

ASTHO HPP Project: Proposed Discussion Questions for Professional Assessment Paper

Methodology:

ASTHO staff will hold discussions with the preparedness director and state hospital preparedness coordinator in the following states to glean information on the successes and challenges of their healthcare coalitions: Connecticut, Vermont, New Jersey, Puerto Rico, New York, Virginia, West Virginia, Maryland, Kentucky, Mississippi, Alabama, Michigan, Illinois, Indiana, Texas, Oklahoma, New Mexico, Arkansas, Missouri, Kansas, Nebraska, Utah, Wyoming, Montana, Arizona, Nevada, Washington, Alaska.

1. How long have you been in your current position? What is your overall impression of the stability of healthcare coalitions in your state?
2. The state of _____ is a decentralized/centralized state. How does that affect the state's interaction with its coalitions?
3. How would you describe the state's support and involvement to its healthcare coalitions? Is it minimal, significant, or substantial?
4. As a Preparedness Director/State Health Official/State HPP coordinator, how personally involved are you with each of the coalitions? Do you regularly attend their meetings? How aware/involved would you say your State Health Officer is?
5. What does the state see as the role of its coalitions?
6. Of your state's successful coalitions, what factors do you see that have made it successful?
7. Of your state's less successful coalitions, what factors do you see that could use improvement? What potential solutions could be used for improvement? Does your SHD have these solutions available?
8. How does the state coordinate with coalitions that cover a neighboring state?
9. Does your state involve its healthcare coalitions in its strategic plans? If so, how does inclusion work? Are coalitions provided the opportunity to provide feedback during strategic planning writing?

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10. Does the SHD have a role in any of the following activities for its coalitions? Please explain for each.

- Coalition planning
- Coalition training & exercises
- Coalition information sharing

11. From the SHD perspective, who are the most valuable partners of coalitions and why?

12. What unique requirements does the state mandate of its coalitions?

13. In what way and how often are coalition requirements confirmed and reported to the SHD?

14. What vision does the state have for its coalitions in the next 5 years? The next 10 years?

15. Can you describe an instance where one of your coalitions really “shined”/did a great job during an incident.

Resources:

16. How many coalitions receive HPP funding within your state? Gather percentage (___/___)

17. How would you describe the state’s financial support to coalitions? Is it minimal, significant or substantial?

18. How is funding allocated to the coalitions? Is it equal across all coalitions or is a funding formula used? If a funding formula is used, could you please detail it?

19. Does the state health department provide any unique services to the coalition?

- a. What do you believe is the return on investment to the state for providing these services?

20. Due to our current economic climate, does the state see the potential of decreased funding to its coalitions? Does the state see the potential of reducing the number of its coalitions (that it funds?)

21. What resources does the state wish it had the ability to provide to its coalitions but currently cannot due to existing barriers?

Proposed Discussion Questions for How Healthcare Coalitions fit into Response

Methodology:

ASTHO staff will hold discussions with the preparedness director and state hospital preparedness coordinator in the following states to glean information on how healthcare coalitions fit into a response: Florida, New Jersey, New York, North Carolina, Michigan, and Texas.

**Questions will be geared toward events and responses over the last year to 18 months*

1. How many healthcare coalitions exist within your state/jurisdiction?

2. Does this include any coalition that shares cross-border jurisdiction with another state?
3. What is the healthcare coalition(s) organizational structure?
4. Is the SHD engaged in the healthcare coalition development and ongoing sustainment? If so, please explain the level of involvement. (i.e., the SHD is the lead)
5. Describe the type and level of non-emergency planning that is completed by the healthcare coalition(s)?
6. Do the healthcare coalition(s) and its members have pre-existing engagement with response partners, particularly emergency management?
7. Were your state's healthcare coalition(s) involved in the response? If so, how were they activated during a response?
8. Which parts of the response cycle have your coalitions mastered/performed well on in recent events?
9. Which parts of the response cycle could your coalitions improve on in future events?
10. Which MOUs in place proved to be the most valuable in recent events?
11. Who or what organization was responsible for sending alerts to the healthcare coalition(s) when there is an emergency?
12. Did the healthcare coalition(s) have an identified *formal response role* during a recent public health emergency or disaster?
 - a. Select the response activities performed by the healthcare coalition.
 - i. Involved in joint response to mass casualty events and disasters
 - ii. Participates in local EOC
 - iii. Shares bed availability and surge capability information
 - iv. Serves as an information clearinghouse with systems for tracking patient load and available assets
 - v. Coordinate alternate care facilities
13. How did the healthcare coalitions engage with ESF8 during a response?
14. How did the SHD maintain command and control?
15. How are the coalitions activated during the response?
16. Does the state have an established criterion to trigger a coalition response during a mass casualty incident?
17. How was situational awareness shared between the state and among coalition members?
18. How were resources shared within the coalition?
19. Did the SHD or the coalition's themselves make decisions about allocation of scarce resources and crisis standards of care? Was it a joint effort?
20. How did the healthcare coalitions plan to maintain and execute continuity of operations?

21. How did your coalitions coordinate risk communications to the public?
22. How was demobilization coordinated?
23. During your recent emergency, describe how the healthcare coalition improved or enabled your response? (i.e., what types of things were you able to do that would have been difficult or impossible prior to having a coalition)
24. During your recent emergency, what gaps was your healthcare coalition unable to meet?
 - a. Did the existence of a healthcare coalition complicate your response in any way?

Proposed Discussion Questions for Healthcare Coalitions' Return on Investment

Methodology:

ASTHO staff will hold discussions with the preparedness director and state hospital preparedness coordinator in the following states to glean information on how healthcare coalitions fit into a response: Florida, New Jersey, New York, North Carolina, Michigan, and Texas.

1. Define value as it relates to the healthcare coalition(s).
2. According to state leadership, how are coalitions valuable?
 - a. What direct value impact does the state public health department feel from the coalition?
3. Why did your organization join its coalition? /How does the state assist in advertising to increase coalition membership?
4. What are the costs associated with coalition membership?
5. What is the estimated cost/benefit analysis of membership?
 - a. What is the estimated cost/benefit analysis of the coalition to the state health department?
6. What are some of the benefits of coalition membership?
7. What additional benefits are coalition members asking for?
8. Does participation assist in achieving accreditation or recognition standards?
9. What marketing opportunities are available for coalition members?
10. Describe the community's perception of the coalition.
11. Does coalition membership provide any of the following resources: staff, supplies, funding?
 - a. Which of the above resources are you more inclined to share with other members who request them?
12. Provide 2 examples of coalition membership value during non-emergency times.
13. What is the impact of coalition involvement on daily care?

Proposed Discussion Question for Capability Gaps

Methodology:

ASTHO staff will coordinate three conference calls (east coast, central, west coast) consisting of preparedness directors and hospital preparedness coordinators to ask

questions regarding the healthcare system preparedness capabilities and will provide written feedback to ASPR HPP leadership.

1. When the capabilities came out, did anything that you consider essential to your preparedness efforts immediately strike you as missing?
 - Were there capabilities that struck you as unnecessary?
2. Now that the capabilities have been out for about a year, have your thoughts on question 1 changed?
3. Did the HPP capabilities cause you to initiate or speed up development of your healthcare coalition?
4. Did the HPP capabilities help you think about additional potential coalition members?
 - Which capabilities were tested in any drills or exercises you have conducted or participated in over the last year?
 - Were resource elements included in these capabilities an appropriate measure of your preparedness?
5. Have you had to respond to an emergency during the last year?
 - Did the capabilities lead you to respond differently than you would have prior to the development of the capabilities?
 - Did the capabilities prepare you for the communication and information needs you faced during the emergency?
 - Did the capabilities help you ensure the safety of responders during the emergency?
 - Did the capabilities help you plan for any specialized response actions? (ie, dealing with at-risk populations, behavioral health, mass fatality)
6. Do your coalitions have responsibility for meeting some or all of the capabilities?
 - Do public health and the healthcare system jointly plan and coordinate activities to meet both the HPP and PHEP capabilities?
 - If so, how?
 - If not, why?