

WI HERC REGIONAL WORK PLAN – 2019-2020

Through acceptance of funding from the Assistant Secretary for Preparedness and Response (ASPR) in the United States Department of Health and Human Services, each regional healthcare emergency readiness coalition in the State of Wisconsin agrees to complete and submit the following work plan. The work plan is organized by the four federal [Health Care Preparedness and Response Capabilities](#). Information contained in this work plan is subject to change based on information received from ASPR.

Any activities included in the accompanying regional budget template should be described and included here. Unfunded projects or those funded with non-federal dollars can also be included, especially if state staff participation or technical assistance may be requested. This template is considered the scope of work for the coalitions. Once completed it constitutes each coalition's annual work plan. As required in the ASPR Funding Opportunity Announcement and Grant Application Instructions, each coalition will submit its work plan, its budget, and a list of trainings for the grant year to WI DHS via email (HERC email) and to the Office of the ASPR via the Coalition Assessment Tool website within 30 days following the execution of the subaward to each coalition's fiscal agent.

Identifying Information

Name of subrecipient: Northeast Wisconsin Healthcare Emergency Readiness Coalition (NEW HERC)

Name of 1.0 FTE HERC Coordinator: Shawn Metzner

Funded 100% by HPP funds

Name of Clinical Advisor: None. Currently under recruitment

How funded? N/a at this time. HPP funds; other funds; in-kind support;

Amount of FTE dedicated to position: N/a at this time

Clinical Advisor's home agency/facility and position: N/a at this time

Capability 1: Foundation for Health Care and Medical Readiness

ASPR goal for this capability: “The community’s health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.”

This capability has five objectives, listed below and used to organize the workplan. Within each of these objectives, ASPR provides examples of what types of activities they would like to see achieved to meet those objectives. Descriptions of these are below:

- **Objective 1: Establish and Operationalize a Health Care Coalition.** This includes defining coalition boundaries, identifying and/or recruiting coalition members, and establishing coalition governance.
- **Objective 2: Identify Risks and Needs.** This includes assessing hazard vulnerabilities and risks; assessing resources in the region; prioritizing resource gaps/mitigation strategies; assessing the need for planning around inclusion of all populations such as those with access and functional needs; and identify regulatory compliance requirements that should be considered when doing regional preparedness and response planning and technical assistance.
- **Objective 3: Develop a Health Care Coalition Preparedness Plan.**
- **Objective 4: Train and Prepare the Health Care and Medical Workforce.** This includes promoting understanding of the National Incident Management System (NIMS); providing education and training based on identified gaps; planning and conducting coordinated exercises, making sure to align them with federal standards and other regulatory/accreditation requirements; evaluating exercises and real world responses; sharing successes and lessons learned and integrating them into existing plans.
- **Objective 5: Ensure Preparedness is Sustainable.** This includes promoting the value of health care and medical readiness and the role of the coalition; engaging health care executives, clinicians, and community leaders; and promoting the sustainability of coalitions.

Objective 1: Establish and Operationalize a Health Care Coalition							
Regional Action	Lead	Timeline				Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Collect and maintain information on coalition member entities (as defined by the HERC’s governance documents) for the disciplines defined in the federal guidance, using the WIDHS-provided template.	HERC Coordinator	x	x	x	x	Entities will be listed using their legal names, no acronyms, and addresses, as required in the federal guidance.	HPP Performance Measure 4 / Must be available to hand in at any time in response to federal information requests
Ensure that all HERC meetings and exercises include representation from the HERC core disciplines as defined by ASPR. Collect sign-in sheets (virtual participation should be noted).	HERC Coordinator	x	x	x	x	Member organization representatives will sign in, noting their organization and discipline.	Federal requirement / Must be submitted to WI-DHS on a rolling basis for match/site visit verification

Conduct outreach to non-traditional organizations that could assist with supporting acute health care service delivery as defined in the federal guidance, such as: medical supply chain organizations, pharmacies, blood banks, clinical labs, federal health care organizations, outpatient care centers, long term care organizations.							Federal recommendation / Include in membership list documentation
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
Progress Report – Final (Due July 15, 2020)							

Objective 2: Identify Risk and Needs							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
<p>Complete regional hazard vulnerability assessment and submit to WIDHS.</p> <p>Note: All HCC-funded projects must be tied to a hazard or risk from the HCC's HVA, an identified capability gap, or an activity identified during a corrective action process.</p>	HERC Coordinator	x	x	x	x	NEW HERC completed its HVA at the end of Fiscal Year 2018/2019. Meetings and interviews were done with core members to obtain the information and rankings. The HERC decided to use a THIRA template for its final product. For FY 2019/2020 the majority of the HERC budget will be allocated to the top 5 hazards identified.	Federal requirement / submitted to WIDHS and via CAT
Access and retrieve information from HHS EMPOWER map. Distribute to membership at least once every six months.	HERC Coordinator		x	x		NEW HERC coordinator will obtain training on gathering and maintaining EMPOWER de-identified data from WI DHS. Core members and partners will	Performance Measurement 7, Part B/records of distribution should be maintained

	Public Health Coordinator					be educated on EMPOWER data and how it may be used in the region by the end of fiscal year June 2020.	and provided to WIDHS upon request
Update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency.	HERC coordinator	X	X	X	X	NEW HERC will review and update current inventory management policy. Resource lists will be reviewed and updated through-out the fiscal year.	Federal requirement / to be maintained on EM Resource and accessed by state and federal partners at any time
As part of inclusive planning for populations at risk, HCCs should: <ul style="list-style-type: none"> • Support HCC members with situational awareness and information technology (IT) tools already in use that can help identify children, seniors, pregnant women, people with disabilities, and others with unique needs. • Support HCC member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification. • Identify potential health care delivery system support for these populations (pre- and post-event) that can prevent stress on hospitals during a medical surge event. • Assess needs and contribute to medical planning that may enable individuals to remain in their residences during certain emergencies. When that is not possible, coordinate with the jurisdiction’s ESF-8 lead agency to support the jurisdiction’s ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead 							Federal recommendation/ documentation of any activities to be provided upon request and reporting provided in this document

agency with access to medical care including at shelter sites. <ul style="list-style-type: none"> Coordinate with the jurisdiction's ESF-8 lead agency to assess medical transport needs for these populations. 							
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
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Objective 3: Develop a Health Care Coalition Preparedness Plan							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Update and maintain the HERC preparedness plan annually and following major incidents or large-scale exercises. The plan must be approved by all its core member organizations in a manner that can be documented. All of the HCC's additional member organizations should be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan.	HERC Coordinator			X	X	NEW HERC will share current its Preparedness Plan with all core members, partners and ask them to review via email, discuss at monthly meetings and ask for feedback. Preparedness Plan will include a signature sheet that will be signed by the HERC Board. Distribution will be by email; the plan will be placed on the web and the HERC shared network.	Federal requirement / upload updated version into CAT
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							

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Objective 4: Train and Prepare the Health Care and Medical Workforce

Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Provide regional support for provider types working to comply with the CMS emergency preparedness rule.	HERC Coordinator / HERC Board	X	X	X	X	CMS provider types will continue to be recruited into the HERC. HERC will offer meetings and site visits that focus on issues related to the CMS EP Rule. Resources on meeting the EP Prep Rule will be developed and shared.	State capability gap, federal expectation / reporting in this workplan
Conduct trainings based on regional needs assessment. Create list using WIDHS template to be submitted with workplan to CAT.	HERC Coordinator, HERC T&E Caucus (future)		X	X	X	Trainings in the NEW HERC for the first 2 to 3 quarters of the fiscal year will be driven by the regional HVA and Training Plan completed at the end of June 2019. A Multi Year Training and Exercise plan will be developed by the HERC by July 1 2020.	Federal requirement / submission with workplan to CAT and WIDHS
Support NIMS knowledge and integration among HERC members, through: ensuring HERC leadership receives NIMS training based on evaluation of existing NIMS education levels and need; promoting NIMS implementation among HCC members, including in training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure; and assisting HERC members with incorporating NIMS components into their emergency operations plans.	HERC Coordinator / HERC Board	X	X	X	X	This is be an ongoing focus of the NEW HERC. Training in ICS for all core members and partners will be promoted and offered in conjunction with Wisconsin Emergency Management (WEM).	Federal requirement/ reporting in this workplan for sharing during site visit.

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Objective 5: Ensure Preparedness is Sustainable							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Complete the budget template provided by WIDHS, including a breakdown of sources of funding, including federal HPP support, other federal sources, and non-federal sources, as well as types of in-kind support.	HERC Coordinator / HERC Board	x		x		The 2019-2020 budget must be submitted within 30 days following execution of the sub-award. The 2020-2021 budget must be submitted by January 31, 2021.	Performance Measure 1 / Information must be submitted by deadlines in CAT as well as budget submitted to DHS HERC mailbox.
Complete the work plan and training list templates with all activities for the year categorized under the appropriate capabilities, matching the budget. The workplan should reference HVA/AAR-IP/capability gap analysis under the rationale column.	HERC Coordinator	x		x		The 2019-2020 work plan and training list must be submitted within 30 days following execution of the sub-award. The 2020-2021 versions of these documents must be submitted by January 31, 2021.	Benchmark 7 / Workplan must be submitted by deadlines in CAT as well as submitted to the DHS HERC mailbox.
Send at least (2) regional representatives to participate in HERC Advisory Group strategic planning process to assist in guiding statewide direction of collective HERC activities and 2020-2021 planning.	HERC Board		x			The NEW HERC has appointed its Chair and Co-Chair as members of the HERC Advisory Group. The NEW HERC Clinical Advisor will be encouraged to be active with this group as well.	State capability gap analysis / Submit registration when available.
Ensure a relationship with a clinical advisor who will engage health care delivery system clinical leaders to provide input,	HERC Coordinator /Chair	x	x	x	x	NEW HERC is in the process of recruiting a new Clinical Advisor. A Scope of Work will be part of the	Federal requirement / Document in this workplan

<p>acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning to include CBRNE, trauma, burn, and pediatric readiness and response. The Advisor should gain an understanding of the scope of specialized clinical expertise throughout the HERC and help to recruit clinicians from a wide range of specialties to participate in activities, validate medical surge Plans, and provide subject matter expertise to ensure realistic training and exercises.</p>						<p>agreement the Clinical Advisor signs with the HERC.</p>	
<p>Engage in activities that support strong governance, regional stakeholder engagement, and sound financial planning help to strengthen the HCC foundation and ensure future viability, such as:</p> <ul style="list-style-type: none"> • Develop materials that identify and articulate the benefits of HCC activities and promote preparedness efforts to both members and additional stakeholders such as health care executives, clinicians, community leaders, and other key audiences. • Explore ways to meet member’s requirements for tax exemption through community benefit. • Analyze critical functions to preserve and identify financial opportunities (such as foundations and private funding, dues, and training fees) to support or expand HCC functions in case of decreased federal funding. 							<p>Federal recommendation/ documentation of any activities to be provided upon request and reporting provided in this document</p>

<ul style="list-style-type: none"> • Develop a financing structure and document the funding sources that support HCC activities. • Determine ways to cost share with other organizations with similar requirements (such as coordinating required risk assessments or exercises with public health agencies and emergency management organizations). • Incorporate leadership succession planning into the HCC governance and structure. • Leverage group buying power to promote consistent equipment across a region to facilitate sharing or emergency allocation. 							
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Capability 2. Health Care and Medical Response Coordination

ASPR goal for this capability: “Health care organizations, the HCC, their jurisdiction (s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.”

This capability has three objectives, listed below and used to organize the workplan. Within each of these objectives, ASPR provides examples of what types of activities they would like to see achieved to meet those objectives. Descriptions of these are below:

- **Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans.** This includes supporting members’ having complete emergency operations plans, and development of a coalition regional response plan.
- **Objective 2: Utilize Information Sharing Procedures and Platforms.** This includes developing procedures around sharing information, identifying ways to ensure protection of information access and data protection, and utilization of various redundant communications systems and platforms.
- **Objective 3: Coordinate Response Strategy, Resources, and Communication.** This includes efforts to identify and coordinate resource needs during an emergency, coordination of incident action planning during an emergency; communications with health care providers, other staff, patients, and visitors to member facilities during an emergency; and communications with the public during an emergency.

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Develop and maintain the HERC response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies, are represented in the plan. The plan should be updated annually and following major incidents or large-scale exercises. Each version of the plan must be approved by all its core member organizations in a manner that can be documented. All of the HERC’s additional member organizations should be given an opportunity to provide input into the	HERC Coordinator / HERC Board	X	X	X	X	NEW HERC will share current Response Plan with all core members, partners and ask them to review via email, discuss at monthly meetings and ask for feedback. Response Plan will include a signature sheet that will be signed by the HERC Board. Distribution will be by email; the plan will be placed on the web and the HERC shared network.	Performance Measure 6 / Upload response plan via CAT

<p>response plan, and all member organizations must receive a final copy of the plan.</p> <p>The plan must describe the HERC's operational roles that support strategic planning, situational awareness, information sharing, and resource management. This includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • HERC integration with the jurisdiction's ESF-8 lead agency to ensure information is provided to local, state, and federal officials. • The HERC's ability to effectively communicate and address resource needs requiring ESF-8 assistance. • The HERC's ability to support the increase of emergency and inpatient services to meet the demands of a medical surge event. • The HERC's ability to determine bed, staffing, and resource availability; identify patient movement requirements; support acute care patient management and throughput; initiate and support crisis care plans. • The provision of behavioral health support and services to patients, families, responders, and staff. • The incorporation of available resources for management of mass fatalities through ESF8. 					<p>The Response will continue to be updated annually based on AAR's/IP's completed for incidents and exercises.</p>	
<p>Integrate ASPR-required essential elements of information (EIs) into their response plan information sharing procedures. This includes but is not limited to the current operational status of facilities, elements of</p>	<p>HERC Coordinator</p>		<p>X</p>		<p>ASPR will provide coordinated pre-event, post-event, and special event specific EIs required for integration and submission by recipients and sub-recipients by the end of the first</p>	<p>Federal requirement / Updated response plan via CAT.</p>

electronic health records, and resource needs and availability.						quarter of FY 2019/budget period 1. Once rolled out, the NEW HERC will incorporate them into its response plans.	
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
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Objective 2: Utilize Information Sharing Procedure and Platforms							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Drill the HERC’s primary communications plan and system/platform and one redundant communications system/platform at least once every six months. Track percentage of member organizations that participate successfully.	HERC Coordinator / HERC Comms SME		X	X	X	The NEW HERC will conduct Comms Test at least quarterly. The tests will be based on systems and devices listed in the NEW HERC Communications Plan.	Performance measures 12 and 13 / Report results via the CAT
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
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Objective 3: Coordinate Response Strategy, Resources, and Communications

Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Support the continuity of information flow and coordination activities for the HERC by ensuring multiple employees from each HERC member organization have access to and understand how to use the HERC's information sharing platforms.	HERC Coordinator / HERC Comms SME	X	X	X	X	NEW HERC will be developing additional communication systems and devices through-out the fiscal year to build more redundancy into its communications and information sharing platforms. Training and Job Aids for the healthcare facilities will be ongoing.	Federal requirement / document through this workplan, training list
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
Progress Report – Final (Due July 15, 2020)							

Capability 3. Continuity of Health Care Service Delivery

ASPR goal for this capability: “Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.”

This capability has seven objectives, listed below and used to organize the workplan. Within each of these objectives, ASPR provides examples of what types of activities they would like to see achieved to meet those objectives. Descriptions of these are below.

- **Objective 1: Identify Essential Functions for Health Care Delivery.** This includes supporting member organizations in defining what their “essential functions” that must be maintained after disruption of normal activities and are a priority for restoration if compromised and determining what the coalition might do to assess and support the maintenance of these functions.
- **Objective 2: Plan for Continuity of Operations.** This includes supporting member organizations in their development of continuity of operations plans (COOP); development of a coalition COOP; supporting members’ plans to maintain administrative and finance functions; and supporting member efforts to develop shelter-in-place plans.
- **Objective 3: Maintain Access to Non-Personnel Resources during an Emergency.** This includes assessing supply chain integrity and looking at ways that the coalition might support meeting equipment, supply and pharmaceutical surge needs for members during an emergency.
- **Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks.** This includes providing members with support and knowledge on cybersecurity issues.
- **Objective 5: Protect Responders’ Safety and Health.** This includes supporting planning to distribute resources to protect the health care workforce during an emergency, training and exercising around responder safety and health scenarios, and providing behavioral health support before and after during emergencies to promote resilience in health care workers.
- **Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation.** This includes conducting regional planning for how the region will support evacuation and relocation activities of members during an emergency, as well as how it will support transportation coordination for patients during this sort of event.
- **Objective 7: Coordinate Health Care Delivery System Recovery.** This includes planning for how the coalition will support assessment and recovery of the health care delivery system after an emergency.

Objective 1: Identify Essential Functions for Health Care Delivery							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
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Objective 2: Plan for Continuity of Operations							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
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Objective 3: Maintain Access to Non-Personnel Resources during an Emergency							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Once pharmaceuticals and/or other medical materiel or supplies (e.g., PPE) are purchased with HPP funds, the HERC will document the following: <ul style="list-style-type: none"> • Strategies for acquisition, storage, rotation with day-to-day supplies, and use; • Inventory Management Program Protocols for all cached material 							Federal requirement if purchasing / Submit in CAT

<ul style="list-style-type: none"> • Policies relating to the activation and deployment of their stockpile; • Policies relating to the disposal of expired materials 							
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
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Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
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Objective 5: Protect Responders' Safety and Health							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		

Support and promote regional PPE procurement that could offer significant advantages in pricing and consistency for staff, especially when PPE is shared across multiple health care organizations in an emergency.							Federal recommendation / document in this report
Equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. PPE, MCMs, workplace violence training, psychological first aid training, and other interventions specific to an emergency are all necessary to protect responders and health care workers from illness or injury and should be readily available to the entire health care workforce.							Federal recommendation / document in this report, submit in CAT
Recipients and HCCs should educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens, and the availability of PPE resources, to include stockpiling considerations, vendor-managed inventories, and the potential for reuse of equipment.							Federal recommendation / document in this report, submit in CAT
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
Progress Report – Final (Due July 15, 2020)							

Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
Progress Report – Final (Due July 15, 2020)							

Objective 7: Coordinate Health Care Delivery System Recovery							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance							
Progress Report – Midyear (Due January 31, 2020)							
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Capability 4. Medical Surge

ASPR goal for this capability: “Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.”

This capability has two objectives, listed below and used to organize the workplan. Within each of these objectives, ASPR provides examples of what types of activities they would like to see achieved to meet those objectives. Descriptions of these are below.

- **Objective 1: Plan for a Medical Surge.** This includes supporting the incorporation of surge planning into member emergency operations plans, as well as the coalition’s own response plan.
- **Objective 2: Respond to a Medical Surge.** This includes supporting the implementation of medical surge plans by member organizations; development of alternate care systems; support provision of pediatric, chemical/radiation, burn, medical countermeasures, trauma, and/or mass fatality services during a medical surge; support provision of services to address behavioral health needs during medical surge; and efforts to enhance infectious disease responses causing a medical surge.

Objective 1: Plan for a Medical Surge							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
<p>Work with WIDHS and members to address staffing resources, including volunteers, within hospitals and other health care settings. This includes:</p> <ul style="list-style-type: none"> • Identifying situations that would require supplemental staffing in hospitals and leverage existing hospital and health system staff sharing agreements and resources, to include volunteers. • Developing rapid credential verification processes to facilitate emergency response. • Identifying and addressing to the extent possible volunteer liability, licensure, workers compensation, 	HERC Coordinator			X	X	<p>NEW HERC will develop plans and procedures for the use of internal and external healthcare facility and healthcare system staffing resources. These plans will account for ESAR-VHP volunteers and any MRC units that may be located in or near the NEW HERC region.</p>	<p>Federal requirement / Submit as appropriate (part of preparedness plan, response plan, include in this report).</p>

<p>scope of practice, and third-party reimbursement issues that may deter volunteer use.</p> <ul style="list-style-type: none"> Leveraging existing government and non-governmental volunteer registration programs, such as ESAR-VHP and MRC personnel, to identify and staff health care-centric roles during acute care medical surge response events. Examples of MRC health care-specific duties that can be funded by HPP include: <ol style="list-style-type: none"> 1. Triage support staff 2. Emergency Department staff 3. Medical Shelter clinical staff 4. Search and Rescue Medical staff 5. Field hospital clinical staff 							
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Objective 2: Respond to a Medical Surge							
Regional Action	Lead	Timeline				Regional Strategies	Rationale / Due Date
		Q1	Q2	Q3	Q4		
<p>Move to BP 2 - Develop a complementary coalition-level burn annex to the response plan to manage a large number of casualties with specific needs.</p> <p>The annex should include the following core elements:</p> <ul style="list-style-type: none"> Indicators/triggers and alerting /notifications Initial coordination mechanism and information gathering to determine impact and specialty needs Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support Access to subject matter experts – local, regional, and national Prioritization method for specialty patient transfers Relevant baseline or just-in-time training to support specialty care <p>Considerations specific to burn should include:</p> <ul style="list-style-type: none"> Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents) Burn-specific medical supplies Coordination mechanisms with American Burn Association (ABA) centers/region 	HERC Coordinator			X	X	NEW HERC will develop both Burn and Peds Annex's to its Response Plan based on WIDHS templates that are currently "under development".	Federal requirement / Wisconsin will be submitting burn annexes in 2020 and peds annexes in 2021, which is a swap of the requirements for the two years; submitted through the CAT

<ul style="list-style-type: none"> Incorporation of critical care air/ground assets suitable for burn patient transfer 								
Work with WIDHS staff and contractors to develop contingency and crisis standards of care plans/guidelines/materials.	HERC Coordinator	X	X	X	X		NEW HERC will support this effort and work with the identified state contractor through-out the fiscal year.	State capability gap / document activities in this report.
Complete the HCC Surge Estimator Tool to support determination of HERC surge capacity. Only hospitals that provide emergency services will be included.	HERC Coordinator	X	X	X			NEW HERC will roll this new tool to its hospitals for completion by mid fiscal year.	Federal requirement/ Finish by January 1, 2020
Progress Report – include status (complete, in progress, not started), major accomplishments with this objective, areas of concern, specific requests for technical assistance								
Progress Report – Midyear (Due January 31, 2020)								
Progress Report – Final (Due July 15, 2020)								