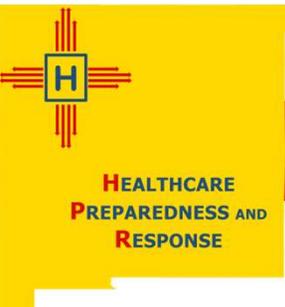# The New Mexico Healthcare Coalition

Your Partner in Healthcare Preparedness & Response

Sherán Kaplan-Hicks

Healthcare Preparedness & Response Section Manager
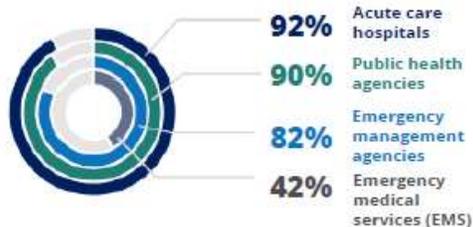
WHAT IS AN HCC?

An HCC is a **network of individual public and private organizations in a defined state or sub-state geographic area** that partner to prepare health care systems to respond to emergencies and disasters, ultimately increasing local and regional resilience.

HCCs are composed of diverse, and sometimes competitive organizations who, during a disaster, become **interdependent on one another for supplies, transportation, personnel, and more.**

Each HCC must include four core members: acute care hospitals, public health agencies, emergency medical services (EMS), and emergency management agencies.

BY THE NUMBERS

62
Recipients (health departments in states, localities, territories, & freely associated states)

326
HCCs across the nation

42,128
HCC members nationwide

Validated data as of 6/30/2020

NATIONAL PARTICIPATION RATE OF HCC CORE MEMBERS

92% Acute care hospitals

90% Public health agencies

82% Emergency management agencies

42% Emergency medical services (EMS)

Key HCC activities include:

- ✓ **Coordinate joint exercises** with HCC members to improve coalition-wide resiliency
- ✓ Coordinate **distribution and sharing of medical equipment and supplies during a response**
- ✓ Develop **communications protocols and systems**
- ✓ **Share real-time information**
- ✓ **Educate and train** health care personnel

HEALTHCARE PREPAREDNESS AND RESPONSE

Some HCC Additional Member Types

- Behavioral Health Services/Organizations
- Childcare providers
- Dialysis centers and ESRD networks
- Federal facilities
- Home health agencies
- Outpatient health care delivery
- Primary care providers

- Skilled nursing and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Funerary services and the OMI
- Medical equipment and supply manufacturers and distributors

HEALTHCARE PREPAREDNESS AND RESPONSE

Additional details can be found in the 2017 – 2022 Healthcare Preparedness & Response Capabilities
https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/2017-2022-healthcare-pr-capablities.pdf
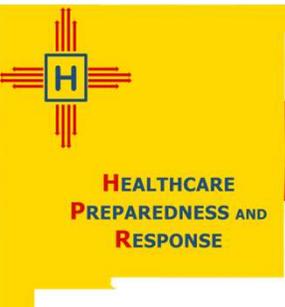
Steps to take to connect with the New Mexico Healthcare Coalition (HCC)

Contact John Hodges, Healthcare Coalition Coordinator at the Bureau of Health Emergency Management to be connected with your HCC Region by emailing John.Hodges@state.nm.us or calling (505) 231-4346

Submit the Healthcare Coalition Membership form at https://nm.readyop.com/fs/4cvG/e26c

Submit the Facility Essential Information form at https://nm.readyop.com/fs/4cvH/628d

HEALTHCARE
PREPAREDNESS AND
RESPONSE

https://asprtracie.hhs.gov/

**ASPRTRACIE is the Technical Resources – Assistance Center – Information Exchange
website provided by the HHS Assistant Secretary for Preparedness & Response (HHS ASPR)**

Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning
https://asprtracie.hhs.gov/technical-resources/resource/7332/capacity-building-toolkit-for-including-aging-disability-networks-in-emncy-planning

Access & Functional Needs Topic Collection: https://asprtracie.hhs.gov/technical-resources/62/access-and-functional-needs/0#population-specific-resources-older-adults
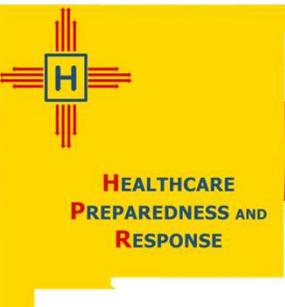
Emergency Preparedness Requirements for Medicare & Medicaid Participating Providers and Suppliers (CMS EP Rule), a page which provides links to resources that can help facilitate compliance with the 4 Core Elements of the CMS Rule https://asprtracie.hhs.gov/cmsrule

HEALTHCARE
PREPAREDNESS AND
RESPONSE

Emergency Operations Plans

Emergency plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:

1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
2) Include strategies for addressing emergency events identified by the risk assessment.
3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4) Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Policies and Procedures:

1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following: i. Food, water, medical, and pharmaceutical supplies. ii. Alternate sources of energy to maintain— a. Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; b. Emergency lighting; c. Fire detection, extinguishing, and alarm systems; and d. Sewage and waste disposal.
2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.
3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.
5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.
6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.
7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.
8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Tabletop Exercise (TTX) Overview

A Tabletop Exercise (TTX) is **discussion-based session where team members meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency situation**. A facilitator guides participants through a discussion of one or more scenarios based upon the TTX Objectives.