POSITION PAPER

Working to **ASSEMBLE** Effective Healthcare Coalitions

By: Bill Halstead, MPA, CEM; Jeffrey Schlegelmilch, MPH, MEP; Eileen Blake, MPH; James Paturas, CEM, CBCP, FACCP

Yale New Haven Health System Center for Emergency Preparedness and Disaster Response

Introduction

Recent updates to the Healthcare Preparedness Capabilities issued by United States Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (HHS-ASPR) place special emphasis on the development of healthcare coalitions. Coalitions are designed to create a comprehensive and resilient response to catastrophic health events via collaborative partnerships and formal harmonization of activities among healthcare organizations, public health departments, emergency management and response agencies, as well as other entities supporting Emergency Support Function #8 (ESF-8).

"Healthcare coalitions are defined as a 'single functional entity' of healthcare facilities and other healthcare assets to organize and implement the mitigation, preparedness, response, and recovery actions of medical and healthcare providers in a jurisdiction's healthcare system."[1] Working as one cohesive unit, a healthcare coalition can support jurisdictions in mitigating the potential effects of a disaster or emergency. This concept expands traditional ESF-8 structure to include representatives of other agencies that have a direct role in an emergency and are necessary for a successful response.

Healthcare Preparedness Capability, Function #1 – *Healthcare System Preparedness* specifically addresses the need for coalitions. Task #1 of this function states that planners will "Form a collaborative preparedness planning group that provides integration, coordination, and organization for the purpose of regional healthcare preparedness activities and response coordination". This capability is linked directly to the Public Health Emergency Preparedness (PHEP) Capability #1, *Community Preparedness: Function 2, Build community partnerships to support health preparedness,* and *Function 3, Engage with community organizations to foster public health, medical, and mental/behavioral health social networks* (July 2011). [2]

The Challenge: Healthcare Coalition Development and Support

The challenge to state and local preparedness coordinators is the lack of a prescribed paradigm for establishing and managing the ideal healthcare coalition. Additionally, every coalition will differ with respect to the number and types of organizations of which it is composed. Existing relationships among response agencies, geographic location, and the presence of shared hazards and vulnerabilities will all contribute to the distinctiveness of these coalitions.

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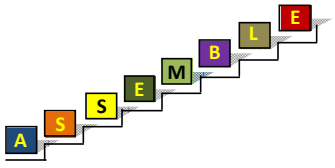
Health preparedness coordinators can choose to define their coalition by geographic lines (county, municipality), population numbers and distribution, existing regional boundaries, or federally defined lines (e.g., Urban Area Security Initiative areas or Metropolitan Statistical Areas).

The flexibility of definition may also be a challenge. Although it gives the freedom to choose where and how a coalition will exist, it can also become a daunting task to determine what an appropriate coalition coverage area is and what to do when pre-defined regions are not consistent across planning initiatives.

Additionally, health preparedness coordinators are dealing with reduced budgets and an increased strain on an already stretched workforce. The alignment of grant requirements is providing increased access to other preparedness funding sources as well as providing more flexibility in inter-disciplinary preparedness initiatives. However, in the near term this is creating an additional burden on health preparedness coordinators as they learn to work with these other funding streams and planning structures that are also struggling with reduced funding.

Using a manageable stepped process for implementation and management of healthcare coalitions can facilitate the establishment of a functioning healthcare coalition without causing an undue burden on personnel and resources.

The ASSEMBLE Process



YNHHS-CEPDR has worked for years with the Connecticut Department of Public Health to support the development and sustainment of healthcare coalitions. In establishing a process for doing this, YNHHS-CEPDR has successfully applied this process to support coalitions in other parts of the country with different political and planning structures through a process called **ASSEMBLE**. The ASSEMBLE process is a flexible approach that can be adapted to any jurisdiction and contains eight core components.

Area of authority – A critical and often complicated step for a healthcare coalition is determining the area that it will serve. As there may be multiple regional boundaries to consider, this selection involves evaluating the most appropriate areas based on legal authority, funding availability, and existing planning systems. These may include Urban Area Security Initiative (UASI) areas, regional governance structures, county lines, municipal lines, or other such dividers.

Secure agreement – The next step is to make certain that community leaders and agency stakeholders are willing and able to engage in this process.

Chief elected officials are also encouraged to permit their representatives to work with the group and delegate the authority for their representatives to make decisions on behalf of the municipality. To ensure that the leaders understand the benefits of forming a coalition, planners should explain the many benefits of participation. These may include the potential to fulfill grant deliverables, receive expert advice and planning tools, and build pre-event relationships.

Creating an Executive Order or other document detailing how a jurisdiction will participate in this process can provide the necessary mandate and expectations for community leaders regarding their level of participation. Other items for consideration include reimbursement of

personnel time and travel costs if not already covered by their full-time duties.

Seek representation – Using a "*whole community*" approach, key partnerships are identified within the jurisdiction and brought together to create a cohesive planning team. With the ever-increasing potential for catastrophic emergencies, it is essential that organizations have pre-established relationships and stand ready to jointly respond to any event. Healthcare coalitions must include organizations beyond the healthcare sector. Emergency managers, first responders, non-profit organizations, private sector vendors, and others will be critical to the success of an emergency response. Therefore, they should have a voice in the planning stages. Individuals should participate fully in and contribute to the planning team; utilizing existing planning structures and relationships helps to facilitate this. They should also hold the authority to make decisions on behalf of their organization. Without this authority, the process will be slowed by having to return and obtain permission for specific decisions.

Initially, some representatives may be hesitant to join the coalition because of the time commitment. In many cases, planners and other staff may hold multiple positions or duties, and adding another meeting can be burdensome. In these cases, the benefits of the coalition should be stressed. An example of how a coalition can be extremely beneficial is the planning collaboration that will occur from the group.

Examine existing plans – As with any planning project, it is necessary to invest some time to determine what is currently in place in the area that is applicable to the coalition. When bringing in multiple organizations that each has their own emergency plan and processes, it is necessary to be aware of potential integration problems with anything the coalition develops. Some plan sections from stakeholder plans that will need to be in alignment for coalition coordination includes command and control, information coordination, and communication sections, among others. Additionally, existing plans and procedures will serve as an important foundation for the coalition work as mutual coordination structures emerge from existing stakeholder plans. Expansion on current documents may be easier than creating an entirely new document. Reviewing current hazard vulnerability analyses and gap analyses is a recommended starting point for development.

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Meet – With all of the initial planning pieces in place, the team must come together and begin working towards their goals. A regular meeting schedule must be established so representatives can plan for attendance at future meetings. Team co-chairs and other leadership positions should be elected or delegated. Ideally, one co-chairperson should be from a healthcare organization, and one should be from an agency that represents local or state public health. This will allow a fair and equitable voice in the coalition decision making. If the coalition's projects are large, sub-committees or work groups may be created to assist in dividing the work and ensuring that no one is carrying a disproportionate burden. Examples of sub-committees or work groups include planning,

legal/regulatory issues, staffing, resource sharing, communications coordination, and any others that are integral to the area's health hazards.

Build doctrine and plans – The creation/adaptation of policies, procedures, by-laws, and other documents will facilitate the process for how this newly formed team will collectively make their community better prepared to plan for, respond to, and recover from public health emergencies and other large-scale disasters. Examples of these documents include:

- Core mission statement and goals
- By-laws or charter
- Planning schedules
- Training and exercise schedules
- Policies, procedures, and guidelines
- Organizational charts
- Planning objectives

Additional plans such as operational and coordination plans are then created to outline the roles and responsibilities of the coalition during an emergency event. Some things to consider for plans include notifications, resource sharing and acquiring, coordination roles, integration with state and federal resources, as well as assimilation into local or regional Emergency Operations Centers (EOC). Ultimately these plans are also integrated with other local emergency operations and public health emergency plans.

The tools gained from coalitions, such as plan templates, trainings, and exercises, will also help to ease the planning burden on individual communities and their resources.

Leverage resources – Whole community preparedness involves leveraging current resources and initiatives that facilitate planning, training, and exercise projects. Many programs reward regional collaboration and as such may fund certain projects. Exercises may fulfill current grant deliverables for organizations (e.g., FEMA grants, HHS grants, CDC grants). As such, one combined exercise involving multiple jurisdictions can help numerous entities meet their individual requirements without duplicating effort. Planners from each organization are encouraged to come together to write a plan that will be representative of all groups involved and not take away from any one person's duties unnecessarily. With dwindling funds and resources, it is necessary to remain creative to secure needed resources for preparedness.

Engage – The final step in any planning team process is implementing strategies to keep the group engaged. As time goes on, representatives may put this work aside to focus on other competing priorities. The risk with this will be that the team will not be a cohesive group when they are needed most. Keeping participants engaged through yearly training and meeting schedules can allow people to plan to attend these functions. Outputs such as plans and exercises will help illustrate the usefulness of the group and will encourage decision makers to continue their support. The tools gained from coalitions, such as plan templates, trainings, and exercises, will also help to ease the planning burden on individual communities and their resources.

Partnering with YNHHS-CEPDR

Established in 2002 as part of the Yale New Haven Health System, the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response (YNHHS-CEPDR) is committed to developing and delivering services that advance healthcare planning, preparedness, response, and recovery for emergency events and disasters through collaborative partnerships and coordinated programs.

With a staff of over 50 subject matter experts in areas including hospital and public health, emergency management, emergency and disaster medicine, education and training, and drills and exercises, YNHHS-CEPDR is dedicated to developing and providing high-quality products and services. YNHHS-CEPDR has earned a solid reputation as a national and international leader in health and medical disaster preparedness, hazard mitigation, continuity of operations planning, and emergency response and recovery. ***YNHHS-CEPDR has the knowledge and experience to assist public health agencies and healthcare organizations in creating effective healthcare coalitions***.

YNHHS-CEPDR's collective subject matter experts can further assist by providing specific emergency and strategic plans, gap analysis, capabilities reports, plan templates, exercises, and training that will take the burden off of already over-tasked team members. This will allow the planning team to help enhance their capabilities and bring them to the next level while not draining current resources. Integration of YNHHS-CEPDR planning, training, and exercise services within coalition activities will allow states to maximize limited resources for achievement of HPP/PHEP capabilities.

Additionally, as part of a world-renowned health system, our methodology has been tested and validated in response to real-world events. Due to the diversity of our health system, which includes an academic medical center, a large urban area hospital, a suburban hospital, a children's hospital, a psychiatric facility, a cancer center, and multiple community facilities and organizations, we have demonstrated how our services have been implemented in multiple healthcare environments.

References

1. HHS/ASPR. *From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities*. 2009; Available from: www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx.
2. HHS/ASPR. *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*. 2012; Available from: www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx.

For additional information about this service, please contact William.Halstead@ynhh.org, (203) 688-5000, www.ynhhs.org/cepdr.