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Georgia Mountains

Healthcare Coalition

Region B

**Banks, Dawson, Hall, Habersham, Lumpkin, Rabun, Stephens, Towns, Union, and White Counties**

Regional Healthcare Coalition Strategic Development and Preparedness Plan

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#  SCOPE

The Georgia Mountains (Region B) Healthcare Coalition includes local Emergency Management, Emergency Medical Services, Public Health, Hospitals, Nursing Homes, Personal Care Homes, Assisted Living Facilities, Home Health, Hospice, End Stage Renal Disease Centers, Ambulatory Surgical Centers and all other healthcare organizations in Region Bwho are committed to achieving the goals and objectives outlined in this Plan.

#  GOALS

The overall goal of the Georgia Mountains Healthcare Coalition partners is to ***collaborate*** in the sharing of information and resources, and the development of regional plans. And, to collaboratively ***coordinate*** the execution of the four phases of the emergency management cycle; to mitigate, to prepare for, to respond to and to recover from an emergency or disaster affecting any or all of our healthcare community partners in the support of the overall health of the communities that we serve.

#  OBJECTIVES

**Short term:**

1. Develop structure for multi-agency coordination and collaborative plan development
2. Ensure that all healthcare organizations, public health agencies, and emergency management organizations are included in evacuation, transportation and relocation planning and executing during exercises and real incidents.
3. Plan and respond together to address emergency department and inpatient surge with the goal of ensuring immediate bed availability
4. Demonstrate the ability to use redundant communication systems to coordinate information during emergencies, planned events, and on a regular basis (2 communications drills per year)
5. To effectively utilize grant funding in support of filling identified gaps (i.e. training, planning, exercise and resource gaps)
6. Compile, maintain and update a Regional HVA
7. Use the Coalition Assessment Tool to self-assess progress.
8. Develop and Review Regional Healthcare Preparedness Plan annually
9. Complete the Coalition Surge Test and After-Action Review annually
10. Compile and maintain a comprehensive regional resource inventory and identify any gaps
11. Complete reports as requested by National HPP through the Georgia HPP.
12. Participate in current and future federal health care situational awareness initiatives

**Long Term:**

1. Continue to work toward sustainability
2. Coordinate with State Workgroups to develop regional plans for specified Healthcare Preparedness Program (HPP) and Public Health Emergency preparedness (PHEP) Capabilities

#  GEOGRAPHICAL BOUNDARIES

The geographical boundaries of the Georgia Mountains Healthcare Coalition will be those of the Georgia Hospital Association’s Regional Coordinating Hospital boundaries for Region B. The counties included in Region B areBanks, Dawson, Hall, Habersham, Lumpkin, Rabun, Stephens, Towns, Union, and White Counties. [See figure 1.]

**Figure 1:** Regional Healthcare Coalitions

 

#  SELF-GOVERNANCE AND ORGANIZATIONAL STRUCTURE

The self-governance structure will include an Executive Committee responsible for “steering” the larger Georgia Mountains Healthcare Coalition group in the creation and periodic review of regional plans including the Region B Incident Management Base Plan, completion of regional Hazard Vulnerability Analysis (HVAs)’s, completing and maintaining regional inventories, the identification of resource gaps, and the effective utilization of grant funding and other support resources as might become available. Additionally, the Executive Committee will consider all suggestions regarding process or process changes. They will actively engage in any necessary conflict resolution within the Coalition.

The Executive Committee members will include a representative from: 1) District 2 Public Health Office of Emergency Preparedness and Response; 2) Regional Coordinating Hospital – Northeast Georgia Health Systems 3) EMS 4) Northeast Nursing Home Council, and 5) Area-3 Emergency Management Association of Georgia.

**NOTE 1**: Ad hoc representation may be added to the Executive Committee as prevailing circumstances might dictate.

**NOTE 2**: On matters where a group majority of opinion needs to be established, each of the five represented disciplines will have just one vote.

**NOTE 3**: The Regional Coordinating Hospital Healthcare Coalition Coordinator (HCC) will Chair the Executive Committee.

**NOTE 4**: District 2 Public Health Healthcare Coalition Facilitator (HCF) will support the HCC

The larger Georgia Mountains Healthcare Coalition will be comprised of a multi-disciplined group of representatives from each of the region’s hospitals as well as representatives from the NE Nursing Home Council, EMS Council, Area-3 Emergency Management Association of Georgia, Public Health, Medical Reserve Corps and providers such as dialysis centers, behavioral health, home health, hospice, assisted living, federally qualified community health centers, and others as may be identified in the future. All healthcare partners are welcome to join the coalition and attend meetings.

**NOTE 1**: On matters where a group majority of opinion needs to be established, each of the representatives present will have just one vote.

**NOTE 2**: The RCH HCC will Chair the meetings of the Coalition

**NOTE 3**: The District’s HCF will support the Coalition

Because the Healthcare Coalition’s overarching mission is to manage issues as described in the National Response Framework, Emergency Support Function-8 and to do so in collaboration with all the other community partner agencies and organizations that comprise the remaining Emergency Support Functions, it is an imperative that the Healthcare Coalition actively involve the other regional community response partners in its work activities.

#  COALITION MEMBERSHIP

Membership in the Georgia Mountains Healthcare Coalition will be as diverse and inclusive of all regional resident healthcare disciplines as reasonably possible.

In an effort to keep work meetings (i.e. quarterly meetings) to a manageable size, but to allow for each discipline’s organizations to have a “seat” on the coalition, healthcare disciplines (e.g. county health departments, nursing homes, home health agencies, county EMA’s, EMS services, individual dialysis centers, etc.) will be provided a seat for a representative of their discipline. Those representatives will be expected serve as *active* members of the coalition and in doing so to represent their respective discipline constituencies and also expected to be a conduit of information back to their constituent partners. (Meeting minutes will be provided to Coalition members for their use.)

State and District Emergency Preparedness and Response Program employees, Georgia Hospital Association, Georgia Healthcare Association, and relevant State and Federal partners will always be considered de facto members of Georgia Mountains Healthcare Coalition.

#  MEMBER ROLES & RESPONSIBILITIES

The primary role and responsibility of the Coalition membership is to establish and maintain a robust, multi-discipline, multi-agency, coordinated body of regional healthcare emergency planners and responders. In living up to that primary responsibility, the Coalition and its members must:

1. Actively participate in Coalition works and activities to include routine attendance in emergency management related meetings, conferences, etc. (Attendance at quarterly Region B HCC meetings, and/or discipline centric emergency preparedness meetings such as the semi-annual GHCA Emergency Preparedness or EMS Council meetings etc. will meet this expectation.).
2. Coordinate with Coalition Executive Committee, by way of sharing facility’s plans and collaborating with Coalition partners to complete the annual HVA review and to develop regional plans for specified HPP and PHEP capabilities.
3. Provide feedback to the Coalition as a whole and any member of the Executive Committee particularly regarding any needed conflict resolution or suggestions regarding process or process changes.

#  STRATEGIC DEVELOPMENT AND PREPAREDNESS PLAN REVIEW AND REVISION

This document will be reviewed annually by the Georgia Mountains Healthcare Coalition Executive Committee to ensure any necessary revisions are made. It is important during the review processes that this document is verified as remaining current, relevant and effective in documenting the Coalition’s governing structure and administrative guidelines.

# CHANGES TO COALITION GOVERNANCE AND ADMINISTRATIVE GUIDELINES

When it becomes necessary for the Coalition’s governance to change (i.e. new members to the Executive Committee, overall Coalition reorganization, etc.), the currently seated Executive Committee will draft and propose said changes to the Coalition’s general membership. The membership will adopt or reject the proposed changes by majority vote.

It is anticipated that during the course of changing events, subsequent to Coalition exercises, the addition of Coalition membership, etcetera, that gaps in these administrative guidelines will be realized. When gaps are realized, the Executive Committee will lead the way in efforts to find ways to fill those gaps, revise the administrative guidelines themselves, or otherwise take the necessary actions to mitigate those gaps. Any proposed remedies or mitigating actions will be reviewed and approved by the Coalition’s general membership.

#  COALITION FUNDING & SUPPORT

The Georgia Mountains Healthcare Coalition is solely funded by way of Healthcare Preparedness Program (HPP) grant monies received from the Department of Health and Human Services (HHS); Assistant Secretary of Preparedness and Response (ASPR) by way of the Georgia Department of Public Health (GaDPH). GaDPH is the HPP grant awardee and the Coalition is the sub-awardee.

It is currently not envisioned that the Georgia Mountains Healthcare Coalition will establish itself as a 501c3 or any other like non-profit legal entity. And currently, no funding stream other than that from ASPR has been identified. However, the Coalition retains the right to form itself as a free-standing legal entity and seek funding sources independent of, or in addition to, any available federal funding source.

If federal funding becomes no longer available, the Coalition Executive Committee (in discussion with the Coalition general membership) will determine if continued, Coalition self-funded activities can be supported. If not, consideration will be made to become a non-profit organization (e.g. 501c3, etc.) and seek funding streams outside of the Coalition.

#  COALITION SUSTAINMENT

It is incumbent upon the Coalition’s Executive Committee to ensure in any way practicable the sustainability of the Georgia Mountains Healthcare Coalition. The Region B Regional Coordinating Hospital and the District 2 Public Health Emergency Preparedness Office will be the lead agencies in ensuring the sustainment of the Coalition.

When members of the Executive Committee or members of the Coalition membership retire, change jobs, or otherwise leave their Coalition role, the Executive Committee Chair will ensure a replacement member is recruited to fill that gap.

#  PLAN, ORGANIZE, EQUIP, TRAIN & EXERCISE (P.O.E.T.E.)

The Coalition’s prioritization of planning, equipping, training and exercising will be guided by the Coalition’s HVA. The HVA will be reviewed updated periodically by the Coalition’s membership in a quarterly work meeting session. The Executive Committee will lead the Coalition and be responsible for:

**Plans** will be written and maintained to address core capabilities such as Incident Management, Surge, Mass Fatality, Resilience, Medical Countermeasures, and Information Management. Plans will be based upon the findings of the Georgia Mountains Healthcare Coalition HVA.

**Organization** of resources within the Coalition will be established per an organization’s capability, each healthcare discipline being depended upon to fulfill their applicable roles during a healthcare community (ESF-8) response. When a Coalition member organization cannot meet their role responsibilities, it will be incumbent upon the Coalition as a whole to support that member organization so they can meet their responsibilities.

**Equipping** Coalition members must have capability assessments completed to identify existing gaps. The obtaining and allocation of resources will be prioritized based upon those identified gaps. Coalition members may submit resource requests to the Executive Committee for their review and approval.

**Training**, like equipping will be based upon capability assessments and filling any identified gaps. Numerous training classes are currently available from through Georgia Mountains Healthcare Coalition, other Healthcare Coalitions Statewide, and GEMA. Most training notices and registration is on the GEMA website.

**Exercises** will test plans, but most particularly those plans involving ‘Incident Management’, i.e. notification, communication and situational awareness, multi-agency coordination, resource management and information management. Although member organizations are expected to conduct exercises within their own organizations and local communities, the Georgia Mountains Healthcare Coalition orchestrates region-wide exercises annually, These exercises are constructed per the regions HVA and are HSEEP compliant. After-action Reports (AARs) are formulated post-exercise as well as Improvement Plans.

#  OPERATIONAL PLANNING STRUCTURE

The Georgia Mountains Healthcare Coalition’s executive committee has the responsibility to ensure that necessary planning work – as prioritized by the regional HVA – is completed. Generally, individual plan writing will be delegated to a sub-committee of the larger Coalition, the members of which will be relevant stakeholders in that planning work as well as a member or members of the executive committee.

The “State Workgroups” (groups formed by the state consisting of relevant stakeholders, and subject matter experts) develop certain plan templates for regional coalitions to utilize as an aid in developing their related plans. It will be the responsibility for an assigned sub-committee (s) - with the assistance of the Coalition’s executive committee - to evaluate those template plans for appropriateness and applicability to the Region B and make modifications as appropriate.

#  RESOURCE & INFORMATION MANAGEMENT

As stated in the “Coalition Members” section above, direct resource and information sharing will continue as it has been historically done – that being directly between the member hospitals and the RCH and the member hospitals.

In the case of the other healthcare partners, resource and information sharing will be by way of their coalition member representatives. Example: The representative member of the Healthcare Coalition for and from the EMS Council will provide resource and information to all of the region’s EMS services. That might be by way of the Council meetings, or via direct communication.

The RCH and/or the District Public Health offices will generally communicate resource information and general information to the member representatives with the expectation that the representative members will communicate to their constituencies. However, direct communications to any and/or all the individual region’s healthcare agencies and organizations might occur if the prevailing circumstances so dictate.

The Georgia Mountains Healthcare Coalition webpage (garegionb.org) will be a continuously updated platform for use as an information sharing tool.

During a response, resource requests and allocations will be managed per the “Georgia Mountains Healthcare Coalition Response Plan” available on GHA911. All requests must first go through the local EMA and then get posted on GHA911 WebEOC.

#  HEALTHCARE DELIVERY AND COALITION INTEGRATION

The Georgia Mountains Healthcare Coalition has been integrated into the regional healthcare delivery system from the outset. The Coalition boundaries and member partners were established based upon the original GHA-Regional Coordination Hospital Region B boundaries. Those boundaries were established based upon the referral patterns and known day-to-day working relationships between EMS, hospitals, nursing homes, home health, etc.

#  CAPABILITIES AND CAPACITIES

The Coalition, having the responsibility to compile and maintain an inventory of capabilities and capacities, must complete a regional healthcare community wide assessment and inventory. (Continuous maintenance of that assessment and inventory will be essential as the Coalition continues to grow and evolve over time.) This assessment is in GHA911.

#  ENGAGING SYSTEM EXECUTIVES AND CLINICAL LEADERS

Healthcare system executives and clinical leaders generally cannot be available for the day-to-day work of the Coalition; therefore the Coalition must rely upon representation from the various facilities, agencies and organizations as selected by those various entities. Member entities must select representatives that can ***actively*** engage in coalition planning and response work and act as a conduit of information to and from their respective organizations.

The Region B HCC website (garegionb..org) will be maintained and shared with members, executives and clinical leaders as a means by which they can stay informed of Coalition activities and initiatives as well as a general information sharing tool.

The Coalition will periodically reach out to executives and clinical leaders directly via emails or some other means of communication to relate the activities of the Coalition and to solicit support for necessary works needing to be completed.

The HCC now has a Clinical Advisor to serve as subject matter expert for developing plans, exercises, and responses.

#  VULNERABLE POPULATIONS

Those persons within our community who are vulnerable during a disaster cannot be overlooked. Within this very diverse group are those who are electricity dependent, have physical or mental health challenges, have communication challenges, are institutionalized, depend upon dialysis to survive end stage renal disease and/or a host of other examples of vulnerability. Coalition planners must be mindful of this population and include them in their work.

It has been learned that knowing the location of each and every one who could be described as “vulnerable” is not practicable. It is practicable, however, to have cataloged those groups, agencies and organizations who are advocates for, provide services to or ombudsmen to these people. The Coalition will make every effort to develop and maintain a directory of these agencies, organizations and groups and include them in Coalition meetings and communications.

#  INCIDENT MANAGEMENT

The Georgia Mountains Healthcare Coalition will utilize a Multi-agency Coordination (MAC) incident management model to provide coordination of efforts, coordination of information sharing, coordination of resource management, to prioritize resource allocation and to de-conflict resource requests, agency policies and procedures, etc.

The Coalition has adopted the “Georgia Mountains Healthcare Coalition Response Plan” (posted on GHA911, website, and available upon request).

**Appendices**

Appendix A: Governance Document

Appendix B: HVA

Appendix C: Budget and Work Plan

***APPROVAL of PREPAREDNESS PLAN***

***Preparedness Plan is approved by a vote of the Coalition Executive Committee.***

***Approval Date:* Jan 29, 2020**

***Preparedness Plan is accepted by the Georgia Mountains Healthcare Coalition membership.***

***Acceptance Date:* Feb 3, 2020**

# Revision and Review dates:

|  |  |  |
| --- | --- | --- |
| **Date of review** | **changes** | **Reviewed/Changes by** |
| Draft writtenMarch 20, 2019 | Recommended items to include gathered from HPP Document Checklist, 2017-2022 HPP Capabilities, and Georgia HPP Deliverables document, and review of Region L and E plans | DS Campbell, HCF |
| Sept 10, 2019 | Reviewed for 2019-2020 period, changed draft date to Sept 10, 2019. | DS Campbell, HCF |
| Oct 28, 2019 | Waiting to complete the 2019 HVA, work plan and budget, and the approved updated Governance DocumentDeleted Appendix A: By Laws as these are now covered in Governance DocumentChanged letter on Appendix B/C to A/B | DS Campbell, HCF |
| Dec 20, 2019 | Review and changes made with info received from monthly Region IV HPP call.Identified objectives as short or long term, pg 3Also added Clinical Advisor, pg 10Under member roles and responsibilities, moved 3, 4 and 5 and put them under short term objectivesHVA finalized, draft available now and added to planGovernance Document is approved and added to planWork Plan 2019-2020 added as Appendix C | DS Campbell, HCF |
| Jan 6, 2020 | Emailed out to Executive Committee for comments and/or approval | DS Campbell, HCF |
| Jan 29, 2020 | Approved by Executive Committee, signedReviewed at HCC meeting  | DS Campbell, HCF |
| Feb 3, 2020 | email out to all members for acceptance | DS Campbell, HCF |