

**OSF SAINT FRANCIS MEDICAL CENTER  
DISASTER PREPAREDNESS**

**REGION 2 HEALTHCARE COALITION MEETING  
June 7, 2019**

**I. CALL TO ORDER**

The Region 2 Healthcare Coalition (R2HC) meeting was called to order by Troy Erbentraut, Disaster Preparedness Manager at 10:03 a.m.

**II. ATTENDANCE**

**MEMBERS PRESENT**

Beagle, Tobey	UnityPoint Health Pekin
Bettenhausen, Gary	IDPH
Bitner, Jason	OSF Saint Luke Medical Center
Caho, Darrell	Hopedale Medical Complex
Campbell, Jacob	OSF Saint James Hospital
Clinton, Lisa	St Margaret's Hospital
Cunningham, Chris	McDonough District Hospital
DelMastro, Kevin	OSF Saint Francis Medical Center
Devine, Matthew	LaSalle County Health Department
Epping, Mike	IDPH
Erbentraut, Troy	OSF Saint Francis Medical Center
Graham, Sharon	Henderson County Health Department
Herink, Karol	Fulton County Health Department
Kendrick, Stefany	OSF Saint Francis Medical Center
Larsen, Andy	OSF Saint James Hospital
Link, Jenna	Warren County Health Department
Loeffelholz, Al	Genesis Medical Center - Aledo
Lung, Frank	OSF Holy Family Medical Center
Marshall, Timmie	UnityPoint Health Proctor
Martin, Randy	OSF St. Joseph Medical Center
Matson, Julie	Peoria Area EMS
Rigenberg, Matt	IDPH
Sampson, Douglas	Galesburg Cottage Hospital
Stecher, Tom	UnityPoint Health Methodist
Stuepfert, Sarah	Illinois Valley Community Hospital
Trickett, Alex	Advocate BroMenn Medical Center
Webster, Chris	Genesis Illini Medical Center
Whedbee, Barbara	OSF Saint Mary Medical Center
Wilson, Travis	McLean County EMS
Wolf, Elyse	Hammond Henry Hospital

**MEMBERS ABSENT**

Advocate Eureka Hospital  
Dr. John Warner Hospital  
Graham Hospital  
OSF Saint Elizabeth Medical Center  
OSF Saint Paul Medical Center  
Perry Memorial Hospital  
UnityPoint Health Trinity

**III. TRACKING ATTENDANCE**

- A. You will need to be present, signed in by 10:30 a.m., and attend at least three or more meetings, to qualify for the reimbursement for traveling to the meetings.
- B. The reimbursement checks for the last grant period were entered and your hospital should be receiving them soon. Please check to make sure your hospital receives it.

**IV. APPROVAL OF MEETING MINUTES**

- A. Meeting minutes will now be viewed online and approved at the end of the meetings. Any concerns or corrections please contact Niki to make necessary changes.

**V. UPDATE FROM IDPH/STATE MEETING**

- A. UPDATES FROM IDPH RHCC MEETING
  - 1. There was a couple meetings since you all last met. The grant information will be discussed below in the minutes.
- B. UPDATES FROM IDPH MIKE EPPING (REMSC)
  - 1. No updates
- C. UPDATES FROM IDPH MATT RIGENBERG (ERC)
  - 1. With the Public Health Grant, there will be three sections and they are considering eliminating certain elements.
  - 2. Update from PHEP membership
    - a. They identified the PHEP member, this representative will be the one sharing the information at the meetings.
- D. UPDATES FROM REGION 2 EMS COMMITTEE
  - 1. No updates
- E. UPDATES FROM REGION 2 TRAUMA COMMITTEE
  - 1. They had a state meeting yesterday, and they are waiting on the updates. The next meeting to discuss the updates will be next Tuesday.

**VI. BUDGET PERIOD WORKGROUPS**

**CONFIDENTIAL-THIS DOCUMENT IS PROTECTED FROM DISCLOSURE BY THE MEDICAL STUDIES ACT ILLINOIS REVISED STATUTESM CHAPTER 110, 8-2101-2105**

- A. HHS-ASPR CAT**
  - 1. The project description from ASPR has four capability requirements for this year's grant. This information was handed out during the meeting. Some of the sub-committees has been renamed to fit the grant description. You can view this information attached to the minutes.
  - 2. During the meeting these individuals volunteered to work together on the capabilities for the new grant cycle. That information will be shared under each group. Please volunteer for one or more of the groups.
  - 3. Troy is in the process of applying for the 2019-2020 grant cycle. They have a document out and he feels that it will be executed a lot sooner. He has three separate grants he's trying to manage.
- B. STRATEGIC PLAN/REGIONAL PLAN**
  - 1. This will be the Foundation for Healthcare and Medical Readiness.
  - 2. The agencies are Hopedale and a local Public Health representative.
- C. HEALTHCARE RESPONSE COORDINATION**
  - 1. This will be Healthcare and Medical Response Coordination.
  - 2. The agencies are OSF Saint Luke Medical Center, Illinois Valley Community Hospital and a local Public Health representative.
- D. CONTINUITY OF HEALTHCARE**
  - 1. This will be Continuity of Healthcare Service Delivery.
  - 2. The agencies are UnityPoint Health Pekin, OSF St. Joseph Medical Center and a local Public Health representative.
- E. MEDICAL SURGE**
  - 1. The agencies are OSF St. Mary Medical Center, EMS Trauma Coordinator, St. Margaret's Hospital and a local Public Health representative.
- F. REGIONAL ITEMS UP FOR VOTE**
  - 1. Some of the items that were voted on was discussed and a summary of those items were given to Matt Ringenberg and Mike Epping for their approval and they signed off on them. Contact the Disaster Preparedness Office for items needed that were ordered from Grainger.
  - 2. Troy is opened to hear what other items are still needed so that it can get added to the budget if they are in compliance with deliverables.
  - 3. There was a bid given from Darrell Caho, from Hopedale requesting new radios. The hospital has no overhead paging system. The price for that quote was \$19,000 and they are digital radios. It was told during the meeting that Ragans may have the same item cheaper.
  - 4. They are wanting to stay away from purchasing items that can't be maintained.
  - 5. Troy is also wanting to make sure that the items purchased, will benefit the region and are given to the ones who really need them. Email your needed items to the Disaster Preparedness Office.

6. During the next meeting this will be discussed and a draft copy of all needed items will be available to discuss.

**G. REGIONAL IDEAS AND APPROACHES**

1. They suggested that the materials get sent to everyone in a timely manner, so that the documents can be viewed sooner.
2. They were disappointed on how things were going. They felt like they wasn't involved in the exercise.
3. Everyone agreed to stay with EM Solutions. The region will need to do CST.
4. Troy suggested doing two exercises. Everyone agreed with him on doing them both. One of the exercises will be done by EM solutions and the other will be CST exercise that is required by ASPR.

**VII. REGIONAL INFORMATION**

**A. STARCOM INFO/DRILLS**

1. The next drill will be scheduled for July 2, 2019. There will be an email sent out prior to the drill.

**B. EDUCATION OPPORTUNITIES**

1. If your hospital or agency is interested in education please contact the disaster office. There is a funding source that would pay for the education if needed and space to bring education in.
2. It's always hard for the seats to get filled for education. Please make sure that there are at least 35 people attending any of the training opportunities.

**C. WEBSITE**

1. You can continue to locate important information and paperwork on the website.
2. Just a reminder that all of the minutes will now be viewed online and any corrections or changes, you will need to contact Niki or Kevin directly to make the necessary changes.
3. Troy will be adding the EMSC document to the website also.
4. Please remember that if you would like information from your hospital or agencies in your area, that may have things to share with the region, this also can be added to the website.

**VIII. CIL-CARP UPDATE**

- A.** The next meeting is scheduled for September 11, 2019, at the FOLEPI Building in East, Peoria, IL.

**IX. AROUND THE REGION-INFORMATION TO SHARE (Education & Training)**

- A.** The Upper Western Region for OSF, has posted regional coordinator position

that covers preparedness stroke.

- B. TEDCON registration is open and the dates are August 22-23, 2019, held at Embassy Suites Hotel in East Peoria, IL. There will be some great speakers. The early bird registration ends July 1, 2019, to get the price for \$60. The registration is online only at Eventbrite.com.
- C. Troy Erbentraut has taken another position, and his Disaster Preparedness Manager position is now posted. If you know anyone that may be interested in that position, let them know to apply.

#### **X. OLD BUSINESS**

- 1. As of today, Troy will be closing out the IDPH Summits sign up, for your Hospital to attend with grant funding.
- 2. The TEDCON list will still be compiled. You can still sign up at least two People up from your hospital to attend this conference payed with grant funding.
- 3. The AHEPP conference has six people signed up and he will be purchasing those tickets next week.

#### **XI. NEW BUSINESS**

- 1. Summer Camp this year's numbers were low. There were about 363 patients, that were seen. The new tent worked great during the event. The tent was a little harder to set up then the old one, but it should be easier the next time.
- 2. The next RMERT training is scheduled for September 11, 2019. Please let people from your hospitals know that this is available to them, if they're interested.

#### **XII. ADJOURNMENT**

Meeting adjourned at 11:40 a.m. by Troy Erbentraut, Disaster Preparedness Manager.

The next meeting is scheduled for August 2, 2019 10a.m. at the Disaster Preparedness Office.

Respectfully Submitted by:  
Niki Jemison  
OSF Disaster Preparedness Secretary

## EXHIBIT A

### PROJECT DESCRIPTION

- A.1. The sole purpose of this grant is to fund the Grantee's performance of the services described herein during the Term of this Agreement. The purpose of this HPP Grant is to strengthen and enhance the acute care medical surge capacity through the maintenance and growth of strong HCCs within Illinois. This grant provides funds to build acute care medical surge capacity by ensuring that HPP recipients focus on objectives and activities that advance progress toward meeting the goals of the four capabilities detailed in the 2017-2022 Health Care Preparedness and Response Capabilities and document progress in establishing or maintaining response-ready health care systems through strong HCCs.

## EXHIBIT B

### DELIVERABLES OR MILESTONES

The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this Agreement. The grant application submitted by Grantee related to this Agreement is hereby incorporated and made a part of this Agreement.

B.1. The Grantee shall:

The Department has designated the Grantee as the Regional Hospital Coordinating Center (RHCC) of their respective geographic area as indicated in Table 1 in order to coordinate and lead the Health Care Coalition (HCC).

The Grantee and the Health Care Coalition members will maintain a Health Care Coalition (HCC) that includes a diverse membership as described in the current version of the **HHS-ASPR Coalition Assessment Tool** <https://HPPCAT.hhs.gov> (CAT) and current version of the HHS-ASPR 2017-2022 Health Care Preparedness and Response Capabilities, as amended from time to time, and, in addition, must include membership or representation from of at least: two or more regional acute care hospitals; one or more local EMS agency or local EMS system representative; one or more Local Emergency Management Agency (EMA); and one or more Local Health Departments (LHD).

B.1.1. HCCs and their members must participate in all federal health care situational awareness initiatives for the duration of this grant agreement.

B.1.2. The Grantee shall designate \$250,000 for the administration, development, and coordination of the RHCC functions.

B.1.3. The Grantee, who is the lead for the Department-designated regional Health Care Coalition (HCC), must fund at least 1.0 full-time equivalent (FTE) (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Clinical Advisor, and HCC Readiness and Response Coordinator.

B.1.3.1. The Grantee will appoint one person who is employed or contracted by the Grantee, and who is clinically active that functions as the Clinical Advisor: individual(s) should be a physician, advanced practice provider, or registered nurse.

B.1.3.2. The Grantee will appoint one person that functions as the HCC Readiness and Response Coordinator: the role of the coordinator is to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, or support the response activities of the coalition according to their plans. The Readiness and Response Coordinator shall:

B.1.3.2.1. Attend the Department's monthly Hospital Preparedness Program (HPP) teleconferences/webinars, as provided.

B.1.3.2.2. Attend the Department's quarterly HPP Face-to-Face grant-focused meetings.

B.1.3.2.3. Actively coordinate, plan and conduct a minimum of quarterly meetings for the Regional Health Care Coalitions.

B.1.3.2.4. Maintain the up to date regional Health Care Coalition calendar in CEMP to include Health Care Coalition meeting dates, times, and locations.

B.1.3.2.5. Attend the annual IDPH Preparedness Summit.

B.1.3.2.6. Cooperate with all Department requests for information to include Annual Performance Measure collection and ASPR-required reporting documentation.



- B.1.3.2.7. Make available a listing or provide access to a listing of all core members and additional coalition members as defined in the 2017-2022 Health Care Preparedness and Response Capabilities.
- B.2. The HCC will review and update their Health Care Coalition Governance Structure and by-laws by June 30, 2020. The governance structure shall adhere to the most current version of the ASPR Hospital Preparedness Program Cooperative Agreement and the current version of the HHS-ASPR 2017-2022 Health Care Preparedness and Response Capabilities, both as amended from time to time, as well as address all of the following items specific to Illinois, federal or state performance goals, or for which performance measures will be collected by HHS-ASPR or the Department.
- B.2.1. Approval process for regional projects that ensures appropriate proportional representation of healthcare coalition members input over coalition plans, exercises, and expenditures, avoiding undue influence by any one entity or family of related entities.
- B.2.1.1. The HCC will provide, upon request, evidence of a minimum of four votes representing Local Health Departments, Hospitals, Local Emergency Management Agencies, and Emergency Medical Services for all regional projects.
- B.2.1.2. This evidence must also be provided for all expenditures beyond the CHEMPACK allocation and FTE support.
- B.2.2. Department staff who provide coordination, oversight, and technical assistance such as, Regional EMS Coordinators (REMSCs), Emergency Response Coordinators (ERCs), or IEMA Regional Coordinators, shall be permitted to attend all meetings and coalition activities, either in person or by telephone. In the case of any disputes not resolved by the healthcare coalition, the Department’s Director or the Deputy Director of OPR shall have final authority to resolve healthcare coalition operational disputes arising under this Grant.
- B.2.3. RHCC will participate or facilitate in a JIS communication pathway for crisis and emergency risk communications.
- B.2.3.1.1. Member by-laws shall include a policy that adequately prevents or resolves the appearance of or actual conflicts of interest or impropriety.
- B.2.3.1.2. The Grantee shall create and thereafter maintain full and detailed records of all coalition and program meetings, decisions, budgeting, and spending with retention of all such records for not less than five (5) years and provide healthcare coalition members and the Department access to all such records immediately upon request.
- B.2.3.1.3. Defined regional boundaries which meet the Department-defined boundaries as stated in Table 1:

**Table 1**

<b>Healthcare Coalition Name</b>	<b>Geographic area of Healthcare Coalition</b>
Rockford Region I Healthcare Coalition)	JoDaviess, Stephenson, Winnebago, Boone, Carroll, Ogle, Whiteside, Lee, DeKalb Counties
Peoria Region II Healthcare Coalition	Bureau, Fulton, Henderson, Henry, Knox, LaSalle, Livingston, McLean, Peoria, Putnam, Marshall, McDonough, Mercer, Rock Island, Stark, Tazewell, Warren, Woodford Counties
Springfield Region III Healthcare Coalition	Adams, Brown, Cass, Christian, Hancock, Logan, Mason, Menard, Morgan, Montgomery, Pike, Schuyler, Sangamon, and Scott Counties
Champaign Region VI Healthcare Coalition	Champaign, Clark, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Effingham, Ford, Iroquois, Jasper, Lawrence, Macon, Moultrie, Piatt, Shelby, and Vermilion Counties



Edwardsville Region IV Healthcare Coalition	Bond, Calhoun, Clinton, Fayette, Greene, Jersey, Macoupin, Madison, Monroe, Randolph, St. Clair Counties
Marion Region V Healthcare Coalition	Alexander, Clay, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Washington, Wayne, White, Williamson Counties.
West Chicago Region VII Health Care Coalition	Boundary as described for Illinois areas of EMS Region 7 in 77 IAC 515.200.
EMS Region 8	Boundary as described for Illinois areas of EMS Region 8 in 77 IAC 515.200.
EMS Region 9	Boundary as described for Illinois areas of EMS Region 7 in 77 IAC 515.200.
EMS Region 10	Boundary as described for Illinois areas of EMS Region 10 in 77 IAC 515.200.

### **Healthcare Coalition Planning**

- B.2.4. By June 30, 2020, the Grantee will review and every year, or when there is a change, update their Regional Health Care Coalition Preparedness Plan as described in the current version of the HHS-ASPR 2017-2022 Health Care Preparedness and Response Capabilities, as amended from time to time, by conducting the Activities needed to meet the Objectives that result in the Grantee's healthcare coalition being able to regularly demonstrate all the Capabilities, as follows:
- B.2.4.1. The Grantee, with input and a consensus of its core healthcare coalition members, will update the ASPR Health Care Coalition Self-Assessment Tool (CAT) (forms 1 to 4) by January 31, 2020 and fully complete and submit the CAT online to HHS-ASPR by June 30, 2020.
- B.2.4.2. The activities selected and submitted as a work plan with the Grantee's application for approval each year that are incorporated into this grant agreement shall be based on gaps identified by the Capability Planning Guide (CPG) activity Questions for each Objective listed in the current version of the HHS-ASPR Coalition Assessment Tool (CAT) (<https://HPPCAT.hhs.gov>), as amended from time to time and completed by the Grantee annually, as well as After Action Reports and Improvement Plans and other assessments and inputs as specified herein.
- B.2.4.3. The Grantee, in collaboration with the HCC, must complete an HVA in CEMP by January 31, 2020.
- B.2.4.3.1. 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.
- B.2.4.4. By June 30, 2020, each funded HCC must 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. HPP recipients should ensure that each HCC maintains visibility on their members' resources and resource needs, such as personnel, facilities, equipment, and supplies.
- B.2.5. All HPP recipients, HCCs, or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds must document the following:
- B.2.5.1. Strategies for acquisition, storage, rotation with day-to-day supplies, and use
- B.2.5.2. Inventory Management Program Protocols for all cached material
- B.2.5.3. Policies relating to the activation and deployment of their stockpile

- B.2.5.4. Policies relating to the disposal of expired materials
- B.2.6. HPP/PHEP recipients, HCCs, and their members, must work together to manage staffing resources, including volunteers, within hospitals and other health care settings.
- B.2.7. The Grantee and the Health Care Coalition core members and other HCC members will review and every year, or when there is a change, update, the **Regional Medical Disaster Response Plan by June 30, 2020.**
- B.2.8. The Response plan will continue to be informed by coalition member's individual response plans such that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented in the plan.
- B.2.9. The Response plan will continue to include content required by the current version of the HHS-ASPR 2017-2022 Health Care Preparedness and Response Capabilities, as amended from time to time, as well as address all items specific to Illinois, federal or state performance goals, or for which performance measures will be collected by HHS-ASPR or the Department.
- B.2.9.1. Grantees will include persons with functional and access needs, which include individuals with electricity-dependent medical and assistive equipment per the State Functional and Access Needs Annex, in their Regional Plans.
- B.2.9.2. The HPP recipient will provide de-identified data from Empower (<https://empowermap.hhs.gov>) to the HCC Preparedness and Response Coordinator at least once every six months, and update their regional plans as this information changes.
- B.2.9.3. These populations in their region with a higher likelihood of having functional and access needs can also be based on annual Grantee-obtained data from the Social Vulnerability Index (<http://svi.cdc.gov/map.aspx>). Refer to these websites when revising your Regional Plans.
- B.2.9.4. The HCC Response Plan must describe the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management.
- ~~B.2.9.5. The HCC and its members must, at a minimum, define and integrate into their response plans procedures for sharing EEIs. This includes but is not limited to the current operational status of facilities, HIPAA-compliant elements of electronic health records, and resource needs and availability.~~
- B.2.10. HCCs must develop complementary coalition-level annexes to their base Response Plan to manage a large number of casualties with specific needs, including Pediatric Response in BP1. These annexes will be due April 30 of each grant year.
- B.2.11. Continuously throughout the year, the Grantee and the Health Care Coalition members must sustain and advance their redundant communications capabilities to include the following elements:
- B.2.11.1. The HCC, in coordination with its public health agency members and HPP and PHEP recipients must review and revise, as needed, processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses.
- B.2.11.2. HCCs must provide a communication and coordination role within their respective jurisdictions.
- B.2.11.3. The HCC through the RHCC will maintain functional access to the to the Department's Health Care Coalition information sharing and response systems, such as Illinois HELPS, IDPH's Comprehensive Emergency Management Program (CEMP), SIREN,



IDPH's Inventory Management and Tracking System (IMATS), EmResource, WebEOC, EmTrack, and StarCom 21 radios.

- B.2.11.4. The HCC must encourage and support multiple members to understand and have access to these systems to meet its strategic and operational goals and contain the elements and abilities listed in the Department's Training and Exercise Guidance.

### Healthcare Coalition Training and Exercise

- B.2.12. The Grantee and the Health Care Coalition members shall follow the current version of USDHS-Federal Emergency Management Agency's Homeland Security Exercise and Evaluation Program (HSEEP) standards and IDPH-OPR's Training and Exercise Grant Guidance, as amended from time to time, when planning, implementing, evaluating, improvement planning, and reporting on preparedness training and exercise funded by this grant.
- B.2.13. By **March 15, 2020**, conduct a Training and Exercise Planning Workshop (TEPW) to review, prioritize, and coordinate their exercise and training activities to improve and validate their preparedness capabilities. The results of this TEPW will be incorporated into the MYTEP document.
- B.2.14. By **April 15, 2020** shall create and update its multi-year training and exercise plan (MYTEP) in coordination with its healthcare coalition priorities (using the results of the Grantee's most current annual TEPW) for Department review and approval. Considerations should be relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents. Training activities may include but are not limited to initial education, continuing education, appropriate certifications, and just-in-time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response, and recovery should be conducted.
- B.2.15. The HCC must validate its Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.
- B.2.16. The HCC must:
- B.2.16.1. Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and need
  - B.2.16.2. Promote NIMS implementation among HCC members, including training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure
  - B.2.16.3. Assist HCC members with incorporating NIMS components into their emergency operations plans
- B.2.17. The Grantee and the Health Care Coalition's hospital members will continue to report and encourage other coalition hospitals to report Immediate Bed Availability and Hospital ByPass information in EmResource by 10am daily, or according to a modified schedule as specified by the healthcare organization or Regional Hospital Coordinating Center, and as required by the Department.
- B.2.18. The Grantee will initiate a functional communication drill at least every other month (or six per year) of the *Regional Health Care Coalition Redundant Communications Plan* with all Health Care Coalition members to test the functionality of all communication platforms in the Health Care Coalition's Communication plan.

- B.2.19. At least two of the communications drills will test the functional use of StarCom radio communications with coalition members who have StarCom abilities.
- B.2.20. At least one communication drill will be with the *State Burn Coordinating Center (SBCC)* and all hospitals with burn capabilities listed in the Department's *ESF-8 Plan: Burn Surge Annex*.
- B.2.21. The Grantee will coordinate with the recipient to identify or provide at least one medical countermeasures (MCM) and CHEMPACK training annually for Health Care Coalition members to promote awareness of Illinois and local MCM plans in accordance with the requirements of the current version of the *HHS-ASPR 2017-2022 Health Care Preparedness and Response Capabilities*.
- B.2.22. By June 30, 2020, The Grantee will exercise CHEMPACK communications and notifications processes with healthcare coalition members. In accordance with the current Department Training and Exercise Guidance, The Grantee will write a detailed and comprehensive After Action Report/Improvement Plan (AAR/IP) which shall be posted in the Department-designated chapter of CEMP no later than 60 days after the exercise. This HSEEP-formatted report shall be created so as to be used by the Grantee and the HCC members to inform and plan a CHEMPACK tabletop exercise (with AAR/IP) with all appropriately identified partners no later than 6/30/20, followed by a functional CHEMPACK exercise (with AAR/IP) prior to June 30, 2022.
- B.2.23. The Grantee and its Core Health Care Coalition members, including executives, will conduct a comprehensive functional Health Care Coalition Surge Test no later than **June 30, 2020**, and annually thereafter to test and demonstrate the required development of a response to a mass casualty event based on hospital preparedness capabilities as described in the current version of the *HHS-ASPR 2017-2022 Health Care Preparedness and Response Capabilities*, as amended from time to time. The test will follow guidance provided by the Department and HHS-ASPR (<https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>) and take into consideration the Regional population of specialty patients such as burn, pediatrics, and those with at-risk and functional and access needs/special healthcare needs. The Grantee must work with healthcare coalition members and exercise participants to complete and submit to the Department an AAR/IP no later than 60 days after the Healthcare Coalition Surge Test is completed.
- B.2.23.1. HCCs must complete the HCC Surge Estimator Tool by January 1, 2020, and every other year thereafter, to support determination of their surge capacity. Only hospitals that provide emergency services will be included. HCCs will NOT submit individual hospital metric information to ASPR. Information will be aggregated at the coalition level.
- B.2.23.2. The Grantee shall encourage and support HCC hospital members to participate in the Department's Pediatric Facility Recognition program.
- B.2.24. All joint HPP and PHEP exercises, including MCM exercises, must include a surge of patients into the health care system.
- B.2.25. During an infectious disease outbreak, ASPR and CDC require that recipients and HCCs coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response:
- B.2.25.1. Establish a Medical Common Operating Procedure
- B.2.25.2. Develop or update plans accordingly
- B.2.25.3. Establish key indicators and EEs
- B.2.25.4. Provide real-time information sharing
- B.2.25.5. Coordinate public messaging



B.2.25.6. The Grantee will provide annual chemical and radiation decontamination training to its hospital members that includes consideration for specialty populations such as burn, pediatrics, at-risk and functional access needs/special healthcare needs.

- B.2.26. The Grantee and specified coalition members will partake in HCID/Ebola response training in accordance with the HCID Training and Exercise Program developed by Carle Foundation Hospital and approved by the Department.
- B.2.27. The Grantee and the appropriate Health Care Coalition members will make timely response to Health and Human Service's Assistant Secretary for Preparedness and Response (ASPR) or Department-initiated, or other locally initiated regional notification/communication drills, including those conducted through telephone, SIREN, StarCom21, or other methods.
- B.2.28. The Grantee will maintain an instance in CEMP to upload and maintain the following:
  - B.2.28.1. Health Care Coalition Planning and Assessment Documents
  - B.2.28.2. After Action Reports/Improvement Plans
  - B.2.28.3. Reporting documents and other supporting documents as requested by the Department, including but not limited to:
    - B.2.28.3.1. Health Care Coalition Governance Documents
    - B.2.28.3.2. Agendas and Meeting Minutes and attendance records, to include membership level and addresses of attendees' agencies
    - B.2.28.3.3. Up-to date-Coalition core membership, additional membership, and contact information
    - B.2.28.3.4. Drill/Exercise Reporting information that were not uploaded to CAT
    - B.2.28.3.5. Performance Measure Documents that were not uploaded to CAT