Northeast Kansas Healthcare Coalition’s

2023-2024 Work Plan

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| **Plan and Prepare**  |
| Item #1 – HCC Work Plan  |
| **Type:** Joint HPP / PHEP | **Benchmark?** Yes | **Benchmark Number:** 7 | **Related Capability /Objective / Activity:** Capability 1, Objective 2, Activity 1 |  **FOA Page Number:****12** |
| **Responsible:**  RRC |
| **Activity(ies) / Due Dates:** 1. The RRC will submit a final 2023 – 2024 Work Plan to KDHE for review, upload the approved Work Plan into the CAT and distribute to the HCC membership by 8/1/23. The Work Plan will be informed by the HPP FOA Guidance, HCC Training and Exercise activities, HCC HVA, HCC Gap Analysis, KDHE IPPW and KDHE Preparedness Requirements.
2. The RRC will work with the HCC and Clinical Advisor(s) to create and submit a **DRAFT** 2024 – 2025 Work Plan to KDHE for review, upload the approved Work Plan into CAT and distribute to the HCC membership by 1/31/24. The Work Plan will be informed by the HPP FOA Guidance, HCC Training and Exercise activities, HCC HVA, HCC Gap Analysis, KDHE IPPW and KDHE Preparedness Requirements.
 | **Required Output(s):** 1. Final 2023– 2024 Work Plan approved by HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members
2. **DRAFT** 2024 – 2025 Work Plan created and approved by the HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members
 | **Completion Dates:** A. Approved by:HCC 07/13/2023 Submitted to:KDHE 07/28/2023 CAT 07/28/2023 HCC 07/28/2023B. Approved by:HCC \_\_\_\_\_\_\_\_\_\_\_ Submitted to:KDHE \_\_\_\_\_\_\_\_\_\_\_ CAT \_\_\_\_\_\_\_\_\_\_\_\_ HCC\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome(s):** Preparation of a work plan will allow the HCC to: * Assure that the HCC is meeting all of the deliverables required by KDHE so that funding for HCC activities is not lost due to oversight.
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| Item #2 –HCC Budget |
| **Type:** HPP | **Benchmark?** Yes | **Benchmark Number:** 6 | **Related Capability / Objective / Activity:** Application related – Capability 1 | **FOA Page Number:****11** |
| **Responsible:** RRC |
| **Activity(ies) / Due Dates:** 1. The RRC will submit a final 2023 – 2024 Budget to KDHE for review, upload the approved Budget into the CAT and distribute to the HCC membership by 8/1/23. The Budget will be informed by the HCC Work Plan, HPP FOA Guidance, HCC Training and Exercise activities, HCC HVA, HCC Gap Analysis, KDHE IPPW and KDHE Preparedness Requirements.
2. The RRC will work with the HCC and Clinical Advisor(s) to create and submit a **DRAFT** 2024 – 2025 Budget to KDHE for review, upload the approved Budget into the CAT and distribute to the HCC membership by 1/31/24. The Budget will be informed by the HCC Work Plan, HPP FOA Guidance, HCC Training and Exercise activities, HCC HVA, HCC Gap Analysis, KDHE IPPW and KDHE Preparedness Requirements.
 | **Required Output(s):** 1. Final 2023 – 2024 Budget approved by HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members
2. **DRAFT** 2024 – 2025 Budget created and approved by the HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members
 | **Completion Dates:** A.Approved by:HCC 07/25/2023 Submitted to:KDHE 07/28/2023 CAT 07/28/2023 HCC 07/28/2023B. Approved by:HCC \_\_\_\_\_\_\_\_\_\_ Submitted to:KDHE \_\_\_\_\_\_\_\_\_\_\_ CAT \_\_\_\_\_\_\_\_\_\_\_\_ HCC\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Coordinator Remarks / Notes:**  |

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| Item #3 – Communication |
| **Type:** HPP | **Benchmark?** Yes | **Benchmark Number:** 8 | **Related Capability / Objective / Activity:** Capability 2, Objective 2, Activity 1 | **FOA Page Number:****12** |
| **Responsible:** RRC, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The RRC will conduct a semi-annual redundant communication drill. Platforms tested shall include one primary communication and one platform not connected to the commercial power grid. The results of the drill will be provided to KDHE and others as appropriate. The RRC will share the results of the drill with the HCC membership.

  | **Required Output(s):** 1. Redundant Communication Drill x 2
 | **Completion Dates:** A.Drill #1 09/22/2023 Drill #2\_\_\_\_\_\_\_\_\_\_ Shared with membership: Drill #1 10/3/2023 Drill #2 \_\_\_\_\_\_\_\_\_ Submitted to:KDHE Drill #1 \_\_\_\_\_\_\_\_\_\_\_ Drill #2\_\_\_\_\_\_\_\_\_\_\_ CAT Drill #1 \_\_\_\_\_\_\_\_\_\_\_\_ Drill #2 \_\_\_\_\_\_\_\_\_\_\_  |
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| **Outcomes:*** Testing of communication tools function to prepare for functional communication if an event should occur.
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| **Coordinator Remarks / Notes:**  |

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| Item #4 –Coalition Membership |
| **Type:** HPP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 1, Activity 2 | **FOA Page Number:**46-47 |
| **Responsible:**  RRC |
| **Activity(ies) / Due Dates:** 1. The RRC will update the listing of all HCC Members yearly.
2. The RRC will upload the membership updates no later than: 8/1/2023.
3. The RRC will identify and engage community leaders to expand community participation in the healthcare coalition planning and exercise.
 | **Required Output(s):** 1. Update Membership List
2. Upload Membership List to CAT
3. Report to HCC
 | **Completion Dates:** 1. Update:

07/25/20231. Upload:

07/28/20231. \_\_\_\_\_\_\_\_\_\_
 |
| **Outcome(s):** Maintenance of the Coalition Membership documents and coordination of membership activities will allow the coalition to: * Maintain contact with all partner and member organizations during an emergency event.
* Shared membership information.
* Expansion of Core Membership of Coalition.
* Information Sharing through community leadership engagements.
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| **Coordinator Remarks / Notes:**  |

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| Item #5 – Membership Governance |
| **Type:** HPP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 1, Activity 3 | **FOA Page Number:****46-47** |
| **Responsible:** RRC, Executive Committee, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The RRC will work with the HCC, Clinical Advisor(s) and Lead/Co-Lead Hospital(s) to review the Governance document for completeness and consistency with requirements, including: (1) lead or co-lead by hospital; (2) Clinical Advisor Role (3) member guidelines; (4) policies supporting acute healthcare; and (5) roles and responsibilities of members. This document will be reviewed and approved by the HCC, submitted to KDHE, uploaded to the CAT and distributed to HCC membership by 12/31/23.
2. The HCC, in collaboration with the state, will review the current boundary structure, and provide input for the upcoming years.
 | **Required Output(s):**1. Final Governance Document by the HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members
2. Coalition Boundary Information submitted to KDHE
 | **Completion Dates:** 1. Approved by:

HCC \_\_\_\_\_\_\_\_\_\_ Submitted to:KDHE \_\_\_\_\_\_\_\_\_\_\_ CAT \_\_\_\_\_\_\_\_\_\_\_\_ HCC\_\_\_\_\_\_\_\_\_\_\_\_\_1. 08/01/2023
 |
| **Outcome(s):** Routine update of the Membership Governance document will allow the HCC to: * Assure that an appropriate structure is maintained that allows for recruitment of new members.
* Begin sustainability planning within a defined structure.
* Review and Recommend Coalition Boundaries which best fit the needs of the Kansas Healthcare System.
* Maintain Coalition structure to support preparedness capabilities.
* Update governance documents to outline the roles and responsibilities of the HCC membership.
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| **Coordinator Remarks / Notes:**  |

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| Item #6 – Clinical Advisor and Lead/Co-Lead Hospital |
| **Type:** HPP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 1, Activity 3 | **FOA Page Number:****48-49** |
| **Responsible:** RRC, Clinical Advisor |
| **Activity(ies) / Due Dates:** 1. The RRC will secure an individual or individuals willing to serve as Clinical Advisor by 8/1/2023. The Clinical Advisor will complete activities as required in the FOA.
2. The RRC will secure a Lead or Co-Lead Hospital by 8/1/2023. The purpose of the Lead Hospital for the HCCs is to help promote higher levels of health care engagement, specifically with acute medical care.The Lead Hospital does not have jurisdictional authority and is strictly a coordinating and liaison entity. Specifying this coordinating and advisory capacity in the Governance documents can help reduce liability concerns.
 | **Required Output(s):** 1. Clinical Advisor Secured
2. Lead/Co-Lead Hospital Secured
 | **Completion Dates:** 1. 07/25/2023
2. 07/25/2023
 |
| **Outcome(s):** * Recruitment and retention of a Clinical Advisor will allow the HCC to:
	+ Assure that relevant clinical input is included in any coalition plans which will affect patient outcomes.
	+ Assure that plans detail appropriate distribution of trauma patients during an event allowing patients to be treated more efficiently.
	+ Assure the collaboration between the administrative and clinical functions of the HCC.
	+ Expand the HCC’s clinical influence beyond the coalition’s membership and assist the HCC with sustainment efforts.
* Lead/Co- Lead hospital will ensure higher levels of health care engagement
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| **Coordinator Remarks / Notes:** \*Clinical Advisor—Lillian Lockwood, MD and Mindy Olberding, MSN\*Lead Hospital—Community Healthcare System; Co-Lead Hospital—The University of Kansas Health System, St. Francis Campus |

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| Item #7 – Volunteer / Staffing Management  |
| **Type:** Joint HPP / PHEP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability /Objective / Activity:** Capability 4, Objective 1, Activity 1Capability 4, Objective 2, Activity 1 | **FOA Page Number:****66 (Healthcare Volunteers)****77 (Include Volunteers)** |
| **Responsible:** RRC, HCC Members |
| **Activity(ies) / Due Dates:** 1. The RRC will distribute information related to SERV-KS recruitment to the HCC membership.
2. The HCC will promote discussions among emergency management and healthcare providers related to rapid credential verification at regularly scheduled HCC meetings.
 | **Required Output(s):** 1. Update Membership regarding current SERV-KS capabilities
2. Rapid Credentialing presentation at one HCC Meeting
 | **Completion Dates:** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Outcome(s):** Assistance with volunteer /staffing management will allow the HCC to: * Better understand the disaster volunteer resources available to HCC and community members
* Increased collaboration between the HCC and the community partners to streamline volunteer credential validation.
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| **Coordinator Remarks / Notes:**  |

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| Item #8 –Preparedness Plan |
| **Type:** HPP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 3, Activity 1 | **FOA Page Number:****51, 52, 66** |
| **Responsible:** RRC, Clinical Advisor, Executive Committee, HCC Members |
| **Activity(ies) / Due Dates:** 1. The RRC will work with the HCC and Clinical Advisor(s) to review the Preparedness Plan for completeness and consistency with requirements, including volunteer management, incorporation of R7DHRE considerations and at-risk population planning. . This document will be reviewed and approved by the HCC, submitted to KDHE, uploaded to the CAT and distributed to HCC membership by 3/31/24.
 | **Required Output(s):** 1. Final Preparedness Plan created and approved by the HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members

  | **Completion Dates:** 1. Submitted to:

HCC Approval\_\_\_\_\_\_KDHE \_\_\_\_\_\_\_\_\_\_\_ CAT \_\_\_\_\_\_\_\_\_\_\_\_ HCC\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome(s):** Maintaining and updating the Preparedness Plan will allow the HCC and its membership to: * Distribute and Update of Coalition Preparedness Plan to allow for coordination of HCC member plans
* Identify mechanisms that allow at-risk individuals to remain in their home or other non-medical settings during events.
* Determine if specific types of equipment are needed to assist individuals with functional and access needs during events
* Align the HCC Preparedness plan to coalition member organizational plans
* Incorporate input of the coalition membership to the Coalition Preparedness Plan
* Develop community resilience through preparedness.
* Integrate strategies and planning with the Region 7 Disaster Health Response Ecosystem (R7DHRE).
* Promote regional communications
* Promote regional information sharing
* Develop regional resource sharing processes

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| **Coordinator Remarks / Notes:**  |

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| **Train and Equip**  |
| Item #9 – NIMS Implementation |
| **Type:** HPP / KDHE | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 4, Activity 1 | **FOA Page Number:****54** |
| **Responsible:** RRC, KDHE, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The RRC will promote ICS training.
2. The RRC will provide technical assistance to HCC members as needed related to inclusion of NIMS in emergency operations plans.
3. The RRC will verify the HCC leadership completes NIMS training based on the evaluation of existing NIMS education levels and need.
 | **Required Output(s):** 1. Distribution of ICS Training opportunities.
2. Technical Assistance provided to HCC members
3. RRC Attestment Statement of course management
 | **Completion Dates:** 1. \_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_
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| **Outcome(s):** Assistance with NIMS Implementation will allow the HCC to: * Help assure that parties involved in an incident are familiar with the standardized incident management structure.
* Allow healthcare entities to communicate effectively to maintain situational awareness during larger incidents.
* RRC to maintain administrative rights in KS-Train to view all HCC member training transcripts.
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| **Coordinator Remarks / Notes:**  |

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| Item # 10 – Responder Health and Safety Training |
| **Type:** Joint HPP / PHEP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 3, Objective 5, Activity 1 | **FOA Page Number:****65** |
| **Responsible:** RRC, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The HCC will promote KDHE Responder Health and Safety Training by conducting training for the membership by the membership subject matter experts (SMEs) on PPE types, fit testing methods, storage, and proper usage.
2. The RRC will query stakeholders to determine PPE training, equipment training needs for future training in BP5.
 | **Required Output(s):** 1. Provide HCC membership with at least one Responder Health and Safety Training session
2. Query HCC members and identify training needs.

  | **Completion Dates:** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Provision of training and information related to personal protective equipment will allow the HCC to: * Training of first responders, firsts receivers and healthcare staff on personal protective.
* Promote training of Responder Health and Safety efforts throughout the HCC Region.
* Identification of future PPE training.
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| **Coordinator Remarks / Notes:**  |

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| Item #11 –Hazard Vulnerability Assessment |
| **Type:** JointHPP /PHEP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 2, Activity 1 | **FOA Page Number:****49-50** |
| **Responsible:** RRC, Executive Committee, Clinical Advisor, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The RRC will work with the HCC and Clinical Advisor(s) to review the current Hazards Vulnerability Analysis and will identify all risks and impacts consistent with the HCC’s Region. This document will be reviewed and approved by the HCC, submitted to KDHE, uploaded to the CAT and distributed to HCC membership by 12/31/23.
 | **Required Output(s):** 1. HVA created and approved by the HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members

  | **Completion Dates:** 1. Approved by:

HCC \_\_\_\_\_\_\_\_\_\_ Submitted to:KDHE \_\_\_\_\_\_\_\_ CAT \_\_\_\_\_\_\_\_\_\_\_\_ HCC\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome(s):** Maintenance and annual update of the Hazard Vulnerability Assessment will allow the HCC to: * Complete an annual update of the current HVA, which will drive the draft work plan, budget and training for BP5.
* Tie federal funding directly back to identified risks and hazards outlined in the updated HVA.
* Keep abreast of any new hazards in the region so that appropriate preparedness and response plans can prepared.
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| **Coordinator Remarks / Notes:**  |

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| Item #12 – Functional & Access Needs Assessment and Inclusion |
| **Type:** Joint HPP / PHEP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** Capability 1, Objective 2, Activity 2 | **FOA Page Number:****50-51** |
| **Responsible:** RRC, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The RRC will obtain de-identified EmPOWER data, when provided from KDHE, and distribute to HCC members at least every 6 months.
 | **Required Output(s):** 1. Information distributed to 100% of HCC membership at least once every 6 months
 | **Completion Dates:** 1. #1 08/11/2023

#2 \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome(s):** Distribute de-identified EmPOWER data to the HCC membership, which will allow HCC members to:* Apply HCC specific at-risk population information gleaned from EmPOWER data to the HCC Preparedness and Response Plans.

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| **Coordinator Remarks / Notes:**  |

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| Item #13 – Response Plan Annexes and MRSE |
| **Type:** Joint HPP / PHEP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability /Objective / Activity:** Capability 2, Objective 1, Activity 2Capability 2, Objective 2, Activity 1Capability 3, Objective 2, Activity 2Capability 4, Objective 1, Activity 3Capability 4, Objective 2, Activity 5 | **FOA Page Number:****56, 59 (Update Plan)****79 (Chemical Surge Management)** |
| **Responsible:** RRC, Clinical Advisor, Executive Committee, HCC Membership |
| **Activity(ies) / Due Dates:** 1. The RRC will work with the HCC and Clinical Advisor(s) to review the Response Plan for completeness and consistency with requirements, including inclusion of a Chemical Surge Annex and Inventory Management Plan which will be reviewed and/or updated after each exercise and major event. This document will be reviewed approved by the HCC, submitted to KDHE, uploaded to the CAT and distributed to HCC membership by 12/31/2023.
2. The HCC will conduct a tabletop exercise to validate the Chemical Surge Annex and a functional exercise which meets the requirement of the MRSE no later than 5/31/2024. After Action Reports and MRSE data sheets will be prepared, approved by the HCC, submitted to KDHE, uploaded to the CAT and distributed to HCC membership by 6/30/2024.
 | **Required Output(s):** 1. Final Response Plan reviewed and approved by the HCC, sent to KDHE, uploaded to CAT and distributed to HCC Members
2. Validation of Annex with MRSE
 | **Completion Dates:** A. Approved by:HCC \_\_\_\_\_\_\_\_\_\_ Submitted to:KDHE \_\_\_\_\_\_\_\_\_\_\_ CAT \_\_\_\_\_\_\_\_\_\_\_\_ HCC\_\_\_\_\_\_\_\_\_\_\_\_\_B. Exercise Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AAR/IP sent to HCC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AAR/IP Sent to KDHE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AAR/IP loaded to CAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome(s):** Routine update and maintenance of the HCC Response plan will allow the HCC to: * Facilitate Coalition response that is organized, efficient, and timely in order to promote good patient outcomes.
* Coordinate communication on behalf of the HCC in an emergency.
* Maintain up to date plans and best practices in the HCC Response Plan.
* Creation, inclusion and testing of a Chemical Surge Annex, COOP, Crisis Standards of Care, Alternate Care site, and Inventory

Management plans to the HCC Response plan will allow the HCC to:* + Gather information from member hospitals about the types of Chemical response medical equipment that is available in the region.
	+ Inform the Resource Inventory regarding Chemical Response medical equipment availability.
	+ Budget for and purchase burn medical equipment that enhances response to Chemical Response emergencies to improve patient outcomes.
	+ Assure that any training provided addresses gaps in the ability to provide treatment for Chemically exposed patients, thus improving patient outcomes.
	+ Increase HCC awareness of the plans and resources within the region for care of Chemically exposed patients.
	+ Identification of MOUs and/or Transfer Agreements to between HCC membership, burn centers and RITN network facilities.
	+ Purchase and store a cache of materials that may be needed during an emergency event.
	+ Maintenance of supplies needed to have a successful response to an emergency event are available and are in date.
	+ Validation of updated Response Plan through MRSE.
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| **Coordinator Remarks / Notes:**  |

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| **Evaluate and Share Lessons Learned / On Going Items**  |
| Item #14 – Regional Readiness and Response Coordinator Contractual Responsibilities |
| **Type:** HPP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability / Objective / Activity:** RRC Contractual Requirements | **FOA Page Number:****N/A** |
| **Responsible:** RRC |
| **Activity(ies) / Due Dates:** 1. RRC will verify newly purchased items are entered into HCC website and items that are expired are removed from the HCC website as purchases and expirations occur. The inventory will be available for review by the coalition and KDHE within the HCC website no later than 6/30/2024.
2. RRC will compile work plan results, project updates, and performance measure data on a quarterly basis for submission by: Q1 – 10/15/2023, Q2 – 1/15/2024, Q3 – 4/15/2024, and Q4 – 7/15/2024
3. RRC and select HCC members will attend HCC Steering Committee meetings and provide input for the IPPW.
4. The RRC will participate in scheduled calls with KDHE so progress reporting and concerns can be addressed as the new RRCs and KDHE build their partnership during this budget period.
5. RRC will convene meetings of the HCC at least once per quarter. Each meeting will be listed on KS-TRAIN at least 30 days in advance of the meeting. The RRC will provide opportunities to attend HCC meetings either virtually or in-person. Sign in sheets and minutes of the meeting will be forwarded to members within and shared with KDHE within 7 working days following the meeting. Meetings will include time for each core member discipline to report on local activities.
6. The HCC will contract with a Fiscal Agent to advise, manage, and make recommendations of the use of coalition funding.
7. The RRC will update capabilities 1 through 4 and the exercise tool within the CAT by 1/31/2024 and 6/30/2024.
8. The RRCs will participate in the Annual ASPR site visit, if invited.
9. The RRC will pass along general Emergency Preparedness Information to the HCCS (KDHE training, exercises, preparedness updates, etc.)
10. The RRC will utilize state communication system platforms. The RRC will work with the KDHE to discover solutions for state communication systems and platforms that meet the needs of ASPR, CDC, CMS, and KDHE while reducing the burden of reporting from the hospitals.
 | **Required Output(s):** 1. Inventory Listing Maintenance
2. Work Plan Reports x4
3. Attend Steering Committee meetings x4
4. Attend scheduled RRC calls with KDHE
5. HCC Meetings x4
6. Quarterly Fiscal reports submitted to KDHE.
7. Update and submission to CAT.
8. Communication and Coordination of Information between HCCs, KDHE and ASPR
9. HCC Member Situational Awareness
10. Unified Communication systems between ASPR, CDC, CMS, KHDE and HCC members.
 | **Completion Dates:** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Q1 – \_\_\_\_\_\_\_\_\_\_

Q2 -\_\_\_\_\_\_\_\_\_\_\_Q3 - \_\_\_\_\_\_\_\_\_\_\_Q4 -\_\_\_\_\_\_\_\_\_\_\_1. Q1 – 07/24/2023

Q2 -\_\_\_\_\_\_\_\_\_\_\_Q3 - \_\_\_\_\_\_\_\_\_\_\_Q4 -\_\_\_\_\_\_\_\_\_\_\_1. \_\_\_\_\_\_\_\_\_\_\_
2. Q1 – 08/01/2023

Q2 -\_\_\_\_\_\_\_\_\_\_\_Q3 - \_\_\_\_\_\_\_\_\_\_\_Q4 -\_\_\_\_\_\_\_\_\_\_\_1. 07/01/2023
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_7/20/23\_\_\_\_

 J.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **Outcome(s):** Completion of the RRC Contractual requirements will allow the RRC to: * Monitor requirements for compliance purposes so that the coalition does not lose funding.
* Complete Fiscal Records of expenditures which adhere to FOA requirements
* Improved coordination and communication between HCC members and KDHE.
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| **Coordinator Remarks / Notes:**  |
| Item #15 – Sustainability Planning  |
| **Type:** HPP | **Benchmark?** No | **Benchmark Number:** N/A | **Related Capability /Objective / Activity:** Capability 1, Objective 5, Activity 5 | **FOA Page Number:****53, 54, 59** |
| **Responsible:** RRC, HCC Membership |
| **Activity(ies) / Due Dates:**  1. The RRC will allow time on each HCC meeting agenda to discuss sustainability, to include but not limited to: development of additional funding sources, in-kind support of the HCC, leadership succession planning, and leveraging group buying power.
2. Identification of at least two members from each HCC that will attend the National Healthcare Coalition Preparedness Conference to increase knowledge on HCC Sustainability, promotion, succession planning and education in preparedness for Healthcare Systems members of HCCs. The members attending the NHCPC will agree to provide training/best practice from sessions attended to HCC members by 6/30/24.
3. The HCC will update and maintain the HCC website to support sustainability, succession planning and communication amongst members and provider education regarding the HCC to potential members.
4. The HCC will promote continuation of information flow and coordination activities, by providing employees from each HCC member organization information as to how to access and utilize sharing platforms.
 | **Required Output(s):** 1. Discussion of sustainability at each HCC meeting.
2. NHCPC training/best practice presented at HCC meeting
3. Maintenance of updated HCC website.
4. Verification of information sharing platform consistency, access and education
 | **Completion Dates :** A. Q-1 08/01/2023Q-2 \_\_\_\_\_\_\_\_\_\_Q-3 \_\_\_\_\_\_\_\_\_\_Q-4 \_\_\_\_\_\_\_\_\_\_\_B. 08/01/2023 C. 07/31/2023\_\_ D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome(s):** Succession Planning will allow the HCC to: * Identify funding available for healthcare coalition related activities should federal HPP funding be lost.
* Strengthen the internal coalition structure so that activities continue with minimal disruption in the event of leadership changes.
* Develop HCC sustainability plan or materials for all Kansas HCCs.
* Build strength through consistent and easily accessible communication platforms
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| **Coordinator Remarks / Notes:**  |