographical boundaries. <i>Justification:</i> <ul style="list-style-type: none"> • By-Laws, finalized in 2014, contain geographic area and a process to amend (Article 8) by-laws, which would include geographic area 	9
5.3.1.4 The HCC has a formalized process for resource and information management with its membership <i>Justification:</i> <ul style="list-style-type: none"> • Processes in place have been documented routinely in exercises and events on TNHAN and HRTS. • This is also listed on Coordination plan and listed on gap analysis. 	9
5.3.1.5 The HCC is integrated into the healthcare delivery system processes for their jurisdiction (e.g., EMS, referral patterns, etc.). <i>Justification:</i> <ul style="list-style-type: none"> • This is done routinely by RMCC in accordance with current plans and normal operating procedures. Coordination plan more specifically addresses. Leadership and Emergency Managers are clearly aware of the plans as they are normal operating procedures. This is documented on all events and exercises in the AARs. <i>Action for 9 rating:</i> <ul style="list-style-type: none"> • Finalize and obtain KET HCC approval of Coordination Plan, which references completed plans in place for this region 	6
5.3.1.6 The HCC has established roles and responsibilities. <i>Justification:</i> <ul style="list-style-type: none"> • MOU's in place and signed by HCC membership • By-Laws define administrative roles <i>Action for 9 rating:</i> <ul style="list-style-type: none"> • Detailed responsibilities need to be defined for roles and sharing of resources. 	8
5.3.1.7 The HCC has conducted an assessment of each of its member's healthcare delivery capacities and capabilities. <i>Justification:</i> <ul style="list-style-type: none"> • Annual HVA, Gap Analysis • Also demonstrated through HRTS activations during real life events and exercises 	9

<p>5.3.1.8 The HCC has engaged its member’s healthcare delivery system executives. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>the HCC has engaged all relevant healthcare delivery executives, and the HCC has developed, but not documented, the process for ongoing engagement</i> • <i>Processes are in place to ensure healthcare executives see and accept decisions regarding system delivery (hospital emergency management meeting minutes, etc.)</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Provide documentation that executive guidance and direction exists</i> 	8
<p>5.3.1.9 The HCC has engaged its member’s healthcare delivery system clinical leaders. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>the HCC has engaged all relevant healthcare delivery clinicians, and the HCC has developed, but not documented, the process for ongoing engagement</i> • <i>Processes are in place to ensure healthcare clinicians see and accept decisions regarding system delivery (hospital emergency management meeting minutes, etc.)</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Provide documentation that clinical guidance and direction exists</i> 	8
<p>5.3.1.10 The HCC has an organizational structure to develop operational plans. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>the HCC has developed a strategy for planning, organizing, equipping, training and exercise (Coordination Plan)</i> • <i>The HCC has documented evidence of implementation of the strategy</i> • <i>The strategy has produced operational plans (Coordination Plan)</i> • <i>It is revised based on findings/input from members or lessons learned from exercises/events</i> 	9
<p>5.3.1.11 The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during response. <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Information documented in Coordination Plan</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>KET HCC members will adopt and sign Coordination Plan</i> 	7
<p>5.3.1.12 The HCC demonstrates an ability to enhance situational awareness for its members during an event <i>Justification:</i></p> <ul style="list-style-type: none"> • <i>This is demonstrated routinely in real events and exercises on TNHAN and HRTS.</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Obtain KET HCC approval of Coordination Plan</i> 	7

<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.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Currently, the Knox/East Tennessee Region has an approved Disaster Mental Health Plan, Pediatric Emergency Response Plan and Functional Needs Plan</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Obtain KET HCC approval of Coordination Plan, where all plans are referenced</i> 	7
<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.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Documented evidence of practice in January 2014 real world event, where resources were in scarce supply and shared between organizations and signed MOU's between hospitals in the region.</i> • <i>Documented evidence of practice in 2015 Blount County Train Derailment Incident where Cyanokits were needed for an emergency response.</i> <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> • <i>Administrative clarifications need to be documented regarding fiscal responsibilities and have those changes adopted and signed off by KET HCC membership.</i> 	8
<p>5.3.1.15 The HCC members demonstrate an evacuation capability with functional patient tracking mechanisms.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Documented evidence of practice in January 2012 evacuation exercise AAR</i> <p><i>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> 	6
<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.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>State level requirement, in progress</i> 	1
<p>5.3.1.17 The HCC incorporates post-incident health services recovery into planning and response</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> • <i>Currently, the Knox/East Tennessee Region has an approved Disaster Mental Health Plan, Pediatric Emergency Response Plan and Functional Needs Plan</i> <p><i>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> 	7
<p>5.3.1.18 The HCC ensures quality improvement through exercises/events and corrective action plans.</p> <p><i>Justification:</i></p>	9

<ul style="list-style-type: none"> Annual regional exercises are conducted with all supportive HSEEP documentation 		
<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.</p> <p><i>Justification:</i></p> <ul style="list-style-type: none"> Survey Monkey, Email, website are all used to encourage feedback from KET HCC members. <p><i>Action for 9 rating:</i></p> <ul style="list-style-type: none"> Formal method of documentation included in Coordination Plan. 		7
<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"> Knox/East Tennessee response to the Blount County Train Derailment Incident Knox/East Tennessee HCC website 		**
5.3.1.20.1 Other Specified	Knox/East Tennessee HCC website www.Ketcoalition.org	

** 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 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

Appendix B—Medical Surge Indicators

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. <i>(Revised HVA within past 3 years)</i>	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. <i>(Resource request procedures and regional resources)</i>	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.

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)	1 to 9
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- 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

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)	1 to 9
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- 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

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



5.3.1.9 The HCC has engaged its member’s healthcare delivery system clinical leaders. (engagement with physicians, nursing leadership)	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 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

5.3.1.10 The HCC has an organizational structure to develop operational plans. (Bylaws, administrative rules, Regional Response Plans)	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 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



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 	



<p>5.3.1.17 The HCC incorporates post-incident health services recovery into planning and response (Recovery addressed in Regional Response Plans)</p> <ul style="list-style-type: none"> • 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 	<p>1 to 9</p>
<p>5.3.1.18 The HCC ensures quality improvement through exercises/events and corrective action plans. (Exercises)</p> <ul style="list-style-type: none"> • 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 	<p>1 to 9</p>



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. <i>(Meeting processes, minutes, informational materials, AAR/IPs)</i>	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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Appendix E – Training/Exercise Report

Training/Exercise Report							
1. Training Name	2. Number of times training was done	3. Dates of trainings	4. Locations of trainings	5. Type of personnel trained	6. Actual number of people trained	7. Gaps or corrective actions that were addressed by training	8. Complete
LRN Workshop Series	1	07/06/14	XXXX	Hospital Staff Coalition Members	XXX	XXXXXXXXXXXXXXXXXX	X
HICS Refresher Course	1	08/19/14	Turkey Creek Medical Center	Hospital Staff Coalition Members	12	NIMs Compliance for hospital staff training	X
First Water Training	1	08/21/14	Parkwest Medical Center	Hospital Staff Coalition Members	26	Proper instruction for use for key personnel in the event of an emergency	X
NIMS (ICS 100, 200, 700) and HICS Training	1	10/07/14 05/14/15	Rural Metro Ambulance Service	Hospital Staff Coalition Members	85	NIMS Compliance for hospital staff training	X
HCC Ebola Tabletop Exercise	1	10/28/14	Rural Metro Ambulance Service Participants: Blount Memorial Hospital Claiborne County Hospital Covenant Health Corporate Covenant Home Care East Tennessee Children’s Hospital East Tennessee Regional Health Office Fort Loudon Medical Center Fort Sanders Regional Medical Center Jefferson Memorial Hospital	Hospital Staff Coalition Members Community Partners	65	<ul style="list-style-type: none"> All facilities noted lack of appropriate Personal Protective Equipment (PPE) and appropriate training for proper donning and doffing procedures. Facilities also acknowledged staff levels would not be adequate to accommodate long term care of a suspect/confirmed Ebola case. Specific process guidance needed for how Ebola-related 	X

			<p>Jellico Community Hospital Knox County Health Department Lafollette Medical Center Lakeway Regional Medical Center Leconte Medical Center Lifeguard EMS Medic Regional Blood Center Methodist Medical Center of Oak Ridge Morristown Hamblen Healthcare North Knoxville Medical Center Parkwest Medical Center Peninsula Psychiatric Hospital Physicians Regional Medical Center Pioneer Community Hospital of Scott County Regional Forensics Center Roane Medical Center Rural/Metro Emergency Medical Service Sweetwater Hospital Association Tennessee Air National Guard Tennessee Department of Health Turkey Creek Medical Center University of Tennessee Medical Center</p>			<p>deaths will be managed in Tennessee.</p> <ul style="list-style-type: none"> • Many participants expressed interest in designating local transfer hospitals so that resources and additional training can be directed specifically to those facilities. • The sheer volume of information/guidance being provided by multiple sources is overwhelming and makes it difficult to ensure each organization is utilizing the most current information. 	
Ebola Preparedness Workshop	1	11/12/14	Rural Metro Ambulance Service	Hospital Staff Coalition Members First Responders Law Enforcement	60	<ul style="list-style-type: none"> • All facilities noted lack of appropriate Personal Protective Equipment (PPE) and appropriate training for proper donning and doffing procedures. Facilities also acknowledged staff levels would not be adequate to accommodate long term care of a suspect/confirmed Ebola case. • Specific process guidance needed for how Ebola-related 	X

						<p>deaths will be managed in Tennessee.</p> <ul style="list-style-type: none"> • Many participants expressed interest in designating local transfer hospitals so that resources and additional training can be directed specifically to those facilities. • The sheer volume of information/guidance being provided by multiple sources is overwhelming and makes it difficult to ensure each organization is utilizing the most current information. 	
KET HCC Full Scale Exercise	1	11/13/14	<p>Knox and Region: Blount Memorial Hospital Claiborne County Hospital Claiborne Emergency Medical Services Covenant Health Corporate District 2 Homeland Security East Tennessee Children's Hospital East Tennessee Regional Health Office Fort Loudon Medical Center Fort Sanders Regional Medical Center Jefferson County Emergency Management Jefferson County Fire Jefferson Memorial Hospital Jellico Community Hospital Knox County Health Department Knoxville/Knox County 911 Center Knoxville/Knox County Emergency Management Agency Knoxville Fire Department Lafollette Medical Center Lakeway Regional Medical Center Leconte Medical Center Medlink 2, Regional Medical Communications Center Methodist Medical Center of Oak Ridge</p>	Hospital Staff Coalition Members First Responders	200	<ul style="list-style-type: none"> • There were both internal and external communication issues throughout the region. External issues occurred between hospitals and appropriate Department of Health notification channels. Some hospitals were given incorrect notification numbers, and other hospitals notified the wrong facility within the Department of Health, be it metro or regional. • Specific process guidance needed for clarification, such as possible temporary EMS diversion from facility treating suspect case, blood draw for suspect case, waste material management and equipment sterilization/incineration and EMS protocol facility specific when delivering suspect Ebola 	X

			Morristown Hamblen Healthcare Newport Medical Center North Knoxville Medical Center Parkwest Medical Center Peninsula Psychiatric Hospital Physicians Regional Medical Center Pioneer Community Hospital of Scott County Roane Medical Center Rural/Metro Emergency Medical Service Sweetwater Hospital Association Sevier County Emergency Medical Services Tennessee Department of Health Turkey Creek Medical Center University of Tennessee Medical Center			<p>case.</p> <ul style="list-style-type: none"> All facilities noted lack of appropriate Personal Protective Equipment (PPE) and appropriate training for proper donning and doffing procedures. Facilities also acknowledged staff levels would not be adequate to accommodate long term care of a suspect/confirmed Ebola case. 	
National Healthcare Coalition Conference	1	12/09/14-12/11/14	Denver, CO	Coalition Members	10	Provide additional training in all HPP capability areas to Coalition members	X
REACTS/Decon In Service	1	01/06/15-01/08/15	Fort Loudon Medical Center	Hospital Staff Coalition Members	21	Meet required training for radiological incident	X
HSEEP Certification Class	2	01/21/15-01/22/15 03/24/15-03/25/15	TEMA East	Public Health Law Enforcement First Responders Hospital Staff	80	To ensure common language and documentation for exercise, events.	X
HAZMAT 8 hour	2	02/05/15 03/05/15	Rural Metro Ambulance Service	Hospital Staff Coalition Members	21	Proper instruction for use for key personnel in the event of an emergency	X
PIO Training	1	02/05/15	Knox County Health Department	Hospital and Public Health PIO officers	30	Provide training for PIO officers	X

Disaster Mental Health and Disability Training	1	02/27/15	Rural Metro Ambulance Service	Community Hospital Staff Coalition Members Mental Health Professionals	161	Strengthen partnership between the mental health community, American Red Cross, Pastoral Services and healthcare facilities as noted from the Jefferson County Bus Crash	X
Hazwoper 24 hour Training	1	03/24/15-03/27/15	University of Tennessee	Hospital Staff Coalition Members	17	Certification for key personnel in the event of an emergency	X
AMBUS Training Sessions	2	04/15/15 04/16/15	Anderson County EMA	Coalition Members EMS	17	The AMBUS was a new resource for the Coalition and community and training was done before use in upcoming exercise	X
KET (Knox/East Tennessee) HCC FSE with University of Tennessee	1	04/17/15	University of Tennessee Medical Center	Hospital Staff Coalition Members EMS	75	Night staff was identified from previous exercises as being unfamiliar with processes due to lack of exercise. This exercise was unannounced and held during the early morning hours to reach night shift staff	X
TEEX Ebola PPE Course (Per 320)	1	06/09/15	Rural Metro Ambulance Service	Coalition Members EMS Public Health	19	Training was identified from earlier exercises as a gap. This training addressed those concerns.	X