

# Healthcare Coalition Preparedness Plan

Southeastern Wyoming Healthcare Coalition

Serving the citizens of Laramie, Albany, Platte, and Goshen counties



WYOMING  
**HEALTHCARE**  
PREPAREDNESS

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### Signatures and Endorsements

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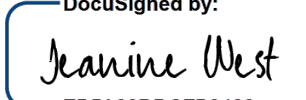
### Signatures and Endorsements

This document will be reviewed annually and revised to reflect changes in regulatory/funding requirements, best practices and emerging needs, and improvements identified in exercises, real-life events, etc. By affixing the signatures indicated below, this plan is hereby approved for implementation and intended to supersede all previous versions. This plan was established to promote a system to: save lives; protect the health and ensure the safety of our communities; alleviate damage and hardship; and reduce future vulnerability. Further, this document indicates a commitment to annual planning, training, and exercise activities to ensure the appropriate level of preparedness exists within our healthcare coalition to effectively respond to emergencies or incidents across our communities.

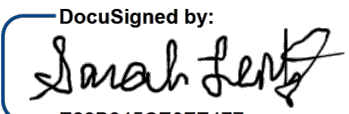
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## Southeastern Wyoming Healthcare Coalition Preparedness Plan

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### 1. Introduction

#### 1.1 Purpose

This document describes administrative, functional, and other processes utilized by the Southeastern Wyoming healthcare coalition to ensure each of our members, and the coalition as a whole, can collectively and effectively prepare for, respond to, and recover from emergency situations that may impact our citizens, organizations, and communities. This plan encapsulates each and all the processes our healthcare coalition will utilize to:

- Establish/follow administrative mechanisms to manage HCC activities and appropriately capitalize on preparedness funding and member participation, and thereby maximize the results of the coalition's efforts.
- Identify preparedness initiatives based on federal/state/local requirements, regulatory needs, forecasted/developing potentialities, past performance measures, training/exercises, real-world response events, best practices, and more.
- Prioritize and decide upon coalition initiatives that will improve overall preparedness and response capabilities within our service area.
- Determine and provide appropriate resources, funding, performance measures, etc. for each initiative and overall coalition operations.
- Schedule, resource, and facilitate preparedness activities for the coalition over each budget year and for the life of the coalition itself.
- Develop, monitor, and measure performance metrics and indicators for both singular initiatives and overall performance.
- Utilize performance data to establish and maintain a cycle of continuous improvements in preparedness capabilities within and throughout the coalition.
- Grow and maintain critical membership and participation of stakeholders and entities throughout our community.
- Ensure that coalition members, the organization itself, and the groups we will work with and for are successful in preparing for, responding to, and recovering from emergencies.

Each of these different processes and functionalities are encompassed in this plan. Our members and the coalition itself is committed to utilizing these processes to ensure we can develop and test preparedness capabilities that promote collaboration, communication, sharing of information, resource coordination, and that ensure effective operational response and recovery during emergencies. Each of the activities, procedures, etc. described in this plan are summarized in Annex A: Preparedness Process Map of this plan.

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### 1.2 Scope

The scope of this plan encompasses all activities related to the coalition establishing effective mitigative and response capabilities before an “all hazards” emergency (i.e. preparedness). It encompasses the following activities, functionalities, and processes:

- Efforts to identify preparedness and response needs related to the provision and maintenance of healthcare services (in-patient, out-patient, community, behavioral/mental health, etc.) in our area before, during, and after emergencies.
- Activities related to the selection, planning, execution, monitoring, and improvement of preparedness strategies/initiatives throughout the coalition.
- Measures to capitalize on preparedness/response strengths, or improve deficiencies, in our coalition and its members.
- Administrative functions of the coalition such as decision-making, member recruitment/retention, financial management, and associated functions.
- The integration of our coalition with other government and response agencies.

Therefore, this plan also includes in its scope:

- Planning and preparing for an incident which overwhelms, or threatens to overwhelm, the healthcare network’s capabilities.
- An all-hazards approach to emergency management designed to effectively respond to natural and manmade incidents; including technological, hazardous materials, and terrorist events.

### Geographical Boundaries

The Southeastern Wyoming coalition services the citizens of the geographical, jurisdictional, and communal boundaries described in Annex B (Coalition Scope).

### Coalition Agencies

Within our coalition, we actively attempt to engage and maintain members/representation from the following healthcare, response, government, private, and other organizations.

#### **Core members:**

- Acute care and other hospitals
- EMS (including inter-facility, fire department, and other non-EMS patient transport systems)
- Emergency management organizations
- Public health agencies

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### Other members:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Jurisdictional partners, including cities, counties, and tribes
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Transportation, event management, and other private organizations
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, etc.)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
- Medical examiners/ coroners and funeral homes
- Agency/facility public information specialists

### Plan Period

This plan, its annexes, and the activities covered by it encompass several different periods as they relate to preparedness and response activities. These include:

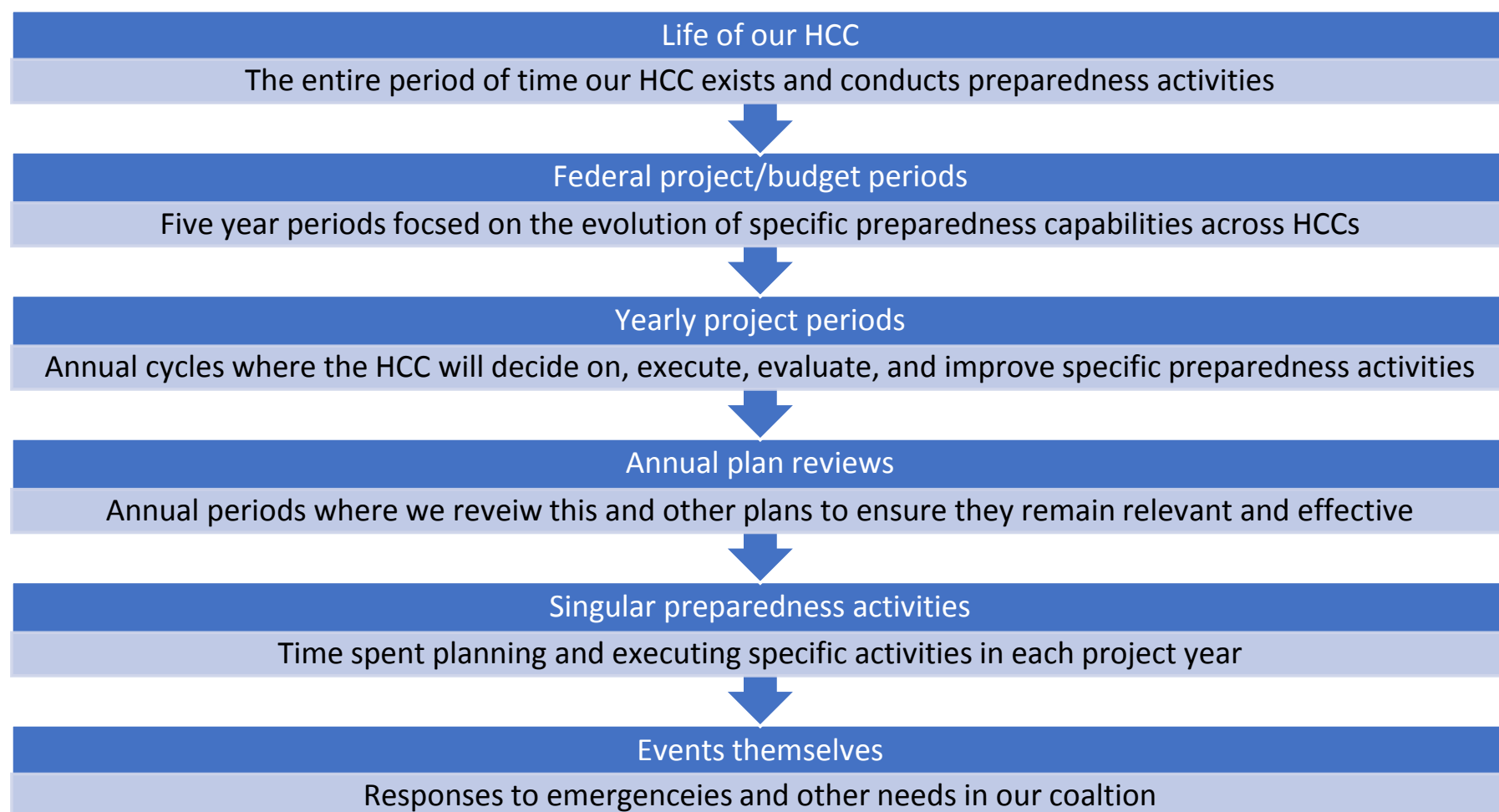
- The life of this plan itself, which is intended to guide and administer the preparedness activities of the healthcare coalition throughout its existence. While the format, details, and components of this plan will evolve, the intent will continue indefinitely as long as our organization is established to support preparedness efforts in our communities.
- Each of the five-year federal project/budget periods as dictated by the Assistant Secretary or Preparedness and Response (ASPR), the Hospital Preparedness Program (HPP), and/or other federal/state/local preparedness cycles.
- Each project period (i.e. a budget year) wherein a series of preparedness initiatives will be decided upon, planned, executed, and evaluated.
- Each annual review cycle of the plan.



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- The time executing each preparedness activity(ies) that are the outputs of this plan.
- Any emergency response or other event the coalition participates in.

Each of these different periods are fundamental parts of the coalition’s preparedness cycle, and as such are covered by this preparedness plan as shown in the following graphic.



### Assumptions and Disclaimers

This preparedness plan is based on the following assumptions and “general” considerations:

- Preparedness efforts in our area are based on events that are most likely to occur and/or those that will be the most impactful to our operations (from our hazard and vulnerability assessment). However, as it is impossible to determine exactly which emergency will occur, our activities are based on an “all hazards” approach and a generalized response framework.
- Most emergencies will occur with little or no warning. Events can range from those that only impact a single health care organization, to those that disrupt healthcare services (and/or other activities) across the community, state, nation, and world.
- Basic services, including electrical, water, natural gas, heat, telecommunications, and information systems may be interrupted during these emergencies and may disrupt our (and other healthcare providers’) ability to operate.
- Buildings and other structures may be damaged by natural disasters, man-made events, etc. and this may cause the immediate evacuation of a healthcare facility and result in a surge.

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- Certain portions of our population are particularly at risk to communicable disease and/or other events due to health issues, limited access to healthcare, and other quality of life resources.
- In these situations, we may have trouble communicating operational changes with our partners.
- Normal operating procedures, often conducted by and between healthcare entities without government involvement, will become overburdened to such an extent that external support is required.
- Normal suppliers may not be able to deliver goods, our partners may cease operations, and other disruptions outside our organizations may impact our members' ability to operate.
- In most emergencies, members within our coalition will require the support of other member agencies such as police, fire, EMS, other healthcare entities, vendors, the community, etc. To successfully achieve this coordination, our coalition will focus on activities that grow relationships, mutually supportive response practices, etc. These relationships will be established through healthcare coalition activities (meetings, trainings, drills, exercises, and improvement initiatives).
- In some situations, when significant disruptions occur to the healthcare system (surge events, loss of health facilities, etc.) our members will be required to operate outside of their normally established corporate entities, operational models, etc.
- All members of the healthcare coalition have read and endorse this plan and are familiar with it.
- All members of the healthcare coalition have demonstrated knowledge of the practices and processes contained in this plan.
- Our coalition, its members, and others responding groups will comply with federal, state, local, and regulatory laws/requirements during all preparedness, response, and recovery efforts. This may include operating under crisis/altered standards of care as prescribed by emergency declarations and orders. These modified practices will be approved only by government and/or organizational leadership, and the healthcare coalition does not have the legal authority to approve these altered processes.

### 1.3 Plan Administration

This plan, and all other plans created and maintained by the coalition, are administered under the following processes. The goal of these procedures, is to ensure this document consistently reflects our coalition's preparedness goals/activities and is continuously evolved to exceed our citizen's needs.

#### Plan Review Process

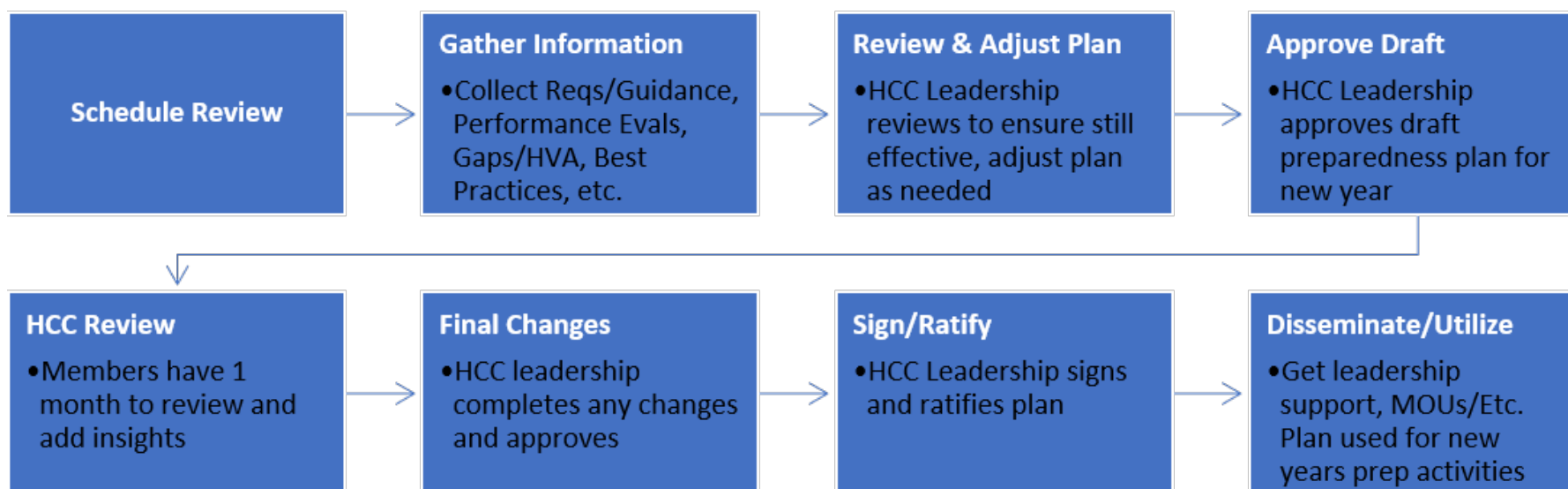
Each year, this plan will be reviewed using the following processes:

- 1) Coalition leadership will schedule an annual review of this plan. This will occur each **October**.

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- 2) In preparation for this review, leadership (or an appointed review committee) will collect information needed, this includes:
  - a) Existing/new funding, regulatory, federal, state, and other guidance
  - b) AARs and other documents from training, exercises, and/or events
  - c) Review and analysis of preparedness strengths and gaps as well as the HCC’s HVA
  - d) Other insights and information from HCC members and/or other HCCs
  - e) Information from conferences, meetings, etc.
- 3) Utilizing this information, leadership/review committee members will review the current preparedness plan for efficacy, relevance, and to determine if any changes are needed.
- 4) The plan will then be updated as needed.
- 5) The new draft plan will be given to coalition members to review for no more than 1 month.
- 6) Coalition leadership will review member suggestions. If any member suggestions are approved (per processes described in this document) that result in changing the plan, this will be done and the final draft of the new plan will be ratified by coalition leadership.
- 7) The ratified plan will then be distributed to coalition members.
- 8) HCC members will share the approved plan with their agencies. (NOTE: Letters of support, other agreements, etc. are also reviewed/re-ratified if needed and as described below at this time).
- 9) HCC Leadership will then transform specific goals, objectives, guidance, deliverables, activities etc. from this preparedness plan, and other guidance, into a coalition work-plan for the year. This work plan process is described in more detail in Sections 3 and 4 of this document.

This plan review, approval, and dissemination process is visualized in in the following graphic:



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## 2. Coalition Overview

### 2.1 Coalition Purpose, Mission, Vision, and Values

#### Purpose

The purpose of the Southeastern Wyoming Healthcare Coalition is to bring together a multiagency and multidisciplinary group of entities and individuals working together to promote, consolidate and collaborate in a unified response to emergencies affecting the region.

#### Mission

The goal of the Southeastern Wyoming Healthcare Coalition is to promote and to enhance the emergency preparedness and response capabilities of healthcare entities through:

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

#### Vision

The Southeastern Wyoming Healthcare Coalition will enhance the region's ability to achieve emergency preparedness capabilities recommended by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. Achieving the emergency preparedness capabilities will give Wyoming health and medical partners the opportunity to continue developing and implementing a statewide strategic vision for health sector preparedness.

#### Values

- Duty
- Teamwork
- Respect
- Dedication
- Innovation
- Mutual Success
- Stewardship

### 2.2 Coalition Boundaries and Healthcare System

#### Geographical and Jurisdictional Boundaries

The geographical and jurisdictional boundaries served by our healthcare coalition include the following counties, tribal nations, etc.

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Laramie County, WY	Platte County, WY	Goshen County, WY
Albany County, WY	University of Wyoming	Warren Airforce Base

This information is further graphically represented in Annex B: Coalition Scope.

### Unique Healthcare Operational Boundaries

Within our coalition, there two unique operational boundaries that require special consideration related to emergency preparedness and response.

The first is the relationship between our coalition and Warren Airforce Base. As our coalition offers the primary medical capacity in the area, and staff from Warren AFB travel throughout Wyoming servicing federal and DOD installations, we must include considerations for these potential patients in an emergency.

Secondly, our coalition does operate one of two major acute healthcare treatment facilities in the state (Cheyenne Regional Medical Center). As such, our coalition frequently receives patients from rural areas in Wyoming for medium to higher acuity treatment needs.

### Healthcare Operations and Flow Within the Coalition

During normal/routine operations, patients are treated by healthcare entities within our coalition in the following fashion.

- Routine/day-to-day care is provided by physician practices, long term care facilities, home health entities, and other out-of-hospital providers in each of our 4 counties.
- Low acuity hospital patients (i.e. patients hospitalized for non-emergency needs, existing health conditions, post-operative care, etc.) are treated at critical access and other acute hospitals:
  - Cheyenne Regional Medical Center; Cheyenne, WY. Regional Trauma Center (reference ACS Level II/III) (verified ACS Level III)
  - Ivinson Memorial Hospital; Laramie, WY. Community Trauma Hospital (reference ACS Level IV)
  - Platte County Memorial Hospital; Wheatland, WY. Trauma Receiving Facility
  - Community Hospital; Torrington, WY. Trauma Receiving Facility (Provisional)
- Medium acuity hospital patients are generally treated at the sites listed above or sent to Cheyenne Regional Medical Center; Cheyenne, WY or Ivinson Memorial Hospital; Laramie, WY
- High acuity patients are generally treated at Cheyenne Regional Medical Center or sent to facilities in Fort Collins, CO; Casper, WY; Scotts Bluff, NE; Denver, CO; Greeley, CO.
- Several areas of the coalition operate volunteer EMS agencies with EMT-B/I service providers. Cheyenne, Laramie and Torrington are the primary cities that provide advanced life support (ALS) EMS services.

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### Healthcare Operations and Flow External to the Coalition

During normal and routine operations, it is sometimes necessary for patients to be transferred outside of our coalition. These include:

- The transfer of high acuity patients to Cheyenne Regional Medical Center or sent to facilities in Fort Collins, CO; Denver, CO; or Greeley, CO
- The transfer of pediatric high acuity patients to Denver, CO
- The transfer of burn, neurological, or other patients with very specialized needs to either Denver, CO or the Northern Colorado Burn Center, Greeley, CO

### Unique Healthcare Operations and Considerations

Within the coalition there are several unique considerations related to healthcare operations, these include:

- The high number of non-English speaking/foreign visitors that may inundate our coalition due to a major intersection of Interstates 25 and 80.
- The impacts of natural gas/oil in all counties that may result in many HAZMAT patients requiring care.
- The seasonal flux of students at the University of Wyoming in Laramie, WY; Eastern Wyoming College in Torrington, WY; and Laramie County Community College in Cheyenne, WY.
- A large elderly population throughout the coalition.

### 2.3 Coalition Members

Our coalition actively attempts to recruit and retain critical members from across the local healthcare and response network. This includes offering our members valuable incentives for participation such as:

- Access to training, seminars, exercises, and other preparedness resources that will help members better prepare for, respond to, and recover from emergencies.
- Support in meeting regulatory and other requirements such as yearly participation in preparedness exercises, training events, etc.
- Cost sharing and other financial benefits from the shared sourcing and purchasing power of the member agencies in the HCC (i.e. establishing relationships with a singular vendor for preparedness training as opposed to each agency sourcing their own).
- Networking and partnership development opportunities between agencies.

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- Access to national best practices, data, and other information.
- Through preparedness planning and support, helping member agencies create mitigation and response strategies that lower financial, operational, and other impacts during and because of emergencies.
- Building a shared commitment to protect the health and welfare of the citizens and communities we serve.

It is our intention that through these and other recruitment and retention efforts our coalition not only grows but also maintains the critical participation and membership of agencies throughout our area.

A listing of key members is contained in Annex C: Coalition Member List.

### 2.4 Organizational Structure

#### Leadership, Organizational Structure, and Governance

Our healthcare operates as one combined regional coalition serving the 4 counties it is comprised of. This structure allows our organization both maintain a manageable scope of areas/populations covered and mimic the operations of our routine healthcare operations.

Coalition leadership is comprised of the following positions and roles:

**Chair:** The Chair (who will be the HPP Regional Coordinator) is responsible for planning, implementing and evaluating coalition activities. Tasks of the Chair include:

- Represent and conduct the business of the coalition
- Work with coalition members to promote collaboration
- Represent the coalition on state committees
- Providing general oversight for coalition activities and associated projects
- Serving as the point of contact to the Wyoming Department of Health and Environment (WDH)
- Provide assistance to community hospitals and discipline representatives; promoting healthcare preparedness within the region, such as extending invitations to community partners to attend coalition meetings
- Deciding vote in the event of a tie

**Co-Chair:** The HCC will have two Co-Chairs. These chairs will rotate out every two years. The Co-Chairs shall perform the duties of the Chairperson in their absence. The Co-Chairs are non-voting members.

**Advisory Board:** The advisory board shall consist of Chair, Co-Chairs, and two membership representatives from each county plus two adjunct member representatives. The county representatives should be elected by the county LEPC or equivalent.

**Other Officers and Committees:** The Advisory Board may create such other officers and such committees as it deems necessary to conduct the business of the HCC.

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These individuals are selected for these roles through processes described in the coalition charter/by-laws.

Upon selection and appointment, each coalition leader works collaboratively with other leaders, government/response partners, member agency representatives, and others as needed to support the efficacy of the coalition.

Additional details regarding organization structure, governance, roles of leadership, and related practices are contained in Annex D: Coalition By-Laws/Charter.

### Member Participation, Voting, and Other Requirements

Requirements for participation, support, and other expectations for membership in the coalition are contained in Annex D: Coalition By-Laws/Charter.

### Preparedness Activity Selection, Planning and Execution, Measurement, and Improvement

A critical task for our healthcare coalition is to identify, assess, prioritize, and select which preparedness activities will be conducted over each project period. This includes gathering funding/guidance deliverables, regulatory requirements, assessments of gaps/needs, input from coalition members, best/emerging practices, etc. In most cases, this will result in the coalition identifying more projects/initiatives than can be reasonably conducted in the given period. Therefore, it is necessary to have a defined process for identification/selection of which initiatives will be conducted/supported.

Following the selection of initiatives, it is also critical to effectively plan and execute initiatives.

Finally, essential to all preparedness activities is the measurement of success indicators and outcomes. This information not only demonstrates the efficacy of the coalition in the current year, but also serves to drive subsequent project periods.

To successfully facilitate these critical outcomes (identification of initiatives through measurement of performance) our coalition utilizes the following process:

#### **Identify Activities**

1. Coalition leadership will select a date (during the existing project year) to decide on preparedness initiatives for the following year. This date will be in the third or fourth quarter of the current budget year to allow for and include performance measurements/outcomes of current activities.
2. In preparation, coalition leadership will gather information about potential preparedness activities from the following sources:
  - Federal funding/preparedness requirements such as the 5-year Hospital Preparedness Program (HPP), Public Health Emergency Preparedness (PHEP), Assistant Secretary of Preparedness and Response (ASPR), and other guidance. This includes information for 5 and single year project/budget periods.
  - State and local preparedness requirements from public health, emergency management, and other agencies.



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- Regulatory requirements (i.e. Joint Commission, CMS, etc.) from member entities.
  - Training, exercise, and preparedness requirements and training/exercise plans (i.e. EMPG guidance, training and exercises plans, etc.) from non-healthcare member entities (Emergency Management, Public Health, Law Enforcement, Airports, etc.).
  - Evaluations, performance indicators, after action reviews, HVAs, Gap analyses, and other performance/need indicators from prior/current year HCC operations.
  - Information, suggestions, needs, etc. from coalition member agencies.
  - Other information pertaining to preparedness needs, gaps, and requirements for the coalition.
3. Coalition leadership then compiles this information into a list of activities to review.

### Review and Select Activities

1. Coalition leadership then jointly reviews the activity list, prioritizing preparedness activities and needs based on the following criteria (in order of sequence):
- Federal, state, local and agency funding, regulatory, and other required deliverables for the coalition itself.
  - Federal, state, local and agency funding, regulatory, and other required deliverables for coalition members.
  - Federal, state, local, and agency funding, regulatory, and other required deliverables for coalition response partners (law enforcement, airports, etc.) that are directly related to (but not specifically required by) coalition requirements.
  - Identified gaps/needs that would significantly and directly impact the efficacy of the healthcare network during an emergency.
  - Identified gaps/needs that do not significantly or directly impact the efficacy of the healthcare network during an emergency.
  - Findings from after action reviews, past performance measurements, etc. that do not fall into any category above.
  - Suggestions and other requests that do not fall into any category above.

NOTE: These criteria are based on a scale ranging from mandatory/critical requirements for the coalition itself to suggestions. This hierarchy allows the coalition to first focus on critical needs before those that have less impact on the efficacy of the coalition and the compliance of it and its members.

### Categorize Activities

1. Once this prioritization process is complete, and all preparedness activities are ranked according to the criteria above, coalition leadership will review this full list to determine what can be reasonably accomplished (internally to the HCC or through partnerships, vendor support, sub-contracting, etc.) based on time, funding, etc. The result will be an activities list that categorized project/initiatives into the following categories:
- **Required Activities:** Projects, initiatives, activities, trainings, exercises, purchases, etc. that must be planned, funded, and accomplished during this project period.
  - **Secondary Activities:** Activities that serious effort will be put toward completing, but not at the expense of a required activity.

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- **Optional Activities:** Projects, initiatives, activities, trainings, exercises, purchases, etc. that will only be planned, funded, and accomplished if they will not disrupt any primary/secondary activity OR if additional resources are available to accomplish them.

### Determine Measurements of Performance

1. Coalition leadership will establish performance indicators for each activity to periodically review, monitor, adjust, and address activity performance as needed throughout the project period.
2. Once this categorization is complete, coalition leadership will endorse the activities list by signature.
3. This list (page 2 of Annex E) will then be disseminated to the healthcare coalition members.

### Plan and Execute Activities

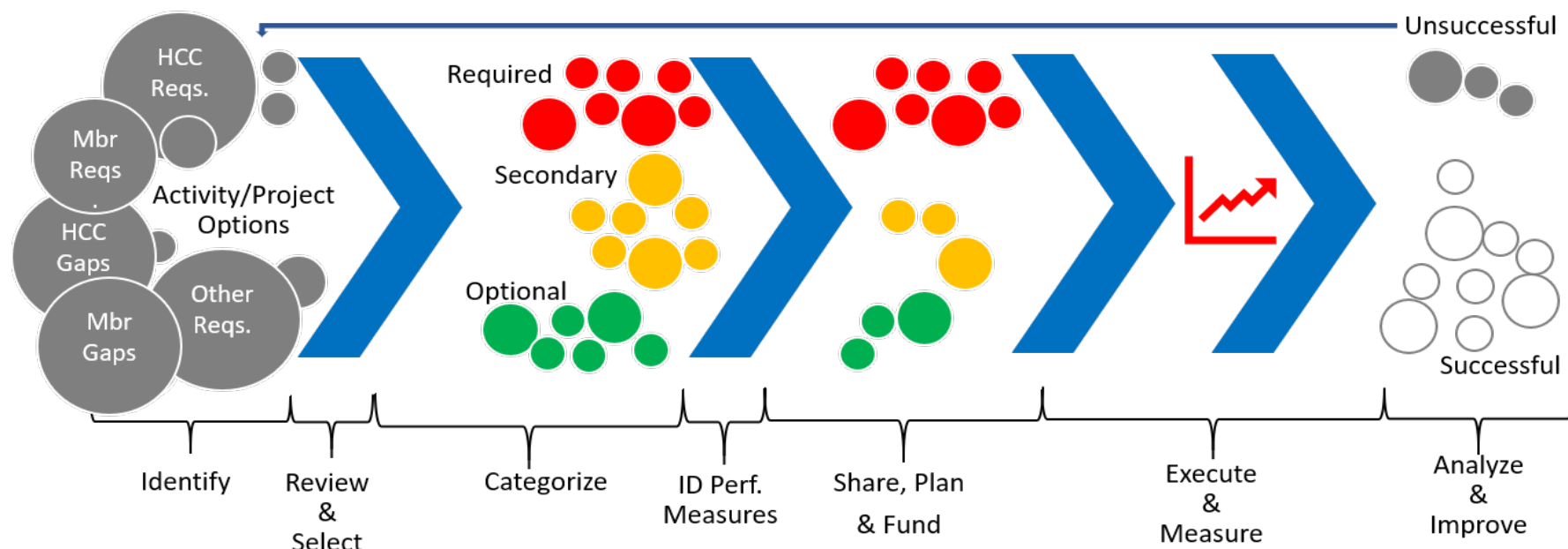
1. The healthcare coalition will plan, resource, identify sub-tasks, and perform all other “operational” coordination needed for each activity in the manner that best supports its successful accomplishment. This may include creating work groups, assigning staff, crafting sub-work plans, hiring external contractors, or whatever needs are most appropriate based on the specific activity/project.
2. The coalition will then execute each planned activity.

### Analysis and Improvement of Performance

1. Throughout each activity and at the end of each project year, performance data and outcomes from all activities/projects will be reviewed by coalition leadership (and shared with coalition members) to identify:
  - Activities that were successfully accomplished
  - Activities that were partially accomplished
  - Activities that were not successful or not accomplished
  - Trends, needed improvements, etc. based on the criteria above
  - Action items to correct any deficiencies or gaps.

## Southeastern Wyoming Healthcare Coalition Preparedness Plan

This preparedness activity selection, planning, implementation, and monitoring process is demonstrated in the graphic below, are summarized in Annex A: Preparedness Process Map, and completed using Annex E: Preparedness Activity Selection/Workplan Tool.



**Completed using Annex E: Preparedness Activity Selection/Workplan Tool**

### Preparedness Activity Funding

The healthcare coalition will appropriately utilize funding provided by local, state, federal and other sources. This funding, and the allocation of it, will be focused on preparedness and response activities that address or improve (directly or indirectly) capabilities related to the successful maintenance and operation of the healthcare network during emergencies.

Activities and or initiatives funding is allocated toward can include:

- The administration of the coalition such as coordinator/administrative support
- Training materials, courses, attendance at conferences, etc. that support or grow the efficacy of the coalition and its members
- Equipment, supplies, resources, etc. as identified
- Other needs, projects, initiatives, etc. related to maintaining/improving the efficacy of the coalition

The allocation of funding will be accomplished as described in the coalition charter/by-laws contained in Annex D: Coalition By-Laws/Charter.

### Coordination with Member Agencies and ESF8/OEM for Preparedness Activities

Our coalition recognizes the importance of coordinating preparedness (and response) efforts with member agencies and response partners. This includes both local Emergency Support Functions (ESFs) associated with healthcare/public health (i.e. ESF8) and law enforcement, fire/EMS, emergency management,

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etc. As such, throughout all phases of our preparedness activities, we conduct several processes specifically focused on coordination/collaboration with these groups. These include:

- The active and on-going solicitation for membership and participation of these groups/representatives as active members in our healthcare coalitions as described throughout this plan.
- The requirement that XXX positions in coalition leadership be filled by representatives from these groups as described in section 2.4 and Annex D.
- The collection of funding, regulatory, operational, and other requirements, activities, intentions, etc. to identify, support, or deconflict any joint activities in our plan review processes as described in section 1.3.
- The collection of required, desired, and forecasted preparedness requirements, activities, initiatives, etc. from these groups as part of our preparedness activity and selection process as described in section 2.4.
- The involvement of these groups in all planning, execution, and monitoring/measurement of preparedness activities completed by the coalition as described throughout this plan.
- The communication of coalition meetings, activities, projects, etc. with these groups as active members of the coalition as part normal coalition activities and processes.
- Other communication and collaboration activities (i.e. sharing of MYTEP documents, objectives, etc.) frequently throughout the project year and throughout the life of the coalition.

Through these and other efforts, our coalition consistently maintains coordination and collaboration with response and other entities (i.e. ESF8, OEM, etc.) throughout all phases of coalition operations (i.e. plan review, activity planning, activity execution, improvement planning, etc.).

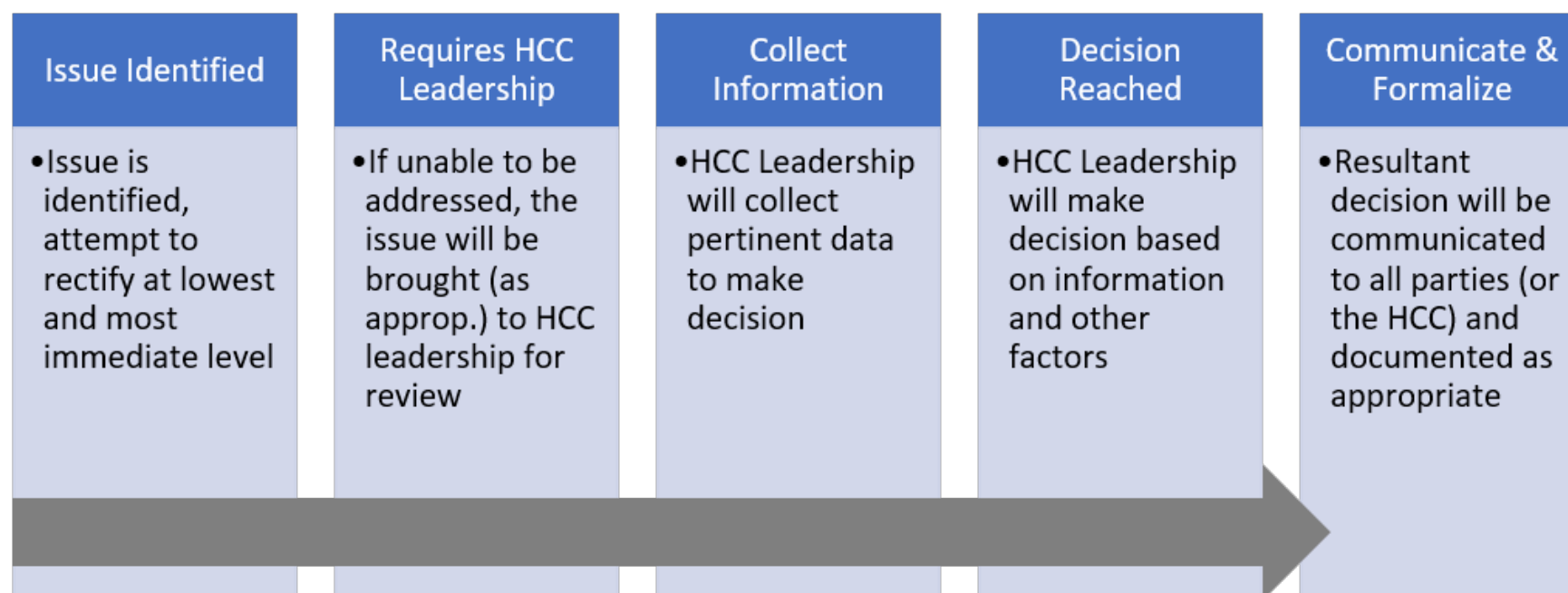
### Decision Making Processes for Coalition

Decision-making processes for our coalition involve the following steps:

1. An issue or concern is identified by coalition leadership or members.
2. Efforts are made to solve the issue at the most immediate level, without involvement of the coalition.
3. If the issue requires coalition involvement, it is brought to the attention of coalition leadership (likely by a single member of the council) in whatever fashion and timeline they deem the most appropriate.
4. Leadership will then collect needed information to decide upon the issue.

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5. Leadership will then vote (as described in coalition by-laws/charter in Annex D) and decide on the issue.
6. If the council deems it is appropriate, they will document this decision and share it with members of the coalition.



These activities, procedures, etc. are summarized in Annex A: Preparedness Process Map.

### Creation of Policies, Procedures, and other Administrative Documents

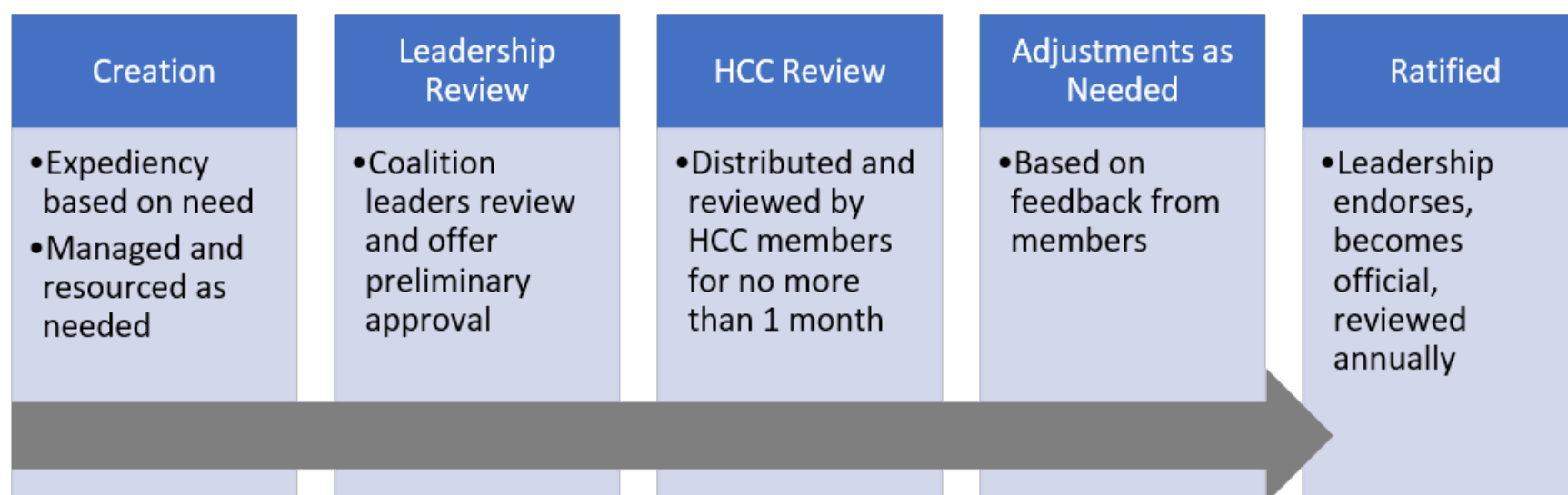
Over the life of the coalition, it will become necessary for policies, procedures, and other documents to be created. As the urgency, importance, complexity, and other considerations of these needs will be highly situationally specific and will be addressed in the most appropriate manner as deemed appropriate by the situation.

Following the creation of the policy/procedure, it will be ratified in the following format:

1. After the policy/procedure is created (as needed and by personnel as assigned/appropriate), coalition leadership will review it.
2. The policy/procedure will then be distributed to coalition members who will have no more than 1 month to offer suggestions and/or input.
3. Following this one-month period, and after any subsequent adjustments have been made based on member feedback, coalition leadership will formally endorse the policy, ratifying it with their signature.
4. This policy/procedure is then formally accepted by the coalition.
5. Each policy and procedure will be reviewed and re-ratified as needed and as part of the annual review processes described in Annex A.

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This process is visualized in the graphic below:



These activities, procedures, etc. are summarized in Annex A: Preparedness Process Map.

### Utilization of Letters of Support, Agreements, Memorandums of Understanding, etc.

The coalition, when possible, will utilize formal agreements to document involvement, partnership, and coordination with members, external response agencies, private partners, etc. These documents allow the coalition to formalize and ratify relationships with member entities and others prior to, during, and after emergencies.

These documents will vary as each involves reaching agreement between two entities (i.e. legal review between the coalition and an entity will involve achieving agreement and thereby modifying any document).

Moreover, the type of document will vary (i.e. mutual aid agreement, memorandum of understanding, letter of support, etc.) based on the situation and/or need.

Finally, legal documents, needs, and practices may change over the life of the coalition and are addressed primarily by coalition administrative policies/practices (not this plan itself).

Because of these variables, the coalition will not include a formalized process, form, etc. for these agreements in this plan. Put simply, this preparedness plan does not outline the specific letters or documents utilized or each agreement as they will change over the course of time and be based on every partnership.

The coalition does however actively attempt to formalize partnerships through such letters. These formalized documents are maintained by coalition leadership, are periodically reviewed/re-ratified, and are available as needed from the coalition leadership.

These activities, procedures, etc. are summarized in Annex A: Preparedness Process Map.

### Membership and Executive Support

Our greatest strength is the active participation of our various member agencies (healthcare partners, EMS, emergency management, public health, law enforcement, etc.). This active membership (and the criteria for it) are defined in the Member Participation, Voting, and Other Requirements section above.

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In addition to active participation of representatives from each member agency, we support of these agencies by maintaining formal letters of support from executives of these member entities. These letters are reviewed and re-ratified each year healthcare leadership.

These activities, procedures, etc. are summarized in Annex A: Preparedness Process Map.

### 2.5 Risks

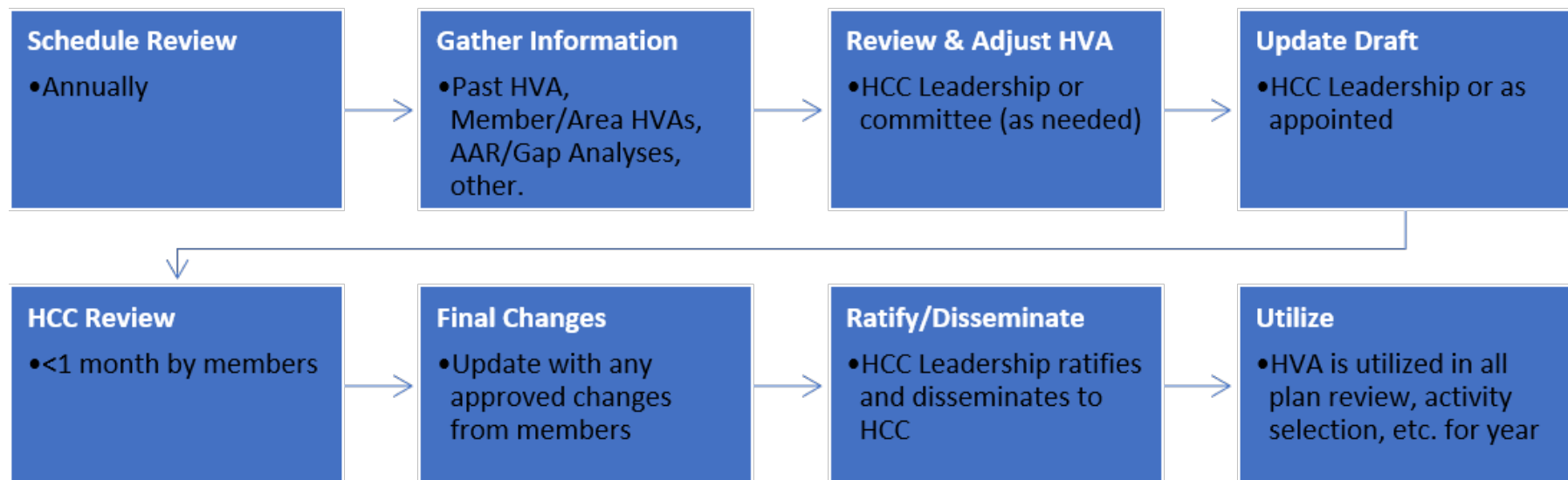
#### Identification and Evaluation of Risks

The completion, review, and update of the coalition hazard and vulnerability assessment (HVA) is completed each year by healthcare coalition leadership. This is done as a supporting element to the annual identification of preparedness activities described in the Preparedness Activity Selection, Planning and Execution, Measurement, and Improvement section of this plan. The processes for creation, review, and ratification of the HCC HVA is:

1. Coalition leadership will schedule a date/period (before the scheduled activity selection process and preferably with annual plan reviews) to review the HCC HVA.
2. In preparation for this review, leadership (or an appointed review committee) will collect information including:
  - a. HVA's from member agencies and from local jurisdictions where the coalition operates
  - b. AARs and other documents from training, exercises, and/or events
  - c. Other insights and information from HCC members and/or other HCCs
3. Utilizing this information, the leadership/review committee will review the existing HCC HVA for efficacy, relevance, and to determine if any changes are needed.
4. The HCC HVA will then be updated as needed.
5. The HVA will then be given to coalition members to review for a period of no more than 1 month.
6. Following any modification caused by member suggestions (which require leadership approval before changes are made) the HVA will be ratified by coalition leadership.
7. The ratified HVA is then distributed to coalition members.
8. This HVA will then be utilized to conduct all plan review, activity selection, objective, workplan, and other activities throughout the year.

This process is visualized in the following graphic:

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These activities, procedures, etc. are summarized in Annex A: Preparedness Process Map.

### Coalition Hazard and Vulnerability Assessment

The current Hazard and Vulnerability Assessment (HVA) is contained in Annex F: HCC HVA. This document is reviewed and updated annually using the processes described above.

## 2.6 Gaps

### Identification and Evaluation of Gaps

The completion, review, and updating of coalition gap analyses is completed each year by healthcare coalition leadership (or appointed committee). This is done as a supporting element to the annual identification of preparedness activities to be conducted as described in the Preparedness Activity Selection, Planning and Execution, Measurement, and Improvement section of this plan. The processes for creation, review, and ratification of the HCC gap analysis is as follows:

1. Coalition leadership will schedule a date/period (before the scheduled activity selection process and/or as part of the annual plan review process) to conduct the gap analysis.
2. In preparation for this review, leadership (or an appointed review committee) will collect information needed to identify criteria for the gap analysis. This includes:
  - i. Prior gap analyses for the HCC and/or member entities
  - ii. Current guidance from federal, state, local, member, and other agencies
  - iii. Identification of critical planning, training, resource, staffing, and other needs for the HCC
  - iv. AARs and other documents from training, exercises, and/or events
  - v. Other insights and information from HCC members and/or other HCCs
3. Utilizing this information, the leadership/review committee will review the existing HCC gap analysis for efficacy, relevance, and to determine if any changes are needed. They will also create (as needed) a gap analysis questionnaire to collect information pertaining to the created



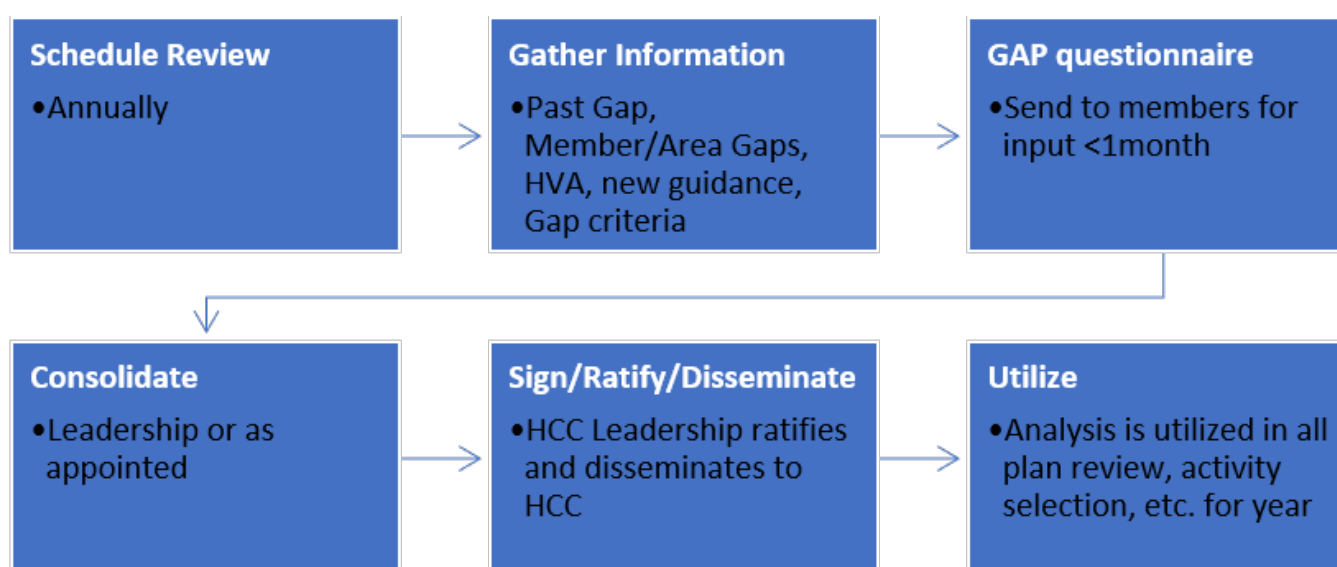
## Southeastern Wyoming Healthcare Coalition Preparedness Plan

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gap criteria. The draft gap analysis (or gap analysis questionnaire/poll if needed) will then be given to coalition members to review for a period of no more than 1 month.

4. Following the return of the gap analysis from HCC members, the HCC leadership (or appointed members) will compile the information into a consolidated HCC gap analysis.
5. The consolidated gap analysis is then ratified by coalition leadership and distributed to HCC members.
6. This gap analysis will be utilized to conduct all plan review, activity selection, objective, workplan, and other activities throughout the year.

This process is visualized in the following graphic:



These activities, procedures, etc. are summarized in Annex A: Preparedness Process Map.

### Coalition Gap Analysis

The current gap analysis for the coalition is contained in Annex G: HCC Gap Analysis. This document is reviewed and updated annually using the processes described above.

## 2.7 Compliance with Legal and Regulatory Guidelines

### Compliance in Preparedness

Our coalition is committed to maintaining compliance with legal and regulatory guidelines, both for the coalition itself and for our member agencies. This compliance is maintained through the processes described above in the Plan Review; Activity Selection, Coordination with Response Partners; and Gap Analysis sections of this plan. A summary of the processes pertaining to compliance in these sections include:

- During plan review periods, information is collected about federal, state, local, and regulatory requirements currently, or that are forecasted to, exist for both the coalition and its members/partners. This ensures compliance is maintained throughout the preparedness activities this plan represents.

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- As part of the described preparedness activity selection process, the coalition activity solicits information about regulatory and legal requirements from members and partners. These requirements, provided by partners, are included in the initial list of potential activities, and are ranked very high in assessment criteria during the activity selection process. This ensures the coalition is not only aware of member requirements, but also makes every effort to complete these requirements through its activity selection process.
- Throughout each of the steps described in the Coordination with Member Agencies and ESF8/OEM for Preparedness Activities section, the coalition ensures that government and other partners (who are often most aware of regulatory requirements from the public sector, etc.) have ample opportunity to provide guidance/input.
- In several of the steps described in the Preparedness Activity Selection, Planning and Execution, Measurement, and Improvement section efforts are described that solicit, measure, implement, measure, and comply with regulatory requirements.

Through each of these steps/processes, and the active involvement of our members in selecting and implementation preparedness activities, the coalition makes consistent efforts to ensure compliance with legal and regulatory guidelines throughout its preparedness activities.

### Compliance in Response

The coalition will also comply with legal and regulatory guidelines during emergencies. This compliance will be met in much the same manner as it is in preparedness activities. In decision making processes, healthcare coalition coordination activities during response, and all other response coordination members and partners communicate applicable guidelines. These guidelines will be given the highest possible weight in coalition activities. An example of this process would be the communication of crisis standards of care provided by the ESF8 (who is an active member of the HCC) that are then disseminated and followed by all coalition members and the coalition itself. Through this shared coordination of information and activities, the coalition will ensure that it maintains compliance with legal and regulatory guidelines during emergencies.

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### 3. Objectives

#### 3.1 Coalition Strategic Objectives

##### Objective 1: To Achieve the Foundational Purpose of the Coalition

- Identify, form, maintain, and grow relationships within and outside the healthcare network in our area that promote and ensure effective preparedness, response, and recovery during emergencies.
- Develop plans, policies, tools, procedures, and other mechanisms to promote and maintain the efficacy of the healthcare coalition.
- Identify, prioritize, plan, implement, measure, and improve preparedness and response activities for the maintenance and efficacy of healthcare operations before, during, and after emergencies.
- Provide training, resources, guidance, and other support to members that grow and maintain the efficacy of the healthcare network before, during, and after emergencies.
- Provide training, resources, guidance, and other support to members to assist in meeting legal and regulatory requirements related to preparedness and response.
- Develop plans, policies, tools, procedures, and other mechanisms to promote and maintain response coordination, information sharing, resource collaboration, and other response capabilities within and between the healthcare coalition and response (and other) partners.
- Conduct other preparedness activities in accordance with complete federal, local, state, and other funding, regulatory, operational, and other requirements/guidelines.

##### Objective 2: To Maintain the Coalition and Ensure Sustainability

Maintain and sustain the coalition both through the ongoing efforts of coalition leadership/members and by utilizing the processes described throughout this document (and the variety of activities that are a result of those processes).

##### Objective 3: To Promote the Value of Healthcare and Medical Readiness

Actively engage in several activities to promote the value of healthcare readiness, and of the coalition itself. These include:

##### **Communicate the coalition's purpose, mission and role in member recruitment**

During the coalition's efforts to gain new members, it will actively share information about the coalition, its role, and the importance of healthcare readiness with potential members. These potential members also

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then share this information within their organization, with other partners, and occasionally with the community. As coalition leadership and members attempt to bring new members into the coalition, they will first share with outside agencies (and often the community itself) the impacts of healthcare and other emergencies. This includes information about the loss of care capacity and capability, impacts to citizens, and several other risks. Each of these informational elements, which are used to “set the stage” in member recruitment, highlights the importance of healthcare readiness. Then, after sharing information about the impacts of a disaster, coalition members will share the roles and importance of the coalition in preparing for, responding to, and recovering from emergencies. These member recruitment activities, and the subsequent conversations had around them, share the importance of healthcare readiness and the role of the coalition therein.

### **Share the value of membership**

During both recruitment processes, and on-going relations with existing members, the coalition will actively share the value of coalition membership. This includes highlighting for members, and therefore their agencies and executives, the benefits of being in the coalition such as: assistance meeting regulatory/legal requirements, access to business continuity practices, shared purchasing power, educational training/seminars/conferences, etc.

### **Share the role of the coalition in a response**

Through preparedness planning, training, and exercise events conducted by the coalition (or that the coalition participates in) information about the role and importance of the coalition in a response will be shared with both members and response partners. For example, as the coalition often participates in joint planning/exercise activities with internal and external partners, coalition members will define and then share the role of the coalition in a response. Through this communication, groups outside the coalition (other response groups, private industry, etc.) will become aware of the role and integration of the coalition in a response.

### **Share the complexity of medical response events**

As described in member recruitment and in the role of the coalition, leaders and members will share the complexity of medical response operations (or engage subject matter experts to do so) with members, partner agencies, and (through these groups) the community. Sharing these complexities is an inherent part of each of those activities conducted by the coalition.

### **Share the benefits of the coalition to the region**

As described throughout this plan, the coalition will consistently engage in activities that share the benefits of the coalition to the region. This includes sharing information about access to training, cost sharing, etc. Moreover, in planning, training, and exercise events the coalition (in interacting with members and partners) highlights how its ability to integrate with the response framework and provide a consolidated contact for healthcare operations benefits response partners and the community.

### **Provide visibility to preparedness activities in region**

As described throughout this plan, the coalition engages and communicates preparedness activities with groups throughout the region. By involving member entities and response partners in identifying, selecting,

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prioritizing, planning, executing, and improving preparedness activities (as described in this plan) the coalition is thereby providing visibility to the preparedness activities it conducts.

### Objective 4: To Promote the Sustainability of the Coalition

In addition to efforts promoting the value of the coalition and preparedness activities, the coalition will consistently make efforts to promote the sustainability of the coalition. These efforts include:

#### **Retention of members**

For the coalition to exist, it must retain its members. To do this, the coalition will actively attempt to retain current and new members through several activities such as: providing (when feasible) access to conferences (travel, registration, etc.); assistance meeting regulatory/legal requirements; opportunities to participate in preparedness training/exercise/etc., support with preparedness planning that will improve response and reduce liabilities; and offering several other benefits to coalition members.

#### **Financial responsibility**

The coalition, through both the activity selection processes described in this plan and the voting/financial processes described in the coalition charter, will ensure that it is fiscally responsible.

### Objective 5: To Discover and Share Emerging and Best Practices

A key objective for the coalition is to actively find best and emerging practices, and then share them with members, member agencies, and response partners. The coalition accomplishes this through: sending members to conferences; sourcing and providing training; utilizing subject matter experts in preparedness activities which by default provides access to the breadth of experiences the experts have; integrating these best practices into plans/processes/operations/etc.; and several other activities throughout the year. Through these different activities, the coalition discovers and shares emerging practices. This demonstrates the value of the coalition and thereby promotes its sustainability.

### Objective 6: To Engage of Partners and Stakeholders

The coalition will consistently undertake efforts to engage partners and stakeholders from member entities and outside the coalition. These efforts include:

#### **Engagement of Healthcare Executives**

The coalition, through representatives from healthcare member agencies, will actively engage healthcare executives. It will do this by encouraging healthcare member representatives to obtain letters of support from executives; invite executives to meetings, exercises, etc.; and continue to promote the value of the coalition to executives (through regulatory requirements, etc.) as described above.

#### **Engagement of Clinicians**

The coalition will actively engage clinicians in the activities of the coalition by: sharing impacts of healthcare emergencies with them through recruitment processes, utilizing them (and thereby engaging them) to develop patient and healthcare specific portions of plans; and attempting to engage their expertise in training

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and other events. Through utilization as subject matter experts in supporting coalition goals, it is hoped that clinicians will become more interested, and therefore more involved, in the healthcare coalition.

### **Engagement of Community Leaders**

The coalition will attempt to engage community leaders through the active participation of government agencies, who represent these leaders, in all aspects of the coalitions preparedness activities. As emergency management, public health, law enforcement, fire, and other community groups (and clinicians who are often involved in community leadership) are involved in coalition activities, these groups will share coalition activities with community leaders. As community groups are involved and share information about activities, training, exercises, etc. with community leaders, the community leaders will inherently become more involved.

### **Engagement of At Risk Populations**

The coalition will ensure representatives from at risk populations will be engaged in coalition activities through activities such as: actively including public health agencies who represent these groups in coalition activities, through the engagement of clinicians who often treat them, and ensuring that these groups (and the on-going care for them) is factored into all plans/activities/etc.

## 3.2 Multi-Year, Annual and Operational Objectives

In addition to these strategic objectives, over each project period, fiscal year, activity timeline, and response event, the coalition will identify specific objectives/activities. These will likely be associated with specific projects, guidance, etc. at the given time. The processes to identify, prioritize, support, implement, measure, and improve on these specific activities are described in the Preparedness Activity Selection, Planning and Execution, Measurement, and Improvement of this document. They are also facilitated using Annex E: Preparedness Activity Selection/Workplan Tool. Through these tools, and the information contained in other sections of this plan, the coalition ensures that it is complying with Capability 1, Objective 3 of Hospital Preparedness Program guidelines (the utilization of risk and gap information in creation specific coalition objectives). As each of these steps/processes, as well as the tools associated with them, begin with the foundational step of collecting HVA information, gap analysis, regulatory/legal needs, and other information; the coalition is inherently ensuring all outputs of these steps (i.e. their objectives and activities) are based on these criteria.

**Please refer to Annex E: Preparedness Activity Workplan for current operational objectives, preparedness plans and workplans for the coalition.**

## 4. Development Processes and Current Objectives/Workplan

Each year, through plan reviews, HVA/Gap analysis reviews, coordination with member/partner agencies, and identification/selection/planning/execution/measurement/improvement processes described throughout this document, the coalition will identify and implement objectives and associated preparedness activities/projects to be completed. The outputs of these activities then inherently become the coalition's workplan.

Within each of the steps above, and Annex E: Preparedness Activity Selection/Workplan Tool of this plan, the coalition will also ensure that workplan activities (which can include training, exercises, plan/policy development, purchasing resources, etc.) are:

- Appropriately identified from the various regulatory, funding, HVA/gap analysis, objectives, and other information sources gathered throughout the coalition.
- Assigned, as needed, to appropriate personnel (either coalition leadership, appointees, sub-groups, contractors, etc.).
- Planned to ensure successful completion and prevent conflict with other initiatives inside and outside the coalition.
- Supported with appropriate resources, funding, time, staff, etc.
- Monitored and measured to ensure quality and performance indicators are met and/or deficiencies are corrected.
- Reported to the coalition and utilized in future coalition preparedness initiatives.

These processes for operational objective and workplan development, and mechanisms to ensure they are followed, are built into Annex E: Preparedness Activity Selection and Workplan Tool, which is utilized to plan and conduct all workplan processes for the coalition. Using this tool, the coalition ensures its preparedness activities are successful and comply with federal, state, local, and other preparedness performance objectives.

**Please refer to Annex E: Preparedness Activity Workplan for current operational objectives, preparedness plans and workplans for the coalition.**

## Annexes

The following appendices are available from coalition leadership as needed:

- Annex A: Preparedness Plan Flow
- Annex B: Coalition Scope
- Annex C: Coalition Members
- Annex D: Coalition Charter
- Annex E: Preparedness Activity Selection Tool - Current Coalition Operational Preparedness Plan, Objectives and Workplan
- Annex F: Coalition Hazard Vulnerability Analysis (HVA)\
- Annex G: Coalition Gap Analysis