

Kansas Healthcare Coalitions

collaboration
is everything

Cross Disciplinary Collaboration

- Hospitals
- Public health
- EMS providers
- Emergency management
- Mental/behavioral health providers
- Long-term care providers
- Specialty service providers (e.g., dialysis, pediatrics, woman's health, standalone surgery, urgent care)
- Primary care providers
- Community Health Centers
- Tribal healthcare
- Other healthcare providers
- County coroner
- Public safety
- Private entities associated with healthcare (e.g., Hospital associations)
- Support service providers (e.g., laboratories, pharmacies, blood banks, poison control)
- Federal entities (e.g., NDMS, VA hospitals, IHS facilities, Department of Defense)
- Volunteer Organizations Active in Disaster (VOAD)
- Faith-based Organizations (FBOs)
- Community-based Organizations (CBOs)
- Volunteer medical organizations (e.g., American Red Cross)

Healthcare Coalitions

To advance all-hazards preparedness and national health security, promote responsible stewardship of Federal funds, and reduce burden, Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC) have aligned ASPR's Hospital Preparedness Program (HPP) and the CDC's Public Health Emergency Preparedness (PHEP) grants. The aligned program serves as an opportunity to continue coordinated preparedness efforts between healthcare and public health through healthcare coalitions, originally initiated in previous grant cycles. The development and integration of reporting for Healthcare Coalitions is a key requirement in the new five-year HPP-PHEP grant program.

Regional-based preparedness planning has increased significantly over the past several years in Kansas which is separated into 15 public health preparedness regions within seven larger hospital preparedness regions. Although each of the seven regions have varying participation by individual healthcare organizations including EMS, hospital, and public health and by regional homeland security/emergency management authorities, each of these regions has a common purpose to serve as a collaborative network of healthcare organizations to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

The HPP-PHEP grant guidance defines healthcare coalitions (HCCs) as sub-state regional healthcare system emergency preparedness activities involving the member organizations; per this definition, the seven hospital preparedness regions in Kansas may serve as the regional healthcare coalitions (HCCs) for the HPP-PHEP grant.

Each of the seven regions must complete a questionnaire in both December and June. This questionnaire uses the 15 preparedness capabilities and associated performance measures as the building blocks for healthcare coalitions in an effort to standardize reporting and capability building across the United States. The benefits for using the seven regions to report include:

- More coordinated and integrated public health and healthcare service delivery system planning and response
- Improved ability to leverage funding for applicable activities and infrastructure
- Reduced burden regarding duplicative and sometimes conflicting activities and redundant reporting



Preparedness provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to and recover from disasters, infectious disease, terrorism and mass casualty emergencies.

Kansas Healthcare Coalitions

Definition of healthcare coalition (HCC):

A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

Purpose of HCC

Healthcare system-wide approach for preparing for, responding to, and recovering from incidents that have a public health and medical impact in the short- and long-term.

Primary Function of HCC

Sub-state regional healthcare system emergency preparedness activities involving the healthcare member organizations (HCOs). This includes planning, organizing, equipping, training, exercises and evaluation.

Response of HCC

HCCs should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command or unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.

IS

- A regional healthcare multi-agency coordinating group that includes multiple healthcare organization members (HCOs) within the response community
- A collective team that assists Emergency Management and Emergency Support Function (ESF) #8 partners
- A collaborative effort to plan, organize, equip, train, exercise, evaluate and outline corrective actions

IS NOT

- One individual agency/organization
- Two individual agencies/organizations
- Hospital-only regional group
- Public health-only regional group
- A deployable response team
- Made up primarily of individuals, but of organizations

DOES

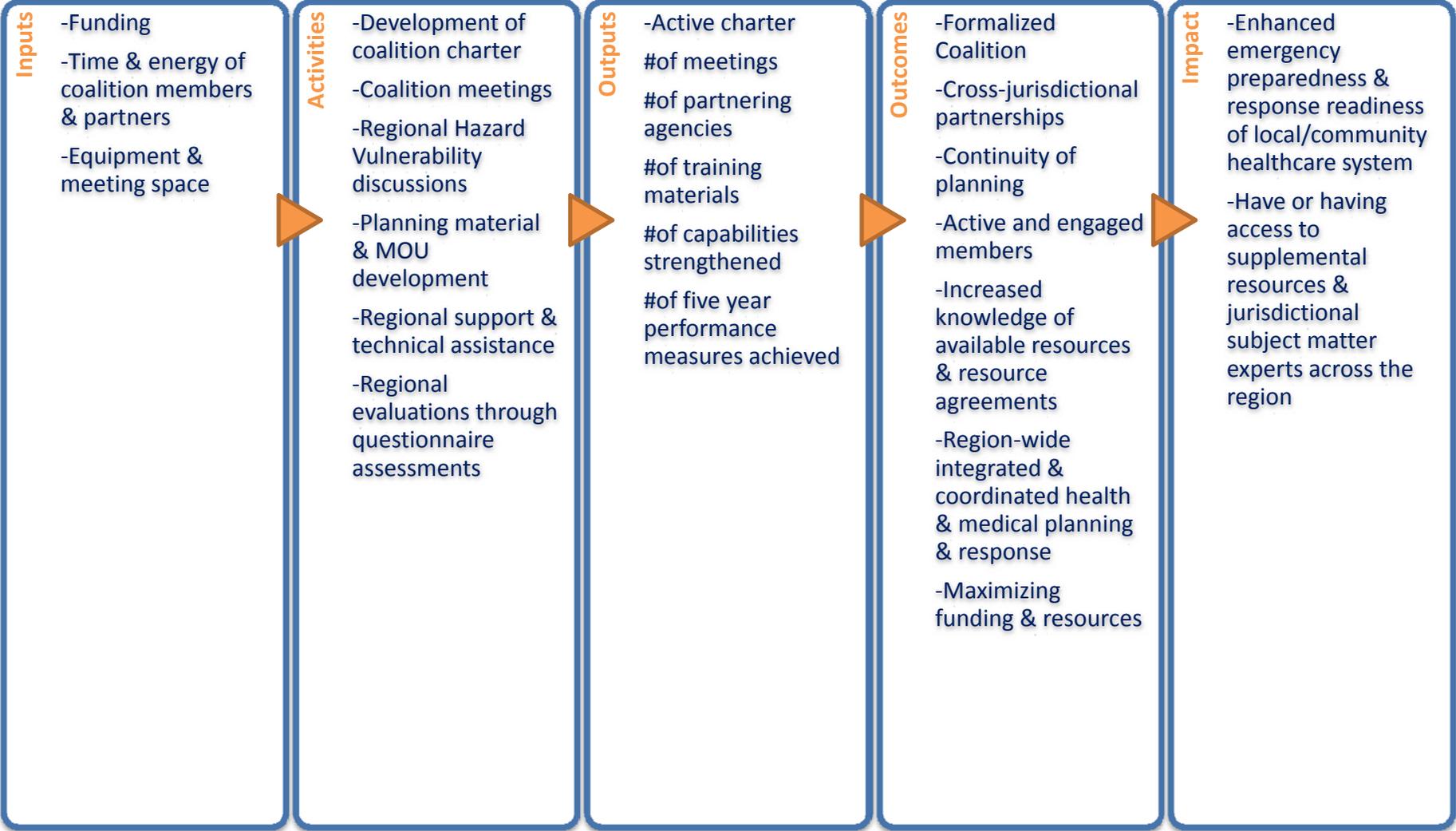
- Focus on the cycle of preparedness, response, recovery, and mitigation activities
- Promote situational awareness for HCOs
- Conduct regional healthcare coalition meetings
- Engage partners in Hazard Vulnerability Assessment (HVA) discussions
- Participate in at least one regional-level exercise over the five year grant period that tests outlined performance measures
- Have the ability to share Essential Elements of Information (EIs) data electronically across the HCC (e.g., bed status)
- Utilize subject matter experts from across the region for information sharing
- Complete the Hospital portion of the *Kansas Healthcare Capabilities Questionnaire* with input from HCO members.
- Engaged, as needed, related to the public health portion of the *Kansas Healthcare Capabilities Questionnaire*

DOES NOT

- Conduct non-preparedness or non-response related activities or business
- "Command" the actions of Coalition members or any other response entities it might interact with during an emergency
- Use only one county-level Hazard Vulnerability Assessment (HVA) for substitution of the entire regional HVA
- Have to own the electronic systems being shared or utilized within the region
- Have to have the resources locally, but have access to resources within the region
- Complete the *Kansas Healthcare Capabilities Questionnaire* without HCO engagement

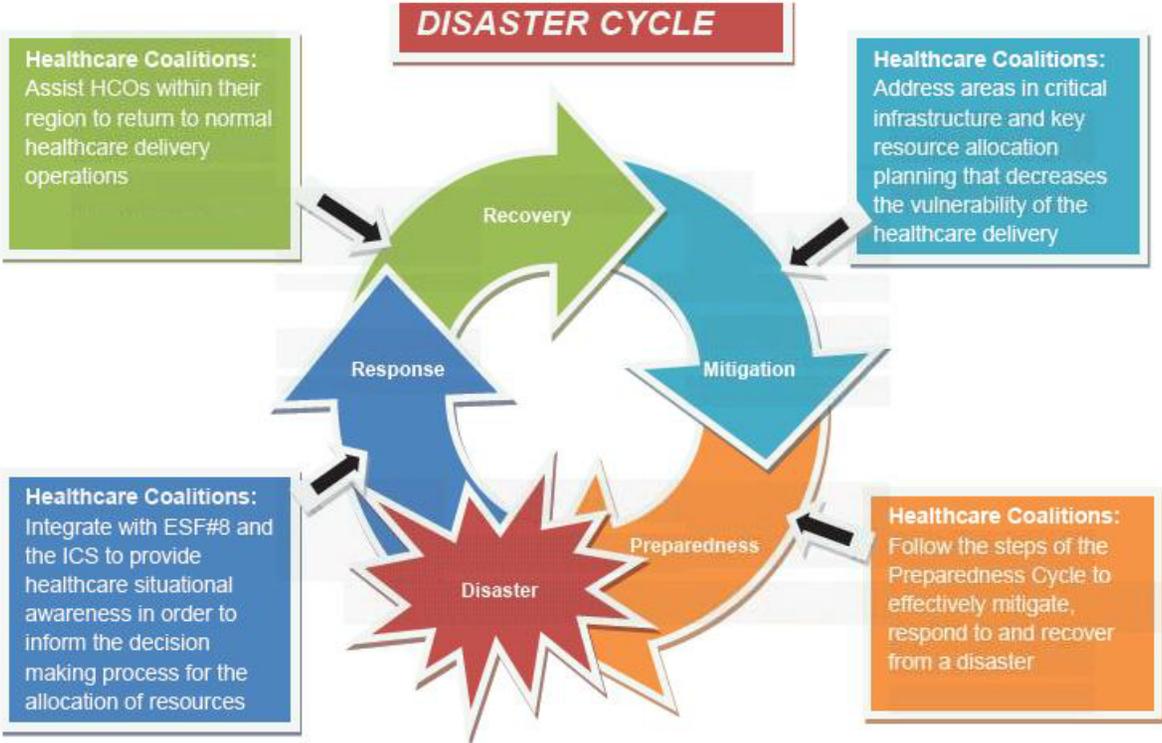
Kansas Healthcare Coalitions

Impact of healthcare coalition (HCC)

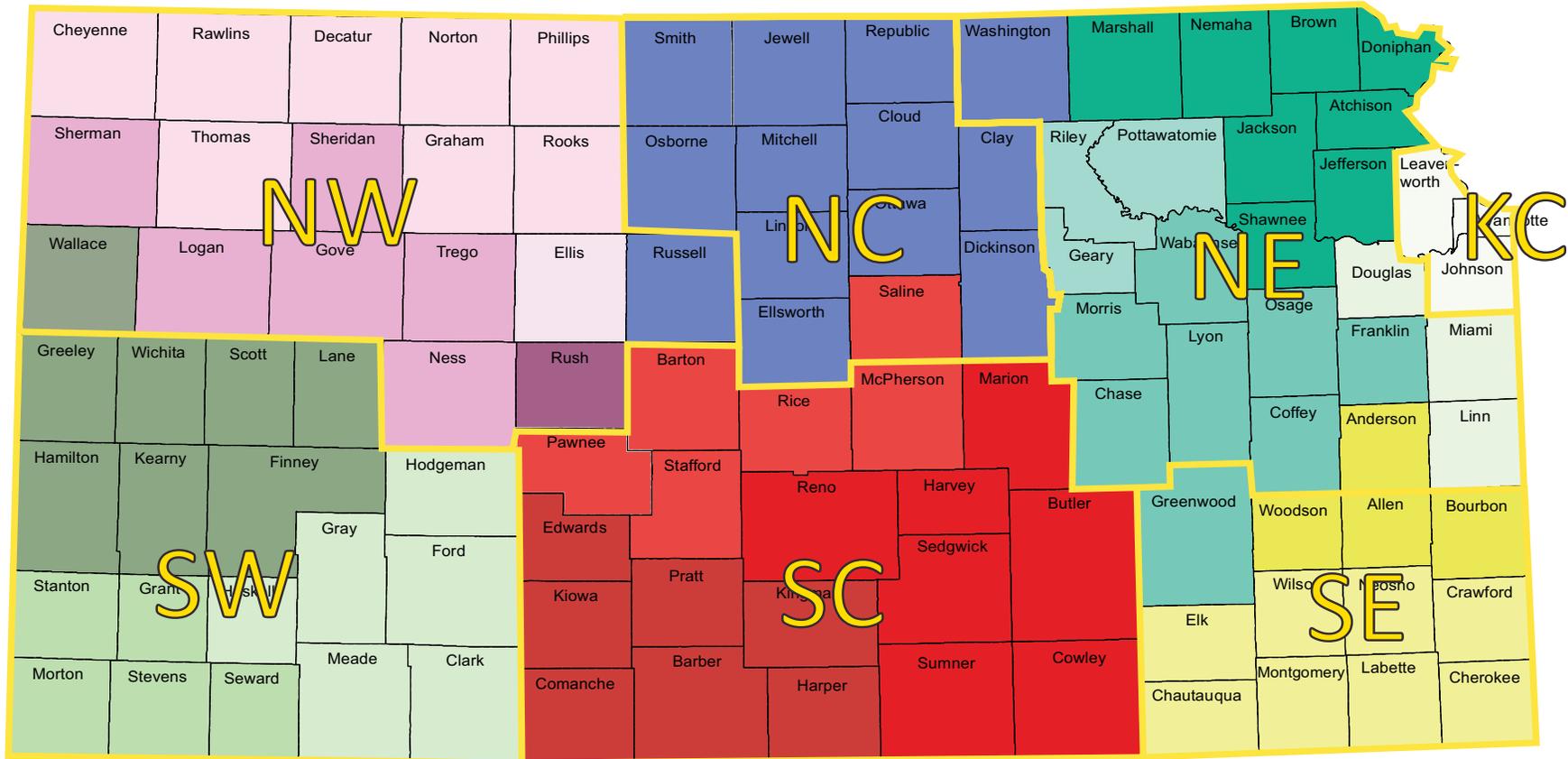


Kansas Healthcare Coalitions

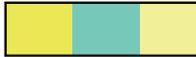
Healthcare coalitions provide a collaborative planning opportunity by bringing representative healthcare organizations together to discuss preparedness efforts. Public health, Hospitals, Emergency Medical Services, and Emergency Management are essential partners in this collaboration. The following diagram portrays the healthcare coalition role through the phases of disaster. This diagram was provided by Health and Human Services.



Kansas Healthcare Coalitions



-  NW-Northwest Hospital Coalition Region
-  SW-Southwest Hospital Coalition Region
-  SC-Southcentral Hospital Coalition Region
-  NC-Northcentral Hospital Coalition Region

-  SE-Southeast Hospital Coalition Region
-  NE-Northeast Hospital Coalition Region
-  KC-Kansas City Hospital Coalition Region

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Southwest Kansas Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Lane, Meade, Morton, Scott, Seward, Stanton, Stevens, and Wichita Counties

Contact Name	Karen Lockett	Address	807 E. Johnson Garden City, KS 67846
Telephone	620-272-7357 (mobile) 620-275-9686 (work)	E-mail	kluckett@cox.net
		Website	None

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Ashland Health Center	1760415731
Inpatient Hospital	Minneola District Hospital	1568545747
Inpatient Hospital	St. Catherine Hospital	1659360196
Inpatient Hospital	Western Plains Medical Complex	1336231232
Inpatient Hospital	Bob Wilson Memorial Hospital	1265482467
Inpatient Hospital	Greeley CO. Health Services	1285742536
Inpatient Hospital	Hamilton County Hospital	1932136074
Inpatient Hospital	Satanta District Hospital	1740230549
Inpatient Hospital	Hodgeman CO Health Center	1821098252
Inpatient Hospital	Kearny CO Hospital	1821096322
Inpatient Hospital	Lane CO Hospital	1417013103
Inpatient Hospital	Meade District Hospital	1922004076
Inpatient Hospital	Morton County Health System	1770511297
Inpatient Hospital	Scott County Hospital	1144263443
Inpatient Hospital	Southwest Medical Center	1538109251
Inpatient Hospital	Stanton County Health Care Facility	1700980026
Inpatient Hospital	Stevens County Hospital	1093774762
Inpatient Hospital	Wichita County Health Center	1316937428
Public Health	Western Pyramid Public Health Region:	
Public Health	Greeley County Health Department	1356317226
Public Health	Wichita County Health Department	1760445829
Public Health	Scott County Health Department	1669429015
Public Health	Lane County Health Department	1345349674
Public Health	Hamilton County Health Department	1326058421
Public Health	Kearny County Health Department	1275819161
Public Health	Finney County Health Department	1881668622
Public Health	SW KS Health Initiative :	
Public Health	Morton County Health Department	1811074123
Public Health	Stevens County Health Department	1750489555
Public Health	Stanton County Health Department	1225167414
Public Health	Seward County Health Department	1477506400
Public Health	Grant County Health Department	1043257850
Public Health	SW Surveillance:	
Public Health	Clark County Health Department	1053336040
Public Health	Meade County Health Department	1790710416
Public Health	Ford County Health Department	1104841196
Public Health	Gray County Health Department	1710957089
Public Health	Haskell County Health Department	1871546259
Public Health	Hodgeman County Health Department	1902853815

Emergency Management	SW Region Coordinator - KDEM
Emergency Medical Services	Joe Hopkins, Bill Taldo

South Central Kansas Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Barber, Barton, Butler, Comanche, Cowley, Edwards, Harper, Harvey, Kingman, Kiowa, Marion, McPherson, Pawnee, Pratt, Reno, Rice, Sedgwick, Stafford, and Sumner Counties

Contact Name	Charlie Keeton	Address	550 N. Hillside Wichita, KS 67214
Telephone	316-962-8237	E-mail	Charlie.keeton@wesleymc.com
		Website	None

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Anthony Medical Center	1760443675
Inpatient Hospital	Clara Barton Hosp.	1114964111
Inpatient Hospital	Comanche County Hosp.	1558377978
Inpatient Hospital	Edwards Co. Hosp	1851403869
Inpatient Hospital	Ellinwood Dist. Hosp	1578676409
Inpatient Hospital	Galichia Heart Hospital	1285618991
Inpatient Hospital	Great Bend Regional Hosp	1720041684
Inpatient Hospital	Harper Hosp. Dist. #5	1598726275
Inpatient Hospital	Hillsboro Comm. Hosp.	1801043906
Inpatient Hospital	Hosp. Dist. #1 of Rice County	1710962014
Inpatient Hospital	Hutchinson RMC	1922039320
Inpatient Hospital	Kiowa County Mem. Hosp.	1942309166
Inpatient Hospital	Kiowa Dist. Hosp. & Manor	1437152766
Inpatient Hospital	Lindsborg Comm. Hosp.	1720022890
Inpatient Hospital	McPherson Hosp. Inc.	1437251865
Inpatient Hospital	Medicine Lodge Mem. Hosp.	1407887193
Inpatient Hospital	Newton Medical Center	1871588533
Inpatient Hospital	Ninnescah Valley Health Sys.	1528026291
Inpatient Hospital	Pawnee Valley Comm. Hosp.	1568401206
Inpatient Hospital	Pratt RMC	1578596904
Inpatient Hospital	Saint Luke Hosp. & Living Ctr.	1326087966
Inpatient Hospital	Stafford County Hosp.	1295840999
Inpatient Hospital	South Central Ks Med. Ctr.	1790884450
Inpatient Hospital	Sumner County Dist. #1 Hosp.	1689707275
Inpatient Hospital	Sumner RMC	1679578223
Inpatient Hospital	Susan B. Allen Mem. Hosp.	1700994977
Inpatient Hospital	Via Christi Hosp. - St. Teresa	1023334950
Inpatient Hospital	William Newton Hosp.	1912967373
Trauma Center	Wesley Medical Center	1831351733
Trauma Center	Via Christi Hosp. - St. Francis	1154314789
Public Health	Butler County PH Dept.	1629134218
Public Health	Central Kansas Region	Unknown
Public Health	Harvey County PH Dept.	1639144280
Public Health	South Central Coalition	Unknown
Public Health	Ks SC Metro Sedgwick Cnty Health Dept.	1831180033
Federal Hospital	Robert J Dole VA Hospital	1780605543
Community Health Centers	Hunter Health Clinic	Unknown
Community Health Centers	Prairie Star Health Center	Unknown
Long Term Care	Wesley Rehab Hosp.	1245204189

Long Term Care	LTAC of Wichita	1588965305
Medical Reserve Corp	Sedgwick County MRC	NA
Other State Partner	Kansas Dept of Health and Environment	NA
Other State Partner	Kansas Division of Emergency Management	NA

Southeast Kansas Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Greenwood, Elk, Chautauqua, Woodson, Wilson, Montgomery, Allen, Neosho, Labette, Bourbon, Crawford, and Cherokee Counties

Contact Name	Ron Marshall	Address	5909 SW Cherokee Ct Topeka, Ks 66614-4563
Telephone	785-224-8152	E-mail	ronaldwmarshall@gmail.com
		Website	None

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Greenwood Hospital	1629044961
Inpatient Hospital	Sedan City	1740351493
Inpatient Hospital	Fredonia Regional	1285634006
Inpatient Hospital	Wilson Hospital	1669441176
Inpatient Hospital	Mercy Hospital (Montgomery County)	1093723041
Inpatient Hospital	Coffeyville Hospital	1285600379
Inpatient Hospital	Allen Hospital	1912914888
Inpatient Hospital	Neosho Regional	1073566949
Inpatient Hospital	Labette Health	1871591446
Inpatient Hospital	Oswego Hospital	1215992656
Inpatient Hospital	Mercy Hospital (Bourbon County)	1578576336
Inpatient Hospital	Via Christi	1831125087
Inpatient Hospital	Girard	1578505095
Inpatient Hospital	St. John's Hospital	1780641118
Public Health	Greenwood County Health Department	1831243856
Public Health	Elk County Health Department	1396729380
Public Health	Chautauqua County Health Department	1154458081
Public Health	Woodson County Health Department	1316039837
Public Health	Wilson County Health Department	1295916757
Public Health	Montgomery County Health Department	1124126073
Public Health	Allen County Health Department	1104918762
Public Health	Neosho County Health Department	1841372414
Public Health	Labette County Health Department	1679627012
Public Health	Bourbon County Health Department	1215029715
Public Health	Crawford County Health Department	1437295318
Public Health	Cherokee County Health Department	1386724995
Emergency Medical Services (EMS)	Coffeyville Regional Medical Center	Unknown

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Northwest Kansas Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Ellis, Rooks, Phillips, Russell, Rush, Ness, Trego, Graham, Norton, Decatur, Thomas, Gove, Logan, Wallace, Sherman, Cheyenne, Rawlins, and Sheridan Counties

<i>Contact Name</i>	Tami Wood	<i>Address</i>	2220 Canterbury Drive Hays, KS 67601
<i>Telephone</i>	785-639-0594	<i>E-mail</i>	tami.wood@haymed.com
		<i>Website</i>	None

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Hays Medical Center	1881697043
Inpatient Hospital	Rooks County Health Center	1649278854
Inpatient Hospital	Phillips County Health Systems	1275528762
Inpatient Hospital	Russell Regional Hospital	1417939729
Inpatient Hospital	Rush County Hospital	1841240959
Inpatient Hospital	Ness County Hospital District I	1649361387
Inpatient Hospital	Grisell Memorial Hospital	1295778892
Inpatient Hospital	Trego County/Lemke Memorial Hospital	1740383074
Inpatient Hospital	Graham County Hospital	1588673297
Inpatient Hospital	Decatur County Health Systems	1033105358
Inpatient Hospital	Sheridan County Health Complex	1184635229
Inpatient Hospital	Norton County Hospital	1801892740
Inpatient Hospital	Logan County Hospital	1821087230
Inpatient Hospital	Gove County Hospital	1932192465
Inpatient Hospital	Citizens Medical Center	1386678431
Inpatient Hospital	Rawlins County Health Systems	1942257431
Inpatient Hospital	Cheyenne County Hospital	1992736458
Inpatient Hospital	Goodland Regional Medical Center	1598839045
Public Health	North West Bioterrorism Region	Unknown
Public Health	Ellis County Health Department	1376545384
Public Health	North Central Kansas Public Health Initiative	Unknown
Public Health	Western Pyramid Public Health Region	Unknown
Public Health	West Central Public Health Initiative	Unknown
Public Health	Rush County Health Department	1932191848

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North Central Kansas Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Clay, Cloud, Dickinson, Ellsworth, Jewell, Lincoln, Mitchell, Osborne, Ottawa, Republic, Smith and Saline Counties

Contact Name	Sue Cooper, RN, BS, CHEP	Address	400 S. Santa Fe Ave Salina, KS 67401
Telephone	785-452-7165	E-mail	scooper@srhc.com
		Website	www.srhc.com

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Salina Regional Health Center	1689635138
Inpatient Hospital	Clay County Medical Center	1265485817
Inpatient Hospital	Cloud County Health Center	1558364760
Inpatient Hospital	Memorial Health System	1992759633
Inpatient Hospital	Herington Municipal Hospital	1215908454
Inpatient Hospital	Ellsworth County Medical Center	1083614028
Inpatient Hospital	Jewell County Hospital	1336184647
Inpatient Hospital	Lincoln County Hospital	1831157288
Inpatient Hospital	Mitchell County Hospitals Health Systems	1053415273
Inpatient Hospital	Osborne County Memorial Hospital	1548263155
Inpatient Hospital	Ottawa County Health Center	1902914823
Inpatient Hospital	Republic County Hospital	1396765145
Inpatient Hospital	Smith County Memorial Hospital	1184622623
Public Health	Clay County Health Department	1164429148
Public Health	Cloud County Health Department	1396797092
Public Health	Dickinson County Health Department	1568544617
Public Health	Ellsworth County Health Department	1558364752
Public Health	Jewell County Health Department	1760487656
Public Health	Lincoln County Health Department	1831371236
Public Health	Mitchell County Health Department	1497749774
Public Health	Osborne County Health Department	1144299876
Public Health	Ottawa County Health Department	1053454552
Public Health	Republic County Health Department	1073624607
Public Health	Smith County Health Department	1184622623
Public Health	Salina-Saline County Health Department	1710982046
Emergency Management	North Central Regional Emergency Management Coordinator	NA
Emergency Medical Services (EMS)	Region 4 EMS	Unknown
Other	Sunflower Health Network	Unknown
Other	North Central Trauma Council	Unknown

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Northeast Kansas Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Douglas, Franklin, Geary, Jackson, Jefferson, Linn, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Riley, Shawnee, Wabaunsee, and Washington Counties

Contact Name	Julie Schmidt	Address	1700 SW 7 th Street Topeka, KS 66606
Telephone	785-295-8180	E-mail	Julie.schmidt@sftks.net
		Website	None

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Anderson County Hospital	1316911878
Inpatient Hospital	Atchison Hospital	1932151487
Inpatient Hospital	Hiawatha Community Hospital	1255421210
Inpatient Hospital	Horton Community Hospital	1861433823
Inpatient Hospital	Coffee County Hospital	1376548370
Inpatient Hospital	Lawrence Memorial Hospital	1508883422
Inpatient Hospital	Ransom Memorial Hospital	1336131879
Inpatient Hospital	Geary Community Hospital	1932204385
Inpatient Hospital	Irwin Army Hospital	Unknown
Inpatient Hospital	Holton Community Hospital	1902805716
Inpatient Hospital	Jefferson County Memorial Hospital (F.W. Huston)	1235167750
Inpatient Hospital	Newman Regional Health	1467470120
Inpatient Hospital	Community Memorial Healthcare, Inc	Unknown
Inpatient Hospital	Miami County Medical Center, Inc	1700824398
Inpatient Hospital	Morris County Hospital	1750314720
Inpatient Hospital	Nemaha Valley Community Hospital	1669470712
Inpatient Hospital	Sabetha Community Hospital	1306875745
Inpatient Hospital	Community Healthcare System, Inc	1902872997
Inpatient Hospital	Wamego City Hospital	1588657928
Inpatient Hospital	Mercy Regional Health Center, Inc	1760482517
Inpatient Hospital	St Francis Health Center	1083698849
Inpatient Hospital	Stormont-Vail HealthCare, Inc	1952369639
Inpatient Hospital	Hanover Hospital	1285635425
Inpatient Hospital	Washington County Hospital	1962403584
Inpatient Hospital	VA Medical Center	Unknown
Inpatient Hospital	Rehab Hospital	Unknown
Public Health	Anderson Local Health Department	1952493421
Public Health	Atchison Local Health Department	1578646832
Public Health	Brown Local Health Department	1578646832
Public Health	Chase Local Health Department	1023163862
Public Health	Coffey Local Health Department	1285731406
Public Health	Doniphan Local Health Department	1871767962
Public Health	Douglas Local Health Department	1992874176
Public Health	Franklin Local Health Department	1770586976
Public Health	Geary Local Health Department	1508936972
Public Health	Jackson Local Health Department	1578646832
Public Health	Linn Local Health Department	1063568897
Public Health	Lyon Local Health Department	1760658108
Public Health	Marshall Local Health Department	1457393019

Public Health	Miami Local Health Department	1497978373
Public Health	Morris Local Health Department	1689681256
Public Health	Nemaha Local Health Department	1023119377
Public Health	Osage Local Health Department	1578776589
Public Health	Pottawatomie Local Health Department	1073586806
Public Health	Riley Local Health Department	1003812736
Public Health	Shawnee Local Health Department	1346325305
Public Health	Wabaunsee Local Health Department	1780715730
Public Health	Washington Local Health Department	1396713665

Kansas City, KS Healthcare Coalition

Stage 1

Kansas County Jurisdictions Included:

Wyandotte, Leavenworth, and Johnson Counties

Contact Name	Steve Hoeger	Address	3901 Rainbow Blvd Kansas City, KS 66160
Telephone	816-858-2550	E-mail	shoeger@kumc.edu
		Website	http://www.kumc.com

Coalition Members

Facility Type	Facility Name	National provider identification (NPI) number
Inpatient Hospital	Children's Mercy South	1154400232
Inpatient Hospital	Cushing Memorial Hosp	1639110497
Inpatient Hospital	Menorah Medical Center	1255378337
Inpatient Hospital	Olathe Medical Center	1144266115
Inpatient Hospital	Providence Medical Center	1801896915
Inpatient Hospital	Saint John Hospital	1295735397
Inpatient Hospital	St Luke's South	1154303337
Inpatient Hospital	Shawnee Mission Med Center	102317163
Trauma Center	The University of Kansas Hosp	1649259656
Trauma Center	Overland Park Regional Med Center	1578500484
Public Health	Wyandotte County Health Department	1639157555
Public Health	Leavenworth County Health Department	1174540256
Public Health	Johnson County Health Department	1639133085
Emergency Medical Services (EMS)	Kansas City Kansas Fire	Unknown
Emergency Medical Services (EMS)	AMR	Unknown
Emergency Medical Services (EMS)	Bonner Springs EMS	Unknown
Emergency Medical Services (EMS)	Leavenworth County EMS	Unknown
Emergency Medical Services (EMS)	Johnson County Med-Act	Unknown
Emergency Medical Services (EMS)	Overland Park Fire Dept	Unknown
Emergency Management	Wyandotte County Emergency Management	Unknown
Emergency Management	Leavenworth County Emergency Management	NA
Emergency Management	Johnson County Emergency Management	NA

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Kansas Healthcare Coalitions

Top Frequently Asked Questions

The following document was developed to help you and your regional partners in addressing questions related to the Healthcare Coalition requirements outlined in the new [Hospital Preparedness Program \(HPP\) and Public Health Emergency Preparedness \(PHEP\) Cooperative Agreements](#). Questions and answers will continue to be updated and shared as needed moving forward.

Q1: WHY HEALTHCARE COALITIONS?

A: The Assistant Secretary for Preparedness and Response (ASPR) has always supported region-based approaches for preparedness planning. This has been a part of the preparedness program for many years. You can learn more from the ASPR 2009 report, *From Hospitals to Healthcare Coalitions: Transforming Health Preparedness & Response in Our Communities*. In this report, ASPR highlighted the seven Kansas regional hospital groups as a best practice for collaborative efforts resulting in shared resources and stronger relationships. This is the structure that will continue to be used moving forward.

Q2: CAN MORE THAN ONE HOSPITAL PARTICIPATE IN A HEALTHCARE COALITION?

A: Yes, in fact this is encouraged. Several successful Healthcare Coalitions in Colorado, Missouri, and Virginia already have multiple hospitals participating in one Healthcare Coalition.

Q3: MUST THE HCC HAVE FORMALIZED DOCUMENTATION?

A: Yes, this is outlined by ASPR. Healthcare coalitions must develop some kind of formalized document if not already in place (e.g., Memoranda of Understanding (MOU), Mutual Aid Agreements (MAA) Interagency Agreement (IAA), articles of incorporation, letters of agreement, contracts, charters, by-laws, or other supporting formal document). Healthcare organizations frequently collaborate with partner organizations to better reach the community. Some healthcare and service organizations have a history of friendly but informal partnerships. It is very important that these relationships with key stakeholders are developed and formalized to ensure continuity in planning outcomes. Because coordination between coalition members can involve delicate negotiations, ASPR emphasizes that significant decisions affecting collaboration among coalition members should be discussed and finalized in a formal agreement as part of preparedness activities. A formal agreement avoids ambiguities that would otherwise burden responders and slow down the overall healthcare response.

Q4: MUST THE HCC HAVE A FORMALIZED SELF-GOVERNANCE STRUCTURE?

A: Yes, this is outlined by ASPR. Healthcare coalitions must establish a formal self-governance structure (e.g., by-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition). The HCC governance structure must be described in a document that is referenced or embedded in HCC membership agreements signed by HCC member organizations. The governance structure must describe:

- Leadership roles within the HCC and the procedures for filling those roles
- Decision-making processes
- Process by which the governance structure may be modified
- How the HCC Leadership coordinates with ESF-8

Q5: DO WE NEED A HOSPITAL IN OUR HEALTHCARE COALITION?

A: Yes, according to Federal guidance, all healthcare coalitions must have at least one hospital participating in the coalition. If your current healthcare coalition does not have a participating hospital, you should reach out to nearby counties to see if you can join their coalition. KDHE fully anticipates that the regional preparedness groups currently existing in Kansas will meet the requirements of the

PHEP and HPP guidance. KDHE anticipates that some regions will need to be more formalized and encourages you to meet with the key participants of regional groups (hospitals, local public health and emergency managers) to determine how to use the current regional healthcare coalition structure to appropriately meet the needs of your community and meet the requirements of the PHEP and HPP guidance.

Q6: DO WE HAVE TO HAVE EMERGENCY MANAGEMENT AND PUBLIC HEALTH AS INTEGRAL PARTNERS?

A: Yes, according to Federal guidance, all healthcare coalitions must have active and engaged member representation from each local Emergency Management Agency (EMA) and each Local Public Health Department (LHD) that exists within the geographic area or jurisdiction.

- If representation does not occur on a regular basis, the HCC must have a written protocol that addresses how the HCC will interact with the primary decision-making representative for each EMA and each LHD that exists within its jurisdictional boundaries.
- In the case of the EMA, representation can occur through a liaison to the primary decision-making representative.

NOTE: Given the public health and healthcare nature of the HPP and PHEP grants, a liaison representative to the public health departments would not be sufficient to demonstrate public health being an integral partner within the HCC.

Q7: ARE HOSPITALS REQUIRED TO LEAD THE HEALTHCARE COALITION?

A: No, hospitals do not have to be the lead for the healthcare coalition. Any participating agency or organization can be tasked with the responsibility for organizing coalition meetings. Healthcare coalitions have been a requirement for all local public health agencies and hospitals for the past several years, so if your coalition currently has a structure in place that is working (for instance the local public health agency or emergency manager is the lead and wants to continue to be the lead) you do not need to change this structure moving forward.

Q8: CAN WE USE OUR CURRENT REGIONAL PREPAREDNESS GROUPS AS HEALTHCARE COALITIONS?

A: Yes, you are highly encouraged to utilize the structures you already have in place.

Q9: ARE OTHER STATES USING A REGIONALIZED APPROACH?

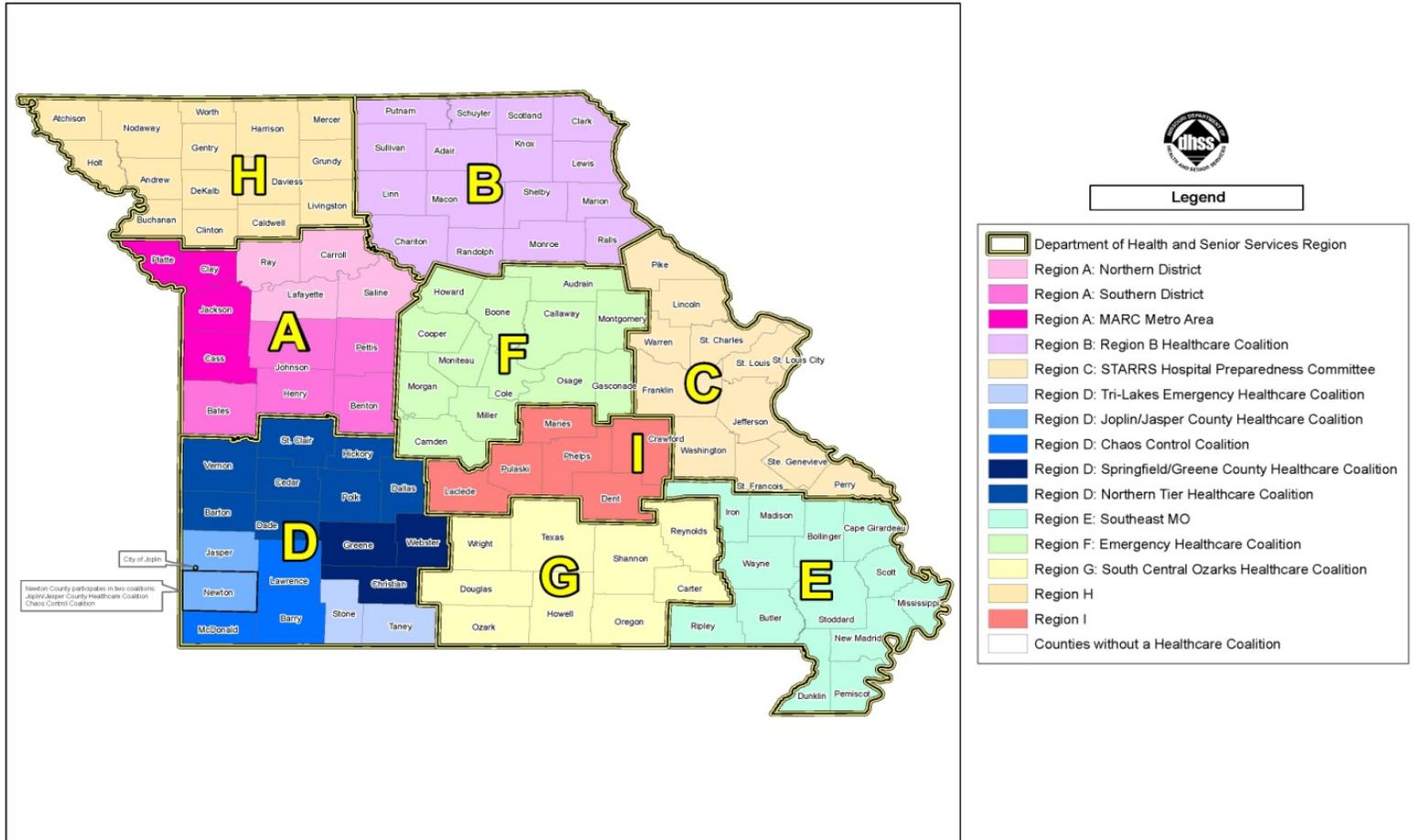
A: Yes. Over the years, many other states follow a regional approach for healthcare emergency planning including the states listed below. Most of these states are choosing to utilize their current regional structure for healthcare coalitions, while a few may choose to be broader or more localized in order to meet the needs of their communities.

- Alabama
- Arizona
- Arkansas
- California
- Colorado (strikingly similar)
- Connecticut
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Iowa
- Louisiana
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Jersey
- New Mexico
- North Dakota (strikingly similar)
- Ohio
- Oklahoma
- Oregon
- South Carolina
- South Dakota (very similar)
- Tennessee (very similar)
- Texas (very similar)
- Utah
- Virginia
- Washington (very similar)
- West Virginia
- Wisconsin

Q10: IS THE STATE OF MISSOURI USING A REGIONALIZED APPROACH?

A: Yes. Below is an outline of the Missouri regional structure.

Missouri Healthcare Coalitions



Q11: WHICH AGENCIES SHOULD BE INCLUDED IN THE HEALTHCARE COALITION?

A: HCC membership is essential for ensuring the coordination of preparedness, response, and recovery activities. The composition of an HCC should be based on the unique needs of the region. **There is no correct number of formal members, but an HCC membership must include at least one general hospital or acute care facility.** A healthcare coalition should also include public health, EMS providers, and emergency management representation.

A HCC must have:

- **100% of the HCC's member hospitals**
- **At least one long term care facility member**
- **At least one EMS agency**
- **At least one community health center or a Federally Qualified Health Center (if either is represented by membership on the HCC)**
- **At least one local public health department**
- **At least one emergency management representative**
- **At least one decision-making representative from each of the remaining HCC essential member partners**

A single document that is signed by multiple organizations can constitute a formal agreement as long as the individual signing the document on behalf of the member healthcare organization (HCO) has the authority to make binding decisions and to commit the resources that may be called for in HCC plans.

Q12: WHAT OTHER AGENCIES SHOULD BE INCLUDED IN THE HEALTHCARE COALITION?

A: It is the expectation that membership will become better defined over time as charters or formal agreements are developed. KDHE encourages inclusion of essential partners from the community's healthcare organizations and response partners as defined by the coalition. KDHE encourages each healthcare coalition to expand and/or better define coalition membership (healthcare constituencies). Implementing this will help the HCCs function as preparedness multipliers by providing leadership, organization, and sustainability for the purpose of regional healthcare preparedness and response activities. Healthcare coalition member organizations network with subject matter experts (SMEs) for improved coordination of preparedness, response, and recovery activities. Consider the following types of organizations to include in your engagement activities; examples of organizations that may be considered consist of but are not limited to:

- Mental/behavioral health providers
- Long-term care providers
- Specialty service providers (e.g., dialysis, pediatrics, woman's health, standalone surgery, urgent care)
- Primary care providers
- Community Health Centers
- Tribal Healthcare
- Other healthcare providers
- County Coroner
- Local law enforcement and fire services
- Public safety
- Private entities associated with healthcare (e.g., Hospital associations)
- Support service providers (e.g., laboratories, pharmacies, blood banks, poison control)
- Federal entities (e.g., NDMS, VA hospitals, IHS facilities, Department of Defense)
- Volunteer Organizations Active in Disaster (VOAD)
- Faith-based Organizations (FBOs)
- Community-based Organizations (CBOs)
- Volunteer medical organizations (e.g., American Red Cross)
- Public Works
- Private organizations
- Non-governmental organizations
- Non-profit organizations
- Others partnerships as relevant

Q13: SHOULD DECISION MAKERS BE INCLUDED IN THE HEALTHCARE COALITION?

A: The scale of impact and the important function of a healthcare coalition warrant that the right people be involved from the start. It is not required by the grant but highly encouraged to get the support and participation of organizational decision makers such as Chief Executive Officers, Executive Directors, Chief Operating Officers, Medical Directors, Health Officers, Chief Medical Officers, etc. Although it is important to have other positions such as clinicians, administrators and operational representatives as members of the Coalition, these key decision makers will drive the success of implementing the coordinated action steps of a Healthcare Coalition.

Q14: DO ALL MEMBERS NEED TO BE ACTIVE?

A: KDHE encourages collaboration or ACTIVE engagement of healthcare coalition members as defined by the healthcare coalitions. To ensure ACTIVE engagement from member organizations, KDHE encourages healthcare organizations to share knowledge of resources (mutual aid) available within the regional jurisdiction and surrounding coalitions and knowledge of the acquisition (requesting) and distribution process established by emergency management. Expanding knowledge will ultimately increase readiness and response, as well as situational awareness for its member organizations through the collection, aggregation, and dissemination of information.

Q15: WHAT IF MY EMERGENCY MANAGER OR OTHER REQUIRED PARTNERS REFUSE TO ATTEND MY HEALTHCARE COALITION MEETINGS?

A: If a hospital, local public health agency, EMS provider or emergency manager is unwilling to attend and participate in your Healthcare Coalition, please continue to encourage them to participate as their time allows. All hospitals and local public health agencies who receive preparedness grant funding are contractually required to participate. However, KDHE understands competing priorities may arise and therefore encourages members to demonstrate engagement through other forms when absolutely necessary. If a local emergency manager or EMS provider is unwilling to participate, please let us know. KDHE is currently working with our state counterparts, communicating about this new Federal initiative to get their buy-in and support.

Q16: WHY WAS THE KANSAS HEALTHCARE CAPABILITIES QUESTIONNAIRE DEVELOPED?

A: Working in close collaboration with internal and external subject matter experts (SMEs), ASPR and CDC developed a set of new performance measures for 2012-2013 that enable ASPR and its HPP awardees to:

- Enhance **situational awareness** by assessing healthcare service delivery system capacity and operational capabilities throughout the nation.
- Provide **technical assistance** and other training to support state-level needs by identifying gaps and providing the appropriate support to mitigate challenges.
- Support **program improvement and inform policy** by translating analytical findings into information that decision-makers need to make course corrections, as needed. Through evidence based decision-making, levers for program improvement may be identified.
- Increase **transparency** by the dissemination of program progress and achievements through reports, publications, and presentations. The National Health Security Strategy (NHSS) emphasizes that “more attention should be given to systematic quality improvement methods to extract and disseminate ‘lessons learned’.”
- Promote **sound stewardship** of Federal tax dollars by using the data to assess impact of public funding and ensure that the American taxpayer sees a return on his or her investment. The development of program measures and continuous quality improvement enables Healthcare Systems Evaluation Branch (HSEB) within ASPR to critically evaluate the ability of the HPP program to perform its intended goals.

Q17: HOW SHOULD THE KANSAS HEALTHCARE CAPABILITIES QUESTIONNAIRE BE COMPLETED?

A: Public health and hospital representatives should attend the regional coalition meetings. During these meetings, the *Kansas Healthcare Capabilities Questionnaire* should be discussed and completed. As coalitions are completing this questionnaire, it is asked that truthful answers are given. Many of the questions included on the questionnaire are long-term program goals. It is not the expectation for healthcare coalitions to be able to meet all long-term goals within the first year. Completion of the questionnaire is a requirement, but answers are not tied to funding.

Q18: WHY ARE THE DELIVERABLES DIFFERENT FOR HOSPITALS AND LOCAL PUBLIC HEALTH AGENCIES?

A: Although wording may be slightly different on the work plans, community hospitals and public health departments have a joint-goal to build coalitions by completing the Kansas Healthcare Capabilities Questionnaire together.

1. Local health departments and hospital representatives should attend regional coalition meetings to review and provide input into the hospital portion of the *Kansas Healthcare Capabilities Questionnaire*. The hospital portion consists of regional-based questions. Hospital portions of the questionnaire should be submitted along with sign-in sheets by the hospital regional

coordinator to preparedness@kdheks.gov by December 14, 2012 and June 30, 2013 for mid-year and end-of-year reporting.

2. In addition, local health departments should also review and fill out the public health portion of the *Kansas Healthcare Capabilities Questionnaire* and share questionnaire findings/gaps/best practices at regional meetings. The public health portion consists of county-based questions. Public health portions of the questionnaire should be completed and submitted to preparedness@kdheks.gov by December 14, 2012 and June 30, 2013 for mid-year and end-of-year reporting.

Q19: WHY ARE HOSPITAL QUESTIONS ASSESSING REGIONAL CAPABILITIES AND PUBLIC HEALTH QUESTIONS ASSESSING COUNTY-LEVEL CAPABILITIES?

A: ASPR and CDC have separate performance measures, in addition to the joint-performance measures. It is a requirement that KDHE submit ASPR performance measures, CDC performance measures, and joint ASPR-CDC performance measures at mid-year and end-of-year. Currently, ASPR performance measures assess regional-level capabilities, while CDC focuses on county-level capabilities. ASPR and CDC have made significant strides in working together to reduce redundancy of reporting. KDHE is hopeful that over the next five years, ASPR and CDC will continue in this direction.

Q20: WHAT ARE THE REQUIRED BOUNDARIES FOR A HEALTHCARE COALITION?

A: ASPR and CDC do not have a preference or requirement for the boundaries of your healthcare coalition. Healthcare coalition boundaries can be developed around jurisdictional boundaries (county lines) but can also be regional (multi-jurisdictional boundaries to meet the specific needs of the community). In order to reduce the burden of reporting and requirements at the local-level, KDHE encourages using the pre-established hospital preparedness regions as the boundaries for the healthcare coalitions.

Q21: I BELONG TO A COUNTY THAT OVERLAPS TWO HOSPITAL REGIONS BECAUSE OF MY PUBLIC HEALTH REGION BOUNDARIES; DOES THIS MEAN I HAVE TO ATTEND TWO HEALTHCARE COALITION MEETINGS?

A: No, you do not have to attend twice the number of meetings. The intent is to reduce burden by using the current regional system, not to increase burden. If your county overlaps the regional boundaries, please use your best judgment to interact with the healthcare coalition and become fully engaged with that healthcare coalition. If representation does not occur on a regular basis by the health department with the healthcare coalition in which you are a part of, as set forth by regional hospital geographical boundaries, the health department must have a written protocol with the healthcare coalition that addresses how the healthcare coalition will interact with the primary decision making representative for the health department.

Q22: DO WE HAVE TO HAVE A SEPARATE MEETING TO ADDRESS HEALTHCARE COALITION DELIVERABLES?

A: No. If you are already meeting with all of the required partners during ESF8 meetings, all-hazards meetings, etc. you can add healthcare coalition initiatives to the agenda of another meeting. This is a similar model to what the Northwest and Northeast regions are doing.

Q23: WHAT ARE THE KDHE WEBSITES THAT MAY BE HELPFUL?

Local Health Department Resources
http://www.kdheks.gov/cphp/lhd_resources.htm
Local Health Department Grant Guidance
http://www.kdheks.gov/cphp/lhd_grant_apps.htm

Hospital Resources
http://www.kdheks.gov/cphp/hospital_resources.htm
Hospital Grant Guidance
http://www.kdheks.gov/cphp/hospital_resources.htm#materials