



Eastern Healthcare Preparedness Coalition

PREPAREDNESS PLAN

FY 23-24

Introduction

Purpose and Scope of Plan

The purpose of this preparedness plan is to guide the work of the Eastern Healthcare Preparedness Coalition (EHPC). It is intended to be a fluid document, which will continue to evolve as necessary to ensure the Coalition is effective and able to sustain its efforts. The work activities listed in this plan are aimed to complement each members' Emergency Operations Plan for the purpose of ensuring optimal utilization of resources and disaster support to the Eastern Healthcare Preparedness Coalition community.

This plan is intended to provide EHPC leadership, executive committee members, and with clear guidance on committee structure, committee activity and coordination, and project development. This plan is not intended to supersede any municipal, county or state emergency operation plans.

Administrative Support

This plan will be reviewed at least annually to ensure that it meets the intended scope, purpose and goals of the Coalition. This plan is a "living document" and will be updated as needed after each evaluation. Exclusive of attachments and appendices, revisions are subject to the approval authority outlined in the By-laws.

This plan has been approved by the governing bodies of the Eastern Healthcare Preparedness Coalition, in accordance with their respective bylaws and guidelines. Revised plans will be distributed electronically.

Coalition Overview

Mission

The mission of the Eastern Healthcare Preparedness Coalition is to facilitate coordination and cooperation throughout the region to ensure partners have the capability and capacity to mitigate against, prepare for, respond to, and recover from critical health events.

The healthcare coalitions are part of the NC Hospital Preparedness Program (HPP) housed in the NC Office of Emergency Medical Services (NCOEMS). We are a partner to healthcare and emergency response organizations working to prepare for, mitigate, respond to, and recover from emergencies and disasters affecting the residents and guests of North Carolina.

The coalition will enhance the emergency preparedness and response capabilities of healthcare entities through:

- Building relationships and partnerships
- Facilitating communication, information and resource sharing
- Promoting situation awareness among HCC members
- Coordinating training, drills and exercises
- Strengthening medical surge capacity and capabilities
- Assisting emergency management and Emergency Support Function (ESF) #8 partners

Vision

The coalition supports the regional healthcare preparedness, response, recovery, and mitigation efforts among a broad range of healthcare partners in order to protect, promote, and improve the health of people in the EHPC region.

Coalition Boundaries

The Eastern Healthcare Preparedness Coalition is composed of twenty-nine counties in eastern North Carolina. Seven of those counties are on the Atlantic Ocean or the Pamlico Sound, thereby exposing them to hazards not present in most other NC regions. The region is inhabited by roughly 1,440,000 people with about 2,969 square miles of coverage area.

Coalition Members

Eastern Healthcare Preparedness Coalition (EHPC) members¹ include a diverse membership to ensure a successful whole community response. A current roster of member organizations, including core or partner designation and contact information, will be maintained. A meeting attendance roster of member organizations will also be maintained.

Core Coalition members include the following agencies from the twenty-nine EHPC counties:

- Hospitals
- EMS
- Emergency management organizations
- Public health agencies

Additional Coalition members may include, but are not limited to, the following:

- Behavioral health services
- Medical Reserve Corps (MRC)
- Dialysis centers and CMS-funded end-stage renal disease (ESRD) networks
- Federal facilities (US Dept. of Veterans Affairs)
- Jurisdictional Partners
- Home health and Hospice agencies
- Non-governmental organizations (American Red Cross, VOADs)
- Outpatient health care delivery (Federally Qualified Health Centers, free-standing emergency rooms, clinics, ambulatory care)
- Schools and universities
- Skilled nursing, nursing, and long-term care facilities
- Intermediate care facilities for individuals with intellectual disabilities
- Health care professional organizations/associations

1 Please refer to the EHPC HCC Contact Info list for a full listing of HCC members.

Organizational Structure/Governance

The Eastern Healthcare Preparedness Coalition operates as a self-governing committee. This committee is charged with identifying the health care disaster preparedness and response needs and facilitating the development of projects, plans and educational programs to mitigate those needs. Organizational structure and governance is outlined in the EHPC Bylaws².

Roles and Responsibilities of Coalition Partners

Agencies that participate in the Eastern Healthcare Preparedness Coalition may request educational programming offered by the EHPC; seek consultative services of EHPC staff, particularly in the areas of disaster preparedness & response; and request disaster response assets managed by the EHPC.

Specifically for the purposes of disaster preparedness grant applications, voting is limited to a designated representative for each agency indicated in Section D of the EHPC Bylaws. In the event that an agency does not meet the attendance requirement, that agency forfeits its privilege to cast a vote on the pending grant application.

Agencies receiving grant support are required to enter into a subcontract³ agreement with the EHPC lead agency, ECU Health Medical Center (ECUHMC). Each Subgrantee, as a subcontractor shall be subject to all conditions of the original Hospital Preparedness Program contract between ECUHMC on behalf of Eastern HPC and NCOEMS.

Individuals and organizations working collaboratively across a spectrum of disciplines to develop and maintain disaster health and medical capabilities will help to clarify roles, responsibilities and assumptions about response and recovery. Collaboration will help facilitate interoperability while leveraging existing capacity inherent throughout organizations and communities across the region. At the same time collaboration will minimize redundant work and other inefficiencies and maximize resources.

- **HOSPITALS** – Hospitals are the first receiving facilities in any disaster. Hospitals support staff deployment and communicate bed availability.
- **EMS** (including inter-facility and other non-EMS patient transport systems) – Emergency medical personnel are some of the first responders on the scene of any disaster. They are on the front lines and are often the first medical professionals that a patient will encounter.
- **EMERGENCY MANAGEMENT ORGANIZATIONS** – EMA's are the local lead during disasters. They share situational awareness with coalitions who in turn communicate this information to the healthcare infrastructure.
- **PUBLIC HEALTH AGENCIES** – Monitor and prepare for pandemic and environmental health hazards and provide sheltering support during disasters.
- **ANCILLARY HEALTH CARE ORGANIZATIONS AND OTHER STAKEHOLDERS:** With proper training, coordination and planning, Ancillary Health Care Agencies and other stakeholders can provide local situational awareness, surge capability, and staffing resources.

Summary of Risk

Eastern Healthcare Coalition Hazard Vulnerability Snapshot

The Eastern HPC Coalition members assisted All Clear (a vendor) with the completion of a full regional Hazard Vulnerability Analysis (HVA)⁴ in 2016. The Coalition is responsible to review the plan at least annually or when revisions/changes are necessary. The coalition will coordinate with the healthcare facilities and emergency response partners in the region in order to update the HVA, when necessary.

Most recently, EHPC took a broad look at the hazards that were identified as being “High Risk Hazards” from both county and healthcare facility partners, along with conducting an internal Hazard Vulnerability Assessment, measured the results of all three assessments to conclude the following as to be the hazards that pose the highest risk to the EHPC region.

| Regional High Risk Hazards |
|--|
| Severe Weather Events (Hurricane, Tropical Storm, Tornado, Winter Weather, Flooding etc.) |
| Infrastructure Failure (IT/Communications) |
| Supply chain interruption |
| Patient surge/Mass influx |
| Acts of Intent (violence) |

Gaps

The Eastern Healthcare Preparedness Coalition assisted the vendor with the completion of a Current Regional Status Analysis in 2013 and a Capability Assessment in 2016 which included a regional situational assessment and an operational gap analysis. Based on these gaps, program activity is proposed by the HCC membership to the EHPC Executive Committee (EC). There, the EC prioritizes the activity and develops the workplan. Once the developed the workplan and spending plan are completed and approved for submission to NCOEMS.

Compliance Requirements/Legal Authorities

The HCC is informed of state and federal emergency management resources and support, as well as the authorities under which response operations may be conducted. The HCC, in collaboration with the lead ESF-8 agency, the NC Office of EMS, have assessed and identified the regulatory compliance requirements that are applicable to day-to-day operations and may affect planning for, responding to, and recovering from emergencies. The HCC will leverage members’ existing facility preparedness plans as required by various regulatory agencies (NC Division of Health Service Regulation, Centers for Medicare and Medicaid (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, The Joint Commission Standards). The HCC and NCOEMS understand the legislation and related programs that will allow for response during times of crisis knowing that certain liabilities have been waived, and much-needed human and material resources will be more readily available.

1 Please refer to the EHPC HCC Contact Info list for a full listing of HCC members.

Coalition Strategic Plan & Objectives

The Eastern Healthcare Preparedness Coalition meets annually to review and update its strategic plan⁵ and goals. The following have been identified by regional staff and partner stakeholders as the priority for the Coalition:

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

Coalition Support Plan

The EHPC Support Plan⁶ provides a basic organizational structure with operational guidelines for the provision of ESF #8 support across the Healthcare Coalitions in eastern North Carolina. It is built upon a scalable, flexible, and adaptable coordinating structure to align key roles and responsibilities of the Healthcare Coalition and its partners. The plan details how they share information, coordinate activities and resources during an emergency and plan for recovery.

The goals of the Eastern Healthcare Preparedness Coalition are to:

- facilitate information sharing among healthcare organizations and jurisdictional authorities to promote common situational awareness.
- assist resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members, and supporting the request and receipt of assistance from local, State, and Federal authorities.
- coordination of incident response actions for the participating healthcare organizations so incident objectives, strategy, and tactics are consistent for the healthcare response.
- interface between the Healthcare Coalition and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.

This plan will be reviewed at least annually to ensure that it meets the intended scope, purpose and goals of the Coalition. This plan is a “living document” and will be updated as needed after each evaluation.

5 EHPC 2022-2028 Strategic Plan

6 EHPC Support Plan

Workplan

Based on gaps identified, program activity is proposed by the Healthcare Coalition membership to the EHPC Executive Committee (EC). The EHPC EC will review the strategic plan annually in August to determine the priority capability areas for the upcoming year. Capability prioritization is determined based on the annual gap analysis review. Capability priorities, objectives, workplan⁷ activities are proposed and vetted by the coalition membership. A work plan is required no later than June 1 each year. The workplan is coordinated with the spending plan to determine if tasks require funding.

FY23-24 Work Plan and Spending Plan

| | Budget Amount | Budget Details |
|---|----------------------|---|
| Program Administration | \$468,349.01 | <ul style="list-style-type: none"> Regional staff salaries, benefits, travel and office supplies |
| Capability 1 – Foundation for Health & Medical Readiness | \$48,000.00 | <ul style="list-style-type: none"> Regional Stakeholder Travel - \$15,000 Regional Governance Update - \$0 Regional Exercise - \$0 Statewide Disaster Symposium - \$20,000 EM Today Scholarships - \$13,000 Regional HC Leadership Engagement - \$0 |
| Capability 2 – Healthcare and Medical Response Coordination | \$8,313.99 | <ul style="list-style-type: none"> Program Communications - \$0 Replacement Radios - \$2,743 SMRS Uniforms - \$5,570.99 Regional Communications Testing - \$0 |
| Capability 3 – Continuity of Healthcare Service Delivery | \$0.00 | <ul style="list-style-type: none"> ChemPack Planning and Workshop |
| Capability 4 – Medical Surge | \$169,000.00 | <ul style="list-style-type: none"> SMRS Operational Readiness Warehouse Lease - \$70,000 Warehouse Utilities - \$20,000 SMRS Operational Readiness SMAT II Sustainment - \$10,000 SMRS Operational Readiness SMAT III Sustainment - \$21,000 SMRS Operational Readiness Ambulance Strike Team Sustainment - \$3,500 SMRS Operational Readiness Ambulance Bus Sustainment - \$10,500 Regional Vehicle Sustainment - \$10,000 Regional Response Plan Update - \$0 Regional Responder Training - \$12,000 |
| TOTAL FY23 Budget | \$693,663.00 | |



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