

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



***PROGRAM GUIDANCE
FOR
HEALTHCARE COALITIONS***

8/1/2016



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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 (BP) 5 ASPR HPP and CDC PHEP Funding Opportunity Announcement



BP 5 FOA.docx

- Ebola HPP EVD Supplemental Funding Announcement, Work Plan, and Performance Measures



**EVD Supplemental
FOA.pdf**



**TNEVD
Supplemental Workpl**



**ASPR EVD Funding
Measures.pdf**

Hospital Preparedness Program Goal

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, 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 5 (July 1, 2016 – June 30, 2017) include:

- Integrate HCC partners and establish/update MOAs and/or MOUs
- Update the regional Hazard Vulnerability Assessment (HVA)
- Update the HCC strategic plan including an exercise plan with integration into the statewide Multi-year Training and Exercise Plan
- Develop plans to serve at-risk individuals in the HCC region during emergencies
- Report on the BP 5 ASPR performance measures by September 1, 2017
- 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 resource inventories during drills and real events as requested
- 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 BP5 should be completed by May 30, 2017 to allow for a 30 day closeout period by the contracting entity if applicable
- Participate in training for use of the PsyStart Mental Health Triage system and provide information to coalition members for the system.
- Review the TDH Mass Fatality Plan and integrate into HCC planning

Specific Tennessee HCC Highly Infectious Disease Preparedness (Ebola Virus Disease) Goals and Objectives (May 2015 – May 2017) include:

- Conduct coalition-level exercise(s) to meet the ASPR EVD Performance Measures.
- Foster training opportunities to meet the ASPR EVD Performance Measures.
- Provide reports for the Performance Measures.

Partnerships and Roles

HCC advisory or executive committees 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

ASPR HPP Annual Cooperative Agreement Funds

Funding allocated for Healthcare Coalition use based on the State of Tennessee 2013 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. In BP 4 supplemental funding to build capacity to prepare for highly infectious diseases was also awarded for activities in BP 4 and BP 5. Specific funding restrictions are listed on page 9 of this document.

HCC Name	Contracting Entity	Contract Amount
Northeast/Sullivan Healthcare Coalition	Mountain States Health Alliance	\$250,000
Southeast/Hamilton Regional Healthcare Coalition	Tennessee Hospital Education and Research (THERF)	\$325,000
Knox/East Tennessee Healthcare Coalition		\$322,480
TN Highland Rim Healthcare Coalition		\$524,880
Upper Cumberland Healthcare Preparedness Coalition	Cookeville Regional Charitable Foundation	\$300,000
South Central Region Healthcare Coalition	South Central Region Healthcare Coalition	\$300,000
Region 7 Healthcare Coalition	Jackson Madison County Regional Health Department	\$320,000
Mid South Emergency Planning Coalition	Shelby County Government on behalf of the Shelby County Health Department	\$404,720

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. 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.

Ebola Viral Disease Supplemental Funds

ASPR allocated additional funding to be utilized to build lasting capacity for response to highly infectious diseases such as Ebola. Listed in the Table below are the allocations to HCCs for projects to be completed during the period of July 1, 2015 to June 30, 2017. The TDH work plan to guide the scope of activities is located on page 1.

HCC Name	Contracting Entity	BP 4 – BP 5 Contract Amount
Northeast/Sullivan Healthcare Coalition	Mountain States Foundation	\$100,000
Southeast/Hamilton Regional Healthcare Coalition	Tennessee Hospital Education and Research (THERF)	\$100,000
Knox/East Tennessee Healthcare Coalition		\$136,054
TN Highland Rim Healthcare Coalition		\$211,864
Upper Cumberland Healthcare Preparedness Coalition	Cookeville Regional Charitable Foundation	\$100,000
South Central Region Healthcare Coalition	South Central Region Healthcare Coalition	\$100,000
Region 7 Healthcare Coalition	West Tennessee Health Foundation	\$100,000
Mid South Emergency Planning Coalition	Shelby County Government on behalf of the Shelby County Health Department	\$152,092

Reporting and Compliance Verification

HCCs/RHCs must report expenditures in the TDH electronic system and have updated preparedness information no later than July 31, 2017.

RHCs/HCCs will conduct compliance verifications of expenditures and updated data by September 1, 2017. 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 update their strategic plan to assess strengths, weaknesses, opportunities, and threats along with the regional HVA results for directing coalition effort going forward by June 30, 2017.

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 5 by September 30, 2016. 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.

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 mental health and other subject matter experts to develop plans.

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 current emergency power requirements for all acute care hospitals in the HCC by June 30, 2017.

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, mental 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, functional, 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

HCCs 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 regional fatality management plans with the TDH fatality management plan.

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 in HRTS.

The HCC will assist healthcare organizations with participation in TEMARR systems, including the HRTS to meet the goals 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, WinLink and HAM hospital nets with local and regional partners.

Capability 10: Medical Surge

Each 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 should outline the decision processes to determine whether sheltering-in-place or evacuation is best for 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 interoperable emergency patient tracking system(s) that function with adjoining jurisdiction and other state systems.

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 emergency countermeasures, including:

- 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.
- Maintain an itemized inventory, contact information, and location information for resource caches for use in regional and statewide responses to emergencies.

The HCCs should work with partners to maintain PPE as needed to meet OSHA guidelines for the protection of employees and patients.

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

Funding Restrictions

- Expenditures requiring an MOA or another formal agreement for proper utilization must be pre-approved before spending the funds.
- Expenditures involving more than 25% of the HCC budget for an item or items of the same type must be reviewed and approved at the State TDH EP level.
- Funding cannot be spent on surge PPE without State TDH EP approval. TDH is developing a state-level PPE cache.
- Expenditures for patient tracking, alerting, inventory, and volunteer management systems must be coordinated and approved by TDH EP. TDH EP is integrating new systems for those functions during BP 5.
- 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 be reimbursed within the State travel regulation rates