

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH (TDH)**



PROGRAM GUIDANCE
FOR
HEALTHCARE COALITIONS

8/2014



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Statement of Purpose

The purpose of this guidance document is to provide a concise framework to assist Tennessee Health Care Coalitions (HCCs) and healthcare preparedness partners in:

- 1) Enhancing preparedness activities;
- 2) Refining operational plans for responding to and recovering from public health emergencies;
- 3) Being cognizant of timelines and reporting expectations; and
- 4) Recognizing specific accountability requirements that impact funding streams from the Healthcare Preparedness Program (HPP) through the Assistant Secretary for Preparedness and Response (ASPR) and Public Health Emergency Preparedness (PHEP) Cooperative Agreement through the Centers for Disease Control and Prevention (CDC).

Healthcare Preparedness Program Reference Documents

- Healthcare Preparedness Program Capabilities – National Guidance for Healthcare System Preparedness dated January 2012



HPP Capabilities -
January 2012.pdf

- Budget Period 3 ASPR HPP and CDC PHEP Funding Opportunity Announcement (FOA) CDC-RFA-TP12-120102CONT14



Funding Opportunity
Announcement 04 25

- Budget Period 3 ASPR HPP Performance Measures



BP 3 HPP
Performance Measure

Hospital Preparedness Program Goals

Funding is provided to TDH from the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) for healthcare preparedness. The funding is intended to help awardees demonstrate measurable and sustainable progress toward achieving the public health and healthcare preparedness capabilities outlined by ASPR and CDC. The goal of the HPP is to promote safer and more resilient communities by preparing hospitals, healthcare systems, and healthcare system coalitions to meet eight healthcare preparedness capabilities described in the Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness, dated January 2012.

The eight healthcare preparedness capabilities are as follows:

- Capability 1 - Healthcare System Preparedness
- Capability 2 - Healthcare System Recovery
- Capability 3 - Emergency Operations Coordination
- Capability 5 - Fatality Management
- Capability 6 - Information Sharing
- Capability 10 - Medical Surge
- Capability 14 - Responder Safety and Health
- Capability 15 - Volunteer Management

Each State Regional and Metro Health Department has a Regional Hospital Coordinator (RHC) to provide guidance in assisting hospitals, healthcare systems, and healthcare coalitions (HCC) in building capacity toward the ASPR healthcare preparedness program capabilities and performance measures. Specific Tennessee HCC Goals and Objectives for Budget Period 3 (July 1, 2014 – June 30, 2015) include:

- Integrate HCC Partners and establish Memorandum of Agreements and/or Memorandum of Understandings
- Develop and adopt HCC Bylaws
- Update the regional Hazard Vulnerability Assessment (HVA)
- Develop a draft strategic plan for the HCC including an exercise plan with integration into the statewide Multi-year Training and Exercise Plan
- Provide a HCC spending plan/budget for Budget Period 3 (BP3) by September 30, 2014
- Collect and provide data to report on the BP2 ASPR performance measures by September 15, 2014
- Assist HCC members in entering emergency power requirements into the Emergency Power Facility Assessment Tool (EPFAT) <https://epfat.swf.usace.army.mil/>
- Assist HCC members and inform TDH with integration of the Tennessee Emergency Medical, Awareness, Response and Resource (TEMARR) systems through exercises, updating data, and other activities
- Provide an inventory to TDH for HCC Fatality Management Capacity
- Participate in redundant communication drills
- Conduct at least one HCC-wide exercise by June 30, 2017 with documentation of a 20% average surge capability for staffed beds across the HCC
- HCC spending (request for payment) for BP3 should be completed by May 30, 2015 to allow for a 30 day closeout period by the contracting entity

Partnerships and Roles

HPP – Regional Coalition Partnerships		
HCC Name	Contracting Entity	Contract Amount
Northeast/Sullivan Healthcare Coalition	Wellmont Foundation	\$250,000
South Central Region Healthcare Coalition	Tennessee Hospital Education and Research	\$1,072,480
Knox/East Tennessee Healthcare Coalition		
Upper Cumberland Healthcare Preparedness Coalition		
Southeast/Hamilton Regional Healthcare Coalition		
Region 7 Healthcare Coalition	Jackson Madison County Regional Health Department	\$250,000
Mid South Emergency Planning Coalition	Shelby County Government on behalf of the Shelby County Health Department	\$354,720
TN Highland Rim Healthcare Coalition	Baptist Healing Trust	\$474,880

The HCC advisory or executive committee will fulfill roles related to the selection of recipients and the projects for funding. It is the responsibility of the HCC advisory or executive committee to adopt bylaws to govern operations and to appoint certain individuals to request funding disbursement for approved purchases. The HCC advisory or executive committee is responsible for strategic planning and reporting for the expenditure of funds to improve community-wide preparedness. The HCC advisory or executive committee will ensure safeguards are in place to protect the HCC contracting entity from liability resulting from the purchase of inappropriate items.

The roles of the contracting entity includes: writing checks, preparing financial statements, and providing necessary financial tracking reports. The contracting entity may charge a predetermined reasonable service fee for administration and other services.

Funding

Healthcare Coalition Funds

Funding allocated for Healthcare Coalition use based on the State of Tennessee 2012 Joint Annual Report for Hospitals number of average staffed beds. Healthcare Coalitions may use HPP endowment grant funds for expenditures in categories as authorized by ASPR and TDH. Specific funding restrictions are listed on page 16 of this document.

Regional Medical Communications Centers Funds

Funding is provided from TDH to Regional Medical Communications Centers (RMCCs) to support and sustain HCC capability to prepare for, response to, and recovery from large-scale all-hazard emergencies. The pediatric hospitals, Regional Hospitals, and RMCCs shall coordinate with their HCC to determine the priorities for spending funding to meet the eight healthcare preparedness capabilities.

Reporting and Compliance Verification

Healthcare Coalitions must report expenditures and have hospitals update preparedness information no later than July 30, 2015.

RHCs will conduct compliance verifications of expenditures and updated data by September 30, 2015. RHCs perform physical checks to verify purchases and documentation of services performed. Healthcare partners that accept funds must maintain reviewable documentation according to state and federal regulations for purchases, services performed, performance measure compliance, and other verification information along with documentation of payments until a final audit has been performed.

All of the expenditure information, performance measures, data elements, and performance target data are required to be reported to TDH and must be available for state and federal reviews and audits.

Specific Guidance and Requirements for Implementation of the Healthcare Preparedness Capabilities with Corresponding Activities and Outputs for the Budget Period

Capability 1: Healthcare System Preparedness

The HCC will establish memberships and or partners to include the following:

- Hospitals and/or health care organizations
- Emergency Medical Services (EMS) from various sources
- Regional Medical Communications Centers (RMCCs)
- Emergency Management Agencies (EMA) from the county and state levels
- Long-term Care (LTC) providers and/or facilities
- Mental and Behavioral Health
- Public Health
- Other entities as deemed appropriate by the health care coalition

The HCC will establish Memorandums of Agreement (MOA) and/or Memorandums of Understanding (MOU) in accordance with the HCC Bylaws.

The HCC will review and update the regional Hazard Vulnerability Assessments (HVA) as applicable. HCCs should identify potential disasters, assess their potential impact, identify expected recovery needs, develop a recovery plan, and target the use of grant funds to respond to and recover from the identified risks.

The HCC will develop a draft strategic plan to assess strengths, weaknesses, opportunities, and threats along with the regional HVA results for directing coalition effort going forward by June 30, 2015.

The HCC will assist hospitals in maintaining National Incident Management System (NIMS) and Hospital Incident Command System (HICS) response structures. Hospitals receiving ASPR funds are required to comply with the eleven NIMS implementation objectives.

The HCC will develop an exercise and drill schedule for BP 3 by September 30, 2014. The Homeland Security Exercise and Evaluation Program (HSEEP) has been developed to provide a consistent methodology for exercise planning, design, development, conduct, evaluation and improvement of the planning processes. All health care entities that conduct exercises using ASPR funds must follow the HSEEP framework and guidelines.

The HCC will develop and submit a BP3 spending plan/budget to TDH by September 30, 2014.

Capability 2: Healthcare System Recovery

The HCC will work with partners to identify healthcare organization recovery needs and develop priority recovery processes to return to normal operations after emergency events.

The HCC will work with partners to develop Continuity of Operations Plans (COOP) with a goal to sustain operations independently for 96 hours.

The HCC will work with partners to utilize the U.S. Army Corps of Engineers (USACE) Emergency Power Facility Assessment Tool (EPFAT) system to inventory emergency power requirements for all acute care hospitals in the HCC by June 30, 2015.

Utilize TEMARR systems during drills and exercises to provide a common operating picture for emergency medical responders.

Collect and report emergency system utilization data for HCC partners during exercises and real events in AAR/IPs.

Capability 3: Emergency Operations Coordination

The HCC will coordinate emergency planning with appropriate organizations in their communities, particularly public health, emergency management, and hospitals. This coordinated emergency planning will specifically address how emergency priorities and needs will be met during a disaster response and ensure a unified public health and medical response during a disaster. The results of this emergency planning effort should be integrated into facility-specific and regional plans.

The HCC will coordinate emergency planning as outlined in the Tennessee Emergency Management Plan (TEMP) - ESF 8 (Health and Medical) annex.

Emergency Contact Information

HCC will assist in ensuring health care organizations maintain emergency contact information in the TDH TEMARR systems and other emergency systems for unified preparation, response, and recovery from disasters or public health emergencies.

Capability 5: Fatality Management

The HCC will integrate fatality management plans with the TDH fatality management plan.

The HCC will perform an assessment and compile an inventory of morgue capacity space and fatality management resource information to be shared with TDH by June 30, 2015.

Capability 6: Information Sharing

The HCC will ensure each acute care hospital has HAM radio capability that complies with HAM Radio specifications and a Base Station Radio that complies with TDH Base Station Radio specifications. These documents are found within the user links section on HRTS.

The HCC will assist healthcare organizations with participation in the Tennessee Emergency Medical Awareness, Response, and Resources (TEMARR) Systems, including the Healthcare Resource Tracking System (HRTS) to meet the requirement of electronically reporting essential elements of information for daily updates for services and beds and to establish a common operating procedure during a disaster. Effective information sharing can only be accomplished if administrators in TEMARR systems ensure information is kept up to date.

The HCC will work with hospitals and partners to successfully test redundant tactical communications pathways such as 800 MHz, VHF, satellite radios, and HAM hospital nets with local and regional partners.

Capability 10: Medical Surge

The HCC will provide the plan to conduct at least one full scale HCC-wide exercise by September 30, 2014 for the five year period.

The HCC will conduct at least one HCC-wide full scale exercise by June 30, 2017 with documentation of a 20% average surge capability for staffed beds across the HCC.

The HCC will facilitate the use of TEMARR and other emergency response systems for the management of medical surge incidents.

The HCC should work with partners to designate Alternate Care Sites (ACS) for critical healthcare facilities. The ACSs can be located at an off-site location, an on-campus facility (preferably a licensed health care facility) and/or a community-based alternate care site. Suitable locations for a Federal Medical Station or Portable Mortuary Units should also be explored. Items may be purchased to support regional inpatient or ACS surge needs.

The HCC should work with partners to provide decontamination capacity for managing adult and pediatric patients as well as healthcare personnel who have been exposed during a chemical, biological, radiological, nuclear, or explosive incident. Healthcare facilities should follow the OSHA guidelines for best practices regarding the use of PPE for protecting employees and decontaminating patients.

The HCC should work with partners to develop and implement evacuation plans for patients. These plans must address the decision processes to determine whether sheltering-in-place or evacuation is best for the patients and staff. The plan should be based on the personnel, equipment and systems, planning, and training needs to ensure the safe and respectful movement of patients, and the safety of personnel and family members in the hospital. The HCC should facilitate the use of an emergency patient tracking system(s).

The HCC should facilitate the integration of the *TN Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Health Emergency* into Regional partner response plans.

Capability 14: Responder Safety and Health

CHEMPACK Project & Surge Caches

The HCCs must use funding to meet the minimum standards for the Chempack program.

- To comply with this provision, chempack locations should follow the Chempack Memorandum of Understanding, CDC Chempack guidance, and state laws, rules and regulations governing pharmaceuticals which are incorporated by reference as if fully set out herein.
- Hospitals will coordinate with other HCC members to decide on the composition of a regional or HCC cache and the expenditure of endowment grant funds to purchase and maintain a surge cache.
- The HCC may use funds to cover the transportation and relocation costs related to the Chempack and surge caches.
- HCCs may arrange to rent storage space at fair market value for a surge cache or pre-position the caches in other hospitals that will help ensure the rotation and replacement of cache items. For regional caches or caches purchased with regional supplemental funds and stored at multiple hospitals, the hospitals are encouraged to develop Mutual Aid Agreements to assure that access to the cache is timely for all healthcare facilities.
- TDH should be provided with an itemized inventory and location of the caches as needed so that response benefit can be maximized across the state during emergencies.

The HCCs should work with partners to maintain PPE as needed to meet OSHA guidelines for the protection of employees and patients. OSHA best practice and recommendation documents can be found in user link section of HRTS.

Capability 15: Volunteer Management

The HCCs may spend funds for healthcare employees to attend State sponsored programs on Emergency System for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP).

The HCC partners may spend funds to purchase equipment, supplies and materials needed to interface with the Tennessee Volunteer Mobilizer (TNVM) System implemented by the State. Healthcare organizations may use funds to help develop, implement, and interface with TNVM

Restricted Expenditures from the FOA

Funding Restrictions

- Recipients may not use funds for fund raising activities or lobbying.
- Recipients may not use funds for research.
- Recipients may not use funds for construction or major renovations.
- Recipients may not use funds for clinical care.
- Recipients may not use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks, electrical or gas-driven motorized carts.
- Recipients may not use funds for reimbursement of pre-award costs.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700 per year

All travel and meals paid for with State-provided funding must reimbursed within the State travel regulation rates

<http://www.tn.gov/finance/act/documents/policy8.pdf>



Dept. of Fin. and
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