



Regional Emergency and Disaster
HEALTHCARE COALITION

Supporting Eastern Washington Communities

Preparedness Plan

January 3, 2019

Last revised: June 30, 2021

OUR MISSION

To prepare for, respond to, and recover from crisis using all available resources to provide patient care at the appropriate level in the most efficient manner for the best patient outcomes.

The REDi Healthcare Coalition works to strengthen the emergency preparedness and response planning for all aspects of healthcare through community coordination and collaboration. Healthcare Coalition participation is appropriate for all types of healthcare providers, mental health providers, EMS professionals, public health professionals, emergency managers, and related services.

The Healthcare Coalition consists of members who both provide expertise and receive the benefit of other's experience to achieve their agencies' goals. Membership in the coalition is defined as any healthcare entity that actively contributes to strategic planning, operational planning and response, information sharing, and resource coordination and management.

The Healthcare Coalition is grant-funded under the Health and Human Services Assistant Secretary of Preparedness and Response Healthcare Preparedness and Response grant; the benefits of Healthcare Coalition membership are currently free for all partners. To receive more information on coalition activities, please contact us at hcc@srhd.org.

Plan Approval and Review

The plan has been developed in collaboration with members, stakeholders, and staff input. REDi Healthcare Coalition core members will approve and maintain the preparedness plan through a quorum vote of the REDi HCC Core Member Advisory Group and an annual plan review.

The Coalition will update the plan annually and following exercises, planned events, and real-world incidents. The review will include identifying gaps in the preparedness plan and working with Coalition members and external partners to define strategies to address the gaps. All members can review, provide input, and receive a copy of the revised plan.

The following entities represented on the REDi HCC Core Member Advisory Group will be listed here when finalized.

Healthcare

Doug Jones, Confluence Health

Hannah Kimball, Pullman Regional Hospital

Emergency Medical Services

Tamara Drapeau, American Medical Response

Emergency Management

Public Health

Nathan Johnson, Yakima Health District

Record of Changes

Version	Description of Change	Date Entered	Posted By
1.0	Plan drafted	January 2019	Jeff Sinchak
	Plan revised and updated per partner feedback	June 2019	Carolyn Cartwright
	Plan approved by Core Member Advisory Group	June 2019	Carolyn Cartwright
2.0	Plan revised and updated	June 2020	Jim Parrish
3.0	Plan revised and updated	June 2021	Jazzy Landes
	Planning approved by Core Member Advisory Group	June 2021	Jazzy Landes

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1. Introduction

1.1. Purpose of Plan

The purpose of the Regional Emergency and Disaster Healthcare Coalition (REDi HCC or the Coalition) Preparedness Plan is to document the organization and process of the Coalition and how it works collectively to develop and test operational capabilities that promote communication, information sharing, resource coordination, and operational response and recovery. The plan also describes roles, functions, governance, and objectives.

1.2. Scope of Plan

The plan's timeframe begins on the date of CMAG approval and ends on 06/30/2022. The plan applies to all Coalition organizations.

The plan meets the requirement outlined in the *Office of the Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities*. In addition, this plan utilizes the concepts outlined in the National Incident Management System and takes the *FEMA Core Capabilities* and *National Preparedness Goal* into consideration.

This plan does not supersede the authorities of participating entities. This plan also does not replace facility-level plans and assumes the facility will align internal processes to successfully adopt this plan.

1.3. Maintenance of Plan

The Coalition reviews and updates the plan annually and as needed after exercises and incidents. The review includes the identification of gaps and strategies for improvement. The Coalition staff facilitates the review of this plan, and the Core Member Advisory Group approves it.

2. Coalition Overview

2.1. Purpose of Coalition

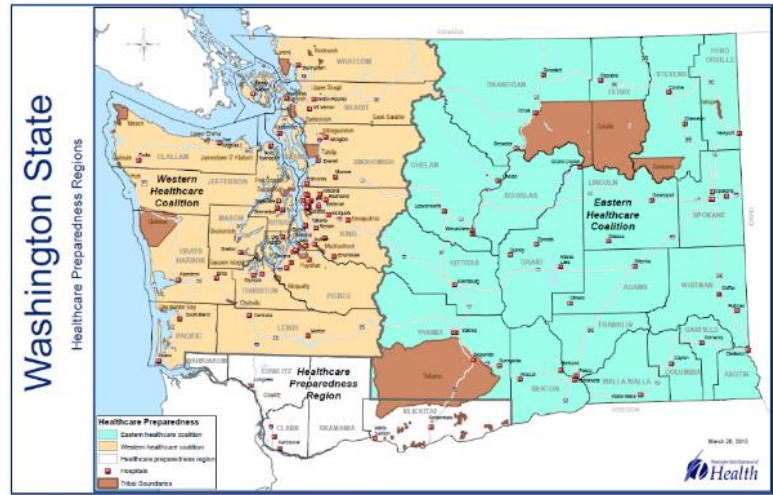
For a history of healthcare emergency preparedness in eastern Washington, see the *History of Healthcare Emergency Preparedness in Eastern Washington*.

Mission

The Coalition's mission is to prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level in the most efficient manner for the best patient outcomes. The Coalition works to strengthen emergency preparedness and response for all aspects of healthcare delivery through community coordination and collaboration.

2.2. Regional Boundaries

The Coalition serves as an emergency preparedness and response resource for the listed nineteen counties and four tribal areas in eastern Washington: Adams, Asotin, Benton, Chelan, Columbia, Colville Tribe, Douglas, Ferry, Franklin, Garfield, Grant, Kalispel Tribe, Kittitas, Lincoln, Okanogan, Pend Oreille, Spokane, Spokane Tribe, Stevens, Walla Walla, Whitman, Yakama Tribe, and Yakima. The Coalition's jurisdiction is represented in blue on the map.



Given patient flow patterns, there are unique preparedness planning and exercise needs in each of the healthcare coalition areas, which we refer to as catchment areas. The hubs of these catchment areas—Tri-Cities, Spokane, and Wenatchee—serve as centers for coordination and collaboration work that is unique to that area's preparedness needs, such as exercises, training, and general meetings. The Coalition works with neighboring states and counties as appropriate to address the daily health care delivery patterns and natural patterns of patient movement during an incident.

The Coalition's jurisdiction falls under Washington PHEP Regions 7, 8, and 9 as well as Washington Homeland Security Regions 7, 8, and 9. The Coalition is part of HHS Region 10 and FEMA Region X.

2.3. Coalition Members

The Coalition has a diverse membership. Core members include hospitals, emergency medical services (EMS), emergency management organizations, and public health agencies. Additional members include healthcare clinics, blood centers, dialysis, long-term care, skilled nursing facilities, behavioral health services and organizations, home health agencies, non-governmental organizations, and more.

2.4. Governance Structure & Organization

Funding and Sustainability

The Washington State Department of Health (DOH) is funded under the United States Department of Health and Human Services (HHS) through the Office of the ASPR Healthcare Preparedness Program (HPP) grant. Spokane Regional Health District (SRHD) currently serves as the fiduciary agent for the HPP funding from DOH in a July 1-June 30 grant cycle to administrate the Coalition.

Using a customer-focused service model to identify opportunities to serve the needs of members and partners in alignment with the *2017-2022 Health Care Preparedness and Response Capabilities*, the Coalition is not a stand-alone organization (nonprofit or otherwise). As such, it is governed by the programmatic expectations and requirements of the SRHD.

Sustainability planning is a critical component in the development of the Coalition to ensure future viability. The Coalition will work to build value to its members by providing technical assistance, developing materials and services to promote preparedness efforts, analyzing additional financial opportunities for funding, exploring cost-sharing options or group buying power, and incorporating leadership succession planning.

Membership Model

Membership can be held by any agency supporting the 19 counties and four tribal nations of eastern Washington and can be met by actively contributing to strategic planning, operational planning and response, information sharing, and/or resource coordination and management. Please see the *Coalition Membership Guidance* document for information about benefits, participation documentation, and requirements.

Organizational Structure

The REDi Healthcare Coalition staff, clinical advisor, Core Member Advisory Group, and WATrac Advisory Committee comprise the structure that supports Coalition activities.

Core Member Advisory Group

The Core Member Advisory Group (CMAG) is charged with informing the development of Coalition plans, providing representative approval of Coalition plans, and providing feedback to Coalition staff on products, services, objectives, workgroup recommendations, advisory group recommendations, strategies, and tactics as needed. The CMAG is advisory and does not constitute a board of directors for the Coalition. Accordingly, there is no associated fiduciary or legal responsibility.

The CMAG is comprised of 7 elected representatives of the following voting seats:

- 1 Wenatchee catchment hospital seat
- 1 Tri-Cities catchment hospital seat
- 1 Spokane catchment hospital seat
- 1 Critical Access Hospital (CAH) seat
- 1 EMS Regional Council seat
- 1 PHEP Council seat
- 1 EM Regional Council seat

CMAG representatives are appointed for a one-year term, serving from 07/01-06/30, and are limited to two consecutive terms. They are expected to:

- Attend all Core Member Advisory Group Meetings (held quarterly),
- Respond to requests for feedback in the form of email, text, and survey, and
- Willingly take on work assignments to support the CMAG or Coalition staff.

For additional information, see the *Core Member Advisory Group Charter*.

Statewide WATrac Steering Committee

WATrac System Administrators from eastern and western Washington facilitate a statewide WATrac Steering Committee to guide the policies and use expectations of WATrac in Washington State. This includes approving recommendations from the advisory committees for system configuration decisions.

WATrac Advisory Committee

The WATrac Regional Advisory Committee for eastern Washington serves as a quarterly forum for healthcare system partners on WATrac usage. The purpose of this committee is to develop consistent practices throughout Eastern Washington on the daily use and response functions of WATrac, Washington State’s web-based health and medical incident management system. Based on operations and usage, the advisory group makes formal recommendations to the state steering committee on system configuration decisions.

2.5. Compliance Requirements

Legal and Regulatory Requirements for Preparedness

ASPR recognizes there is shared authority and accountability for the health care delivery system's readiness that rests with private organizations, government agencies, and Emergency Support Function-8 (ESF 8, Public Health and Medical Services) lead agencies. Given the many public and private entities that must come together to ensure community preparedness, the Coalition serves an important communication and coordination role within eastern Washington. Accordingly, the Coalition:

- Understands federal, state, or local statutory, regulatory, or national accreditation requirements that impact emergency medical care.
- Understands the process and information required to request necessary waivers and suspension of regulations. Key waivers for consideration include:
 - 1135 waivers/CMS waivers
 - NFPA Chapter 12 waivers
- Supports crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities.

Legal and Regulatory Requirements for Response

Legal and regulatory requirements for response include maintaining awareness of standing agreements for resource support during emergencies. Currently, the Coalition agreements are the MOUs developed in the former Region 7, Region 8, and Region 9 Response Plan and All-Hazards Plans. Coalition agreements are regional and do not replace county or facility-to-facility agreements. County emergency management and local health jurisdiction agreements will be maintained and shared by the corresponding jurisdiction.

In addition to the above agreements, the Coalition maintains awareness of relevant state and local ordinances, statutes, and rules that may affect the Coalition and its response as required including state and local emergency powers that may affect the coalition response.

Additional Considerations

Healthcare providers must meet CMS Emergency Preparedness Conditions of Participation and maintain good standing under the DOH licensing process. Additionally, physicians are expected to meet Institute of Medicine guidance for “duty to plan.” During ordinary times, facilities providing acute medical care have a duty to serve patients; in anticipation of extraordinary times, such facilities have a “duty to plan” for catastrophic incidents, including planning for delivery of care along the continuum from conventional to crisis surge response.

2.6. Assessments, Risks, and Gaps

In collaboration with local and regional partners, the Coalition identifies and plans for risks by conducting assessments or updating data from existing assessments for healthcare readiness purposes. These assessments evaluate resource needs and gaps, identify at-risk groups, and highlight applicable regulatory and compliance issues. The Coalition and its member organizations may use the information to inform training and exercises and prioritize strategies for addressing gaps in the region.

Risk Assessment

The Regional Hazard Vulnerability Assessment (HVA) evaluates vulnerability to specific hazards and addresses anticipated and unanticipated risks that are most likely to have an impact on healthcare's ability to provide services. The HVA contains a Regional Community Vulnerability Profile, which uses open-source data to provide context about vulnerable populations. The Regional HVA is not a replacement for an organization- or facility-specific HVAs and is an annual requirement for the hospital preparedness program grant from ASPR.

Gap Analysis

The Coalition conducts a gap analysis consisting of four components. Each component has a unique timeline for updating, which is adaptable to changes in the coalition's capacity, design, and needs. The four components are:

1. Prioritizing response objectives (utilizing the Coalition Assessment Tool)
2. Identifying response capability gaps (utilizing the After-Action Reviews and Improvement Plans)
3. Training Needs Assessment
4. Inventorying durable medical equipment (DME)

Coalition Assessment Tool

The priorities go through a further analysis utilizing ASPR's Coalition Assessment Tool (CAT). The CAT is conducted bi-annually to track progress. The coalition assesses the work completed related to each objective and is provided with a percentage progress score for each objective. The combination of priority and progress further refines what areas the Coalition should focus attention.

Five areas from the ASPR 2017-2022 Health Care Preparedness and Response Capabilities were identified as highly important, where the Coalition has a major role in coordinating the work,

- Capability 1, Objective 1: Establish and Operationalize a Healthcare Coalition
- Capability 1, Objective 3: Develop a Healthcare Coalition Preparedness Plan
- Capability 2, Objective 1: Develop and Coordinate Healthcare Org. and HCC Response Plans
- Capability 4, Objective 1: Plan for a Medical Surge
- Capability 4, Objective 2: Respond to a Medical Surge

Three areas were identified as critical, the core of the Coalition's mission and functions:

- Capability 1, Objective 4: Train and Prepare the Healthcare and Medical Workforce
- Capability 1, Objective 5: Ensure Preparedness is Sustainable
- Capability 2, Objective 2: Utilize Information Sharing Procedures and Platforms

Response Gaps

Response gaps information is gathered through community after-action reviews following exercises and real-world events. Improvement plans developed out of after-action reviews highlight regional, local, and agency gaps in response. This information is not only used to update plans, policies, and procedures but is also integrated into training and exercise plans. After-Action Reports/Improvement Plans are shared with Coalition partners through the REDiLINK newsletter and on the Coalition website.

Training Needs Assessment

Every year a comprehensive training needs assessment is conducted to identify general training gaps across the region and used to develop a multi-year training and exercise plan (MYTEP). The Training Needs Assessment uses a capabilities-based approach and is based on foundational ICS principles, regional priorities, and known areas of interest. Respondents are self-selected representing single facilities or multi-facility organizations. Emails are sent to all Coalition members and other healthcare partners through the coalition's contact database. The data is analyzed to determine the training gaps: capabilities that have the highest priority and lowest proficiency combined score. Training gaps that are relevant across partners and align with coalition priorities are integrated into the Training and Exercise Plan.

The most recent *Training Needs Assessment* identifies collective training needs in eastern Washington. Priority training needs include:

1. Cybersecurity
2. Surge/Evacuation
3. Situational Awareness
4. Psychological First Aid
5. Patient Tracking, tied with Coalition and EM General

Medical Supplies and Durable Medical Equipment Inventory

Information gathered through a static process would be dated within weeks of when it is gathered. Consequently, during an incident or exercise that requires medical supplies and durable medical equipment information, the Coalition uses the Situational Awareness Response Process. The process provides an assessment of resources across the region that could be shared, making the data timelier and more relevant. In addition to this just in time information collection, the Coalition reviews the following resources:

- COOP equipment requirements
- WATrac specialties
- Russell Phillips Disaster Medical Coordination Center (DMCC) Toolkit (available upon request)

Hospital Capacity Assessment

To address excessive patient loads and limited hospital bed capacity resulting in long waits in emergency departments, sharing standardized data on hospital capacity with regional partners is an essential step to better manage regional demands on our healthcare facilities. The 2017-2018 influenza season prompted a large information gathering process to assess hospital capacity in former Region 9 that could be activated again as needed: *Hospital Capacity Assessment Report*.

3. Coalition Objectives

3.1. Strategic Objectives: 2016-2022

Following ASPR Core Capabilities for a healthcare coalition, the strategic objectives for the REDi Healthcare Coalition are as follows:

- Strategic Objective 1: Create a foundation for healthcare and medical readiness
- Strategic Objective 2: Promote healthcare and medical response coordination
- Strategic Objective 3: Support continuity of healthcare service delivery
- Strategic Objective 4: Build acute care medical surge capacity

3.2. Operational Objectives: 2016-2022

To meet Strategic Objective 1: Create a foundation for healthcare and medical readiness, Coalition operational objectives are:

- Maintain a Health Care Coalition serving the 19 counties and 4 tribes of eastern Washington
 - Provide meaningful engagement with hospital administrators, clinicians, emergency managers, security, and facilities staff to support the “*meaningful use*” mandate of the CMS and Joint Commission Emergency Preparedness Accreditation and licensure requirements for emergency preparedness and response. Strategies will include:
 - Clinical Engagement in crisis standards of care development through a local Disaster Clinical Advisory Committee.
 - Target partner (blood, dialysis, hospitals, skilled nursing, etc.) engagement through education and training coupled with lessons learned from real-world events and information sharing utilizing the Healthcare System Operational Response Committee & WATrac.
- Identify and assess risks and needs
- Develop and maintain a sustainable HCC preparedness plan
- Provide opportunities to train and exercise HCC partner organizations & evaluate for lessons learned to inform plan updates

To meet Strategic Objective 2: Promote healthcare and medical response coordination, Coalition operational objectives are:

- Maintain and inform the Coalition’s understanding of current resources, capabilities, and member needs through ASPR, DOH, and Coalition-driven assessments.
- Develop and maintain sustainable HCC response plans
- Provide information sharing procedures and platforms
- Coordinate Response Strategy, Resources, and Communications

To meet Strategic Objective 3: Support continuity of healthcare service delivery, HCC operational objectives are:

- Coordinate planning for healthcare evacuation and relocation
- Coordinate healthcare delivery system recovery

To meet Strategic Objective 4: Build acute care medical surge capacity, Coalition operational objectives are:

- Establish and maintain a three-deep contact database.
- Identify gaps in the Coalition's ability to evacuate and place 20% of total regional staffed acute care beds utilizing the REDi DMCC plan and facility emergency operations plans.
- Expand and improve the use of WATrac among hospitals and other healthcare providers.
- Improve Coalition members' ability to implement patient tracking procedures as described in the REDi HCC Patient Tracking Plan.
- Effectively respond to real-time events utilizing appropriate local, regional, state, and federal plans, policies, and procedures.

4. Coalition Workplan

The Coalition uses a customer-focused service model to identify opportunities to serve the needs of members and partners in alignment with the ASPR HPP capabilities. Member feedback is sought to advise the work of the Coalition and is gathered through methods like advisory group meetings, planning workgroups, survey and assessment findings, staff interactions with partners, and exercise and incident after-action reports (AARs).

The Coalition is funded entirely by a hospital preparedness program grant from the ASPR. This grant requires the Washington Department of Health to develop domains and capabilities that will help increase readiness for any emergency. These deliverables drive the Coalition's work in healthcare preparedness and response.

4.1. Roles and Responsibilities

Coalition Staff

Per the [REDi Healthcare Coalition Staffing Functions](#), the Coalition staff are responsible for:

- Facilitating the Core Member Advisory Group,
- Planning, implementing, and evaluating Coalition activities,
- Sharing information and resources with members and partners,
- Managing HPP grant documentation requirements, such as work plan deliverables and state/national reporting,
- Assisting healthcare organizations to improve capabilities, and
- Coordinating planning, response, and recovery amongst Coalition members and partners.

Clinical Advisor

Under ASPR grant requirements, the Coalition includes a clinical advisor position to provide a clinical perspective. This advisor role will; provide clinical leadership to the coalition and serve as a liaison between coalition and medical leadership at healthcare facilities and agencies. They will provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance. They will serve as an advocate to other clinical staff to encourage their engagement in coalition activities.

Coalition Members and Partners

For information on member and partner roles/responsibilities, see the *Coalition Membership Guidance* document.

Consultation and Subject Matter Experts

The Coalition convenes meetings to assist organizations, who may not work together or who might be perceived as competitors, with collaboration. During response periods and upon request, the Coalition utilizes a network of contacts to assess, inform, and understand challenging incidents that may benefit from local or regional solutions. Informational interviews with subject matter experts are used to identify the challenges, needs, and available resources to inform the collective Coalition response.

4.2. Core Functions

Information Sharing

WATrac

The Washington Healthcare System for Tracking Resources, Alerts, and Communication (WATrac) is a web-based application. WATrac is a tool that assists healthcare across the state to provide coordinated patient care in an incident involving patient placement and tracking, and it provides two distinct functions: daily tracking of patient care bed availability and agency status, and incident notification and situational awareness for adverse events and disaster response.

The Coalition serves as the WATrac Lead and administrator for member and partner user accounts.

Patient Tracking Coordination

The REDi HCC Patient Tracking Annex was developed for the coordination of patient tracking information in an emergency. Patient tracking determines and documents the identity of the patient, the patient's whereabouts, and the patient's condition as they transition through the hierarchy of care from the incident scene to the healthcare provider facility. Patient tracking also helps facilitate family reunification and supports the Family Assistance Center. The concept of operations embraces an all-hazards approach to cover events ranging from smaller MCI events when a centralized regional coordinating group may not be necessary, as well as catastrophic events when a regional coordinating agency is essential for centralizing patient tracking information and ensuring the appropriate and timely dissemination of information. Regional patient tracking supports local response objectives, yet procedures and processes will be developed regionally with ESF 8 input.

Situational Awareness Response Process

The REDi HCC Situational Awareness Response Process is an information-sharing process used during an incident to develop and inform members and partners regarding the operational status of the overall healthcare system.

This process gathers Essential Elements of Information (EEI) from healthcare partners to create and maintain relevant Situational Awareness (SA) and a Common Operating Picture (COP) during an incident. The process seeks to clarify data received, obtain missing information, and inquire about needs identified in the EEI collection process. The Coalition staff accomplish this task through the collection,

aggregation, and distribution of information to Coalition partners by phone, email, or other communication formats.

The REDi HCC Situational Awareness Response Process is not meant to replace the primary communications between first responders, hospitals, local health departments, or other agencies in the initial hours of an incident. It is intended to provide informative and actionable intelligence, particularly during long-duration incidents; incidents with broad geographic impact; or incidents across multiple types of healthcare providers and jurisdictions.

Coordination Calls

A coordination call service is available to all coalition partners who participate in the region's situational awareness processes. The purpose of a coordination call serves as just in time coordination with peers to a healthcare systems response, and to find agreement and alignment on an issue affecting healthcare systems response. Coordination calls are activated by a call to the REDi HCC Duty Officer.

Executive Objectives

The Coalition seeks feedback and direction from healthcare executive leadership to ensure that the strategic priorities of healthcare providers are aligned with the products and services of the healthcare coalition. Feedback formats are currently informal and intermittent.

Communication

The Coalition is committed to facilitating member and partner engagement in emergency preparedness information sharing and coordination activities through a variety of methods including email newsletters; bulletins; bi-monthly general meetings; and information shared through the Coalition website and social media platforms. The Coalition provides the most accurate, timely, and actionable information available to keep members well-informed.

24/7 Contact List

The Coalition maintains and updates a comprehensive regional list of healthcare, emergency management, and public health facilities, including a three-deep personnel contact list for each facility. This list is updated through regular meeting sign-in sheets, during planning for events, exercises and plans, and during response preparation outreach (i.e. Preparation for influenza season). Members can update their information to the Coalition at any time on the REDi Healthcare Coalition website.

Electronic Communications

The "REDiLINK Healthcare Coalition Newsletter" is the official e-publication of the Coalition. It is disseminated bi-monthly and contains information on Coalition workgroups and committees, provides relevant updates, and shares stories regarding emergency preparedness, best practices, general membership, and meeting previews and summaries. Also provided in this information sharing tool are lists of upcoming events around the region, including training opportunities and conferences. Additionally, succinct, and relevant reports covering items such as cyber alerts, webinars, new resources, or current incident response updates, are disseminated as needed.

Quarterly General Meetings

The Coalition hosts four general membership meetings per year that are open to all types of healthcare providers, emergency medical services, mental health providers, public health professionals, emergency

managers and related services, and other community leaders. Meetings provide partners with the opportunity to network, understand the roles and responsibilities of partner agencies, and sharing of information, best practices, and lessons learned from responses.

Education and Information Materials

The Coalition shares and produces regional information sheets designed to inform and educate partners on plans, processes, and events. Formats can include whitepapers, one-page information sheets, content videos, and infographics.

Annual Report

The Coalition produces an annual report which displays the full scope of work the coalition has created during the previous operational reporting period (July 1 – June 30).

Survey and Evaluation

The Coalition conducts assessments and evaluations to gather information and feedback on member participation, satisfaction, and the added value of the Coalition activities and services provided.

Resource Coordination

Available Resources

The REDi HCC Resource Coordination Process supports critical resource needs during any incident where healthcare organizations are unable to procure critical resources to maintain patient care. This process assists the Washington State Resource Request Process by providing another avenue to acquire healthcare resources before resource requests are elevated to the appropriate jurisdiction authority (local jurisdictions, tribes, county, state, and federal).

Coalition and members may work together to manage staffing resources, including volunteers within the healthcare setting. This work involves identifying supplemental staffing options, supporting staffing agreements and credentialing, and addressing other issues such as liability, scope of practice, and reimbursement.

Alternate Care Facilities (ACF) Trailer

Purchased with HHS ASPR HPP funding, ACF trailers serve as a resource that can be utilized to augment a burdened healthcare system. During a public health emergency or disaster, there may be times when hospitals, ambulatory care, or long-term care facilities are not able to accommodate all those who need care. Depending on the reason behind the reduced capacity, an ACF may provide one or more types of care, including in-patient, ambulatory, and/or palliative care. In eastern Washington, there are ten ACF trailers available as regional resources. Location, maintenance, activation, and deployment of ACF trailers can be found in the REDi HCC Response Plan.

4.3. Planning

As a Coalition of healthcare, public health, emergency management, and EMS professionals, regional planning is essential to the preparation and safety of our eastern Washington communities. Information about the Coalition's planning process and timeline is available in the *Plan Development Overview*.

Disaster Medical Coordination Center (DMCC) Planning

The DMCC system attempts to place patients based on need during a mass casualty incident (MCI) or healthcare facility evacuation at the healthcare facility most appropriately able to care for them in the most efficient amount of time using the guidance provided by hospitals. The Coalition supports local DMCC and healthcare organizations within the region as appropriate.

Crisis Standards of Care Planning

The Washington State Disaster Medical Advisory Committee, jointly facilitated by the Washington State Department of Health and the Northwest Healthcare Response Network, serves as a state-wide resource in developing Crisis Standards of Care and Scare Resource Allocation. This committee meets regularly and engages clinical experts from across the state.

The Coalition also supports the Spokane County Disaster Clinical Advisory Committee (DCAC) as desired by members. The committee meeting frequency changes throughout the year. Currently, the Coalition provides administrative support through DCAC meeting facilitation, DCAC chair meeting facilitation, charter edits, membership roster maintenance, and membership outreach.

4.4. Training and Exercise Coordination

The Coalition offers training opportunities available to healthcare coalition members and partners. Training is provided based on member needs and Coalition priorities. Training is not facility-specific and is prioritized based on the training needs assessment provided by the Coalition. The Coalition provides regular training on WATrac, periodic training on regional plans, and additional priority training when possible. Additionally, the Coalition shares other regional and national training opportunities through a monthly training calendar with priority training highlighted in REDiLINK, the Coalition newsletter.

Multi-Year Training and Exercise Plan

The Multi-Year Training and Exercise Plan developed by the REDi Healthcare Coalition serves as the foundation of training and exercise planning in eastern Washington. This plan will be developed through stakeholder engagement and a thorough review of exercise and incident after-action reports and improvement items. Once developed, this plan will be updated annually.

Exercise Workgroups

The Coalition leads or participates in exercises that evaluate coordinated healthcare system responses. As appropriate, the Coalition exercises follow the Homeland Security Exercise and Evaluation Program. Common elements that may be evaluated during an exercise include standard operating procedures, organizational structure, or the effectiveness of specific technologies used by the Coalition during emergency response. Single facility exercises are not in the Coalition's scope of practice, but the Coalition may occasionally assist in single facility exercise design as subject matter experts.

Feedback for the exercise evaluation may be gathered in the form of assessments from the evaluators, role players, and the exercise participants.

- Pre-exercise: In the months leading up to exercises, the Coalition hosts planning meetings open to all partners to determine exercise objectives, exercise design, exercise players, and exercise

play. These meetings are hosted both virtually and in person with virtual attendance always available.

- Post-exercise “hot wash”: This activity is conducted as soon as possible following an exercise to identify key successes or challenges while they are still “fresh” in the minds of the participants. Representatives from all entities that participated in the exercise are invited to participate.
- After Action Report (AAR) process: The AAR process is a formal and comprehensive process conducted after the exercise to analyze data and observations, positive and negative, related to system performance. AARs will be shared with all Coalition partners regardless of if they participated in the exercise.

4.5. After Action Reviews

After exercises or real-world incidents, the Coalition facilitates After-Action Reviews (AAR) to collect post-exercise and incident information. The information contributes to the development of After-Action Reports. All Coalition-led exercises include a comprehensive AAR process. In the case of real-world incidents, the Coalition would lead AAR meetings if the incident had a significant impact on the healthcare system at large.

5. Appendices

Appendix A: Links

Centers for Medicare & Medicaid Services (CMS)

- [Additional Emergency and Disaster-Related Policies and Procedures That May Be Implemented Only with a §1135 Waiver](#)
- [COOP Equipment Requirements](#)

Federal Emergency Management Agency (FEMA)

- [Core Capabilities](#)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

- [2017-2022 Health Care Preparedness and Response Capabilities](#)

Regional Emergency & Disaster Healthcare Coalition (REDi HCC)

- Administration
 - [24/7 Contact List](#)
 - [Coalition Membership Guidance](#)
 - [Core Member Advisory Group Charter](#)
 - [History of Healthcare Emergency Preparedness in Eastern Washington](#)
 - [REDi Healthcare Coalition Website](#)
 - [Staffing Functions](#)
- Assessments
 - [2021 Regional Hazard Vulnerability Assessment](#)
 - [Hospital Capacity Assessment Report](#)
 - [Training Needs Assessment](#)
- Plans
 - [Plan Development Overview](#)
 - [Patient Tracking Annex](#)
 - [Response Plan](#)
- WATrac
 - [WATrac Information](#)
 - [WATrac Regional Use Expectations](#)
 - [WATrac State Steering Committee Charter](#)
 - [WATrac Steering Committee](#)

U.S. Department of Homeland Security (DHS)

- [Homeland Security Exercise and Evaluation Program](#)
- [National Preparedness Goal](#)

Appendix B: Regional Hazard Vulnerability Assessment (RHVA) Executive Summary

Results

The Regional Emergency and Disaster Healthcare Coalition (REDi HCC, the Coalition) conducted a regional hazard vulnerability assessment (RHVA) in May 2021 to determine top hazards to the healthcare system in eastern Washington. The RHVA allows the Coalition to recognize gaps in healthcare emergency preparedness, and those gaps subsequently inform program priorities for both the Coalition and its member organizations. In 2021, Coalition members identified the following top hazards with the top 5 hazards bolded:

- **Highly/Acute Infectious Disease Outbreak**
- **Wildfire**
- **Epidemic/Pandemic Influenza**
- **Snow Fall/Severe Blizzard**
- **Windstorm/High Winds**
- Staffing Shortage
- Cyber Attack
- Ice Storm
- Flood, External
- Severe Thunderstorm
- Mass Electrical Failure
- Information Systems Failure
- Chemical Exposure, External
- Mass Casualty Incident (Trauma)

RHVA Process

In May 2021, member organizations were asked to review the 2020 list of top hazards, suggest changes to prioritization, and note emerging hazards. The online survey yielded 92 unique member organization responses with all 19 counties in eastern Washington represented. The respondents were invited to a virtual meeting to discuss the results and provide contextual information. The Coalition compared the survey results and discussion feedback to create the prioritized list of top hazards.