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Coalition Assessment Tool

Health Care Coalition (HCC) Contact Information Please review and confirm that the following information is correct. If the HCC name, POC name, email address, or awardee information has changed ***or is incorrect***, please contact cat@hhs.gov. If the counties listed are incorrect, please select "No" and input the correct counties using the selection box.	
Health Care Coalition (HCC) name.	Trauma Service Area - D
HCC Point of Contact (POC) name	Toby Harbuck
POC email address	tharbuck@ncttrac.org
HPP awardee	TX
Review the counties/cities/townships/ municipalities within your HCC's jurisdiction:	BROWN CALLAHAN COLEMAN COMANCHE EASTLAND FISHER HASKELL JONES KNOX MITCHELL NOLAN SHACKELFORD STEPHENS STONEWALL TAYLOR THROCKMORTON
Is this list accurate?	Please select Yes or No* (•) Yes ( ) No * If ***No*** please select all counties /cities/townships/municipalities that fall within the HCC's jurisdiction from the list below ☐ ANDERSON ☐ ANDREWS ☐ ANGELINA ☐ ARANSAS ☐ ARCHER Counties/cities/townships/municipalities selected from the list:

Capability 1: Foundation for Health Care and Medical Readiness

Objective 1: Establish and Operationalize a Health Care Coalition

HCCs should coordinate with their members to facilitate:

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

HCCs serve as multiagency coordination groups that support and integrate with other Emergency Support Function-8 (ESF-8) activities. Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's Emergency Operations Center (EOC) who represents HCC issues and needs and provides timely, efficient, and bi-directional information flow to support situational awareness.

Activity 1: Define Health Care Coalition Boundaries		
Activity Component	**Response**	**Guidance**
1. The HCC defines its geography as:	Select one of the following: Multiple ▼	According to page 12 of the *2017-2022 Health Care Preparedness and Response Capabilities*, a rural HCC fits the following guideline: distances between hospitals exceed 50 miles and where the next closest hospitals are also critical access hospitals with limited services. Your coalition may or may not fit this guide.
2. The HCC has defined its boundaries in a way that supports optimal and manageable preparedness and response and ensures there are no geographic gaps in HCC coverage.	(•) Yes ( ) In-progress ( ) No	HCCs must work with their awardee and HCC members to define a boundary that considers daily health care delivery patterns, corporate health systems, and defined catchment areas. Territories and Freely Associated States (FAS) must describe their geography including: • All health care providers on any island • How the HCC, including the hospital, is connected to the Emergency Support Function - 8 (ESF-8) medical surge structure (or to government public health and medical leadership) • Where the governmental emergency operations center (EOC) is located and the person(s) responsible to staff that position For details on requirements for defining HCC boundaries, please see page 14 within the HPP Funding Opportunity Announcement (FOA) and page 2 within the supplemental FOA for territories and FAS.
Activity 2: Identify Health Care Coalition Members		
1. The HCC has diverse membership to ensure a successful whole community response.	Please identify the number (*Digits ONLY*) of members according to the following member types. ***If none, please indicate with "0".*** Hospitals 18 Emergency Medical Services (EMS) 6 Emergency management organizations (EM) 2 Public health agencies 3 Specialty patient referral centers 0 Behavioral health services and organizations 0 Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC) 0 Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks 0 Federal facilities (e.g., DoD hospitals, VA medical centers) 0 Home health agencies 0 Infrastructure companies 0 Jurisdictional partners, including cities, counties, and tribes 0 Local chapters of health care professional organizations	Membership must include two of the following core member type organizations: • Hospitals (a minimum of 2 acute care hospitals) • EMS • EM • Public Health Territory and FAS HCCs must include all hospitals in their HCC membership. Specialty patient referral centers such as burn centers, trauma centers, pediatric care facilities, and psychiatric care centers should ideally be members of the HCC in which they reside. For requirements related to membership composition, please see page 16 of the HPP FOA and page 2 of the supplemental FOA for territories and FAS. This is **Performance Measure 3** of the HPP Performance Measure Implementation Guidance.

	0 Local public safety agencies 0 Medical and device manufacturers and distributors 1 Non-governmental organizations 0 Outpatient health care delivery centers 0 Primary care providers, including pediatric and women's health care providers 0 Schools and universities, including academic medical centers 0 Skilled nursing, nursing, and long-term care facilities 0 Support service providers 0 Other organizations 0	
2. How are multiple entities of a single HCC member type represented?	Select one of the following: Direct participation in HCC activities ▼	In cases where there are multiple entities of an HCC member type, there may be a subcommittee structure that establishes a lead entity to communicate common interests to the HCC (e.g., multiple dialysis centers forming a subcommittee).
Activity 3: Establish Health Care Coalition Governance		
1. How is the HCC fiscally structured?	Select one of the following: 501(c)3 ▼	
2. Which type of organization/agency is the lead of the HCC?	Select one of the following: The HCC ▼	
3. The HCC has a governance document(s) that includes the following elements: • HCC membership • An organizational structure to support HCC activities • Member guidelines for participation and engagement • Policies and procedures • Integration within existing state-, local-, and member-specific incident management structures and specific roles	Select "Yes" if all elements are present; select "In-progress" if some but not all elements are present; select "No" if no formal governance document(s) exists ○ Yes ◉ In-progress ○ No ***You must upload your existing HCC governance document(s), whether in draft or final versions, using the document library upload tool on the user dashboard. Your governance document(s) can be presented in various formats but must include the required components as listed at left.*	For details on HCC governance and documentation requirements, please see pages 16-17 of the HPP FOA and page 3 of the supplemental FOA for territories and FAS. Additionally, similar guidance can be found on page 13 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
4. The HCC coordinates with all ESF-8 lead agencies within their defined boundaries.	◉ Yes ○ In-progress ○ No	Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's EOC who represents HCC issues and needs and provides timely, efficient, and bidirectional information flow to support situational awareness. For details on HCC governance and documentation requirements, see pages 16-17 of the HPP FOA and page 3 of the supplemental FOA for territories and FASs
5. The HCC has processes and mechanisms to review its governance documents.	◉ Yes ○ In-progress ○ No	Reviews should take place regularly and should ensure that members have input into governance processes and related documents.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Select one of the following: Important ▼	
2. The HCC has gaps in the following activities of this objective:		The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).

	☐ No gaps ☐ Activity 1 ☑ Activity 2 ☑ Activity 3	
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☐ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☐ Lack of trained personnel ☐ Lack of subject matter experts ☐ Lack of plans/incomplete plans ☐ Legal barriers ☑ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3	

Objective 2: Identify Risk and Needs

The HCC should identify and plan for risks, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, by conducting assessments or using and modifying data from existing assessments for health care readiness purposes. These assessments can determine resource needs and gaps, identify individuals who may require additional assistance before, during, and after an emergency, and highlight applicable regulatory and compliance issues. The HCC and its members may use the information about these risks and needs to inform training and exercises and prioritize strategies to address preparedness and response gaps in the region.

Activity 1: Assess Hazard Vulnerabilities and Risks

Activity Component	Response	Guidance
1. The HCC has completed an annual hazard vulnerability analysis (HVA) to identify and plan for risks, in collaboration with the awardee.	◉ Yes ○ In-progress ○ No	For details on HVA requirements, please see page 19 of the Funding Opportunity Announcement (FOA) and page 3 of the supplemental FOA for territories and Freely Associated States (FAS). Guidance on HVAs can be found on pages 13-14 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
2. The HCC has provided input into their awardee's jurisdictional risk assessment in the past year.	◉ Yes ○ In-progress ○ No	For details on this joint requirement, please see page 18 of the HPP FOA and page 2 of the supplemental FOA for territories and FAS. This is **Performance Measure 9** in the HPP Performance Measure Implementation Guidance.

Activity 2: Assess Regional Health Care Resources

1. The HCC has completed a resource assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared.	○ Yes ◉ In-progress ○ No	A list of areas that should be included in a resource assessment is included on page 14 of the *2017-2022 Health Care Preparedness and Response Capabilities* here. For details on requirements for assessing regional health care resources, please see page 19 of the HPP FOA and page 3 of the supplement for territories and FAS.

Activity 3: Prioritize Resource Gaps and Mitigation Strategies

1. The HCC has identified and prioritized its resource gaps based on coordination and consensus with its members.	○ Yes ◉ In-progress ○ No	The HCC and its members can identify resource gaps by comparing available resources to identified resource vulnerabilities. HCC members should prioritize gaps based on consensus and determine mitigation strategies based on the time, materials, and resources necessary to address and close gaps.
2. The HCC and its members have identified strategies necessary to mitigate and/or close gaps.	○ Yes ◉ In-progress ○ No	Gaps may be addressed through coordination, planning, training, or resource acquisition. Accessing and integrating resources is a key part of closing gaps.

Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, and Others with Unique Needs

	○ Yes	

1. The HCC has assessed and planned to appropriately meet the needs of individuals who may require additional help during emergencies and planned events.	○ Yes ◉ In-progress ○ No	For details on requirements for planning for the whole community, including for individuals with unique needs, please see pages 20-21 of the FOA and page 3 of the supplement for territories and FAS.
2. The HCC obtains de-identified data from emPOWER at least every six months to identify numbers of individuals with electricity-dependent medical and assistive equipment for planning purposes.	Note: This Activity Component does not apply to Freely Associated States (MH, FM, PW). ◉ Yes ○ No or N/A	For information on this measure and the importance of obtaining Social Vulnerability Index data, see page 18 of the Performance Measures Implementation Guidance. This is **Performance Measure 6** in the HPP Performance Measure Implementation Guidance.
3. The HCC obtains data from the Social Vulnerability Index at least once per year to estimate populations with a higher likelihood of having access and functional needs.	Note: This Activity Component does not apply to U.S. Territories and Freely Associated States (MH, FM, PW, PR, AS, MP, GU, VI). ◉ Yes ○ No or N/A	For information on this measure and the importance of obtaining Social Vulnerability Index data, please see page 20 of the Performance Measures Implementation Guidance. This is **Performance Measure 7** in the HPP Performance Measure Implementation Guidance.
Activity 5: Assess and Identify Regulatory Compliance Requirements		
1. The HCC assesses and identifies regulatory compliance requirements.	○ Yes ◉ In-progress ○ No	The HCC should: • Understand federal statutory, regulatory, or national accreditation requirements that impact emergency medical care • Understand state or local regulations or programs that impact emergency medical care • Understand the process and information required to request necessary waivers and suspension of regulations • Support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary when crisis standards of care are implemented • Maintain awareness of standing contracts for resource support during emergencies For regulatory compliance information, please see pages 17-18 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Select one of the following: Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☐ Activity 1 ☑ Activity 2 ☑ Activity 3 ☑ Activity 4	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☑ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter expertise ☑ Lack of plans/incomplete plans ☑ Legal barriers ☑ Administrative barriers ☑ Issues with procurement/contracting process ☐ Lack of equipment ☑ Lack of Information Technology (IT) systems If "other," you **MUST** specify: Prev Contractor QA/Compliance	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☐ N/A ☐ Activity 1 ☑ Activity 2 ☐ Activity 3 ☑ Activity 4	

Objective 3: Develop a Health Care Coalition Preparedness Plan

The HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. In collaboration with the Emergency Support Function-8 (ESF-8) lead agency, the HCC should develop a preparedness plan that includes information collected on hazard vulnerabilities and risks, resources, gaps, needs, and legal and regulatory considerations (as collected in Capability 1, Objective 2, Activities 1-5 above). The HCC preparedness plan should emphasize strategies and tactics that promote communications, information sharing, resource coordination, and operational response planning with HCC members and other stakeholders. The HCC should develop its preparedness plan to

include core HCC members and additional HCC members so that, at a minimum, hospitals, Emergency Medical Services (EMS), emergency management organizations, and public health agencies are represented. The plan can be presented in various formats (e.g., a subset of strategic documents, annexes, or a portion of the HCC's concept of operations plans [CONOPS]).

Activity Component	Response	Guidance
1. The HCC has a complete preparedness plan with the following required components: • The plan has been developed with member and stakeholder input • Outlines of strategic and operational objectives for the HCC as a whole and for each HCC member • Short-term and long-term objectives • A recurring objective to develop and review the HCC response plan • Details to inform training, exercise, and resource and supply management • A checklist of members' proposed activities, progress reporting methods, and accountability and completion processes • HCC and member priorities for planning and coordination • Details on leveraging members' facility preparedness plans	Only select "Yes" if ***all*** components are present in the preparedness plan. (•) Yes ( ) No ***You must upload your existing HCC preparedness plan, whether in draft or final versions, using the document library upload tool on the user dashboard. Your preparedness plan can be presented in various formats but must include the required components as listed at left.*	For HCC preparedness plan requirements, please see page 17 of the Funding Opportunity Announcement (FOA) and page 4 of the supplement for territories and Freely Associated States (FAS). This is **Performance Measure 4** in the HPP Performance Measure Implementation Guidance. Core member types are defined as hospitals, EMS, emergency management organizations, and public health agencies.
2. The HCC has a preparedness plan that has been approved by all of its core member organizations.	(•) Yes ( ) No	For HCC preparedness plan requirements, please see page 17 of the FOA and page 3 of the supplemental FOA for territories and FAS. This is **Performance Measure 4** in the HPP Performance Measures Implementation Guidance
3. The HCC has provided an opportunity for additional member organizations to provide input into the preparedness plan.	(•) Yes ( ) No	For HCC preparedness plan requirements, please see page 17 of the FOA and page 3 of the supplemental FOA for territories and FAS. This is **Performance Measure 4** in the HPP Performance Measures Implementation Guidance
4. The HCC has provided a final copy of the preparedness plan to all member organizations.	(•) Yes ( ) No	For requirements on HCC preparedness plans, see page 17 of the FOA and page 3 of the supplemental FOA for territories and FASs. This is **Performance Measure 4** in the HPP Performance Measures Implementation Guidance
5. The HCC has a process to regularly review and update the preparedness plan.	(•) Yes ( ) In-progress ( ) No	HCC members should approve the initial plan and maintain involvement in regular reviews. Following reviews, the HCC should update the plan as necessary after exercises and real-world events. The review should include identifying gaps in the preparedness plan and working with HCC members to define strategies to address the gaps. For HCC preparedness plan requirements, please see page 17 of the FOA and page 3 of the supplemental FOA for territories and FAS.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in meeting this objective.	( ) Yes (•) No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	[x] No gaps [ ] Other - please explain [ ] Lack of personnel due to funding [ ] Lack of personnel due to hiring issues [ ] Lack of trained personnel [ ] Lack of subject matter experts [ ] Lack of plans/incomplete plans [ ] Legal barriers [ ] Administrative barriers [ ] Issues with procurement/contracting process [ ] Lack of equipment [ ] Lack of Information Technology (IT) systems If "other," you **MUST** specify:	

4. The HCC requires technical assistance to mitigate gaps in this objective.	○ Yes ◉ No ○ N/A	

Objective 4: Train and Prepare the Health Care and Medical Workforce

Training, drills, and exercises help identify and assess how well a health care delivery system or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of an HCC member's workforce. Trainings can cover a wide range of topics including clinical subject matter, incident management, safety and protective equipment, workplace violence, psychological first aid, or planning workshops. The HCC should promote these activities and participate in training and exercises with its members, and in coordination with the Emergency Support Function-8 (ESF-8) lead agency, emphasizing consistency, engagement, and demonstration of regional coordination.

Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Activity Component	Response	Guidance
1. The HCC assists its members with NIMS implementation.	○ Yes ◉ In-progress ○ No	Per page 28 of Funding Opportunity Announcement (FOA), the HCC must assist with NIMS implementation in the following ways: • Ensure HCC leadership receives NIMS training • Promote NIMS-related training and exercises • Assist HCC members with incorporating NIMS components into their emergency operations plans

Activity 2: Educate and Train on Identified Preparedness and Response Gaps

1. The HCC coordinates with its members to address preparedness and response gaps through education and training.	○ Yes ◉ In-progress ○ No	The HCC's education and training program should include the following: • Promote understanding of HCC member specific roles and responsibilities in emergency response • Train on specific gaps and needs identified by HCC members • Promote/support training for health care providers, laboratorians, non-clinical staff, and ancillary workforce Ensure health care organization leadership is aware • of/engaged in HCC activities • Employ a variety of modalities (e.g., online, classroom, etc.)
2. The HCC has documented its training and education activities and shared them with their awardee for inclusion in the multi-year exercise plan (MYTEP).	◉ Yes ○ In-progress ○ No	Training plans should include: • Initial education • Continuing education • Appropriate certification • Just-in-time training For details regarding awardee MYTEP submission requirements, please see page 1 of the HPP exercise requirements supplement.

Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

1. The HCC plans and conducts coordinated exercises to assess the health care delivery system's readiness.	Responses regarding HCC exercise activities will be captured in the exercise tool.	N/A

Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements

1. The HCC coordinates with its members to align exercises with federal standards, and facility regulatory and accreditation requirements.	○ Yes ◉ In-progress ○ No	For standards, regulations, and accreditation requirements that HCCs should consider for exercise development/execution, please see page 21 of the 2017-2022 *Health Care Preparedness and Response Capabilities.*

Activity 5: Evaluate Exercises and Responses to Emergencies

1. The HCC coordinates with its members to evaluate exercises and responses to emergencies.	○ Yes ◉ In-progress ○ No	When evaluating exercises, the HCC should coordinate with its members and awardees to complete both After Action Reports (AARs) that document gaps revealed during exercises/events AND Improvement Plans (IPs) that detail plans to address gaps, responsible parties and time to complete, and recommended processes to retest revised plans. Possible gaps include such things as member composition issues, planning or resource shortfalls, or lack of skills revealed during the exercise and response evaluation processes.

Activity 6: Share Leading Practices and Lessons Learned

1. The HCC coordinates with its members, government partners, and other HCCs to share leading practices and lessons learned.	○ Yes ◉ In-progress ○ No	For principles for sharing leading practices and lessons learned, please see page 22 of the *2017-2022 Health Care Preparedness and Response Capabilities*.

CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	

2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☐ Activity 2 ☐ Activity 3 ☑ Activity 4	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☐ Lack of personnel due to funding ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☑ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3 ☐ Activity 4	

Objective 5: Ensure Preparedness is Sustainable

Sustainability planning is a critical component to HCC development. Strong governance mechanisms, constant regional stakeholder engagement, and sound financial planning help form the foundation to continue HCC activities well into the future. Sustainability should emphasize HCC processes and activities that support member needs and regulatory requirements (e.g., exercises and evacuation planning).

Activity 1: Promote the Value of Health Care and Medical Readiness

Activity Component	Response	Guidance
1. The HCC and its members promote their mission, role, and benefit to all sectors of the region through various mechanisms.	○ Yes ◉ In-progress ○ No	For information on promoting the value of health care and medical readiness, please see page 22 of the *2017-2022 Health Care Preparedness and Response Capabilities.*

Activity 2: Engage Health Care Executives

1. The HCC communicates direct and indirect benefits of HCC participation to health care executives.	○ Yes ◉ In-progress ○ No	For information on the benefits of joining an HCC, please see page 23 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
2. The HCC engages health care executives to provide input, acknowledgement, and approval regarding HCC strategic and operational planning.	○ Yes ○ In-progress ◉ No	For further information on engaging health care executives, please see page 23of the *2017-2022 Health Care Preparedness and Response Capabilities.*
3. The HCC regularly informs its members' health care executives of activities and initiatives through reports and invitations to participate in meetings, trainings, and exercises.	○ Yes ◉ In-progress ○ No	Please see the exercise tool for more information on including executives in HCC activities.

Activity 3: Engage Clinicians

1. The HCC engages clinicians to provide input, acknowledgement, approval, and expertise across a range of HCC activities.	○ Yes ○ In-progress ◉ No	Clinicians can contribute to the following activities found on page 23 of the *2017-2022 Health Care Preparedness and Response Capabilities*: • Provide input, acknowledgment, and approval of strategic and operational planning • Validate medical surge plans Provide subject matter expertise to ensure realistic • training and exercises Lead health care provider training for assessing and • treating various types of illnesses and injuries

Activity 4: Engage Community Leaders

1. The HCC engages community leaders to promote the	○ Yes	Community leaders, as described on page 24 of the *2017-2022*

resilience of the entire community.	◉ In-progress ○ No	*Health Care Preparedness and Response Capabilities,* are leaders outside of HCC membership organizations, including businesses, charitable organizations, and the media.
Activity 5: Promote Sustainability of Health Care Coalitions		
1. The HCC works to promote organizational and financial sustainability.	○ Yes ○ In-progress ◉ No	For suggestions on enhancing HCC sustainability, please see page 24 of the *2017-2022 Health Care Preparedness and Response Capabilities* here.
2. The HCC has a formal budgeting process based on gap analysis and project prioritization.	○ Yes ◉ In-progress ○ No	A formal budgeting process includes the method by which financial decisions are made to develop projects. This must include a project prioritization process. Project prioritization is based on the identification and prioritization of resource gaps.
3. Please provide the total amount of funding received from the following sources: *(Digits ONLY)* Note: if no funding is received from any of these sources, enter "0".	Total HPP funding received from the awardee: 164669 Total funding received from other federal sources: 0 Total funding received from non-federal sources: 0	This is **Performance Measure 1** in the HPP Performance Measure Implementation Guidance.
4. The HCC receives in-kind support from sources other than the awardee in the following forms:	☐ None Received ☑ Physical space ☐ Equipment/supplies ☐ Services ☐ Labor hours ☐ Other	In-kind support from sources other than the awardee is defined as any non-monetary support for HCC activities received from sources other than the awardee. For further definitions of in-kind support, please see 45 Code of Federal Regulation (CFR), Part 92.24. This is **Performance Measure 1** in the HPP Performance Measure Implementation Guidance.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☐ Activity 1 ☑ Activity 2 ☑ Activity 3 ☑ Activity 4	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☐ Lack of personnel due to funding issues ☑ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☑ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3 ☐ Activity 4	

All questions within this form must be completed in order to submit.

Once **all** questions are answered, please check this box which will then enable the **Submit** button below.

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Coalition Assessment Tool

Capability 2: Health Care and Medical Response Coordination

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Health care organizations respond to emergent patient care needs every day. During an emergency response, health care organizations and other HCC members contribute to the coordination of information exchange and resource sharing to ensure the best patient care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency. Every individual health care organization must have an Emergency Operations Plan (EOP) per federal and state regulations and multiple accreditation standards. The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual EOPs. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. The purpose of coordinating response plans is not to supplant existing ESF-8 structures, but to enhance effective response in accordance with the wide array of existing federal, state, and municipal legal authorities in which HCC members operate (e.g., Emergency Medical Treatment & Labor Act [EMTALA]53, communicable disease reporting, and the Health Insurance Portability and Accountability Act [HIPAA] Privacy Rule).

Activity 1: Develop a Health Care Organization Emergency Operations Plan

Activity Component	Response	Guidance
1. The HCC supports its health care organization members in developing their individual Emergency Operations Plans (EOPs).	○ Yes ◉ In-progress ○ No	Specific criteria for health care organization EOPs are located on page 26 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
2. The HCC coordinates with health care organization members to review and update their EOPs regularly including after exercises and real-world events.	○ Yes ◉ In-progress ○ No	The EOP review process should include: • Identifying gaps in the EOP • Defining strategies and tactics to address any gaps • Ways in which the HCC can assist in closing the gaps

Activity 2: Develop a Health Care Coalition Response Plan

1. The HCC has a complete Response Plan with all of the required components below. • Individual HCC member organization and HCC contact information • Locations that may be used for multiagency coordination • Brief summary of each individual member's resources and responsibilities • Integration with appropriate ESF-8 lead agencies • Emergency activation thresholds and processes • Alert and notification procedures • Essential Elements of Information (EEIs) agreed to be shared • Communication and information technology (IT) platforms and redundancies for information sharing • Support and mutual aid agreements • Evacuation and relocation processes • Policies and processes for the allocation of scare resources and crisis standards of care • Additional HCC roles and responsibilities as determined by state and/or local plans and agreements	Only select "Yes" if *all* components are present in the Response Plan. ◉ Yes ○ No ***Note: From BP2 onward, it is a requirement to have a complete Response Plan with all the required components. If you have a Response Plan, whether in draft or final versions, and wish to upload it for review, you may do so along with the governance document and Preparedness Plan using the document uploader on the user dashboard. Your Response Plan can be presented in various formats but must include the required components as listed at left.*	HCC response plans must clearly outline components listed on pages 29-30 of the Funding Opportunity Announcement (FOA). Per pages 6-7 of the supplemental FOA for territories and FAS, some elements of the response plan may be minimal or structured uniquely. This is **Performance Measure 5** in the HPP Performance Measure Implementation Guidance.
2. The HCC has a response plan that has been approved by all of its core member organizations.	◉ Yes ○ No	Core membership types include: • Hospitals • Emergency Medical Services (EMS) • Public health agencies • Emergency management organizations Core membership representation and approval is based on how the HCC has defined it. This is **Performance Measure 5** in the HPP Performance Measure Implementation Guidance.
3. The HCC has provided an opportunity for additional member organizations to provide input into the response	◉ Yes ○ No	This is **Performance Measure 5** in the HPP Performance Measure Implementation Guidance.

plan.		
4. The HCC has provided a final copy of the response plan to all member organizations.	(•) Yes ( ) No	This is **Performance Measure 5** in the HPP Performance Measure Implementation Guidance.
5. The HCC regularly reviews and recommends updates to the state and/or local ESF-8 response plan.	( ) Yes (•) In-progress ( ) No	For information on how the HCC should review and provide updates to the state an/or local ESF-8 response plan, please see page 28 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
6. The HCC reviews and updates its response plan regularly, including after exercises and real incidents.	( ) Yes (•) In-progress ( ) No	The review should include identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	[ ] None [x] Activity 1 [ ] Activity 2	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	[ ] No gaps [ ] Other - please explain [x] Lack of personnel due to funding issues [ ] Lack of personnel due to hiring issues [x] Lack of trained personnel [x] Lack of subject matter experts [x] Lack of plans/incomplete plans [ ] Legal barriers [ ] Administrative barriers [ ] Issues with procurement/contracting process [ ] Lack of equipment [ ] Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	[x] N/A [ ] Activity 1 [ ] Activity 2	

Objective 2: Utilize Information Sharing Procedures and Platforms

Effective response coordination relies on information sharing to establish a common operating picture. Information sharing is the ability to share real-time information related to the emergency, the current-state of the health care delivery system, and situational awareness across the various response organizations and levels of government (federal, state, local). The HCC's development of information sharing procedures and use of interoperable and redundant platforms is critical to successful response.

Activity 1: Develop Information Sharing Procedures

Activity Component	Response	Guidance
1. The HCC is able to access and collect timely, relevant, and actionable information about its members during emergencies.	( ) Yes (•) In-progress ( ) No	For details on HCC information sharing procedures, please see page 28 of the *2017-2022 Health Care Preparedness and Response Capabilities*. Additionally, users can refer to pages 35-36 of the Funding Opportunity Announcement (FOA) and page 8 of the supplemental FOA for territories and Freely Associated States (FAS).
2. The HCC is able to share pertinent emergency information with their HCC members, the ESF-8 lead agency, and other stakeholders.	( ) Yes (•) In-progress ( ) No	For requirements on information sharing, please see pages 35-36 of the FOA and page 7 of the supplemental FOA for territories and FAS.
3. The HCC has documented information sharing procedures in its response plan.	( ) Yes (•) In-progress ( ) No	For details on HCC information sharing procedures, please see page 28 of the *2017-2022 Health Care Preparedness and Response Capabilities.* Additionally, users can refer to pages 35-36 of the FOA.
4. The HCC provides situational awareness data, including data on bed availability, to ASPR and CDC during emergency	(•) Yes	For requirements on sharing situational awareness data, please

response operations and at other times, as requested.	○ In-progress ○ No	see page 35 of the FOA and page 8 of the supplement for territories and FAS.
Activity 2: Identify Information Access and Data Protection Procedures		
1. The HCC coordinates with state and local authorities, as appropriate, to identify information access and data protection procedures.	○ Yes ◉ In-progress ○ No	For access and data protection procedures, please see page 29 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
Activity 3: Utilize Communications Systems and Platforms		
1. The HCC uses primary and redundant communications systems and platforms to effectively coordinate information during emergencies, planned events, and on a regular basis.	○ Yes ◉ In-progress ○ No	For more detail on HCC responsibilities, please see page 29 in the *2017-2022 Health Care Preparedness and Response Capabilities.* For requirements on redundant communications, please see page 27 of the FOA. Related questions regarding redundant communications are located in the CAT Exercise tool.
2. The HCC ensures that its member organizations have access to the HCC's information sharing platforms.	○ Yes ◉ In-progress ○ No	For requirements on HCC member organizations' access to information sharing platforms, please see page 37 of the FOA and page 9 of the supplement for territories and FAS.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2 ☑ Activity 3	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No Gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☐ Administrative barriers ☐ Issues with procurement/contracting process ☑ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3	

Objective 3: Coordinate Response Strategy, Resources, and Communications

The HCC should coordinate its response strategies, track its members' resource availability and needs, and clearly communicate this information to all HCC members, other stakeholders, and the ESF-8 lead agency. In addition, the HCC, in collaboration with its members, should provide coordinated, accurate, and timely information to health care providers and the public in order to ensure a successful emergency response.

Activity 1: Identify and Coordinate Resource Needs during an Emergency

Activity Component	Response	Guidance
1. The HCC and its members have visibility into member resources and resource needs to meet the community's clinical care needs during an emergency.	○ Yes ◉ In-progress ○ No	For guiding principles for coordinating resource needs during emergencies, please see page 30 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
Activity 2: Coordinate Incident Action Planning during an Emergency		

1. The HCC integrates its incident action plan (IAP) into the jurisdiction's IAP, via the ESF-8 lead agency, during an emergency or planned event.	○ Yes ◉ In-progress ○ No	The HCC should support its members' development of individual IAPs during an emergency or planned event. For guidance on coordinating IAPs, please see page 30 in the *2017-2022 Health Care Preparedness and Response Capabilities.*
Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency		
1. The HCC, in coordination with its public health agency members, has developed processes and procedures to rapidly acquire and share clinical knowledge among health care providers and among health care organizations during responses.	○ Yes ◉ In-progress ○ No	For guidance on communicating with health care providers, non-clinical staff, patients, and visitors during emergencies, please see page 30 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
Activity 4: Communicate with the Public during an Emergency		
1. The HCC supports its members' use of the community's Joint Information System (JIS) to share information with the public during an emergency.	○ Yes ○ In-progress ◉ No	Coordinated health information that could be shared with the JIS is included on page 31 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
2. The HCC provides public information officer training (PIO) for its members as needed.	○ Yes ◉ In-progress ○ No	This training should cover health risk communication training.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☐ Activity 1 ☑ Activity 2 ☑ Activity 3 ☑ Activity 4	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☐ Lack of plans/incomplete plans ☐ Legal barriers ☑ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3 ☐ Activity 4	

All questions within this form must be completed in order to submit.

Please check this box once **all** questions are answered, then hit the **Submit** button below.

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Coalition Assessment Tool

Capability 3: Continuity of Health Care Service Delivery

Objective 1: Identify Essential Functions for Health Care Delivery

There are key health care Functions (e.g., Mission Essential Functions [MEFs]) that should be continued after a disruption of normal activities and are a priority for restoration should any be compromised. Health care organizations should first determine their Key Functions when planning for continuity of health care service delivery. The HCC may play an important role in assessing and supporting the maintenance of these Functions.

Activity Component	Response	Guidance
1. The HCC supports its members' identification, assessment, and maintenance of key health care delivery functions after a disruption of normal activities.	○ Yes ○ In-progress ◉ No	Key health care functions include clinical services and infrastructure. For details, please see pages 32-33 of the*2017-2022 Health Care Preparedness and Response Capabilities*.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in meeting this objective.	◉ Yes ○ No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☐ Lack of plans/incomplete plans ☐ Legal barriers ☐ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	○ Yes ◉ No	

Objective 2: Plan for Continuity of Operations

The foundation for safe medical care delivery includes a robust, redundant infrastructure and availability of essential resources. Health care organizations should determine their priorities for ensuring Key Functions are maintained during an emergency, including the provision of care to existing and new patients. Facilities should determine those services that are critical to patient care and those that could be suspended (e.g., closing a hospital's outpatient clinics to preserve staff to manage an elevated inpatient census). In addition, the HCC should have a plan to maintain its own operations.
During continuity preparedness activities, health care organizations and the HCC should consider what disaster risk reduction strategies should be implemented in order to lessen the likelihood of complete and total failure. The HCC should facilitate each individual member's approach to risk reduction to promote a regional approach to addressing critical infrastructure (e.g., utilities, telecommunications, and supply chain).

Activity 1: Develop a Health Care Organization Continuity of Operations Plan

Activity Component	Response	Guidance
1. The HCC supports the development and activation of its member organizations' Continuity of Operations (COOP) plans.	○ Yes ◉ In-progress ○ No	The HCC is not expected to pay for continuity operations for their members but can support member COOP development by sponsoring planning and training events for their members. The HCC and governmental partners (including the Emergency Support Function-8 [ESF-8] lead agency) should support continuity of health care operations when one or more health care organizations has lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation. For more guidance on developing COOP plans, please see pages 33-34 of the *2017-2022 Health Care Preparedness*

		and Response Capabilities.
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan		
1. The HCC has developed a COOP plan, informed by its members' plans, which includes the required components.	○ Yes ○ In-progress ◉ No	For HCC COOP plan required components, please see page 31 of the Funding Opportunity Announcement (FOA) and page 7 of the supplemental FOA for territories and Freely Associated States (FAS).
Activity 3: Continue Administrative and Finance Functions		
1. The HCC has plans to maintain its own administrative and financial functions during and after an emergency.	○ Yes ◉ In-progress ○ No	These plans may include the ability to use HCC funds consistent with normal activities to expedite purchases to support resources. The HCC and its members should maintain their own administrative and financial functions during and after an emergency.
Activity 4: Plan for Health Care Organization Sheltering in Place		
1. The HCC assists its members' development of shelter-in-place plans.	○ Yes ○ In-progress ◉ No	For considerations on developing a shelter-in-place plan, please see pages 34-35 of the *2017-2022 Health Care Preparedness and Response Capabilities*
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2 ☑ Activity 3 ☑ Activity 4	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of plans/incomplete plans ☐ Legal barriers ☑ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems ☐ Lower priority objective If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☐ N/A ☐ Activity 1 ☑ Activity 2 ☐ Activity 3 ☐ Activity 4	

Objective 3: Maintain Access to Non-Personnel Resources during an Emergency

Critical equipment and supplies for all populations should be available to ensure the ongoing delivery of patient care services. HCC members should assess equipment and supply needs that will likely be in demand during an emergency and develop strategies to address potential shortfalls.

Activity 1: Assess Supply Chain Integrity

Activity Component	Response	Guidance
1. The HCC has conducted a supply chain integrity assessment.	◉ Yes ○ In-progress ○ No	The supply chain integrity assessment is used to evaluate equipment and supply needs that will be in demand during emergencies. The HCC should support its members in developing mitigation strategies to address potential shortfalls. For areas to include in the supply chain assessment, please see page 35 of the *2017-2022 Health Care Preparedness and Response Capabilities.*

		For requirements on assessing supply chain integrity, please see page 39 in the Funding Opportunity Announcement (FOA) and page 10 of the supplemental FOA for territories and Freely Associated States (FAS).
2. The HCC has documented strategies to address supply chain vulnerabilities in the following areas: • Acquisition • Storage • Rotation of day-to-day supplies • Activation and deployment of stockpile • Disposal	○ Yes ○ In-progress ◉ No	Please note that this is a requirement for those HCCs using funds to purchase pharmaceuticals or other medical materiel. For requirements on assessing supply chain integrity, please see page 39 in the FOA and page 10 of the supplemental FOA for territories and FAS.
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements		
1. The HCC provides information to its members on how to obtain additional supplies from any existing HCC stockpiles.	○ Yes ◉ In-progress ○ No	For details on assessing and addressing equipment, supply, and pharmaceutical requirements, please see pages 36-37 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
2. The HCC understands their jurisdictional medical countermeasure (MCM) distribution plans.	○ Yes ◉ In-progress ○ No	HCCs can gain understanding either through participation in jurisdictional MCM operational readiness reviews or briefings provided by the jurisdiction's MCM coordinator. For details on MCM distribution plans requirements, please see page 38 of the FOA and page 10 of the supplemental FOA for territories and Freely Associated States (FAS).
3. The HCC is engaged in development, training, and exercising of MCM dispensing/distribution plans.	○ Yes ◉ In-progress ○ No	Please note that this is a requirement for HCCs participating in the CHEMPACK program or the Cities Readiness Initiative (CRI). For requirements pertaining to participating in CHEMPACK, CRI, or related state/local plans, please see page 38-39 of the FOA and page 10 of the supplemental FOA for territories and Freely Associated States (FAS).
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☐ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2	

Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks

Cyber attacks on health care organizations have had significant effects on every aspect of patient care and organizational continuity. With increasing reliance on information systems, including EHRs, administrative and payment systems, mobile technology, communication systems, and networked medical devices, there is a potential risk to their integrity and safety. To combat these risks, health care organizations should implement cybersecurity leading practices and conduct robust planning and exercising for cyber incident response and consequence management. As the number of cyber attacks on the health care sector increases, health care practitioners, executives, IT professionals,

legal and risk management professionals, and emergency managers should remain current on the ever-changing nature and type of threats to their organizations, systems, patients, and staff.

Health care organizations, assisted by the HCC, should explore industry cybersecurity standards, guidelines, and leading practices necessary to protect these systems (e.g., National Institute of Standards and Technology Cybersecurity Framework - Framework for Improving Critical Infrastructure Cybersecurity), and have a plan in place for response and recovery should they be compromised.

Activity Component	Response	Guidance
1. The HCC supports its members in planning for response and recovery should health care information systems and networks become compromised.	○ Yes ◉ In-progress ○ No	For a partial list of industry-recognized leading practice for protecting health care information systems and networks, please see page 38 of the *2017-2022 Health Care Preparedness and Response Capabilities*. For further information, see TRACIE's Cybersecurity Topic Collection here.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in meeting this objective.	◉ Yes ○ No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☐ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☐ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective.	○ Yes ◉ No	

Objective 5: Protect Responders' Safety and Health

The safety and health of clinical and non-clinical personnel are high priorities for preparedness and continuity as effective care cannot be delivered without available staff. Health care organizations, in coordination with the HCC, should develop processes to protect responders' safety and health and align with various requirements, certifications, and standards (e.g., Occupational Safety and Health Administration [OSHA], Joint Commission, etc.). Those processes should be implemented to equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. PPE, medical countermeasures (MCMs), workplace violence training, psychological first aid training, and other interventions specific to an emergency are all necessary to protect health care workers from illness or injury and should be readily available to the health care workforce.

Activity 1: Distribute Resources Required to Protect the Health Care Workforce

Activity Component	Response	Guidance
1. The HCC supports its members' development of closed points of dispensing (POD) as a model to distribute medical countermeasures (MCMs).	○ Yes ◉ In-progress ○ No	For guidance on developing PODs, see page 38 of the*2017-2022 Health Care Preparedness and Response Capabilities.*
2. The HCC equips and provides resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.	○ Yes ◉ In-progress ○ No	For details on requirements for ensuring the safety and health of responders, please see pages 42-43 of the Funding Opportunity Announcement (FOA) here and page 10 of the supplemental FOA for territories and Freely Associated States (FAS).
3. The HCC has documented acquisition, storage, rotation, activation, use, and disposal decisions for the use of personal protective equipment (PPE).	○ Yes ◉ In-progress ○ No	Please note that this is a requirement for HCCs using HPP funds to purchase PPE. The HCC should promote regional PPE procurement for pricing and consistency benefits. For details on requirements for ensuring the safety and health of responders, please see pages 42-43 of the FOA here and page 10 of the supplemental FOA for territories and FAS.

Activity 2: Train and Exercise to Promote Responders' Safety and Health		
1. The HCC provides training (e.g., via drills and exercises) to protect responder safety and health.	○ Yes ◉ In-progress ○ No	For guidance on how HCCs can promote training, drills, and exercises, please see page 39 of the *2017-2022 Health Care Preparedness and Response Capabilities*. For details on requirements for ensuring the safety and health of responders, please see pages 42-43of the FOA here and page 10 of the supplemental FOA for territories and FAS.
Activity 3: Develop Health Care Worker Resilience		
1. The HCC disseminates information and promotes programs and initiatives that support health care worker resilience to all members.	○ Yes ◉ In-progress ○ No	For a list of programs and activities to promote worker resilience and emergency resiliency strategies, please see page 40 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2 ☑ Activity 3	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3	

Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation

Health care organizations should evacuate or relocate when continuity planning efforts cannot sustain a safe working environment or when a government entity orders a health care organization to evacuate. The HCC should ensure all members and other stakeholders are included in evacuation and relocation planning including but not limited to, skilled nursing facilities and long-term care facilities. The HCC plays a critical role in coordinating the various elements of patient evacuation and relocation.

Activity 1: Develop and Implement Evacuation and Relocation Plan		
Activity Component	**Response**	**Guidance**
1. The HCC ensures all health care organizations, public health agencies, emergency medical services (EMS), and emergency management organizations are included in evacuation and relocation planning and execution during exercises and real incidents.	○ Yes ◉ In-progress ○ No	For a list of planning, evacuation, and relocation considerations, please see pages 40-41 of the *2017-2022 Health Care Preparedness and Response Capabilities.* For requirements on evacuation planning, please see page 49of the Funding Opportunity Announcement (FOA) and page 12 of the supplemental FOA for territories and Freely Associated States (FAS).
2. The HCC supports its members' planning for the special considerations that high risk patients should receive during evacuation and relocation.	○ Yes ◉ In-progress ○ No	High risk patients include adults, children, and neonates in critical care units; current operative cases; and psychiatric patients.
Activity 2: Develop and Implement Evacuation Transportation Plans		
1. The HCC ensures all health care organizations, public health agencies, EMS, and emergency management organizations are included in evacuation transportation planning and execution during exercises and real incidents.	○ Yes ◉ In-progress ○ No	For guidance on evacuation transportation planning, please see page 41of the *2017-2022 Health Care Preparedness and Response Capabilities.* For details on evacuation planning requirements, please see page 49of the FOA and page 12 of the supplemental FOA for territories and FAS.
CPG Activity Assessment Questions		

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☑ Administrative barriers ☑ Lack of equipment ☐ Lack of Information Technology (IT) systems ☐ Lower priority objective If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2	

Objective 7: Coordinate Health Care Delivery System Recovery

Effective recovery and reconstitution of the health care delivery system includes pre-incident planning and implementation of recovery processes that begin at the outset of a response. The HCC can play an important role in monitoring and facilitating the recovery processes of the health care delivery system disrupted by an emergency. These efforts are intended to promote an effective and efficient return to normal or, ideally, improved operations for the provision of and access to health care in the community.

Activity 1: Plan for Health Care Delivery System Recovery

Activity Component	Response	Guidance
1. The HCC participates in – and promotes its members' participation in – state and local pre-emergency recovery planning activities as described in the *National Disaster Recovery Framework.*	○ Yes ◉ In-progress ○ No	For more information on recovery planning, please see page 42of the *2017-2022 Health Care Preparedness and Response Capabilities.* For details on requirements for health care delivery system recovery planning, please see page 30of the Funding Opportunity Announcement (FOA). Per page 7 of the supplemental FOA for territories and FAS, the Federated States of Micronesia (FSM), the Republic of Palau (PW), and the Republic of the Marshall Islands (RMI) do not recognize the National Disaster Recovery Framework.

Activity 2: Assess Health Care Delivery System Recovery after an Emergency

1. The HCC assists its members in assessing of emergency-related structural, functional, and operational impacts after an emergency.	○ Yes ◉ In-progress ○ No	For ways in which the HCC can support in the post-emergency recovery process, please see pages 42-43of the *2017-2022 Health Care Preparedness and Response Capabilities.*

Activity 3: Facilitate Recovery Assistance and Implementation

1. The HCC supports its members in the post-emergency recovery process by facilitating patient repatriation and system operations restoration.	○ Yes ◉ In-progress ○ No	For ways in which the HCC can support in the post-emergency recovery process, please see page 43of the*2017-2022 Health Care Preparedness and Response Capabilities.*
2. The HCC assists health care organizations in ensuring that their Incident Command System (ICS) prepares for a return to normal operations.	○ Yes ◉ In-progress ○ No	For information on ways HCCs can assist in a return to normal operations, please see page 43 of the *2017-2022 Health Care Preparedness and Response Capabilities.*

CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	

2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2 ☑ Activity 3	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☐ Lack of plans/incomplete plans ☐ Legal barriers ☐ Administrative barriers ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems ☐ Lower priority objective If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3	

All questions within this form must be completed in order to submit.

Please check this box once **all** questions are answered, then hit the **Submit** button below.

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Coalition Assessment Tool

Capability 4: Medical Surge

Objective 1: Plan for a Medical Surge

Health care organizations can most effectively implement and manage medical surge when appropriate information sharing systems and procedures have been established, appropriate plans for all levels of care and populations have been developed, and personnel have been trained in their use.

Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan

Activity Component	Response	Guidance
1. The HCC supports its members with incorporating medical surge planning into their Emergency Operations Plans (EOPs).	○ Yes ◉ In-progress ○ No	Health care organization member EOPs should define the actions to initiate surge response and include the following: • Departmental sections that provide specific surge strategies for each unit or service line • Employee communication protocols • Processes to request waivers and emergency use authorizations

Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan

1. The HCC supports its Emergency Medical Services (EMS) members with incorporating medical surge planning components into their EOPs.	○ Yes ○ In-progress ◉ No	The following medical surge elements should be incorporated into an EMS EOP: • Dispatch • Response • Pre-hospital triage and treatment • Transportation • Supplies and equipment For more information on incorporating medical surge planning into EMS EOPs, please see pages 46-47of the *2017-2022 Health Care Preparedness and Response Capabilities*.

Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan

1. The HCC has incorporated all required medical surge elements into the HCC response plan.	○ Yes ◉ In-progress ○ No	The HCC response plan must include the following required medical surge elements: • Strategies to implement if the emergency overwhelms regional capacity or specialty care including trauma, burn, and pediatric capability, • Strategies for patient tracking, • Strategies for initial patient distribution (or redistribution) across the region and among local hospitals in the event a facility becomes overwhelmed, and • Processes for joint decision making and engagement between the HCC and stakeholders to avoid crisis conditions based on proactive decisions about resource utilization. For a detailed list of medical surge components required in the HCC response plan, please see page 30of the Funding Opportunity Announcement (FOA) and pages 6-7 of the supplemental FOA for territories and Freely Associated States (FAS).
2. The HCC has documented its plan for implementing Crisis Standards of Care (CSC), thereby integrating EMS, hospital, public health, and emergency management policies related to situations in which the usual delivery of health care services is not possible due to disaster conditions.	○ Yes ◉ In-progress ○ No	HCCs must include the following in the documentation: • The key stakeholders involved in the planning, including a description of how these stakeholders integrate with each other to ensure a coordinated response to crisis conditions • Efforts undertaken to promote provider engagement in CSC planning

		• Activities to support the implementation of crisis care decision-making by EMS agencies, including dispatch, transport, and treatment decisions • Activities to support the implementation of crisis care decision-making by hospitals and other health care entities, especially as they relate to managing limited resources and the integration of crisis strategies into surge capacity planning and incident management U.S. territories and FAS, through their HCCs, must address this FOA requirement understanding that certain elements such as expansion of health care service delivery, adjustment of prescribing practices, and other elements will not apply or be modified. For further requirements related to CSC, see page 51of the FOA and page 13 in the supplemental FOA for territories and FAS.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2 ☑ Activity 3	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☑ Legal barriers ☐ Administrative barriers ☐ Issues with procurement/contracting process ☐ Lack of equipment ☐ Lack of Information Technology (IT) systems ☐ Lower priority objective ☐ Lack of supporting infrastructure ☑ Corrective actions and/or exercising is required If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	☑ N/A ☐ Activity 1 ☐ Activity 2 ☐ Activity 3	

Objective 2: Respond to a Medical Surge

Health care organizations and the HCC will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to sharing information and resources, including staff, and ensuring the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible care under such conditions. Certain emergencies require a specialized response, either because of the type of event or specific vulnerabilities of different patient populations. The HCC facilitates these responses through timely information and resource sharing (e.g., Essential Elements of Information (EEIs), expertise that exists within the HCC, etc.).

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity Component	Response	Guidance
1. The HCC can support a coordinated response to emergency department and inpatient medical surge.	○ Yes ◉ In-progress ○ No	The goal of surge management is to ensure immediate bed availability (IBA). IBA is defined as the ability of a hospital to provide at least 20 percent bed availability of staffed beds within four hours of a disaster.

		For details on developing emergency department and inpatient medical surge capacity and capability, please see Table 2 on page 48in the *2017-2022 Health Care Preparedness and Response Capabilities*. For details on emergency department and inpatient medical surge requirements, please see page 50of the Funding Opportunity Announcement (FOA) and page 12 of the supplemental FOA for territories and Freely Associated States (FAS).
Activity 2: Implement Out-of-Hospital Medical Surge Response		
1. The HCC can support out-of-hospital medical surge response.	○ Yes ◉ In-progress ○ No	Out-of-hospital members include but are not limited to, ambulatory care (including primary care providers), Federally Qualified Health Centers (FQHCs), community and tribal health centers, stand-alone surgical and specialty centers, skilled nursing facilities, long-term care facilities, clinics, private practitioners, and home care. For details on implementing out-of-hospital medical response, please see page 49-50in the *2017-2022 Health Care Preparedness and Response Capabilities.*
Activity 3: Develop an Alternate Care System		
1. The HCC has planned with the appropriate community healthcare partners to develop alternate care systems.	○ Yes ◉ In-progress ○ No	An alternate care system is defined as the utilization of non-traditional settings and modalities for health care delivery. For key considerations when developing an alternate care system, please see Table 3 on pages 50-51of the *2017-2022 Health Care Preparedness and Response Capabilities* Further information can be found on the TRACIE Alternate Care System page.
Activity 4: Provide Pediatric Care during a Medical Surge Response		
1. The HCC promotes its members' planning for pediatric medical emergencies.	○ Yes ◉ In-progress ○ No	For details on providing pediatric care during a medical surge response, please see page 51 of the *2017-2022 Health Care Preparedness and Response Capabilities*. Further information can be found on the TRACIE Pediatric Surge page here.
2. The HCC coordinates with the Health Resources and Services Administration's (HRSA) Emergency Medical Services for Children (EMSC) to ensure that all hospitals are prepared to receive, stabilize, and manage pediatric patients.	○ Yes ○ In-progress ◉ No	HRSA administers the EMSC program at the federal level. This program works to ensure that critically ill and injured children receive optimal pediatric emergency care. Further information can be found on HRSA's website here .
Activity 5: Provide Surge Management during a Chemical or Radiation Emergency Event		
1. The HCC can support surge management during a chemical or radiation emergency event.	○ Yes ◉ In-progress ○ No	For details on providing surge management during a chemical or radiation emergency event, please see page 51-52 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
Activity 6: Provide Burn Care during a Medical Surge Response		
1. The HCC supports a coordinated response to large burn emergencies.	○ Yes ○ In-progress ◉ No	Given the limited number of burn specialty hospitals, an emergency affecting large numbers of burn patients will require HCC and awardee involvement to ensure those patients that can benefit the most from burn services receive priority for transfer. For details on providing burn care during a medical surge response, see page 53of the FOA and page 13 of the supplemental FOA for territories and FAS.
Activity 7: Provide Trauma Care during a Medical Surge Response		
1. The HCC supports a coordinated response to large trauma emergencies.	○ Yes ◉ In-progress ○ No	Given the limited number of trauma centers, an emergency affecting large numbers of trauma patients will require HCC and awardee involvement to ensure those patients that can benefit the most from trauma services receive priority for transfer. For details on providing trauma care during a medical surge response, see page 53of the FOA and page 13 of the supplemental FOA for territories and FAS.

Activity 8: Respond to Behavioral Health Needs during a Medical Surge response		
1. The HCC supports a coordinated response to behavioral health needs during a medical surge response.	○ Yes ○ In-progress ◉ No	For details on providing behavioral health needs during a medical surge response, please see page 52-53 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
Activity 9: Enhance Infectious Disease Preparedness and Surge Response		
1. The HCC supports a coordinated response to infectious disease surge events.	○ Yes ◉ In-progress ○ No	For details on providing infectious disease preparedness and surge response, please see page 53 of the *2017-2022 Health Care Preparedness and Response Capabilities.*
2. The HCC, in collaboration with its members and jurisdictions, has expanded and improved existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all infectious disease emergencies.	○ Yes ◉ In-progress ○ No	For details on infectious disease preparedness requirements, see page 54 of the FOA and page 14 of the supplemental FOA for territories and FAS.
3. The HCC includes health care associated infections (HAI) coordinators and quality improvement professionals at the health care facility and jurisdictional levels in all required activities.	○ Yes ◉ In-progress ○ No	HAI coordinators must be included in planning, training, and exercising for infectious disease responses. Additional HCC roles in planning for and responding to infectious disease are included on page 54 of the FOA. For details on infectious disease preparedness requirements, see page 54 of the FOA and page 14of the supplemental FOA for territories and FAS.
Activity 10: Distribute Medical Countermeasures during Medical Surge Response		
1. The HCC supports coordinated efforts to receive and dispense medical countermeasures (MCMs) to patients, responders, and employees and their households during a medical surge emergency.	○ Yes ◉ In-progress ○ No	For guidance on establishing closed points-of-dispensing (PODs) and other elements of distributing MCMs during a medical surge response, please see page 54 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
Activity 11: Manage Mass Fatalities		
1. The HCC supports coordinated management of mass fatalities during a medical surge emergency.	○ Yes ◉ In-progress ○ No	For guidance on managing mass fatalities, please see pages 54-55 of the *2017-2022 Health Care Preparedness and Response Capabilities*.
CPG Activity Assessment Questions		
1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Highly important ▼	
2. The HCC has gaps in the following activities of this objective:	☐ None ☑ Activity 1 ☑ Activity 2 ☑ Activity 3 ☑ Activity 4	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	☐ No gaps ☐ Other - please explain ☑ Lack of personnel due to funding issues ☐ Lack of personnel due to hiring issues ☑ Lack of trained personnel ☑ Lack of subject matter experts ☑ Lack of plans/incomplete plans ☐ Legal barriers ☐ Administrative barriers ☐ Issues with procurement/contracting process ☑ Lack of equipment ☐ Lack of Information Technology (IT) systems If "other," you **MUST** specify:	
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):		

- [x] N/A
- [ ] Activity 1
- [ ] Activity 2
- [ ] Activity 3
- [ ] Activity 4
- [ ] Activity 5

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Exercise Tool

For HCCs from U.S. States, directly funded localities, Puerto Rico, and Guam

Annual Coalition Surge Test

Each health care coalition (HCC) must conduct an exercise using the Health Care Coalition Surge Test once annually to assess overall health care system response (low/no-notice exercise to test ability of HCCs to transition quickly into "disaster mode").

Please note that **this requirement applies to states, directly funded localities, Puerto Rico, and Guam**. Coalition Surge Test information is located at the following link: http://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx.

****ALL MANUALLY ENTERED RESPONSES MUST BE DIGITS ONLY****

#	Performance Measure	Data Point	
1	PM14: HCC core member **organizations** participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	Input the total number of HCC core member **organizations** participating (**digits only**):	
		Hospitals:	18
		Emergency Medical Services (EMS):	4
		Emergency Management (EM) organizations:	1
		Public Health Agencies:	3
2	PM15:HCC core member **organizations'** executives participating in Phase 2: After Action Review of the Coalition Surge Test.	Input the total number of HCC core member **organizations** with executives participating (**digits only**):	
		Hospitals:	0
		EMS:	1
		EM:	0
		Public Health Agencies:	0
3	PM16: Percent of patients at the evacuating facilities that are identified as able to be: a) discharged safely to home or b) evacuated to receiving facilities during Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	Enter total number of patients at evacuating facilities identified as being able to be discharged safely to home during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds) - 57	
		Enter total number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds) – 10	
		Enter total number of patients at all evacuating facilities at the beginning of the Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds) – 67	
		Enter total number of staffed acute care beds in the coalition - 739	
4	PM17: Time [in minutes] for evacuating facilities in the HCC to report the total number of evacuating patients.	Enter time in minutes for the last evacuating facility to report the total number of patients identified as able to be evacuated after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds) - 28 *(Enter "0" only if the CST has not yet been conducted.)* **Check this box if not complete in 90 minute Phase 1 exercise:** ☐	
5	PM18: Number of evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes.	Enter total number of beds identified at all receiving facilities at the end of the exercise during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds) – 10	
6	PM19: Time [in minutes] for receiving facilities in the HCC to report the total number of beds available to receive patients.	Enter time in minutes for the last receiving facility to report the total number of beds available to receive patients after start of a Coalition Surge Test (or real world evacuation of at least 20% of coalition's total beds) - 42	

		(Enter "0" only if the CST has not yet been conducted.) **Check this box if not complete in 90 minute Phase 1 exercise:** ☐
7	PM20: Number of evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transport identified in 90 minutes.	Enter total number of patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise (or real world evacuation of at least 20% of coalition's beds) – 10
8	PM21: Time [in minutes] for the HCCs to identify an appropriate mode of transport for the last evacuating patient.	Enter time in minutes for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds) - 26 *(Enter "0" only if the CST has not yet been conducted.)* **Check this box if not complete in 90 minute Phase 1 exercise:** ☐

*For Territory and Freely Associated State HCCs **ONLY (excluding Puerto Rico and Guam)***

Annual Hospital Surge Test

The Awardees (American Samoa, Commonwealth of Northern Marianas, Federated States of Micronesia, Republic of Palau, Republic of the Marshall Islands, and U.S. Virgin Islands) must develop a surge scenario and use the Hospital Surge Test annually within hospitals, and include other partners (e.g., EMA, PH, EMS, etc.). Addressing gaps from risk assessments should be considered, as well as an evacuation component at least once during the project period. If FAA, U.S. Navy, or DOI plans an exercise during the project period, the islands should integrate.

Hospital Surge Test information is located at the following link:http://www.phe.gov/preparedness/planning/hpp/surge/Pages/default.aspx

#	Performance Measure	Data Point	
1	PM23: HCC core member **organizations** participating in the Command Center Tabletop and Emergency Department Tabletop of the Hospital Surge Test.	Input the total number of HCC core member **organizations** participating (**digits only**):	
		Hospitals:	
		EMS:	
		EM:	
		Public Health Agencies:	
2	PM24: HCC core member **organizations'** executives participating (in person or virtually) in the After Action Review of the Hospital Surge Test.	Input the total number of HCC core member **organizations** with executives participating (**digits only**):	
		Hospitals:	
		EMS:	
		EM:	
		Public Health Agencies:	
3	PM25: Number of ICU beds made available during the Hospital Surge Test.	Number of empty staffed ICU beds –	
		Number of ICU Patients (Red) Admitted from the ED –	
		Number of ICU Patients (Red) Transferred Out or Discharged –	
		Number of New ICU Treatment Spaces -	
		Number of total (empty or occupied) staffed ICU beds –	
4	PM26: Number of non-ICU beds made available during the Hospital Surge Test.	Number of empty staffed non-ICU beds –	
		Number of ICU Patients (Yellow) Admitted from the ED –	
		Number of ICU Patients (Yellow) Transferred Out or Discharged –	
		Number of New non-ICU Treatment Spaces -	
		Number of total (empty or occupied) staffed adult medical/surgical (non-ICU) beds –	
5		Number of regular treatment beds in the main part of the ED at the end of the exercise –	

	PM27: Emergency department beds made available during a Hospital Surge Test.	Number of regular treatment beds in the main part of the ED at the beginning of the exercise -
6	PM28: Number of patients with a bed identified in the emergency department during the Hospital Surge Test.	Number of total regular treatment beds in the main part of the ED at the end of the exercise –
		Number of total emergent (Red) and urgent (Yellow) patients at the end of the exercise -

Redundant Communications Drill

Each HCC must conduct a redundant communication drill twice during each budget period to test the effectiveness of redundant forms of communication (e.g., Bed/Resource Tracking Systems, Amateur and Commercial Radio, Satellite Phones, etc.).

This applies to all HCCs falling under all 62 awardees.

#	Performance Measure	Data Point
1	PM12: HCCs that have drilled their redundant communications plans and systems and platforms at least once every six months.	**Drill #1:** What is the status of this drill? Completed If "completed" or "scheduled," input the date (mm/dd/yyyy): 12/13/2018 *(Note**: if not scheduled yet, enter 00/00/0000)*
		Drill #2: What is the status of this drill? Completed If "completed" or "scheduled," input the date (mm/dd/yyyy): 06/20/2019 *(Note**: if not scheduled yet, enter 00/00/0000)*
2	PM13: HCC member **organizations** that responded during a redundant communications drill by system and platform used.	Primary communication system used by the HCC during the drill and number of core and additional member organizations responding. Select **primary** communication system used: Drill #1: Telephone (landline,fax,Government Emergency Teleco Drill #2: Internet (cable, fiber-optic, VOIP) Total number of core member organizations responding (**digits only**) Drill #1: 11 Drill #2: 7 Total number of additional member organizations responding (**digits only**) Drill #1: 0 Drill #2: 4
		Backup communication system used by the HCC during the drill and number of core and additional member **organizations** responding. Select all that apply and input number of member organizations responding: Drill #1: ☐ Telephone (landline, fax, Government Emergency Telecommunications Service) ☑ Internet (cable, fiber-optic, VOIP) ☐ Radio (Land Mobile Radio system, amateur, two-way) ☐ Cellular (text, calls, data, pager, Wireless Priority Service) ☐ Satellite (phone, data) Drill #2: ☐ Telephone (landline, fax, Government Emergency Telecommunications Service) ☐ Internet (cable, fiber-optic, VOIP) ☐ Radio (Land Mobile Radio system, amateur, two-way) ☑ Cellular (text, calls, data, pager, Wireless Priority Service) ☐ Satellite (phone, data) Total number of core member **organizations** responding (**digits only**) Drill #1: 8 Drill #2: 7 Total number of additional member **organizations** responding (**digits only**) Drill #1: 0 Drill #2: 4

After Action Reporting and Improvement Planning

In order to improve the community preparedness, HCCs must continuously learn and, where appropriate, systematically inform planning efforts using lessons learned from exercises, JRA's or other activities. HPP expects awardees and HCC's to operationalize this type of systematic learning. This measure assesses the ability of HCCs to integrate continuous learning from exercises and events.

#	Performance Measure	Data Point
1	PM10: Percent of HCCs where areas for improvement have been identified from HCC and member organizations' own exercises or real-world events and the HCCs' preparedness and response plans have been revised to reflect improvements.	The HCC provides an opportunity for member organizations to share lessons learned from their facility drills and exercises to inform coalition planning. Select Yes or No: (•) Yes ( ) No
		The HCC has identified areas for improvement from HCC exercises or real world events. Select Yes or No: (•) Yes ( ) No
		(If you selected "Yes" to the previous data point) The HCC has revised its preparedness and response plans in the past year to reflect improvements. Select Yes or No: (•) Yes ( ) No

HPP-PHEP-EMA Joint Exercise

Each HCC, as part of a coordinated statewide effort, must participate in a Joint Statewide Exercise by the end of the five-year project period that meets HPP and PHEP requirements and involves HPP/HCCs, PHEP, and emergency management agency/organization partners. The exercise must be a standalone functional or full scale joint exercise involving Health Care Coalitions, Public Health Emergency Programs, and jurisdictional Emergency Management Agencies/Organizations that covers any event type.

The exercise must:

- Must include state emergency management engagement, and participation from all HCCs within the awardee jurisdiction, including their hospitals, public health agencies, emergency management organizations, emergency medical services, and other HCC members.
- Must test progress toward meeting the 2017 -2022 Health Care Preparedness and Response Capabilities, including HCC communication systems, information sharing, and resource visibility and sharing
- If the joint exercise scenario involved public health points of dispensing (POD) operations, healthcare entities should exercise their closed POD plans (request, receive, deliver, distribute). If the joint exercise does not include a relevant scenario for PODs, a separate exercise for closed PODs is not required.
- Provides an opportunity to plan for and test other HCC identified operational gaps.

This applies to states, directly funded localities, and Puerto Rico. This is optional for American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, Republic of the Marshall Islands, and U.S. Virgin Islands, who may focus exercise on any event type and may test the jurisdiction's Zika response plan to fulfill this requirement. A real incident/event will be considered.

#	Exercise Component	Data Point
1	This exercise must be completed by the end of the five-year project period.	This exercise must be completed by the end of the five-year project period. What is the status of this exercise? Not scheduled ▼ If "completed" or "scheduled," input the date (mm/dd/yyyy): 00/00/0000 *(Note**: if not scheduled yet, enter 00/00/0000)*

All response fields within this form must be completed in order to submit.

Once **all** questions are answered, please check this box which will then enable the **Submit** button below.

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