

## **MODELS ACTIVITY GROUP 1**

<b>Local/Regional Structure</b>
<b>Michigan Region 8</b> ( <a href="http://www.reg8.org">http://www.reg8.org</a> )
<p>Region 8 is 16,452mi<sup>2</sup> making up Michigan's Upper Peninsula.                  This area contains 15 counties with a population of approximately 300,000 people.                  The region's largest cities include Marquette, Iron Mountain, Escanaba, and Menominee with the remainder of the population residing in smaller cities, towns, villages, and rural areas.                  There are 16 hospitals serving the region with one designated as Level II Trauma Center and another as a Level II.</p>
<p>The Region 8 Healthcare Coalition Planning Board is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recover, and mitigation activities related to healthcare organization disaster operations. The primary function of the Region 8 Healthcare Coalition includes regional healthcare system emergency preparedness activities involving the member organizations.</p> <p>This includes planning, organizing and equipping, training, exercising, and evaluating all components involved in a possible response. During disaster response, the Region 8 Healthcare Coalition should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command or unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.</p>
<p>The fiduciary MCA is authorized by the contract to designate a Medical Director(s) and to hire a full-time Hospital Preparedness Coordinator. The (part-time) medical director is employed or contracted through a Medical Control Authority (MCA).</p>

<b>Local/Regional Government Structure</b>
<b>Northern Utah Healthcare Coalition, Bear River, UT</b> ( <a href="http://www.nuhc.org">www.nuhc.org</a> )
<p>Northern Utah (Davis, Weber, Morgan, Box Elder, Cache, and Rich Counties) includes 14 acute care hospitals and ~25.7% of state population.</p> <p><u>Mission:</u>                  To serve our communities through collaboration, coordinated communication, and resource sharing for effective medical surge management before, during and after a disaster response.</p> <p><u>Purpose:</u>                  To provide our members with access to networking, relationship building, training, education, discussion, regional planning, and resource sharing to fulfill our mission.</p> <p>The 2013-2014 Strategic Plan is based on specific regional needs and supports the Healthcare Preparedness Program/Public Health Emergency Planning Grant alignment effort, the National Preparedness Guidelines and the development of 100% competency in the eight Healthcare Preparedness Capabilities identified as the basis for healthcare coalition preparedness by the Assistant Secretary for Preparedness and Response</p>

(ASPR). Per the Strategic Plan, the main focus activities will continue to be medical surge, health care system recovery, fatality management and volunteer management, but will also focus on emergency operations coordination information sharing and responder health and safety.

MODELS ACTIVITY GROUP 1

**Local/Regional Structure**

**Mountain Area Trauma Regional Advisory Committee, Flat Rock, North Carolina ([www.matrac.com](http://www.matrac.com))**

MATRAC is one of eight Healthcare Coalitions in North Carolina. A healthcare coalition is a group of healthcare organizations located in a specified geographic area that agree to work together to enhance the efficiency and effectiveness of collective preparedness and response in its community, including interface with jurisdiction authorities. Healthcare organization is defined as: inpatient facilities and centers (e.g. trauma, State and Federal, veterans, long-term, children's, Tribal), outpatient facilities and center (e.g. behavioral health, substance abuse, urgent care), and other entities (e.g. poison control, emergency medical service, community health center (CHC's), nursing, etc.

MATRAC “strives to improve medical care to all persons involved in disaster, manmade or natural, through cooperation of area hospitals and medical societies within the western North Carolina area and beyond. The committee has prepared ESF-8 Regional Disaster Response Plans to assist the western seventeen counties and State of North Carolina Office of Emergency Medical Services. We strive to improve our response of advanced medical care by providing, support, equipment and medical care to persons involved in manmade or natural disaster.”

“The role of a healthcare coalition is to organize individual healthcare assets into a single functional unit in order to maximize medical surge capacity and capability across the coalition through cooperative planning, information sharing and management coordination. The coalition ensures that health and medical assets have the information and data they need to optimally provide care to local and regional citizens. It is important to note that in addition to hospitals, the healthcare coalition may include long-term care or alternative treatment facilities, private physician's offices, clinics and any other health or medical asset that may be brought to bear during a major medical response. Its reach may extend beyond the geographic area of the primary responding jurisdiction, especially in rural settings.”

## **MODELS ACTIVITY GROUP 2**

<b>Non-governmental structure</b>
<b>Central Ohio Trauma System (COTS) (<a href="http://www.goodhealthcolumbus.org/cots">www.goodhealthcolumbus.org/cots</a>)</b>
<p>COTS serves healthcare stakeholders as a forum, as a clearinghouse for information and as a major driver of system improvements specifically related to injury prevention, trauma and emergency patient services, and disaster preparedness.</p> <p>The Central Ohio Trauma System's (COTS) mission is to reduce injuries and save lives by improving and coordinating trauma care, emergency care and disaster preparedness systems in Central Ohio. COTS supports prevention, education, data collection and research initiatives. COTS' purpose is as a forum for addressing issues affecting the delivery of trauma and emergency healthcare services primarily in Central Ohio.</p> <p>The Central Ohio Trauma System (COTS) augments disaster response among the region's hospitals, health care providers, public health and other emergency responders, with patients as the ultimate focus as recipients of that care. COTS serves as a pass-through agency for federal preparedness funds to Central Region' 27 hospitals and other health care partners who strategically use these dollars to purchase equipment, supplies and training necessary for chemical, biological, radiological, nuclear, explosive and environmental disaster response. The COTS Healthcare Incident Liaison (HIL) is on-call around the clock, 365 days a year, to serve as a clearinghouse for information and to assist with allocation of resources to hospitals during a disaster. The COTS HIL role is written into city, county, regional and state emergency response plans. COTS created the Central Ohio Hospital Emergency Alert System which uses the Telephone Emergency Notification System (TENS) to rapidly notify hospitals of emergency situations.</p> <p>The Central Ohio Trauma System (COTS) is a voluntary, cooperative, self-regulatory organization and maintains a 501(c) (3) Internal Revenue status for charitable, educational and scientific intent.</p>

<b>Non-governmental structure</b>
<b>MetroHealth &amp; Medical Preparedness Coalition, Minneapolis-Hennepin County Minnesota (<a href="http://www.metrohealthready.org">www.metrohealthready.org</a>)</b>
<p>The Metro Health &amp; Medical Preparedness Coalition comprises hospitals, clinics, and long term care facilities; public health and emergency medical services; Homeland Security and Emergency Management, and emergency management agencies serving the seven-county Twin Cities metro area including thirty hospitals.</p> <p>The Coalition is the metro area's arm of ESF#8, which addresses Public Health and Medical Services for State, Tribal, and jurisdictional governments in Minnesota. The partner organizations in this Coalition have agreed to mitigate negative effects that impede health care services in the event of disaster. Planning is crucial to our success and regular meetings address critical issues and lessons learned. Planning, training, and exercise activities are determined by Coalition members through regional workgroups and presented in an annual conference, and ongoing classes and workshops. Topics address all areas of study and planning that will enhance and improve the preparedness and sustainability of Minnesota's emergency management with regard to healthcare services.</p> <p>Hennepin County Medical Center (HCMC) is responsible for the administrative management of the Healthcare System Preparedness Program.</p>

As the designated Regional Hospital Resource Center, HCMC manages the Regional Hospital Preparedness Coordinators, Medical Director, and grant support staff, with an emphasis on coordinating participation in the Coalition.

MODELS ACTIVITY GROUP 2

**Local/Regional Structure (shifting to non-governmental structure)**

**Northwest Healthcare Response Network (NWHRN). Formerly Seattle-King County Healthcare Coalition ([www.nwhrn.org](http://www.nwhrn.org))**

Over 300 healthcare organizations are part of NWHRN, including ambulatory, mental health, hospital, in-home service, long-term care, pediatric, safety-net, and specialty providers. NWHRN also will work closely with emergency management, fire, Emergency Medical Services, and law enforcement partners. It will be administered by Public Health –Seattle & King County, in partnership with the Tacoma-Pierce County Health Department.

The Network is a coalition of healthcare organizations and providers working together to strengthen emergency preparedness and response in Washington's Puget Sound region. The Network's activities benefit the patients, providers and partners of the healthcare delivery system in the Puget Sound region. This system includes hospitals, clinics, and those who provide long-term care, in-home services, pediatric care, behavioral health services and ancillary services.

The Network promotes and facilitates the development of cooperative agreements among local healthcare organizations, including Memoranda of Understanding (MOU), Memoranda of Agreement (MOA) and Mutual Aid Agreements. These agreements help standardize local preparedness and response activities and make it easier for organizations to support each other during disasters by sharing resources and staff or moving patients.

Effective healthcare emergency response requires collaborative planning across a wide range of organizations. Leveraging the expertise of healthcare providers and response partners, the NWHRN develops – or supports the local health departments in developing – response plans and tools for capabilities and hazards such as:

- Alternate Care Facilities
- Chemical, Biological, Radiological, Nuclear and Explosive Hazards
- Crisis Standards of Care
- Critical Infrastructure
- Disaster Mental & Behavioral Health
- Evacuation Planning
- Family Assistance Center
- Health System Response
- Mass Fatality Management
- Medical Countermeasures
- Resource Management
- Patient Tracking
- Pediatric Response

- Redundant Communications
- Security
- Situational Awareness

## **MODELS ACTIVITY GROUP 3**



<p><b>Non-governmental structure</b></p>
<p>NVHA Northern Virginia Healthcare Alliance (<a href="http://www.nvha.org">www.nvha.org</a>)</p>
<p>14 member hospitals and six free-standing fully functional emergency departments in the northern Virginia suburbs of Washington DC. The Alliance represents over 40,000 employees and supports more than 2.5 million residents over 3,000 square miles.</p>
<p>Since 9/11, NVHA has conducted more than 15,000 hours of emergency preparedness and disaster training with staff in the member hospitals and has conducted more than 40 large, multi-hospital and multi-agency exercises testing a range of emergencies.</p> <p>Northern Virginia hospitals and their coalition partners, including non-hospital providers, Emergency Management, Fire, EMS, Law Enforcement and Public Health, work diligently in their efforts to assure a coordinated response to a wide range of emergency events. Planning and pre-event coordination takes place under the auspices of the Northern Virginia Emergency Response System (NVERS), formerly Metropolitan Medical Response System (MMRS), of which Northern Virginia hospitals are an integral part.</p> <p>The Northern Virginia Hospital Alliance sets forth organizational and operational goals for coordinating and distributing resources in response to, and recovery from, any type of catastrophic disaster or large-scale emergency situation. These goals embrace the “all hazards” concept. Plans assign broad responsibilities to participating agencies and support organizations for disaster mitigation, preparedness, response, and recovery. They also define the relationship between the hospitals and Regional Hospital Coordinating Centers (RHCC) to enhance and improve coordination and response capabilities of hospitals during an emergency or disaster within the region. The regional system is intended to be capable of a sustained response for a period of 72 hours without federal assistance and includes provisions for:</p> <ul style="list-style-type: none"> <li>•Notifying hospitals and other healthcare facilities that an incident has occurred;</li> <li>•Protecting hospitals and other healthcare facilities by sharing information regarding environmental or patient-source contamination;</li> <li>•Obtaining pharmaceuticals and other medical equipment in a timely manner;</li> <li>•Obtaining essential non-clinical supplies in a timely manner;</li> <li>•Transferring and moving patients in a coordinated manner;</li> <li>•Coordinating with local EMS incident command to manage the distribution of patients from the scene of an MCI to area hospitals;</li> <li>•Coordinating with local and regional public health and emergency management to ensure ongoing situational awareness and information sharing; and,</li> <li>•Management and distribution of regionally-stockpiled assets (ventilators, supplies, IV fluid, etc.).</li> </ul>

<b>Non-governmental structure</b>
MESH Coalition, Indianapolis, IN ( <a href="http://www.meshcoalition.org">www.meshcoalition.org</a> )
Marion County, Indiana (includes Indianapolis) Population 918,977 (2012)
<p>MESH provides:</p> <ul style="list-style-type: none"> <li>• education and training</li> <li>• healthcare intelligence</li> <li>• preparedness planning and</li> <li>• policy analysis services</li> </ul> <p>to healthcare providers, governmental agencies and non-governmental organizations. MESH views healthcare preparedness as an inherently collaborative process. Our approach to emergency planning development seeks to create consistency among healthcare facilities and providers by standardizing response protocols and systems. Through resource sharing and dissemination of information among all partners, we lower individual costs for partner facilities while increasing the resiliency and effectiveness of the healthcare system. MESH Preparedness Advisors provide technical guidance and planning assistance to providers and institutions throughout Marion County.</p> <p>We maintain a core cache of pharmaceuticals and hospital supplies designed to provide a back-stop in the event of disaster-related supply chain interruptions. To effectively respond to an emergency event, and remain viable through recovery, healthcare providers need training and practice. MESH provides a broad range of training and education opportunities to subscribing healthcare agencies. Additionally, MESH serves as a clearinghouse for educational best practices and sharing between and among healthcare partners and governmental entities. The MESH Coalition is an innovative non-profit, public-private partnership that enables healthcare providers to respond effectively to emergency events and remain viable through recovery. The MESH Coalition supports effective healthcare sector emergency management by providing preparedness and planning services, innovative clinical education and training programs, healthcare intelligence services, and legal, regulatory, policy, and financial analysis. Through our systems-based approach to preparedness, MESH enables our healthcare partners to work together more effectively while using fewer resources.</p> <p>Founded in 2008, the MESH Coalition is considered one of the most sophisticated organizations of its kind in the United States. Originally funded through a grant from the United States Department of Health and Human Services, MESH is sustained primarily through the support of subscribing healthcare organizations.</p>

Sources include:

Coalition Websites, personal interviews,

Models of Healthcare Coalitions from around the USA ([http://www.programinfosite.com/pa/files/2013/04/Healthcare-Coalitions-Memo\\_Final-Draft-1\\_4-12-13.pdf](http://www.programinfosite.com/pa/files/2013/04/Healthcare-Coalitions-Memo_Final-Draft-1_4-12-13.pdf))

<http://www.kdheks.gov/cphp/download/HealthcareCoalitionsCaseStudiesOct2012.pdf>