



STRATEGIC PLAN FOR 2015-2016
NORTHERN UTAH HEALTHCARE COALITION
Approved by the N. UT. Healthcare Coalition, -/-/15
following approval by the Executive Committee on -/-/15

OUR MISSION: To serve our communities through collaboration, coordinated communication, and resource sharing for effective medical surge management during a disaster.

OUR PURPOSE: To provide networking and discussion opportunities, training and exercises, education, regional planning and resource sharing for our members in order to fulfill our mission.

Our strategic plan is based on our specific regional needs, and supports the Healthcare Preparedness Program/Public Health Emergency Planning grant alignment effort, the National Preparedness Guidelines and the development of 100% competency in the eight Healthcare Preparedness Capabilities identified as the basis for healthcare coalition preparedness by the Assistant Secretary for Preparedness and Response (ASPR).

The eight Healthcare Preparedness Capabilities are:

1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
4. Fatality Management
5. Information Sharing
6. Medical Surge
7. Responder Safety and Health
8. Volunteer Management

We will continue to address the 8 capabilities in this forth year of a 5-year project in full collaboration with the Utah Department of Health, Bureau of Emergency Medical

Services and Preparedness and its Public Health Emergency Planning grant program.

Our Regional Medical Surge Plan (revised and approved in March, 2013) promotes and supports local jurisdiction control during a disaster. Each county in our region is expected to address these capabilities for their jurisdiction, with the full support of the members of our coalition.

The January 2015 gap assessment results continue to be pertinent. Our main focus will be in the areas of medical surge coordination, bed status and patient tracking, fatality management, and volunteer management. However we feel it is important to address all 8 capabilities each year as necessary.

Following are the results and outcomes we are seeking. There may not be specific actions for each of the following, but the idea is to support the mission and purpose of our regional healthcare coalition as well as local, state, and national initiatives.

We want to be able to effectively and efficiently perform, or support the performance of, the following functions per the eight capabilities noted:

1. Healthcare System Preparedness---develop, refine or sustain our healthcare coalition; coordinate healthcare planning to prepare the healthcare system for a disaster; identify and prioritize essential healthcare assets and services; determine gaps in healthcare preparedness in our region and identify resources for mitigation of the gaps; coordinate training to assist healthcare responders to develop the necessary skills in order to respond; improve healthcare response capabilities through coordinated exercise and evaluation; coordinate with planning for at-risk individuals and those with special medical needs.
2. Healthcare System Recovery---develop recovery processes for the healthcare delivery system; assist healthcare organizations to implement Continuity of Operations (COOP).
3. Emergency Operations Coordination---healthcare organization multi-agency representation and coordination with emergency operations; assess and notify stakeholders of healthcare delivery status; support healthcare response efforts through coordination of resources; demobilize and evaluate healthcare operations.
4. Fatality Management---coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations; coordinate surges of concerned citizens with community agencies responsible for family assistance; mental/behavioral support at the healthcare organization level.
5. Information Sharing---provide healthcare situational awareness that contributes to the incident common operating picture; develop, refine and sustain redundant, interoperable communication systems.
6. Medical Surge---coalition assists with the coordination of the healthcare organization response during incidents that require medical surge through preparedness activities and multi-agency coordination during response; coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services; assist healthcare organizations with surge capacity and capability; develop Crisis Standards of Care guidance; provide assistance to healthcare organizations regarding evacuation and shelter in place plans.

7. Responder Safety and Health---assist healthcare organizations with additional pharmaceutical protection for healthcare workers; provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE).
8. Volunteer Management---participate with volunteer planning processes to determine the need for volunteers in healthcare organizations; volunteer notification for healthcare response needs, organization and assignment of volunteers, coordinate demobilization of volunteers.

We are always dedicated to building community resilience, and strengthening and sustaining health and emergency response systems through informing and empowering individuals, and communities; integrated, scalable health care delivery systems; situational awareness, timely effective communications, effective countermeasures, prevention/mitigation of environmental, other health threats, cross-border and global partnerships, evaluation and continuous quality improvement efforts.

We wish to progress toward fulfillment of the vision of the National Preparedness Guidelines: *A nation prepared with coordinated capabilities to prevent, protect against, respond to, and recover from all hazards in a way that balances risk with resources and need.*

The Northern Utah Healthcare Coalition will continue to focus on the overall goals of (1) continuing to build a vital, resilient, effective Coalition, and (2) to provide our coalition members with the training, practice and equipment needed to effectively implement and activate our regional medical surge plan.

Our regional medical surge plan, the appendices of which are updated quarterly, is designed to guide us to effectively responding regionally to a disaster by adding a layer of protection, via regional collaboration of local jurisdictions, for the people of Northern Utah. It focuses on local control of disasters and the reliance on the local emergency operations center (EOC). Our plan is National Incident Management System (NIMS) compliant. This plan and all of its appendices is available at www.nuhc.org under the link "Regional Medical Surge Plan" in the left panel.

We recognize the many interrelated systems needed to support individual and community health and safety, in addition to supporting individual and community recovery following a disaster. At-risk populations are an important part of our efforts, and we also acknowledge and want to support the systems addressing elements essential to health such as weather, food, housing, and equal access to care and utilities.

We base our activities, training, and exercises on our Hazard Vulnerability Analysis, as well as our annual HPP grant progress reports.

Strategic Objectives:

1. We will work to build regional strength through the efforts of our members in their local area of responsibility. Local disasters will be provided with a supportive layer of regional assistance from other jurisdictions when local efforts and resources are overwhelmed.
2. We will provide desired, needed training and practice opportunities for our members, and will support the recruitment of needed volunteers for the Medical Reserve Corps (MRC) and the Community Emergency Response Teams (CERT). We want to be proficient, culturally competent, and ready to respond.

3. We will strive to support our health care delivery system to provide equitable access to efficient routine care and services for all, including the access/functional needs population. We will work to improve our capacity to rapidly expand the delivery of medical and behavioral health care services in order to provide safe, appropriate care---right service, right place, and right time. We will work in concert with external partners such as home health and hospice providers, the area agencies on aging, the mental health authorities, training centers for health professionals at our region's universities and applied technology colleges in order to care for people in their homes, to promote sheltering in place, and to assure the availability of alternative care sites, such as skilled nursing facilities. We support public education to promote effective self-care by the public.
4. **We acknowledge that during a medical surge situation, our health care system may need to shift from carrying out the high standard of individualized care to the provision of the highest standard of care possible for the greatest number of patients.**
5. Effective risk communication is basic to our success in fulfilling our mission. We support the use of joint information centers (JICs) and a good joint information system (JIS). Our members acknowledge the need to be proficient in the various means of communication (radio, phone, computer, etc.) and the need for redundancy to minimize the risk of communication breakdown.
6. **We acknowledge the need for each of us to be personally prepared for a disaster, and to assure that our families are prepared as well. We also acknowledge the need for our organizations to have continuity of operations plans in place.**
7. We recognize the need to be familiar with, and to be able to use the Strategic National Stockpile plans, in our region.
8. We are dedicated to leaving individuals and communities as well off after an incident as prior to it. We are working to have a focus on recovery, as well as prevention and response. We support pre- and post-incident planning which addresses behavioral health services for affected responders and communities, provision for meeting medical needs throughout the post-incident recovery period, social re-engagement, and rebuilding of infrastructure and health care delivery mechanisms.
9. We are dedicated to collaborating effectively with our fellow regional healthcare coalitions in Utah, Southeastern Idaho, and Wyoming, as well as with the Utah Department of Health, the Utah Departments of Public Safety and Human Services, the Utah Highway Patrol, the Utah Department of Transportation, and the Federal Government.
10. We willingly share our best practices, and will always participate in collaborative efforts initiated to build regional and interstate relationships.

Our efforts as a healthcare coalition are aimed at promoting the presence and effectiveness of:

1. Planning, organization, leadership, training, exercises, evaluations, and time-limited corrective actions with responsibility for completion assigned
2. Excellent communication
3. Community preparedness and participation
4. Plans which incorporate an accurate threat analysis and risk assessment, and ensure required capabilities are in place
5. Emergency operations center management
6. Fatality management
7. Mass prophylaxis

8. Medical supply management and distribution
9. Medical surge management
10. Responder safety and health
11. Emergency triage and pre-hospital treatment (patients should receive the right service and care, at the right time, in the right setting)
12. Volunteer management

Our training plans for 2015-2016 include training relating to the eight healthcare capabilities.

Listed on the following pages are more specific, time-limited, measurable actions to be taken to address the above strategic objectives. These were developed by a collaborative effort between the regional medical surge director and our coalition members (executive committee and the full membership), input via our annual coalition self-assessment, member input throughout the year, After Action Reports and Improvement Plans from our exercises, and an evaluation of our program on last year's strategic plan.

We are quite pleased with our progress made in the 2014 – 2015 grant year. We feel the highlights are:

1. Our Resource Management and Sharing guidance annex was completed with full coalition input and support.
2. Our coalition put a lot of time and funding into hosting our own Integrated Emergency Management Course that was very well done. For two and a half days attendees were given excellent training and finished off the course with an earthquake-related functional exercise. The accompanying exercise was phenomenal in pointing out gaps that are being addressed this year.
3. The state finished their Burn Crisis Standards of Care plan and the coalition hospitals were able to participate in some excellent training on the plan.
4. Five members of the executive committee and the medical surge director were able to attend the National Healthcare Coalition Conference where they received some excellent training and networked with coalition members from across the country. Many of the things learned can now be implemented to strengthen our coalition.
5. Coalition members in all six counties participated in multiple pandemic workshop discussions with partners that have strengthened our ability to respond to a pandemic.
6. After an unfortunate shooting incident at Cache Valley Hospital the coalition received some excellent training on the lessons learned by CVH staff. It provided a basis for other facilities to work off.
7. Additional filters were purchased for the Out Post 12 water filtration systems purchased in past years for the hospitals.
8. We were able to update the coalition charter so voting and executive committee issues are better explained and understood.
9. The coalition participated in two communication drills
10. We have completed a large number of the 5-year deliverables for our ASPR HPP grant.
11. We are working on common goals with the Public Health Emergency Planning (PHEP) grantees.
12. We are striving to help new members familiarize themselves with NIMs, the incident command system, and emergency management.

13. We continue to encourage members to have MOUs with each other (for example: skilled nursing facilities and hospitals, hospitals and primary care clinics, etc.).
14. Our hospitals did very well with their bed availability reporting, and all 8 have been active in the association.
15. All of the trainings planned were accomplished, as well as two tabletops (recovery and resource management), and a functional MCI exercise.
16. We provided training in the areas of: Understanding the different disciplines the coalition is made up of and their role in disaster response, emergency management, disaster triage, media and public relations, integrated emergency management, managing medical surge, and isolation and quarantine.

In the remaining portion of this strategic plan we will outline the objectives and goals of the coalition for the 2015-2016-budget year. This will be the fourth year of a five-year grant cycle.

The sections are broken up into four coalition objectives, with capabilities and goals, and objectives given to us by the Utah Department of Health. Activities, trainings, and exercises have been identified for each of the objectives.

NORTHERN UTAH HEALTHCARE COALITION

2015-2016 (BP4) HPP Grant Strategic Work Plan

Objective #1: In coordination with healthcare organizations, emergency management, ESF-8, relevant response partners, and stake holders, refine and sustain the Regional Medical Surge Plan to assure effective multiagency medical coordination during a response and recovery.

CAPABILITY #3: EMERGENCY OPERATIONS COORDINATION

Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Goal #1: Determine the process for healthcare organizations representation with local and state emergency operations during an incident response.

Goal #2: During an incident, be able to implement information sharing processes that supports on-going communication to inform local incident management of the operational status and resource needs of healthcare organizations.

Goal# 3: Develop a process that assists local and state incident management to identify resource gaps and allocate available resources for healthcare organizations when requested during a response.

CAPABILITY #6: INFORMATION SHARING

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Goal #1: Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery.

CAPABILITY #10: MEDICAL SURGE

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Goal #1: Develop a method to ensure that healthcare organizations are adequately represented during medical surge incidents in order to provide incident management with information and assist with decisions regarding the allocation of resources to healthcare organizations.

Goal #2: Promote information sharing processes that enable healthcare organizations to track the status and transport of patients (situational awareness) from EMS and healthcare organizations during medical surge incidents.

Goal #3: Develop a process for large-scale (multiple healthcare organizations and multiple local jurisdictions/regions) evacuation and sheltering-in-place operations.

Goal #4: Develop a process for patient transport for evacuation of healthcare organizations during a response.

Goal #5: Develop a process for patient transport assistance from the scene as well as from facility to facility.

CAPABILITY #15: VOLUNTEER MANAGEMENT

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Goal #1: Develop a process to assist healthcare organizations with volunteer placement during an incident that includes multiagency coordination between healthcare organizations in order to de-conflict the needs of multiple healthcare organizations with the availability of volunteers.

Goal #2: Develop a process to ensure response requirements (e.g., housing, feeding, and mental/behavioral health needs) for healthcare volunteers are supported.

Planned Activities	Planned Training	Planned Exercises
<p>HCO=Healthcare Organization MRC=Medical Reserve Corps</p> <ol style="list-style-type: none"> 1. Review & refine the medical surge plan 2. Assess MRC plans for assisting multiple HCOs at the same time 3. Assess MRC and HCOs process for ensuring healthcare volunteer's needs are met during a response 4. Assess HCOs identification of anticipated needs for volunteers. Include MRC in assessment 5. Assess current need for HCO evacuation planning, training, and exercising 6. Develop an aid for knowing what capability/capacity hospitals and SNFs have 	<p>ICS=Incident Command System ESF-8=Emergency Support Function – Medical EOC=Emergency Operations Center EMTALA=Emergency Medical Treatment & Labor act</p> <ol style="list-style-type: none"> 1. ICS 300 2. ICS 400 3. ICS refresher 4. Requesting Resources 5. Accessing/communicating with the EOC 6. ESF-8 Coordinator training 7. Changing operational periods 8. Understanding EMTALA and 1135 waivers during a medical surge incident 9. NUHC Medical Surge Plan 10. Understanding the Strategic National Stockpile 11. State/regional resources: What are they and where are they 	<p>WS=Workshop; TT=Table Top; FE=Functional</p> <ol style="list-style-type: none"> 1. Utah ShakeOut – (FE) 2. Medical Surge Plan (WS) 3. Medical Surge Plan (TT) 4. Requesting Resources (TT)

Objective #2: Ensure healthcare organizations and emergency operation centers have the ability to access healthcare organization's available bed status and track patients.

CAPABILITY #6: INFORMATION SHARING

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Goal #1: Identify for before, during, and after an incident how to utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery.

Goal #2: Develop a process for utilizing the Utah Healthcare Resource Management System (UHRMS) for available bed tracking.

Goal #3: Develop a process to track patients and/or have access to an electronic patient tracking system during an incident.

Goal #4: Develop a process to access an information infrastructure and exchange system that provides electronic medical healthcare information during response, if available and authorized.

Planned Activities	Planned Training	Planned Exercises
<ol style="list-style-type: none"> 1. Identify existing patient tracking systems. 2. Discuss need/ability to access an electronic medical information infrastructure and exchange system. 3. Distribute ICOM ID-880 Operating Manuals to sites with those radios 	<p>EOC=Emergency Operations Center</p> <ol style="list-style-type: none"> 1. Understanding the ICOM ID-880 ham radio 2. Situational awareness and common operating picture 3. Accessing/communicating with the EOC 	<p>WS=Workshop; TT=Table Top; FE=Functional</p> <ol style="list-style-type: none"> 1. Communication Drill – two/yr. (FE) - 2. UHRMS (WS)

Objective #3: Assist, as needed, with the development and coordination of healthcare staff support planning due to a surge in human remains as a result of a medical surge incident.

CAPABILITY #5: FATALITY MANAGEMENT

Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Goal #1: Participate with the development of plans that assist healthcare organizations with the temporary/short term storage of human remains resulting from a surge of deaths during an incident.

Goal #2: *(Optional as needed)* Participate with the development of plans that can assist healthcare organizations in the case of a surge of concerned citizens requesting information about missing family members.

Goal #3: Assist with the development and coordination of the options for mental/Behavioral support for healthcare organizations during disaster which cause a death surge involving a large amount of human remains. *(As needed)*

Planned Activities	Planned Training	Planned Exercises
1. Access healthcare organizational need for developing plans for temporary/short-term body storage. 2. Encourage the sharing of body storage plans among coalition members by those who have them	<i>None during 2015-2016</i>	<i>None during 2015-2016</i>

Objective #4: Assist with the development and coordination of planning for the care and support of At-Risk and Vulnerable Populations.

CAPABILITY #1: HEALTHCARE SYSTEM PREPAREDNESS

Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:

- **Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community**
- **Provide timely monitoring and management of resources**
- **Coordinate the allocation of emergency medical care resources**
- **Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders**

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Goal #1: Participate in the planning process that identifies and determines multiple care options for individuals with special medical needs that are not suitable for mass care shelters and who's care can only occur at a healthcare facility during medical surge incidents.

Goal #2: Participate in planning to determine the appropriate protocols regarding individuals with functional needs so that assistance and guidance can be provided to healthcare organizations upon request.

Planned Activities	Planned Training	Planned Exercises
<ol style="list-style-type: none"> 1. Assess the need for further identifying the at-risk/vulnerable populations in the region 2. Begin discussion on care options for individuals with non-disaster related special medical needs and how they can be handled at a healthcare facility during a disaster 3. Identify regional at-risk population agencies and discuss adding appropriate representatives to the coalition 4. Involve at-risk and vulnerable population agency representatives in planned exercises 	<ol style="list-style-type: none"> 1. Identifying and contacting at-risk and vulnerable populations 	<p><i>None during 2015-2016</i></p>

Utah Department of Health

2015-2016 (BP4) Objectives for Regional Coalitions:

CAPABILITY #1: HEALTHCARE SYSTEM PREPAREDNESS

Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:

- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community
- Provide timely monitoring and management of resources
- Coordinate the allocation of emergency medical care resources
- Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Objective #1: Coalitions will continue to expand membership, engage in regional gap, need, and threat assessments, and develop regional response plans to include the role of regional coalition coordinators in local response activity.

Objective #2: Coalitions will leverage available funds, in collaboration with local partners, to engage in training and exercise activity that meets identified regional gaps and needs.

Objective #3: Coalitions shall continue to identify the numbers and unique needs of at-risk and vulnerable populations within their boundaries, and will include at-risk representatives as regular members of the coalition for planning, assessment, and inclusion in exercise events.

Planned Activities	Planned Training	Planned Exercises
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Objectives are already part of the coalition work plan for 2015-2016

CAPABILITY #2: HEALTHCARE SYSTEM RECOVERY

Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Objective #1: Coalitions will reassess basic and unique healthcare continuity issues within their membership, and will draft plans to accommodate identified resource shortfalls and recovery needs in the region, including requesting processes to UDOH.

Planned Activities	Planned Training	Planned Exercises
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1. Assess current resource levels and recovery needs and plan for shortfalls	As outlined in coalition work plan for 2015-2016	As outlined in coalition work plan for 2015-2016
2. Develop resource requesting		

process for UDOH assets 3. <i>Other as outlined in coalition work plan for 2015-2016</i>		
<i>CAPABILITY #3: EMERGENCY OPERATIONS COORDINATION</i> Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).		
Objective #1: Defined roles of regional coalition staff will be clarified with local and jurisdictional emergency operations centers. The final determination of the regional role will range from none (preparedness only) to full (ESF-8lead staff).		
Planned Activities	Planned Training	Planned Exercises
<i>Objective is already part of the coalition work plan for 2015-2016</i>		
<i>CAPABILITY #5: FATALITY MANAGEMENT</i> Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.		
Objective #1: Coalitions will sustain planning and gap/needs assessments conducted in prior budget periods to solidify regional plans with the draft state plan.		
Planned Activities	Planned Training	Planned Training
1. Review state plan when available 2. Align local plans with state plan as needed 3. <i>Other activities as outlined in coalition work plan for 2015-2016</i>	<i>As outlined in the coalition work plan for 2015-2016</i>	<i>As outlined in coalition work plan for 2015-2016</i>
<i>CAPABILITY #6: INFORMATION SHARING</i> Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.		
Objective #1: Coalitions will continue to develop regional communications plans and		

redundancies to support ongoing information sharing in the event of a disaster.		
Planned Activities	Planned Training	Planned Exercises
<i>Objective is already part of the coalition work plan for 2015-2016</i>		
CAPABILITY #10: MEDICAL SURGE		
The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.		
Objective #1: Coalitions will define their role in multiagency coordination and within their jurisdictions to support representation of healthcare organizations during medical surge events.		
Objective #2: Improvements in participation of EMS agencies in regional coalitions will be pursued and EMS agencies will be engaged at state and regional level to jointly plan for medical surge events, patient movement, and standardized triage protocols.		
Objective #3: Healthcare organizations will use available funds to sustain facility level medical surge, evacuation, and shelter in place supply needs.		
Objective #4: By the end of the budget period the coalition will receive training from local and state SNS coordinators.		
Objective #5: Coalitions will maintain adequate levels of PPE in regional caches and healthcare organization support responses to identified threats in the region.		
Objective #6: Coalitions will work with healthcare organizations to support standardization of supplies, training on caches, and requesting protocols for caches.		
Planned Activities	Planned Training	Planned Exercises
1. As outlined in the coalition work plan for 2015-2016 2. Increase EMS outreach and involvement 3. <i>Other as outlined in coalition work plan for 2015-2016</i>	1. Burn Crisis Standards of Care for EMS 2. <i>Other as outlined in coalition work plan for 2015-2016</i>	WS=Workshop; TT=Table Top; FE=Functional 1. Burn Crisis Standards of Care for EMS & Hospitals (TT)
CAPABILITY #15: VOLUNTEER MANAGEMENT		
Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.		
Objective #1: Coalitions will continue to collaborate with Medical Reserve Corps (MRC) units and other volunteer groups to re-assess HVAs and available resources to identify and verify triggers that would necessitate use of volunteers to support healthcare organization response. This will enable advancement of volunteer management plans for healthcare organizations and regional coalitions, and will enable MRC units to increase understanding of potential healthcare organization response needs.		
Planned Activities	Planned Training	Planned Exercises
<i>Objective is already part of the coalition work plan for 2015-2016</i>		