Response Plan

Healthcare Coalition of Rhode Island

As of 09/14/2023

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Promulgation Document

To all Recipients:

Promulgated herewith is the Healthcare Coalition of Rhode Island Response Plan. This plan outlines the processes and general strategies of the Coalition to support its members in responding to disasters.

This plan not intended to either preclude or supersede any plans maintained by the Coalition's members; rather, it is intended to provide clear guidance to members and stakeholders about the Coalition's response processes, around which they may further develop and refine their respective plans, processes, and activities.

This plan will be reviewed by the Coalition's membership on an annual basis. Lessons learned and best practices that have been identified will be incorporated into a regular update process, coordinated by the Coalitions' Co-Chairs.

Sincerely,

Dawn M Lewis 6/23/2023

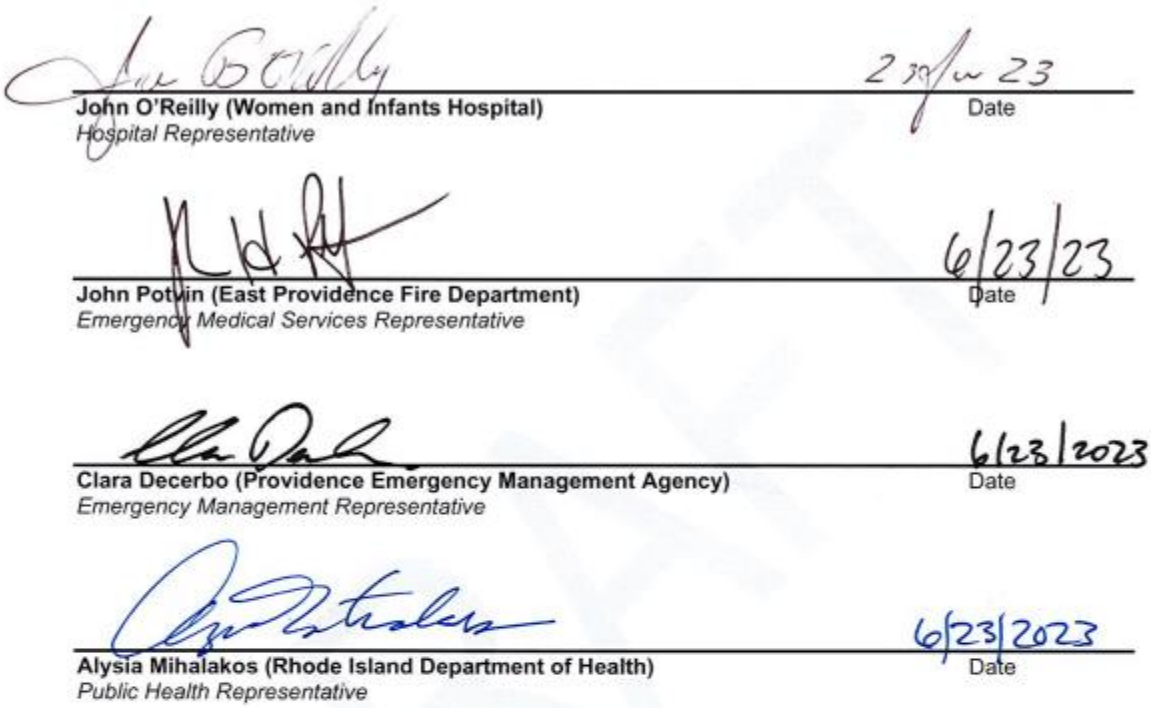
Dawn Lewis Date
HCRI Co-Chair

6/23/2023

Philip Sheridan Date
(Acting) HCRI Co-Chair

Verification of Plan Approval

The undersigned agree with the following Healthcare Coalition of Rhode Island Response Plan:



John O'Reilly (Women and Infants Hospital) — Date
Hospital Representative

John Potvin (East Providence Fire Department) — Date
Emergency Medical Services Representative

Clara Decerbo (Providence Emergency Management Agency) — Date
Emergency Management Representative

Alysia Mihalakos (Rhode Island Department of Health) — Date
Public Health Representative

The Co-Chairs of the Healthcare Coalition of Rhode Island have reviewed and authorized final approval of the Healthcare Coalition of Rhode Island Response Plan.

Dawn Lewis — Date
HCRI Co-Chair

Philip Sheridan — Date
(Acting) HCRI Co-Chair

Record of Revision

The following revisions have been approved by the Co-Chairs of the Healthcare Coalition of Rhode Island, in concert with all appropriate stakeholders:

Section and Summary of Changes	Date of Revision	Revision Number	Revision Made By
Routine updates throughout, addition of HCRI COOP Strategy and Response Strategy	March 2023	1	HCRI Leadership
Updated Healthcare System Event Work Plan	September 2023	2	HCRI Leadership

Record of Distribution

The following individuals and agencies have received this version of the Healthcare Coalition of Rhode Island Response Plan:

Plan Recipient and Job Title	Agency	Date of Delivery	Copies Delivered

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Introduction

Purpose and Scope

The Healthcare Coalition of Rhode Island Response Plan builds on the framework of the Healthcare Coalition of Rhode Island's (HCRI) operations, as established in the HCRI Preparedness Plan, to outline actions that the Coalition takes when responding to and recovering from disaster. The processes and strategies presented in this plan are of an all-hazards focus; they offer actions that the Coalition may take with respect to a broad spectrum of incident types (e.g., intentional, naturally occurring, technological) and effects (e.g., power loss, medical surge, evacuation).

Although the processes and strategies outlined in this plan do not preclude the existence or execution of other plans, processes, or strategies of individual HCRI members or any external partners, it is important to remember that the success of the Coalition is dependent on its ability to coordinate the responses of its individual members. While effort has been taken to develop this plan to benefit all HCRI member types, certain strategies and processes outlined in this plan pertain only to specific types of healthcare organization or facility. Coalition members are therefore encouraged to examine existing plans, processes, and strategies to ensure appropriate alignment and to identify areas of potential conflict, which should then be communicated to HCRI leadership for resolution. It should also be noted that this plan is not meant to replace any member's emergency operations plan.

Because of the number and variety of healthcare organizations and partners that HCRI represents, some terms are used interchangeably -- for instance, "healthcare facility" and "healthcare organization."

Structure of this Plan

This plan addresses processes and strategies employed by HCRI during responses. Additional, incident- and function-specific processes are contained in attachments. These include:

- HCRI Emergency Contacts
- HCRI Healthcare System Event Work Plan
- HCRI Resource Request Form
- Rhode Island Statewide Healthcare Tactical Communications Plan (not attached, see HCRI leadership for information)
- Inter-Hospital Memorandum of Understanding (not attached, see HCRI leadership for information)
- Inter-Health Center Memorandum of Understanding (not attached, see HCRI leadership for information)
- Rhode Island Long-Term Care Mutual Aid Plan (not attached, see HCRI leadership for information)
- HCRI Continuity of Operations Strategy
- HCRI Recovery Strategy

Specialty surge annexes have been developed to complement the processes outlined in this plan with scenario-specific considerations. Depending on the nature of the incident, any of these annexes may be activated in coordination with this response plan. They include:

- Pediatric Surge Annex
- Infectious Disease Surge Annex

- Burn Surge Annex
- Radiation Emergency Surge Annex
- Chemical Surge Annex

Situation and Assumptions

Healthcare Coalition of Rhode Island Membership

In general, all healthcare organizations in Rhode Island are considered stakeholders of HCRI. Because RIDOH co-chairs HCRI and has responsibilities, both statutory and issued by grant guidance, to a broad host of healthcare facilities, any healthcare organization in Rhode Island may be eligible, pending approval from the Coalition's leadership, to participate in the Coalition (see Healthcare Coalition of Rhode Island Preparedness Plan).

Certain healthcare providers and emergency services, specifically hospitals, emergency medical services (EMS), emergency management agencies, and public health make up the Core Membership, as mandated by the National Hospital Preparedness Program. Additional, non-Core Members include health centers, nursing homes, assisted living communities, blood centers, public safety agencies (police and fire), tribal nations, federal partners, military, etc., which also play important roles in the healthcare system during disasters.

Contact information for all HCRI members is maintained by HCRI leadership. This information is available upon request, and is disseminated to Core Members on a regular basis.

Situation

Intended as an all-hazards plan, the Healthcare Coalition of Rhode Island Response Plan can be activated by HCRI leadership in response to a wide variety of incidents that threaten or impact the ability of Coalition members to sustain their respective operations.

Historically, Rhode Island has been subject to a variety of disasters, from hurricanes and powerful winter storms to mass casualty and fatality events. On an annual basis, Coalition members convene to review threats and their associated impacts to determine planning and mitigation priorities. In its 2023 analysis, the data roll-up from Coalition members determined the following to be the most prominent threats and hazards to their respective organizations:

1. Inclement weather
2. Pandemic/epidemic/infectious disease outbreak
3. Seasonal influenza
4. Hurricane
5. IT system outage
6. Communications failure
7. Staff burnout/attrition
8. Temperature extremes
9. Supply chain shortage
10. Power outage

Assumptions

The following assumptions have been made to support the development and operationalization of the Healthcare Coalition of Rhode Island Response Plan:

- All disasters are local, and therefore strong relationships between healthcare organization members of HCRI and community partners, such as municipal fire and emergency medical services and emergency management, are vital. The composition and

structure of the Coalition further supports these relationships through the inclusion of emergency management and emergency medical services as Core Members;
- While certain processes from this plan may be employed, this plan typically will not be activated in response to an incident affecting a single facility or organization, unless there is a strong potential for cascading effects that may impact other Coalition members (e.g., a facility that provides unique services to the State, without which other members will have to significantly alter routine operations);
- This plan may be activated in response to planned large-scale events to help coordinate information sharing among members of the Coalition;
- Individual members of HCRI maintain emergency plans that outline their roles and responsibilities for ensuring the continued operation of their respective organizations during disasters;
- Individual members of HCRI agree to share information requested by the HCRI leadership before, during, and after disasters to support preparedness, response, and recovery actions;
- Individual members have access to a number of information-sharing platforms based on their respective roles in the Coalition, including the Public Health Emergency Management Suite (including the Hospital Capacity and Patient Tracking Systems), the Rhode Island Health Notification System, Basecamp, LTC-MAP, WebEOC, and, as applicable, 800 MHz radio, the Hospital Emergency Administrative Radio (HEAR), and satellite communications[1];
- On-site support from HCRI leadership may be available in limited cases, depending on the nature and scope of the incident;
- Depending on the scale of the incident, HCRI leadership will coordinate the Coalition's response from a centralized location, including either the Rhode Island Department of Health (RIDOH) Department Operations Center or the Rhode Island State Emergency Operations Center (SEOC). If neither site is activated and the situation warrants coordination by HCRI leadership, then HCRI will respond virtually; and
- If activated to support the response to an incident, Emergency Support Function 8 (ESF-8) of the SEOC, which is led by RIDOH, will coordinate directly with Coalition leadership to support the needs of the Coalition.

Administrative Support

This plan will be reviewed on an annual basis and following any real-world or exercise-related activation. Revisions will be coordinated by HCRI leadership. Input will be requested from select Coalition members and external partners, as appropriate. Following major revisions, approval will be sought from representatives of the Coalition's Core Members (public health, hospitals, emergency management, and emergency medical services).

Effort will be taken to ensure alignment of this plan with other relevant plans, including the Emergency Support Function 8 Annex of Rhode Island's Comprehensive Emergency Management Plan.

[1] Access to these communications systems is granted by HCRI leadership and/or the Rhode Island Department of Health. Some systems' usage and access are determined by the Rhode Island Interoperable Communications Committee (ICC). Additional information regarding the use of these systems can be found in the Rhode Island Department of Health's *Statewide Healthcare System Tactical Communications Plan*.

Concept of Operations

This section includes information on the roles and responsibilities of Healthcare Coalition of Rhode Island members, the Coalition's structure of coordination during emergency responses, activation and notification procedures, and the processes HCRI can employ to support members during emergencies.

Member Roles and Responsibilities

Roles and responsibilities in the Coalition depend on each member's level of involvement, membership, and function (e.g., healthcare facility vs. first response agency). Roles and responsibilities are also subject to the conditions and impacts of the incident at hand.

All members are encouraged to notify HCRI leadership when it is determined that an incident has the potential to affect normal operations.

HCRI Leadership

- Activate and follow Healthcare Coalition of Rhode Island Response Plan and/or any applicable incident-specific plans, specialty surge annexes, or procedures
- Coordinate, in cooperation with RIDOH, resource request and sharing processes of Inter-Hospital MOU, Inter-Health Center MOU, and the Long-Term Care Mutual Aid Plan, as well as any other applicable MOUs adopted by the Coalition
- Support situational awareness throughout the Coalition

Hospitals

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans, specialty surge annexes, or procedures
- Respond to information requests from HCRI leadership
- Adhere to licensing requirements and regulations
- Participate in resource sharing via the Inter-Hospital MOU

Public Health

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans, specialty surge annexes, or procedures
- Serve as the lead for Emergency Support Function 8
    - Coordinate with other Emergency Support Functions through the State Emergency Operations Center in support of HCRI
- Support HCRI members with clinical and public health guidance, including from the State Health Laboratories, the Office of the State Medical Examiners, etc.
- Respond to information requests from HCRI leadership
- Coordinate, in cooperation with HCRI leadership, resource request and sharing processes of Inter-Hospital MOU, Inter-Health Center MOU, and the Long-Term Care Mutual Aid Plan, as well as any other applicable MOUs adopted by the Coalition
- Leverage expertise from RIDOH's Center for Health Facilities Regulation in support of licensed healthcare facilities during disasters
- Issue incident-specific guidance to healthcare providers
- Coordinate support for emergency medical services operating in Rhode Island, including issuance of Provider Advisories and emergency regulations
- Coordinate with regional and federal public health partners in large-scale incidents

- Through its Public Information Officer, support a public information campaign throughout the Coalition and the State's broader response

State and Local Emergency Management Agencies

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- When possible, respond to resource and other support requests from HCRI members
- Support HCRI members with all-hazards planning and response guidance
- Respond to information requests from HCRI leadership
- Support the development and submission of Emergency Management Assistance Compact and other regional resource and personnel requests

Emergency Medical Services

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Adhere to licensing requirements and regulations, including Rhode Island Statewide Emergency Medical Services Protocols and the Rhode Island Diversion Plan
- Provide transportation from multiple patient/mass casualty incidents (including healthcare facility evacuations), managing patient distribution, as necessary
- Use the Patient Tracking System for each EMS patient transport
- Respond to information requests from HCRI leadership

Health Centers

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership
- Participate in resource sharing via the Inter-Health Center MOU

LTC-MAP Members (Nursing Homes and Assisted Living Communities)

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- When requested, complete Emergency Reporting
- Notify RIDOH's Center for Emergency Preparedness and Response of issues affecting the ability to care for residents
- Adhere to licensing requirements and regulations
- Respond to information requests from HCRI leadership
- Participate in resource sharing via the LTC-MAP

Non-Traditional Healthcare Partners, Community Partners, and All Other Members

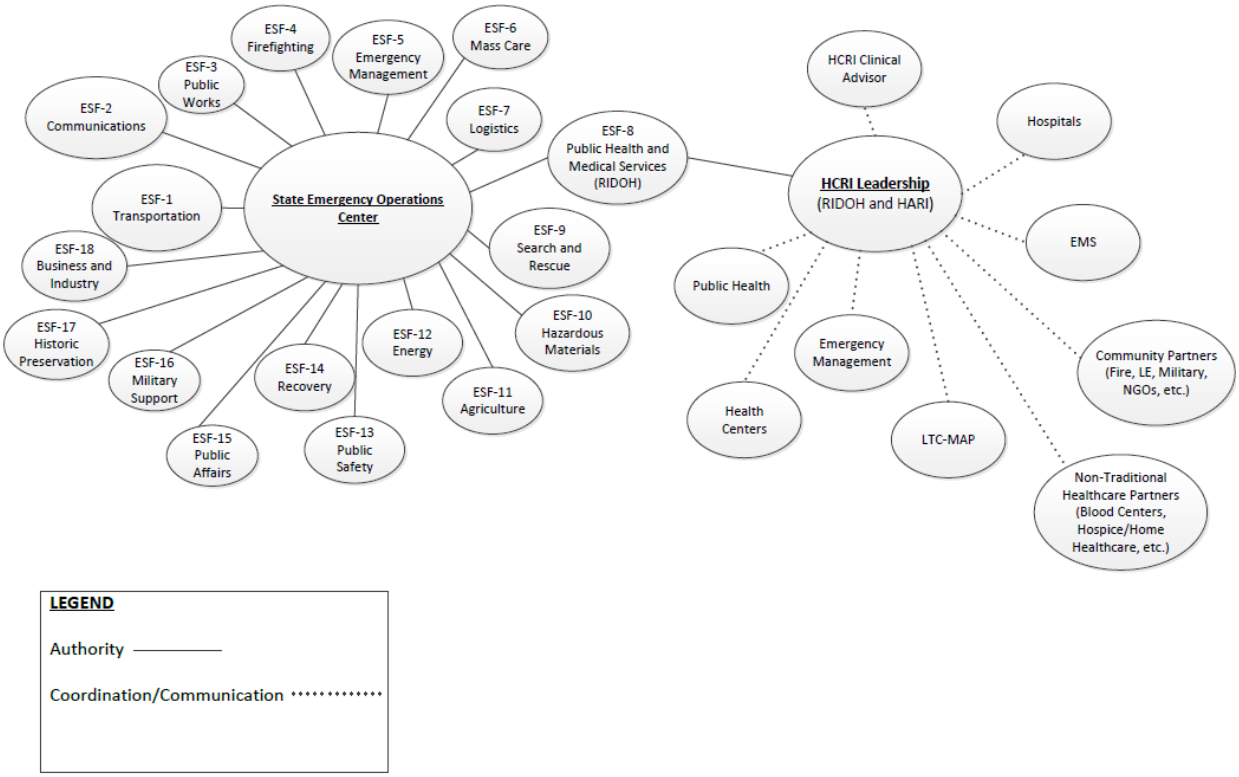
- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership

Coalition Response Structure

It should be noted that HCRI's response structure differs from a traditional Incident Command System model in that it is not intended to create a hierarchical structure to support delegation of activities to subordinates. It instead delineates a flow of information to establish a common

operating picture that can support Coalition members in meeting the needs of their respective organizations. *This chart does not preclude the necessary communication between municipal partners (e.g., EMS, EMAs) and healthcare facilities within their jurisdictions, nor does it imply that municipal partners cannot also coordinate directly with other ESFs at the state and/or local level.*

The following diagram illustrates the Coalition's organizational structure during responses, with its connection through ESF-8 to the SEOC:



Response Operations

This section outlines processes to support the Coalition's response.

Incident Recognition

An emerging threat or incident may be identified by Coalition leadership through one or more sources, including (though not limited to):

- HCRI member
- RIDOH
- National Weather Service
- Rhode Island Emergency Management Agency
- Local public safety agency
- Local emergency management agency
- Rhode Island State Police Fusion Center
- US DHHS Centers for Disease Control and Prevention or Administration for Strategic Preparedness and Response
- News media
- Social media

Initial actions taken by the Coalition leadership will focus on confirming the validity of the threat or incident, as well as identifying its potential scope of impact.

Activation

Activation of this plan will be determined by the presence of one or more of the following conditions:

- The National Weather Service has issued an event warning/watch for Rhode Island.
    - For snow, when weather forecasts predict a greater than 50% chance of 8 or more inches of snow for a significant portion of the State.
    - For a tropical depression/tropical storm/hurricane, when the National Weather Service indicates the storm has passed north of the Bahamas (25° N) or when the storm's impact in Rhode Island is 48-72 hours out.
- The Rhode Island Emergency Management Agency (RIEMA) activates the SEOC with Emergency Support Functions (ESF), including ESF-8.
- RIDOH believes there is a high probability of a major incident with significant public health and/or medical impacts.
- At the request of HCRI members to HCRI leadership.

Notification

Official notification will be issued to HCRI members by Coalition leadership through the Rhode Island Health Notification System. This notification will include:

- Nature and scope of the incident
- This plan's activation status, including any accompanying specialty surge annexes
- Initial actions that should be taken or considered
- A battle rhythm or schedule of activities (including the Healthcare System Event Work Plan, if applicable), specifying time and method of next update (bulletin, conference call, etc.)

If time and circumstances allow, this notification will come in the format of an HCRI Activation Order. In the event a threat or incident does not warrant activation of this plan, but nonetheless requires notification of HCRI members, HCRI leadership will issue an alert with relevant situational information.

Coalition Operations

Specific response activities may be necessary based on the nature and scope of the incident, but several fundamental HCRI processes remain valid across most, if not all, incident types.

It should be noted that this section outlines the processes that the Coalition employs, but does not necessarily specify the order or timing of their execution, which will largely be determined by the nature, scope, and timing of the incident or threat. However, in situations where there is ample warning of an impending incident, such as a hurricane or winter storm, the execution of the processes outlined below will be guided by the HCRI Healthcare System Event Work Plan (see Attachment 1).

For information on the Coalition's continuity of operations during disasters that impair its normal functioning, see Attachment 4: HCRI Continuity of Operations Strategy.

Initial Actions

At, or prior to, the onset of an incident, HCRI leadership will activate the systems used by the Coalition to collect and share information, including (but not limited to) an incident-specific Basecamp project and the Emergency Reporting feature of the Long-Term Care Mutual Aid Plan. Depending on the nature and scope of the incident, other systems may be initially activated to support the response. One such system is the Hospital Capacity System, which may be activated in the preliminary stages of a response to determine bed or other resource availability among hospitals.

Basecamp projects allow certain members of the Coalition – hospitals, health centers, and non-traditional healthcare partners – to upload reports and resource requests to Coalition leadership, who then are able to analyze and produce situational overviews and facilitate resource sharing within and outside the Coalition. At the beginning of an incident, hospitals and health centers typically receive requests to complete GAPS assessments or facility-specific assessment forms, which capture baseline data on patient census, supply levels, personnel availability, structural integrity, generator status, etc.

The Emergency Reporting System of the Long-Term Care Mutual Aid Plan (LTC-MAP) online system mirrors many of the reporting elements found within GAPS assessments, while providing nursing homes and assisted living communities a central location within which their data may be collected and shared with HCRI leadership and other members of LTC-MAP. The Emergency Reporting System also captures bed availability at each facility, which can be used to support decision-making when relocating residents from an evacuated facility. Further, LTC-MAP Emergency Reporting allows facilities to specify the resources they would be able to share with other facilities in need.

Depending on the nature of the incident, HCRI leadership may coordinate with RIDOH to issue incident-specific clinical guidance to healthcare providers, including emergency medical services and physicians. This could accompany the activation of one or more of the Response Plan's specialty surge annexes to guide incident-specific response considerations.

Interaction with the Emergency Scene

Depending on the nature of the incident, HCRI may work through RIDOH to engage first responders at the scene of an emergency, such as a mass casualty incident. This early engagement established key pathways for situational awareness, and bridges first responders to the capabilities of the Coalition to support their efforts. This could include, for example, EMS responders on scene coordinating with RIDOH's Center for Emergency Preparedness and Response (CEPR) to identify available hospital destinations for patients from the scene.

Similarly, this early engagement can help identify additional incident-specific considerations HCRI members, particularly first receivers (i.e., hospitals), should take; this could include, for instance, fire department personnel on the scene notifying RIDOH's CEPR of hazardous materials concerns, which CEPR would then relay to HCRI's leadership, so that hospitals can be alerted to the potential need for decontamination capabilities.

As responses at emergency scenes continue, HCRI will work to maintain situational awareness of relevant activities through RIDOH's CEPR.

On-Site Support

Depending on the scope of the incident's impacts – especially if the incident is isolated to a single healthcare facility – HCRI leadership may, conditions permitting and if requested by the facility to do so, deploy to provide on-site support. If the scope of the incident's impacts is more

far-reaching, then such on-site support from HCRI leadership is less likely, as the needs of several facilities must be considered and addressed appropriately.

On-site support may include the deployment of an HCRI Liaison to a facility's command center. The HCRI Liaison will be present to establish lines of communication between the facility and RIDOH/HCRI, other municipal and state agencies, and other healthcare facilities. The Liaison can help facilitate resource support to the facility in order to sustain or re-establish normal operations, or, in the event of an evacuation, can provide direct guidance to the facility throughout the process and aid in the identification of appropriate patient/resident destinations and their subsequent placement.

Again, on-site support at a healthcare facility from HCRI leadership will be limited in its availability, and must be requested by the impacted facility.

Ongoing Coalition Actions

Throughout the incident response, HCRI leadership will work to maintain a common operating picture for its members. This will be accomplished through regular information requests made by leadership to members and, in turn, the development and issuance of regular situational updates from leadership to members.

GAPS Assessments, LTC-MAP Emergency Reporting, and other facility-specific assessments may be conducted over the course of the incident, especially if the incident's impacts grow more severe or if facilities become increasingly affected.

Throughout the incident, HCRI leadership will work to coordinate resources and other forms of support among HCRI members. HCRI leadership can also provide assistance in liaising between healthcare facility executives/leadership and RIDOH or other state and municipal agencies, as appropriate.

Information Sharing

Information sharing is a cornerstone of each and every HCRI response. A number of systems are maintained by the Coalition to support effective information flow. One of the central aims of HCRI's information sharing strategy is the establishment of a common operating picture. A common operating picture can be characterized as a single, unified overview of incident response information available to all involved parties to support coordinated decision-making.

It should be noted that there may be circumstances during an incident that limit the ability of HCRI leadership to share certain incident-related information with members, including information that contains protect health information or personally identifiable information, proprietary business information, etc. However, HCRI leadership will always work to ensure that members have the necessary information to support their responses.

Where appropriate, possible, and practical, HCRI will work to coordinate and facilitate information reporting from members within Rhode Island's healthcare system to fulfill incident-related federal reporting requests. This may include leveraging HCRI's existing information sharing systems and processes to capture new types of information (see also Essential Elements of Information, below) and to establish a centralized conduit into which members can report.

Systems

The table below identifies the communications systems each HCRI member type has access to:

	Hospitals	EMS	EMA	Public Health	LTC-MAP	Health Centers	Non-Traditional Healthcare Partners
Hospital Capacity System	X	~[2]		X		X	
Patient Tracking System	X	X		X			
LTC-MAP System			X	X	X		
Basecamp	X			X		X	X
WebEOC	X		X	X			
Satellite Phone	X		~[3]	X			
800 MHz	X	X	X	X	~[4]	X	~[5]
HEAR	X	~[6]	~[6]	X			~

RIDOH also maintains and operates several information-collection and sharing systems, particularly those related morbidity and mortality; HCRI members, such as hospitals, may report information to those systems. Depending on the nature of the emergency, HCRI may seek to leverage information from one or more of these systems to inform its response.

EMS agencies in border towns of neighboring states (i.e., Connecticut, Massachusetts) have been provided access to certain HCRI systems – specifically HCS and PTS – when requested. This supports enhanced situational awareness throughout the region, and ensures the ability of EMS resources transporting patients from outside Rhode Island into Rhode Island hospitals to provide tracking and accountability.

Essential Elements of Information

To support the development of a common operating picture during an incident's response, HCRI members agree to share information, if/when requested, with HCRI leadership, including (but not limited to):

- Patient/resident census
- Operating status
- Staffing levels
- Service availability

[2] Municipal dispatch centers have been offered access to HCS; however, implementation as of April 2023 is not universal.
[3] Not all local emergency management agencies maintain satellite phone capability.
[4] RIDOH has provided 800 MHz radios to select nursing homes based on risk profile.
[5] Certain non-traditional healthcare partners, such as law enforcement and fire departments, have access to the 800 MHz system.
[6] EMS agencies and emergency management agencies with access to UHF/VHF radio systems may have access to VMED 28, which corresponds with HEAR.

- Bed availability
- Utilities status (e.g., power status, fuel supply)
- Generator status
- Facility structural condition
- Information technology systems status
- Communication systems status
- Resource supply levels
- Vehicle availability
- Injury and illness emergency department and inpatient statistics

Essential elements of information (EEI) requested of members by HCRI leadership will vary based on the incident. Additional information regarding incident-specific EEI can be found in HCRI Pediatric, Infectious Disease, Burn, Radiation Emergency, and Chemical Surge Annexes, respectively.

As an incident evolves, particularly during long-term responses (such as that for a pandemic, for instance), EEI may change to better capture relevant and actionable information to support the response and its stakeholders.

These EEI provided by HCRI members during emergency responses will not be considered public information and will only be shared with response partners with a valid need to know.

Public Information

Successful public information campaigns hinge on accurate, consistent, and timely messaging, especially during disasters.

Depending on the nature and scope of the event, HCRI leadership may work with public information personnel of HCRI member organizations to coordinate messaging. This coordination may be conducted through a variety of mechanisms, including conference call, Basecamp, in-person discussions, etc. HCRI and its members will strive to coordinate consistent messaging throughout the Coalition, and may defer to certain agencies, such as RIDOH or the Rhode Island Emergency Management Agency (RIEMA), to address specific topics. Effort will also be taken to ensure the Coalition's messaging aligns with that of a Joint Information Center, if activated by RIEMA, and that messages important to HCRI members are transmitted to the JIC for consideration in ongoing messaging.

In response to large-scale disasters or those with considerable public health impact, RIDOH may activate a Health Information Center (HIC) to coordinate message development and dissemination, media monitoring, and other public information activities related to the incident's public health and medical effects. If a HIC is activated, HCRI will work to ensure messaging disseminated through it is accessible to HCRI members, and that the HIC is similarly apprised of the public information activities of members.

Management of Medical Surge

The concept of "medical surge" encompasses two specific components of a healthcare facility's or organization's ability to meet patient needs:

- Medical surge capacity, which refers to the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations.

- Medical surge capability, which refers to the ability to manage patients requiring unusual or very specialized medical evaluation and care.

The concept of medical surge will be addressed generally in this section. For specific considerations related to specialty surge, refer to one of the following annexes of this plan:

- HCRI Pediatric Surge Annex
- HCRI Infectious Disease Surge Annex
- HCRI Burn Surge Annex
- HCRI Radiation Emergency Surge Annex
- HCRI Chemical Surge Annex

With regard to the management of medical surge, hospitals maintain emergency operations plans that include strategies to mitigate the effects of medical surge within their facilities. Nursing homes also plan for this potential, as do assisted living communities, especially within the context of the Long-Term Care Mutual Aid Plan. While this is a situation that healthcare facilities regularly consider, there may be times when the impact of medical surge is so great at a facility that its ability to safely provide care for patients or residents is impaired. Issues that arise during medical surges generally stem from shortages in one or more of the following areas: personnel, space, and resources.

HCRI members should also be aware of the cascading effects of medical surge within the healthcare system. For instance, home healthcare agencies may experience an increase in service demand as other healthcare facilities, like hospitals, decompress to absorb an influx of patients. Decisions about medical surge across the healthcare system must, therefore, address the needs and available resources for all provider types.

Personnel Support

Prior to making a request to HCRI leadership for personnel support, members should first attempt to increase staff levels by calling in additional personnel, holding over personnel, utilizing cross-trained personnel, discharging patients and reducing elective procedures, and requesting support from affiliates or parent organizations.

All requests from members for personnel support should be made to HCRI leadership, particularly when seeking personnel support from outside a member's parent organization. HCRI leadership will then coordinate with the requestor and other HCRI members to determine the most appropriate source of personnel, and then proceed to facilitate the deployment of personnel to the requestor, conditions of the incident permitting.

Two main avenues exist for HCRI to support its members in expanding staff: a) shifting personnel from other facilities by means of the inter-hospital, inter-health center, and LTC-MAP memoranda of understanding, and b) accessing the pool of credentialed medical volunteers maintained by RI Responds. In order to most effectively and efficiently make use of these sources of support, healthcare facility members are encouraged to develop and maintain internal policies related to the integration of staff from external sources.

Staff and volunteer compensation, liability protections, etc. will be determined by the requesting and supporting parties and are not the responsibility of HCRI leadership.

Increasing Bed and Service Availability

Four main strategies can be employed by the Coalition to support members' ability to increase bed and service availability within healthcare facilities experiencing medical surge: patient

redistribution, increasing room occupancy, activation of alternate care sites, and the issuance of waivers/variances from RIDOH's Center for Health Facilities Regulation.

Prior to requesting support from HCRI leadership to **redistribute patients**, facilities should first attempt to discharge lower-acuity patients in order to free up beds. Discharges should be considered early in incidents involving medical surge, as discharges may be made more challenging by an incident's worsening conditions. Facilities should also activate pre-identified medical surge areas, as well as evaluate options to increase room occupancy.

If redistributing patients among a number of facilities is necessary, HCRI leadership can support this operation by requesting bed availability from all applicable hospitals or healthcare facilities (including nursing homes and assisted living communities), identifying available beds, and facilitating clinical handoff of patients. HCRI leadership may also be able to assist in identifying and requesting patient transports between facilities using healthcare facilities' vehicles, EMS and other paratransit vehicles, and State or municipally owned vehicles.

Another option to maximize space within hospitals is the activation of **alternate care sites** (sometimes also referred to as "alternate hospital sites"), which can allow the hospital to shift certain functions off-site. For instance, during a large-scale disease outbreak, a hospital may activate an alternate care site to perform certain functions that it would prefer to keep separate from the flow of patients who present complaining of infection. The activation of alternate care sites, especially if they are to be activated in off-site locations, must be coordinated through HCRI leadership and RIDOH's Center for Health Facilities Regulation.

For healthcare organizations without inpatient populations, strategies to increase bed and service availability may include adjustments to operating hours, which can increase staff capacity by foregoing certain routine functions, should be considered.

In situations where a facility might have the physical space needed to surge, but is prevented from doing so by regulation, HCRI leadership can coordinate with RIDOH's Center for Health Facilities Regulation to request a **waiver or variance** that will allow the facility to exceed its bed licensure. RIDOH's Director of Health may also expand the scope of practice of certain healthcare professionals to expand the pool of available resources to perform specific types of care.

In incidents involving particularly high levels of medical surge, a combination of these actions may be employed.

Resource Coordination and Support

A number of mechanisms maintained by HCRI support resource sharing among HCRI members, as well as with regional and federal partners. While HCRI leadership can assist coordinating with local emergency management agencies for certain types of support (e.g., debris removal), local emergency management should be HCRI members' primary contact for non-healthcare or public health-related support.

In general, all requests for resources should be made to HCRI leadership using the HCRI Resource Request Form, with the exception of nursing homes and assisted living communities (see below). HCRI leadership will determine the most appropriate means of securing the requested resource. The **HCRI Resource Request Form** can be found in Attachment 2. A Receipt of Goods Form will be completed by the borrowing facility to ensure accountability.

Memoranda of understanding (MOU) have been implemented in both the hospital and health center communities for the specific purpose of sharing resources between facilities. These MOUs outline the procedures the requestor should follow, as well as the terms and conditions of both loaning and receiving loaned resources.

Nursing homes and assisted living communities are able to share resources with one another through **LTC-MAP**. LTC-MAP's Emergency Reporting feature allows facilities to identify both the resources that they might need to sustain operations and the resources that they are willing to share with others in need. A nursing home or assisted living community that requires resources should contact RIDOH's Center for Emergency Preparedness and Response (CEPR) for support, in accordance with the processes outlined in the Long-Term Care Mutual Aid Plan. RIDOH's CEPR will then work with the facility to identify available resources and secure their transfer.

RIDOH and RIEMA together maintain and operate a joint state warehouse for emergency response equipment and supplies. This includes a **cache of medical equipment and supplies managed by RIDOH**, such as ventilators, patient monitors, hospital beds, personal protective equipment, and other assets. In the event one or more HCRI members require resources from this cache, HCRI will coordinate with RIDOH and RIEMA to secure the resource and arrange its retrieval or delivery.

For resource needs that cannot be met from within the Coalition, HCRI leadership will coordinate through ESF-8 (or RIDOH) to request assistance from ESF-7 (or RIEMA). As the State's emergency management agency, RIEMA maintains a number of contracts that can be used to acquire resources. Additionally, RIEMA is able to leverage the Emergency Management Assistance Compact, which allows the State of Rhode Island to request resources from neighboring states.

HCRI will seek to leverage its insight into members' available supplies, resources, vendors, and service providers to mitigate limited **supply chain disruptions** experienced by individual members. In situations involving broader or larger-scale supply chain disruptions, HCRI will coordinate with RIDOH (and ESF-8, if activated) to leverage processes by which resources can be identified and secured from neighboring states or throughout the region. This could also include efforts to centrally coordinate purchasing efforts on behalf of the Coalition, which could play an important strategy in securing scarce, in-demand resources. These efforts will likely involve coordination with Region 1's Regional Disaster Health Response System to identify available resources and support, as well as federal partners from ASPR and CDC.

Healthcare Coordination Center

Developed based on the Medical Operations Coordination Center model, the Healthcare Coordination Center (HCC) concept was first implemented in Rhode Island during the Covid-19 response. At the time, the HCC was primarily intended to centrally facilitate interfacility movement of patients from hospitals to lower levels of care when they no longer required hospital-level care. Most often, this took the form of discharges from hospitals to skilled nursing facilities.

During Covid-19, the HCC was staffed by leadership from HCRI, as well as personnel from RIDOH, the Rhode Island National Guard, and the Executive Office of Health and Human Services. Depending on the scope and volume of activity undertaken by the HCC, it is likely its activation and operation will require some degree of staffing support to ensure sufficient capacity.

While past experience with the HCC concept has been limited to facilitating transfers from hospitals to long-term care, the HCC concept can be adapted to more broadly support patient redistribution efforts. For additional information on the HCC model and its operations, see Attachment 3.

Supporting Healthcare Facility Evacuations

If the effects of an incident prompt evacuation of a healthcare facility in Rhode Island, HCRI will work to support the safe relocation of its patients or residents to other appropriate facilities with the facility and its local EMA and first responders.

Building from lessons learned through the LTC-MAP initiative and past real-world incidents, HCRI can support an evacuating facility in the following ways:

- Identifying available beds by type throughout the State, including in hospitals, nursing homes, and assisted living communities
- Facilitating resource requests for evacuation equipment
- Assisting in the identification and coordination of transportation assets, including both EMS and paratransit vehicles
- Facilitating clinical handoffs of patients from the evacuating facility
- Assisting receiving facilities that may need to surge to absorb evacuees
- Monitoring and tracking patient movement from the evacuating facility

It is the responsibility of the evacuating facility to identify transportation requirements for each of its patients or residents; HCRI leadership can provide technical guidance to assist.

In incidents involving a single healthcare facility evacuation, HCRI leadership will respond to the facility to provide on-site support. On-site support from HCRI leadership may not be available in incidents involving multiple healthcare facility evacuations, though remote support will be provided.

Tracking evacuees will be conducted primarily via the Patient Tracking System (PTS) from their point of origin to ultimate destination. In its current iteration, the Mass Casualty Incident module of PTS can be used to group patients together, which may be of value in ensuring accountability of patients or residents from the evacuating facility. For evacuation of long-term care facilities, processes outlined in the Long-Term Care Mutual Aid Plan will be employed to ensure accountability over residents as they are moved between facilities.

Crisis Standards of Care

The term “crisis standards of care” is defined as the “substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive public health emergency (e.g., a pandemic) or catastrophic disaster (e.g., earthquake, hurricane). As such, crisis standards of care can involve modifications to workflows and resource utilization, the prioritization of patients most likely to benefit from treatment, alteration of scopes of practice or workplace assignments, reuse and repurposing of resources, suspension of certain procedures or services, etc. Generally reserved as a last resort during times of extreme resource shortages, it is especially important that the implementation of crisis standards of care is coordinated at the healthcare system-level to avoid regional disparities and inconsistencies. Such disparities and inconsistencies can lead to individuals overwhelming certain facilities while avoiding others, effectively undermining coordinated efforts to preserve resource capacity and capability in the healthcare system.

During the Covid-19 pandemic, the State of Rhode Island adopted a statewide crisis standards of care framework, within which individual healthcare facilities were able to develop their own respective crisis standards of care. This framework ensured that individual facilities conformed to certain baseline requirements, while allowing them the flexibility to develop standards that align with their respective workflows and environments.

Since the Covid-19 pandemic, work has begun to update this statewide framework to a more all-hazard context, allowing for its use beyond infectious disease responses.

Operationalizing Crisis Standards of Care

In the event a healthcare organization is faced with conditions that indicate the need for crisis standards of care to equitably allocate scarce care resources, the organization should promptly contact HCRI leadership for support. HCRI leadership will first attempt to identify available resources either within or immediately outside the Coalition that could be acquired to stabilize the healthcare organization's operations.

If such resources are not available, HCRI will coordinate with RIDOH to request the Director of Health's activation of the Rhode Island Crisis Standards of Care Guidelines. These guidelines operate as a framework within which healthcare organizations may develop and implement their own compliant crisis standards of care. The framework established by these guidelines support a consistent implementation of crisis standards of care among healthcare organizations in Rhode Island.

In most cases, activation of the Rhode Island Crisis Standards of Care Guidelines will include the prompt convening of a conference call among the RIDOH's leadership, hospital leadership, and the leadership of other affected organizations to ensure a common operating picture of situational awareness and to discuss further details of the crisis standards of care's implementation. It may also involve additional coordination between the Department of Health, hospital leadership, the leadership of other organizations operating in crisis standards of care, and the Governor's Office.

It should be noted the activation of the Rhode Island Crisis Standards of Care Guidelines does not automatically allow all healthcare organizations in Rhode Island to implement crisis standards of care. Instead, organizations seeking such a change to their operations must first notify RIDOH in alignment with guidance issued at the time of the Guidelines' activation. Organizations implementing crisis standards of care will be required to submit the proposed standards to RIDOH leadership for review prior to their implementation.

For more information on Rhode Island's statewide crisis standards of care framework, see Rhode Island's Crisis Standards of Care Guidelines.

Demobilization

HCRI leadership will work to assist members with their respective response demobilizations. Activities will be situationally dependent. They may include facilitating transfers of loaned equipment back to their places of origin, updating Coalition resource inventories, etc. Many of these processes will be specific to the incident.

For information related to HCRI's activities supporting the recovery of the healthcare system following a large-scale or catastrophic disaster, see Attachment 5: HCRI Recovery Strategy.

Plan Development and Maintenance

Training and Exercises

This plan will be incorporated into HCRI's training and exercise program. Each use of this plan, whether in training, exercises, or real-world events, will be reviewed and hotwashed by Coalition members to identify lessons learned and areas for improvement. Based on the size and complexity of an exercise or real-world event, an After-Action Summary or After-Action Report/Improvement Plan may be developed to record these lessons learned and areas for improvement.

Plan Review and Maintenance

Lessons learned and areas for improvement will be addressed in regular or ad-hoc plan revisions. Major revisions to this plan and its processes will be reviewed by HCRI members prior to formal approval and implementation.

References

The following references were consulted in the development of this plan:

- Department of Health and Human Services' Administration for Strategic Preparedness and Response's 2017-2022 Health Care Preparedness and Response Capabilities
- 2017-2022 HPP-PHEP Cooperative Agreement Funding Opportunity Announcement
- Administration for Strategic Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange's Health Care Coalition Response Plan Template (2018)

Attachment 1: Healthcare System Event Workplan

The Healthcare Coalition of Rhode Island (HCRI) Healthcare System Event Work Plan was created and is maintained by the Rhode Island Department of Health (RIDOH) Center for Emergency Preparedness and Response (CEPR) in partnership with the members of HCRI. The role of implementing this plan will be assumed by RIDOH-CEPR, HCRI Leadership, or those serving in Emergency Support Function-8 (ESF-8).

Activation Requirements:

Major events/incidents do not always give 96 hours of warning; therefore, once a major event has been identified and one of these four requirements has been met, an Activation Order will be approved, and the Event Work Plan will be activated:

1. The National Weather Service has issued an event warning/watch for Rhode Island.
    - For snow, when weather forecasts predict a greater than 50% chance of 12 or more inches of snow for a significant portion of the State.
    - For a tropical depression/tropical storm/hurricane, when NWS indicates the storm is NORTH of the Bahamas (25^0N) and WEST of 72^0W, or H-48/72hrs is forecasted.
2. Rhode Island Emergency Management Agency (RIEMA) activates the State Emergency Operations Center with ESFs, including ESF-8.
3. RIDOH believes there is a high probability of a major event.
4. At the request of HCRI Leadership.

Note: In events for which the conditions do not meet the threshold requirements, yet RIDOH-CEPR feels that important, time-sensitive information related to the event should be shared with members of HCRI, RIDOH-CEPR and/or HCRI leadership may issue this information in the form of an Informational Alert Bulletin.

Note: This plan and its activities may be activated either in full or in part, based on the situation at hand.

96 hours pre-event:

- Facilities/Organizations and RIDOH should remind staff about home and family preparedness plans
- RIDOH will consider communication with municipal partners, HCRI Members, and local emergency managers
- Facilities/Organizations should check fuel supply/ensure backup power (assess generator for operational issues and fuel supply to sustain generator functionality throughout the duration of the event)
    a) Hospitals and health centers: if requested, complete the generator load test form and upload it to Basecamp (https://epinri.basecamphq.com)
    b) Nursing homes and assisted living communities: if requested, log generator updates in the Long-Term Care Mutual Aid Plan (LTC-MAP) website (http://mutualaidplan.org/RI)

- Facilities/Organizations should check/order needed supplies (fuel, water, medical, food, etc.)
- Facilities/Organizations and RIDOH should assess need for an Incident Command structure (limited vs. 24/7)
- RIDOH/HCRI/Facilities/Organizations should review emergency plans as needed (e.g., Emergency Operations/Management Plan EOP/EMP), triage plans, Influx of Residents/Surge Plan, staff surge plans, volunteer management plans, COOP/ recovery plans, debris removal plans)

72 hours pre-event:

- HCRI/RIDOH will open a Basecamp project, if not already opened at 96 hours, and upload documents appropriate to the event, such as:
    - *Resource Request Form*
    - *Critical Staff Transport Policy*
    - *GAPS Assessment*
    - *Software Access Request Form*
    - *HICS 207*
    - *Basecamp training document*
    - *RISCON/800 MHz training document*
    - *Event-specific forms/documents*
- HCRI/RIDOH will assess and send out informational alerts and begin regular situational updates on HCS, the RI Health Notification System, Basecamp, and/or the LTC-MAP website.
- Facilities/Organizations should assess the need to activate the facility Emergency Operations Center
- HCRI/RIDOH may request facility assessment reports from healthcare facilities,
    a) Hospitals: GAPS Assessment
    b) Health centers: Facility Assessment Form
    c) Nursing homes and assisted living communities: Emergency Reporting System information and LTC-MAP updates, Transportation Evacuation Survey
    d) Any facility not listed above should only contact HCRI Leadership if they are experiencing an issue that can't be resolved with assistance by their municipal first responders or emergency management agency.
- HCRI/RIDOH will test redundant communication systems as appropriate (e.g., 800 MHz RISCON radios). This may occur at 48 hours.

48 hours pre-event:

- HCRI/RIDOH will test redundant communication systems (if not done at 72 hours)
- HCRI/RIDOH or its designee may assess non-functioning communication equipment and, if feasible, repair/loan the facility replacement equipment for the duration of the event
- HCRI/RIDOH or its designee will conduct an all-healthcare facility/organization conference call. This may also occur at 24 hours (event dependent, this call may be by facility type)

    Conference call agenda: Pre-event conference call

    a) Situation briefing – Situation reports, transportation concerns, Governor's updates, authorized RIDOH variances (waivers), status of Public Health Emergency declaration (if applicable), status of State of Emergency or Pre-Landfall declaration (if applicable), etc.
    b) Resources and asset preparation (Statewide/Facility/Organization)
    c) Generator issue updates
        - Reminder to top off fuel tanks

        - Ensure communications with generator fuel and service vendors
    d) Reporting requirements for all healthcare facilities
        - Hospitals: Basecamp, HCS, etc.
        - Health centers: Basecamp, HCS, etc.
        - Nursing homes and assisted living communities: LTC-MAP information, Transportation Evacuation Survey, etc.
        - Reminder on regulatory requirements for all facility types
    e) Medical Care Branch of RIDOH ICS/ESF-8 activation status and how to contact RIDOH/ESF-8
    f) Set a schedule for conference calls
    g) Questions, comments, or concerns
- HCRI/RIDOH will summarize facility assessment reports and online data submissions, and will share with State/Federal ESF partners and/or RIEMA/FEMA/HHS, as appropriate
- HCRI/RIDOH will send out an all-HCRI member email with event-related information (if applicable)

24 hours pre-event:

- Facilities/Organizations and RIDOH should consider activation of the Incident Command System, if not done at 96/72/48-hour mark
- Facilities/Organizations and HCRI/RIDOH will monitor event progression
- HCRI/RIDOH will conduct a HCRI Member conference call, if not done at 48 hours or if another call is warranted
- HCRI/RIDOH will send out an all-HCRI member email with event-related information (if applicable)
- HCRI/RIDOH will upload the healthcare-specific incident radio communications plan and the statewide incident radio communications plan (ICS Form 205) to Basecamp, if available.
- RIDOH will consider activation of special assistance groups into the Medical Care Branch:
    - BHDDH Emergency Preparedness Coordinator
    - Trade organization emergency preparedness coordinators/partners
    - LTC Responders Group
- Facilities/Organizations should indicate known closures and service restrictions via appropriate software system (Basecamp/LTC-MAP) and consider the need to contact the Rhode Island Broadcasters Association (http://www.ribroadcasters.com/) for inclusion on local television and radio station closure and cancellation alerts in coordination with their Communications/Public Information staff.

During the event:

- Facilities will assess for damage or operational issues
    - All operational issues should be reported via Basecamp, LTC-MAP, or the Center for Emergency Preparedness and Response number at 401-222-6911.
    - If needed, resource requests should be submitted to ESF-8 at 401-462-7518 and/or CEPR 24/7 on-call system at 401-222-6911 and/or Municipal EMA Directors/Fire Chiefs.
    - Should the need arise to evacuate a facility, there will be a brief conference call with each facility type to discuss the situation.

- No radio/communication checks will be conducted during the event to leave communication lines open for the response and emergency requests
    - Should a facility need to contact RIDOH/ESF-8 during the event through a communications mechanism other than phone, please refer to the healthcare-specific ICS Form 205.
- If requested by RIDOH or its designee, hospitals will submit the ED Illnesses and Injuries form in the time period(s) established.

Post-event:

- If requested by HCRI/RIDOH, hospitals will submit the ED Illnesses and Injuries form in the time period(s) established.
- RIDOH/HCRI/ESF-8 will request facility assessment reports or All Clear
- RIDOH/HCRI/ESF-8 will continue to follow up with and support any facilities that still have event-related issues
- Facilities/Organizations will assess the need to activate recovery plans and contact RIDOH/HCRI/ESF-8 if assistance is needed
- Demobilization
- Hotwash
- Improvement Plan

Record of Change

Date	Change(s)	Editor(s)
10/8/2010	HPP Severe Weather Battle Rhythm established	J. Reppucci, D. Lewis
12/17/2010	Changed name from “HPP Severe Weather Battle Rhythm” to “HPP Event Battle Rhythm”	J. Reppucci, D. Lewis
3/27/2012	Changed name to “Healthcare System Event Work Plan”; shifted from HPPC to RIHC	J. Reppucci, D. Lewis, N. Larmore
11/16/2012	Shifted to use of HCRI, including logo	J. Reppucci, D. Lewis, N. Larmore
8/30/2013	Added Long Term Care Mutual Aid Plan activities, shift from e. Notify to HEALTH Notification System, task clarifications	A. Mihalakos, D. Lewis, J. Reppucci, N. Larmore
2/15/2014	Included snow forecast amounts in Activation Requirements based on winter storm experience	A. Mihalakos, D. Lewis, J. Reppucci, N. Larmore
6/15/2014	Removed reference to SEOC levels at RIEMA, due to State EOP changes; added situational awareness emails to HEALTH’s task	A. Mihalakos, D. Lewis, J. Reppucci, N. Larmore
10/02/2015	Updated agency acronyms (HEALTH to RIDOH); clarified language throughout	A. Mihalakos, D. Lewis, J. Reppucci, N. Larmore
11/12/2015	Added Record of Change	N. Larmore
11/17/2015	Finalized language changes; changed use of “storm” to “event”	A. Mihalakos, D. Lewis, J. Reppucci, N. Larmore
10/19/16	Added note about Informational Bulletin	J. Reppucci, N. Larmore
2/8/17	Added “Activation Order” into work plan	J. Reppucci
9/7/17	Added “tropical depression/ tropical storm/hurricane” note to activation requirements	J. Reppucci
9/19/17	Updated logo	J. Reppucci
8/30/18	Added “Note” to page 1 about log-on passwords	N. Larmore, J. Reppucci
11/15/2018	Added “ED illnesses and Injuries report”, removed facility type and replaced with HCRI Members, moved from template to plan format.	J. Reppucci

9/13/2023	Updates to reflect partial activation and HCRI Response Plan actions	D. Lewis, N. Larmore, A. Mihalakos, P. Sheridan, R. Biswas

Attachment 2: Resource Request Form

Rhode Island Department of Health
Healthcare System Resource Request Form

Once completed:
- **Upload to Facility Basecamp folder**
- **Check-off notify ESF 8**

Event Name:			
Date/Time:			
Requestor:			
Primary Contact#:			
Healthcare Facility			
Date/Time Needed:			
Expected Delivery Location:			
Resource Need:	☐ Staff ☐ Subject Matter Expert (SME) ☐ OTHER	☐ Medical equipment/supplies ☐ Radio Equipment/Talkgroup ☐ Data Equipment ☐ Software Access	☐ Fuel ☐ Power ☐ Water ☐ IT Connectivity

Request (be specific):

BELOW TO BE COMPLETED BY RIDOH

Request Assigned to:

Action(s) taken (be specific):

Request Completed Date/Time:

This is for ESF 8 requests only – All other requests should go through your local EMA Director

Attachment 3: COVID-19 Healthcare Coordination Center CONOPS

The State of Rhode Island will activate a Healthcare Coordination Center (HCC) to address the current healthcare capacity challenges being exacerbated by COVID-19, focusing initially on the activation of hospitals' surge plans in response to the continued increase in COVID-related inpatient volume at hospitals. The primary goal is to maximize bed availability through facilitated patient movement. The need for this HCC is driven by the following assumptions:

- Inability to discharge patients decreases a hospital's ability to admit new patients who are at the beginning of their acute illness
- Boarding patients who do not require hospital-level of care is not in the best interest of the patient, who should be moved to the most appropriate care setting
- Boarding many patients who do not require hospital-level of care can increase the fiscal instability of the hospital
- Placing a COVID-positive patient into an environment that is not optimized for infection control practices can increase exposure risk for staff members and other patients

Patient movement is a complex endeavor under ideal circumstances; COVID-19 presents compounding challenges. The HCC will utilize multiple patient movement strategies, which may include:

- Discharges of patients requiring nursing home-level of care to nursing homes that are operating COVID-positive units
- Discharging (as temporary transfers) patients to temporary quarantine sites
- Transfers of patients from high-capacity hospitals to hospitals with available bed capacity
- EMS diversion from high-capacity hospitals
- Decompression of service-specific patients for specialty hospitals (e.g., OB-GYN, behavioral health)

The long-term care community is the home of individuals who are highest risk for experiencing severe health effects and threat of death due to COVID-19, so nursing home administrators are exercising extreme caution in accepting any patients into their facilities, regardless of whether the patient is a previous resident or a new referral. All hospitals in the State are in competition for the same few opens beds for COVID-positive patients. Thus, the Healthcare Coordination Center will act as a statewide coordinating entity for requesting bed placement at the time of discharge from a hospital for hard to place patients.

The HCC is guided by a larger statewide situational awareness profile of the healthcare system. Hospitals and nursing homes will provide daily bed availability and occupancy via the existing technologies of the Hospital Capacity System and the Long-Term Care Mutual Aid Plan. Via a to-be-determined system, hospitals will additionally provide daily data on boarding patients and a set of pre-identified essential elements of information to the HCC when requesting facilitation of an inpatient discharge. This preliminary data will be used to identify an appropriate available bed for the patient. Once a bed is identified, the hospital will be notified to provide the appropriate paperwork, clinician hand-off report, and book the transportation.

Should demand for beds exceed supply in one or more hospitals, a load-balancing approach will be utilized to ensure high-capacity hospitals can open beds for new patients while maintaining availability of capacity for hospital-level care across the State.

Attachment 4: HCRI Continuity of Operations Strategy

Introduction

The Healthcare Coalition of Rhode Island (HCRI) is Rhode Island's sole, statewide healthcare emergency preparedness and response coalition. Its membership comprises a broad spectrum of partners, including hospitals, emergency medical services, public health, emergency management, community health centers, long-term care and assisted living, home healthcare and hospice, and more.

HCRI is led by two co-chairs: the Rhode Island Department of Health's (RIDOH) Center for Emergency Preparedness and Response's (CEPR) Hospital Preparedness Program Coordinator and the Hospital Association of Rhode Island's (HARI) Healthcare Emergency Management Coordinator.

HCRI provides two main essential functions for its membership:

1. A forum to facilitate information sharing among its members. Information, such as best practices, lessons learned from exercises and real-world events, details on upcoming events of interest, intelligence on new or emerging threats, etc., is routinely shared in HCRI, both during scheduled meetings and on an ongoing basis through email and other means.
2. A mechanism to enhance coordination among its members and with response agencies outside the healthcare sector during emergency responses. The structure of HCRI, with its direct connection to the Rhode Island Department of Health and the Hospital Association of Rhode Island, provides external response agencies a single, unified means of interaction with the healthcare sector, thus ensuring an accurate and valid common operating picture for the overall response. The information sharing mechanisms within the Coalition also lend to enhanced coordination among its members during responses.

Assumptions

The following assumptions have been made to support the development and operationalization of HCRI's continuity of operations strategy:

- All HCRI members maintain their own, respective continuity of operations or business continuity plans. Those plans will guide each member's respective actions to protect and/or restore their organization's essential functions.
    - One of HCRI's primary disaster-response functions is to protect the functioning and operation of Rhode Island's healthcare system and its associated services. Interruptions to members' normal operations, and HCRI's actions to bring them back online, are considered "emergency response activities" (as opposed to HCRI continuity activities) and are therefore addressed more thoroughly in HCRI's Response Plan and its annexes.
- HCRI's emergency response activities fall under the purview of Rhode Island's Emergency Support Function (ESF) 8 (Public Health and Medical Services).
- RIDOH is the lead ESF-8 agency in Rhode Island.

- RIDOH (including its designee[s][7]) has sufficient organizational capability and capacity to both lead ESF-8 and assume operational control to coordinate HCRI's emergency responses.

General Strategy

In the event a disaster disrupts the ability of HCRI's leadership to coordinate with its members, that responsibility will devolve to Rhode Island's ESF-8, led by RIDOH. ESF-8 will assume control over the response coordination processes employed by the Coalition. Those processes, if viable in light of the disaster, are outlined in HCRI's various plans (including its Response Plan and associated annexes), though they may be adapted or modified to meet the situation's needs. Any changes to existing processes that arise from this devolution of responsibility will be promptly communicated to HCRI's members and partners through the Coalition's established communication mechanisms.[8]

Notification and Activation

If an incident occurs which requires HCRI to adopt continuity of operations measures because its ability to perform one or more of its essential functions is compromised, HCRI leadership will issue a notification to all members, providing the following information:

- Nature of the incident
- Activation of HCRI Response Plan and associated annexes, if applicable
- Impacts to HCRI leadership and/or operations
- Expected actions of members, including any adaptations necessary due the incident's impact and effects
- Time of next check in

The primary means of issuing these notifications will be through the Rhode Island Health Notification System, which leverages phone, email, and text message to push messaging to recipients. The Rhode Island Health Notification System also has the ability for HCRI leadership to query its members for operational status and resource availability through its polling mechanism.

HCRI leadership will also use these initial communications to its membership to remind members to reference their own continuity plans to ensure protection of their essential functions, particularly if the scope and scale of the incident is such that those functions might be jeopardized. This reminder may be accompanied by a GAPS assessment or similar infrastructure assessment for members to complete and return to HCRI leadership for situational awareness.

Significant disruption to the ability of HCRI leadership to coordinate emergency response efforts among its members will prompt RIDOH's notification to key regional and federal partners (in addition to RIDOH/HCRI's notifications to key State, local, and private-sector partners, including the Rhode Island Emergency Management Agency) to alert them to the situation and, if necessary, request assistance.

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[7]Designees could include, but are not limited to, the Hospital Association of Rhode Island and/or the Rhode Island Executive Office of Health and Human Services.

[8]See *State of Rhode Island Healthcare System Tactical Communications Plan* for more information on the communications systems HCRI has access to and their use.

Sustaining HCRI's Essential Functions

The fundamental mission of HCRI is to establish and provide a structure of coordination and cooperation among members of Rhode Island's healthcare system to prepare for, respond to, and recover from disasters. At its core, this mission relies on the ability of HCRI's members to coordinate and engage with one another during disasters.

In the event a disaster disrupts primary mechanisms of communication, HCRI will leverage the various redundant systems it has access to, including:

- Phone
- Email (including web-based fax)
- Fax
- Hospital Capacity System (HCS)
- RI Long-Term Care Mutual Aid Plan (LTC-MAP)
- Basecamp
- HCRI website
- 800 MHz radio
- Satellite phone/internet

Because Rhode Island is a geographically small state, if all available means of communication fail, HCRI will leverage its community partners – such as local emergency management and public safety agencies – to establish and maintain contact with HCRI members throughout the State, particularly with healthcare facilities and organizations providing inpatient care. This may amount to physical visits or drive-bys to determine a member's operational status and to establish alternative means of communication or coordination with the member.

During situations wherein HCRI leadership's capacity is compromised, HCRI may seek to further leverage the ability of its grassroots leaders (i.e., those member organizations that have assumed a coordinating role within their respective discipline groups) to engage HCRI members on leadership's behalf. Grassroots leads could be utilized in this capacity to assess the operating status of members within their respective disciplines, as well as to issue queries to identify critical resource gaps.

Return to Normal

Once HCRI leadership is able to assume normal control over the coordination of HCRI response activities and/or normal established coordination and communication mechanisms are again available, HCRI leadership will issue notification to all members and partners that it will be reverting to normal practices. Resumption of those practices will then follow.

Attachment 5: HCRI Disaster Recovery Strategy

Introduction

Some disasters, particularly those of large scale and impact, may require the Healthcare Coalition of Rhode Island to adopt a coordinated strategy to facilitate disaster recovery support to Coalition members and the healthcare system itself.

Purpose and Scope

The purpose of the HCRI Disaster Recovery Strategy is to provide a general overview of key components the disaster recovery process and elements in which the Coalition, especially through its ability to coordinate directly through the Rhode Island Department of Health and Emergency Support Function 8 at the State Emergency Operations Center, can assist its members navigate this process.

This strategy is not intended to either replace or supersede any Coalition member's or partner's disaster recovery plans. It is instead intended to complement those plans, aligning the Coalition's capabilities with those of members and response partners in a coordinated fashion to restore normal functioning to Rhode Island's healthcare system and its various components.

Situation Overview

This strategy, or elements of it, can be leveraged to support restoration and recovery activities within the healthcare system following an especially large-scale disaster involving widespread disruption to healthcare services and capabilities. Such a situation would entail a wide range of impacts, of varying size and type, that require remediation. The capabilities and resources necessary to remediate these impacts do not exist exclusively within the Healthcare Coalition of Rhode Island or the healthcare system and will therefore require significant external coordination to ensure members' access to them.

In 2016, the Federal Emergency Management Agency released its National Disaster Recovery Framework, which seeks to provide context for how the whole community works together to restore, redevelop, and revitalize the health, social, economic, natural and environmental fabric of the community. The framework comprises several Recovery Core Capabilities, one being "Health and Social Services", which relates to the ability to "restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community."

A component of this framework includes the Recovery Support Function (RSF) concept. Like Emergency Support Functions, RSFs bring together departments, agencies, and many other supporting organizations – including stakeholders not traditionally associated with emergency management – to focus on recovery needs in alignment with the Recovery Core Capabilities. There are six RSFs, one of which is Health and Social Services (RSF-3). In Rhode Island, the lead RSF-3 agency is the Rhode Island Executive Office of Health and Human Services (EOHHS). As necessary, depending on the nature and scope of the disaster's impact and recovery needs, HCRI may support EOHHS in planning and executing recovery activities in support of the healthcare system.

It should be noted that many activities that might be considered "recovery activities", including, for instance, work to support the restoration of power and utilities at healthcare facilities, are

undertaken during the "response" phase of an emergency. As such, the information-sharing and resource coordination and support processes employed by the Coalition during the response phase, as outlined in the HCRI Response Plan, will be similarly leveraged in support of the Coalition's recovery operations.

Concept of Operations

The overarching role of HCRI during disaster recovery activities is to support an ongoing flow of information, both with members inside the healthcare system and with key stakeholders and partners outside it. To this end, HCRI will rely largely on the same information collection and sharing tools and processes it employs during emergency responses.

Depending on the scope and scale of disaster recovery operations, HCRI may rely heavily on its Grassroots Leads – those representing each of the several disciplines within HCRI's membership – to assist in collection of information from members. This could include, for example, scheduling regular check-in calls with member discipline groups to identify issues, barriers, available resources, etc. It could also include issuing regular data queries to members and assisting in data aggregation and analysis to assess impacts and determine potential gaps and resource availability.

HCRI will work to ensure broad awareness within the Coalition of resources, services, and funding that might be available to aid members in their recovery efforts. HCRI will also work to consistently advocate on behalf of the healthcare system and its stakeholders for access to such aid. Where appropriate, HCRI will support and facilitate efforts to acquire aid through these sources, including through federal partners and programs.

Throughout disaster recovery operations, HCRI will coordinate its activities with RIDOH and, if activated, RSF-3 (led by the Executive Office of Health and Human Services).

General Objectives

The National Disaster Recovery Framework identifies the following critical tasks related to the Health and Social Services core capability:

- Identify affected populations, groups, and key partners in recovery.
- Complete an assessment of community health and social service needs; prioritize these needs based on the whole community's input and participation in the recovery planning process; and develop a comprehensive recovery timeline that includes consideration of available human and budgetary resources.
- Restore healthcare (including behavioral health), public health, and social services functions.
- Restore and improve the resilience and sustainability of the healthcare system and social service capabilities and networks to promote the independence and well-being of community members in accordance with the specified recovery timeline.
- Implement strategies to protect the health and safety of the public and recovery workers from the effects of a post-disaster environment.

In support of its members' and the healthcare system's recovery from a large-scale disaster, HCRI may provide the following functions:

- Provide a forum for collaboration and information sharing.
- Support coordination between the healthcare system and Recovery Support Function 3.

- Act as an interface for information sharing, technical assistance, and available healthcare system resources for members and other stakeholders within the healthcare system.
- Support impact assessments to identify trends, themes, and emerging or persistent needs within the healthcare system.
- Ensure members and stakeholders are connected to available recovery assistance programs.
    - Promote messaging to members and the healthcare system about available disaster recovery assistance programs and services.
    - Support efforts of public health, emergency management, and other state and federal partners to estimate initial disaster costs.
    - Provide assistance to members and healthcare system partners in applying for state or federal disaster recovery funding, if available.
- Advocate for the needs of the healthcare system within the broader community and/or state recovery efforts.

HCRI will work to ensure that its activities in support of the healthcare system's recovery align with the objectives outlined in the State of Rhode Island Disaster Recovery Plan's RSF-3 Annex, which include:

- Restore the capacity and resilience of essential health and social services to meet ongoing and emerging post-disaster community needs, including medical services and behavioral health.
- Encourage behavioral health systems to meet the behavioral health needs of affected individuals, response and recovery workers, and the community.
- Promote self-sufficiency and continuity of the health and well-being of affected individuals, particularly the needs of children; seniors; people living with disabilities and others with access and functional needs; people from diverse origins and backgrounds; people with limited English proficiency; and underserved populations.
- Assist in the continuity of essential health and social services, including schools.
- Reconnect displaced populations with essential health and social services.
- Protect the health of the population and response and recovery workers from the longer- term effects of a post-disaster environment.
- Promote clear communications and public health messaging to provide accurate, appropriate, and accessible information. Ensure the information is developed and disseminated in multiple mediums, multilingual formats, and alternative formats; is age-appropriate and user-friendly; and accessible to underserved populations.

Recovery Functions and Operations (Weeks to Months)

Monitoring and Situational Awareness

HCRI will rely on its standard information collection and reporting processes to monitor the status of Rhode Island's healthcare system capacity and capabilities. These processes may be modified or expanded, however, to collect additional essential elements of information critical to the restoration and recovery of the healthcare system.

As outlined in the HCRI Response Plan, the following functional areas may be monitored, depending on the scope of recovery activity:

- Operating status
- Facility structural condition
- Patient/resident census
- Bed availability

- Service availability
- Utilities status (e.g., power status, including fuel supply)
- Generator status
- Information technology systems status
- Communication systems status
- Resource needs
- Resource supply levels
- Vehicle availability

HCRI may also convene stakeholder workgroups or other to discuss pervasive concerns or trends.

HCRI will work to share information gathered through this process with key response and recovery partners, in coordination with RIDOH (ESF-8) and RSF-3.

Impact Assessment/Evaluation
HCRI may issue a standardized impact assessment to members to gather information related to recovery needs. This assessment will be modeled on the HCRI GAPS Assessment, which was developed to assess individual healthcare organizations' functions, including those related to physical infrastructure, supply and resource availability, capability and operating status, power and utilities, communications systems, patient/resident census and status, etc. The GAPS Assessment template can be found XXX.

As needed, as determined by the nature and scope of the recovery options, GAPS Assessments (or similar queries) may be issued on a recurring basis to maintain an accurate common operating picture of the healthcare system's status. HCRI will collate and aggregated data collected through this process to develop a summary report detailing critical gaps and trends, which will be shared with key partners, including RIDOH (ESF-8) and RSF-3.

Recovery Assistance and Implementation

Much of HCRI's recovery strategy and associated activities will be situationally dependent.

In general, HCRI will support the prioritization of restoration of healthcare facilities in a tiered approach, based on facilities' function and role within the healthcare system and the capabilities they provide in relation to other elements of the healthcare and public health sector. Factors related to healthcare facilities that will be considered in determining prioritization include, but are not limited to:

- Inpatient or outpatient status
- Patient/resident census
- Categories/types of care provided
- Location
- Community/population served
- Severity of damage/disruption

It should be noted that there are also factors outside HCRI and RIDOH's control that could very well influence prioritization and speed of restoration, including (for instance) the capacity of utility providers to meet demand for restorative activities.

HCRI will also work to support the recovery and restoration of specific functions and components of the healthcare system, including those outlined below.

Healthcare Workforce

To the best of its ability, HCRI will work to help its members recover staffing capacity within their respective organizations. This could consist of HCRI facilitating connection between members and support organizations, which members can then engage directly to secure support for their organizations.

HCRI will coordinate with RIDOH to support efforts to expedite licensure and credentialing of healthcare workers from out of state to support facilities in Rhode Island.

HCRI will also coordinate with RIDOH to facilitate healthcare organizations' access to staffing support through the Rhode Island Emergency System for the Advance Registration of Volunteer Health Professional (ESAR-VHP) and RI Responds, when appropriate. RIDOH, in turn, will coordinate with RIEMA to ensure mission numbers are issued to cover liability and injury protection for volunteers deploying in support of the healthcare system, when necessary.

HCRI will coordinate through RIDOH (and RIEMA) to support requests for the deployment of personnel from federal sources of support, including the Administration for Strategic Preparedness and Response (ASPR) and the Department of Defense. HCRI will similarly coordinate with RIDOH and RIEMA to request the deployment of personnel from the Rhode Island National Guard to support the healthcare system. Personnel resources can also be sought from other states through the Emergency Management Assistance Compact, for which HCRI would also coordinate with RIDOH and RIEMA.

HCRI and RIDOH will also work to support members' access to behavioral health support for staff, including through the Department of Behavioral Healthcare, Hospitals, and Developmental Disabilities' (BHDDH) Disaster Behavioral Health Response Team (DBHRT) and the Rhode Island Critical Incident Stress Management (CISM) Team.

Community/Facility Critical Infrastructure

HCRI will continue to coordinate with RIDOH, ESF-8, and/or RSF-3 to facilitate support and assistance to members whose facilities are recovering from the physical impacts of a disaster. This could include continued information sharing within the Coalition about available recovery services and resources, updates on estimated restoration times, and guidance and direction related to the availability of financial assistance or reimbursement for remediation activities.

HCRI will also coordinate through RIDOH, ESF-8, and/or RSF-3 to maintain situational awareness among state and local partners of the current operating status of the healthcare system and physical impacts to infrastructure to support a coordinated approach to disaster recovery and remediation.

Healthcare Supply Chain

To the best of its ability, HCRI will continue to monitor for impacts to the healthcare supply chain. This could include regular requests for information from members to report any impacts they are experiencing, as well as coordination with private-sector, state, and federal partners to identify and resolve potential barriers.

HCRI will continue to collaborate with RIDOH, ESF-8, and/or ESF-3 to receive, assess, and attempt to fill resource requests from Coalition members, particularly for resources they are unable to acquire due to supply chain disruptions. This could also include coordination with RIEMA for the deployment of resources from State stockpiles and warehouses.

Medical/Non-medical Transportation System
HCRI will coordinate directly with RIDOH to address issues related to the emergency medical services system. This could include measures to relax certain regulations to maximize EMS agencies' capacity. It could also include further coordination with RIEMA and ASPR to request and access federal ambulance strike teams or other out-of-state EMS resources.

HCRI will coordinate through RIDOH, ESF-8, and/or ESF-3 to engage transportation partners, including the Department of Transportation, the Rhode Island Public Transit Authority, and EOHHS to assess the availability of non-medical transportation resources that could be leveraged in support of healthcare system recovery. This may include coordination with RIEMA to access out-of-state resources through the Emergency Management Assistance Compact. It could also include collaboration with RIDOH and EOHHS to engage other transportation provides, including rideshare services (e.g., Uber, Lyft).

Communications
Particular attention will be paid to ensuring the functionality of the redundant communications systems HCRI employs to maintain situational awareness with members and key stakeholders. This will include, as necessary, coordination with the Rhode Island Emergency Management Agency to identify and resolve connectivity barriers. Priority will be given to system restoration efforts to reestablish communication between the healthcare system and public safety agencies (e.g., EMS, fire, law enforcement).

Healthcare Administration/Finance
HCRI will work to ensure awareness among members and the broader healthcare system of available funding and financial support related to disaster recovery. This will include efforts to connect members seeking such assistance to appropriate agencies and services, such the Federal Emergency Management Agency, the Small Business Administration, etc. Any incident-specific guidance related to documentation, cost-tracking, and other record-keeping processes will be disseminated, as available.

Depending on the situation, HCRI leadership may engage members on behalf of the Rhode Island Department of Health in efforts to secure disaster recovery funding through the Administration for Strategic Preparedness and Response's Hospital Preparedness Program or other federal sources.

Recovery Operations and Transition (Months to Years)

System Operations Restoration
HCRI will support ongoing, long-term efforts to restore operations, capacity, and capabilities within the healthcare system.

During this period, HCRI will continue to support information sharing both within the Coalition and with key stakeholders; in so doing, HCRI will be well positioned to facilitate ongoing engagement between members and RIDOH, the Executive Office of Health and Human Services (which may be leading RSF-3 during this time), and other state and federal partners.

HCRI may be engaged in hotwashes, after-action reviews, focus groups, and other activities to assess the healthcare system's status, performance during the emergency response, outstanding gaps and deficiencies, and barriers impeding a return to (new) normal operations. HCRI will work to advocate consistently and equitably for the needs of its members during these

engagements. HCRI will also seek to participate in efforts to develop and implement new initiatives, processes, and policies to improve the healthcare system, its resilience, and access to it, as appropriate.

Transition and Return to Steady-State Operations

HCRI will continue to support the healthcare system's transition to normal (or new-normal) operations. HCRI will also support efforts to implement mitigation measures to improve the healthcare system's resilience and capacity to respond to future disasters. To this end, HCRI will seek participation in any statewide or State-led recovery and mitigation efforts that may involve or affect the healthcare system, not only to offer support and maintain situational awareness, but also to advocate for the needs of the Coalition and its members.

It is likely that this period will include efforts to conduct an after-action review to identify lessons learned, areas for improvement, and best practices from both response and recovery operations. Where appropriate, HCRI will lead, facilitate, or support these efforts. This could include conducting hotwashes and focus groups with members to identify relevant findings, and could result in the development of an after-action summary or report. As necessary and appropriate, HCRI will either lead or support efforts to track efforts to develop and implement improvement activities identified in such an after-action summary or report.