Continuity of Operations Plan

Healthcare Coalition of Rhode Island

Originally Published: 06/25/2025

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Promulgation Document

To All Recipients:

Promulgated herewith is the Healthcare Coalition of Rhode Island (HCRI) Continuity of Operations (COOP) Plan.

This plan represents an evolution of HCRI's earlier COOP outlined in previous versions of the HCRI Response Plan.

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

This document will be reviewed by HCRI'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 Coalition's Co-Chairs. Preparedness gaps, updated HCRI priorities and objectives, and planned activities outlined within this document will also be updated on a regular basis.

Sincerely,

Dawn M Lewis

6/25/25

Dawn Lewis Date
HCRI Co-Chair

Rupsha Biswas

6/25/25

Rupsha Biswas Date
HCRI Co-Chair

Table of Contents

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, nursing homes, assisted living communities, home healthcare and hospice, and more.

HCRI provides two main essential functions for its membership:

- **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 by and within HCRI, both during scheduled meetings and on an ongoing basis through email and other means.
- **A mechanism to enhance coordination among its members and with response agencies outside of the healthcare sector during emergency responses.** The structure of HCRI, with its direct connection to the Rhode Island Department of Health (RIDOH) and the Hospital Association of Rhode Island (HARI), 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.

Purpose

The purpose of the HCRI Continuity of Operations Plan is to ensure HCRI has a plan to sustain its essential function of coordination and communication with healthcare facilities and agencies in the face of emergencies, including natural disasters, technology failures, and other incidents that could result in healthcare disruptions.

Assumptions

The following assumptions have been made to support the development and operationalization of HCRI's Continuity of Operations Plan:

- HCRI is led on a routine basis by RIDOH and HARI. Its leadership comprises personnel from both agencies, including (primarily) the Center for Emergency Preparedness and Response's (CEPR) Healthcare Emergency Management Director (HPP Coordinator) and HARI's Healthcare Emergency Management Director (HCC Readiness and Response Coordinator).
- 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), and therefore ESF-8 has access to all HCRI resources.
- RIDOH is the lead ESF-8 agency in Rhode Island.
- RIDOH and/or the Rhode Island Executive Office of Health and Human Services has sufficient organizational capability and capacity to both lead ESF-8 and assume operational control to coordinate HCRI's emergency responses in periods in which HCRI's Leadership is unable to fill this role.
- HCRI Leadership's continuity planning aligns with the federal Continuity Guidance Circular:
    - Provide Emergency Response/Recovery (NSF-6) [EMA, EMS, Medical]
    - Provide Critical Government Services (NSF-8) [Healthcare]

Risk Assessment and Impact

Risk

A day-to-day threat to continuity of HCRI's essential functions is loss of stability or access of voice and/or data systems, both of which are technology and, therefore, electricity dependent. Due to the need to send and receive communications with approximately 500 member agencies, much of the work performed requires at least one functioning form of technology. The level of vulnerability to this threat is high with much of the mitigation out of the control of HCRI Leadership, except for established permission level access and password protection. The loss of access to the internet, cell phone or radio towers, and/or any of HCRI's information sharing software products, would impact HCRI's ability to function.

An additional significant current threat to continuity of HCRI's essential functions is the potential loss of funding. Budgeting for and acquiring resources for continuity capabilities is one of the most important components of continuity planning. Currently, HCRI Leadership and the resources mentioned in this document are fully or partially funded through the US Department of Health and Human Services' Hospital Preparedness Program (HPP) and/or the Public Health Preparedness Program (PHEP). Without these funding sources, HCRI Leadership and, by extension, HCRI activities, coordination, and shared communication, would dissolve. The level of vulnerability to this threat is high and out of the control of HCRI Leadership.

Impact

HCRI Leadership does not provide direct patient care. However, the loss of continuity of HCRI Leadership to perform their essential functions could result in miscommunication across healthcare agencies, the inability of HCRI members to share and access resources, and significant degradation of the effectiveness and efficiency of the processes that have been developed to support patient/resident placement during a healthcare facility evacuation.

Guiding COOP Principles

Continuity of operations is defined as an approach to ensure an individual organization can continue to perform its essential functions, provide essential services, and deliver core capabilities during a disruption to routine operations, according to the "Guide to Continuity of Government for State, Local, Tribal and Territorial Government" published by FEMA.

HCRI practices COOP within its leadership roles and responsibilities and promotes COOP to all its member agencies, specifically utilizing the guidelines set forth within these documents:

- Presidential Policy Directive 40 (PPD-40), National Continuity Policy
- Federal Continuity Directives 1 and 2
- Federal Continuity Directives 1
- Federal Continuity Directives 2
- Guide to Continuity of Government
- Continuity Guidance Circular

Phases of the Continuity Framework

According to the Continuity Guidance Circular, there are four phases of continuity: Readiness and Preparedness, Activation, Continuity of Operations, and Establishing a New Normal.

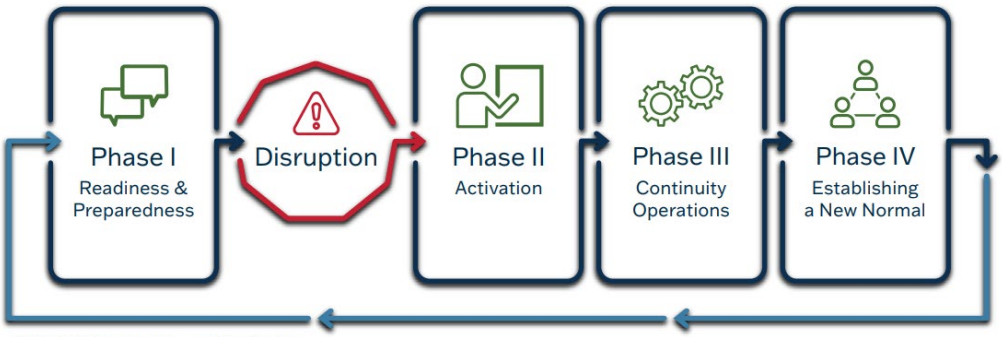


FIGURE 2 | The Four Phases of Continuity

Phase I: Readiness & Preparedness

HCRI maintains a Preparedness Plan that was developed to outline both the characteristics of the Coalition and the processes it employs to enhance coordination among its members as they work to advance their disaster preparedness efforts. In so doing, this plan outlines the Coalition's central administrative and strategic functions.

HCRI also conducts continuity of operations planning within its leaderships' home agencies and promotes this type of planning to all its member agencies, in alignment with Federal Continuity Directives 1 and 2.

The FEMA Continuity Framework's four planning factors outlined below help organizations consider the dependencies of and risks to their essential functions' development and maintenance of a viable continuity program.

- Staff and Organization: Staff within an organizational structure who are required to individually and collectively support or perform the essential function.
- Equipment and Systems: Physical resources or digital applications required to support the accomplishment of the essential function.
- Information and Data: The information and data required to complete the essential function or that result from its completion.
- Sites: The facilities needed to coordinate or accomplish the essential function.

Figure 1: Continuity Planning Framework

Staff & Organization

HCRI Leadership consists of a small group of people from RIDOH and HARI. Within this group, there are Policy Leaders, Operational Leaders, Support Staff, and Administrative Staff. Each of these positions has at least two people who can perform the assigned role or responsibilities. Due to the organizational structure of HCRI Leadership, there is no need for a delegation of authority. HCRI Leadership personnel are cross-trained in voice and communication systems.

The Rhode Island Department of Health retains statutory authority over the protection of public health in Rhode Island, and, as such, is the State's ESF-8 lead agency. RIDOH is one of the State agencies that falls under the jurisdiction of the Rhode Island Executive Office of Health and Human Services.

HCRI Responsibilities	Lead	HCC Readiness and Response Coordinator
	Lead	HPP Coordinator
	Back-up	Chief, CEPR
	Back-up	Deputy Chief, CEPR
ESF-8 Responsibilities	Lead	Chief, CEPR
	Back-up	Deputy Chief, CEPR

Equipment and Systems (Communications)

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.

Equipment and systems in use by HCRI Leadership and its members are outlined in the Healthcare and Public Health Sector Interoperable Communications Plan and the Rhode Island Disaster Emergency Communications Annex. HCRI Leadership and members' contact information, including telephone numbers and email addresses, is regularly updated and shared with members.

In its day-to-day operations and during emergencies, HCRI uses multiple communication systems across different types of equipment/platforms to minimize disruptions to mission-critical information sharing, should one or more systems be impacted. Those used most regularly include:

- Email: Email is widely used by all HCRI members in both routine and emergency operations.
- Telephone: Landline and cellular phones are widely used by all HCRI members in both routine and emergency operations. RIDOH, including its laboratory, and the hospitals also maintain satellite phones for emergency use.
- Text/SMS: Text messaging groups are frequently used by HCRI Leadership and RIDOH to coordinate during emergency responses.
- Internet-based Messaging and File Sharing: Much of HCRI Leadership's and RIDOH's collaboration is conducted through Microsoft Teams.
- Web-based Coordination Tools:
    - Coordination with hospitals, health centers, nursing homes, assisted living communities, and other HCRI members is facilitated primarily through web-based systems, such as ProtectAdvisr and ImageTrend Resource Bridge. A backup software for these systems is Basecamp.

    - During activation at the State Emergency Operations Center, ESF-8 can aggregate data from these systems to provide a comprehensive overview of the status of the healthcare system to RIEMA, municipal EMAs, and others through ESF-8 updates to WebEOC.
- Mass Notification: When it is necessary to distribute information to a wide range of members, Everbridge software is utilized. This system allows for general one-directional notification (with or without confirmation of receipt) or bilateral information sharing through a polling process.
- Radios: The Rhode Island Statewide Communications Network (RISCON) 800 MHz radio system is the primary statewide, interoperable radio-based voice communication system used during emergencies as well as day-to-day operations. The Hospital Emergency Agency Radio (HEAR) serves as its redundant backup system for a more limited group of HCRI members.

As set forth in the Federal Continuity Directive, to ensure the communication needed to accomplish its essential functions, HCRI has classified a more expansive list of its communication systems into the Primary, Alternate, Contingency, Emergency (PACE) communications planning model.

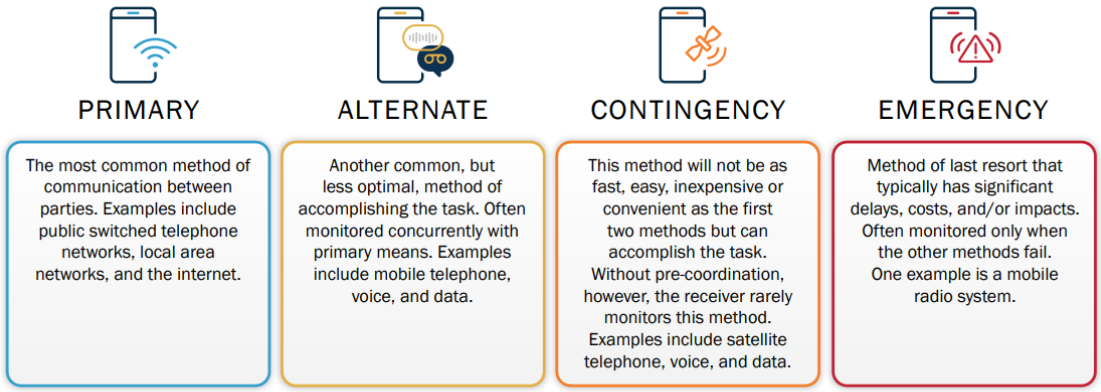


FIGURE 5 | PACE Model

- Primary: The most common method of communication between parties.
    - Phone
    - Text/SMS
    - Email (including web-based fax)
    - ImageTrend Resource Bridge
    - ProtectAdvisr
    - Basecamp
    - HCRI website
    - 800 MHz radio
    - Microsoft Teams
    - WebEOC

- Alternate: Another common, but less optimal, method of accomplishing the task, often monitored concurrently with primary means.
    - 800 MHz radio
    - Fax
    - HEAR
    - Zoom
    - Broadband cards
    - Everbridge

- Contingency: This method will not be as fast, easy, inexpensive or convenient as the first two methods but can accomplish the task. Without pre-coordination, however, the receiver rarely monitors this method.
    - Satellite phone/internet
    - Government Emergency Telecommunications Service (GETS)

- Emergency: Method of last resort that typically has significant delays, costs and/or impacts. Often monitored only when the other methods fail.
    - 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) or vendors (e.g., Jensen Hughes) to engage HCRI members on leadership's behalf. Grassroots leads and/or vendors 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.

Information and Data (Essential Records)

Much of the operational data and demographic information available to HCRI Leadership is generated and stored by the member agencies and captured by HCRI's information sharing systems (see above).

HCRI maintains a set of essential records (plans, documents, forms, and agreements) for use by leadership and its members and establish the core structure of the Coalition and its response processes.

Essential Record	Location
HCRI Preparedness Plan	MyHCRI Website (published) ProtectAdvisr (published) ImageTrend Document Hub (published) Microsoft Teams (working copies)

	Binder (HCRI Leadership)
HCRI Response Plan	MyHCRI Website (published) ProtectAdvisr (published) ImageTrend Document Hub (published) Microsoft Teams (working copies) Binder (HCRI Leadership)
HCRI Specialty Surge Annexes	MyHCRI Website (published) ProtectAdvisr (published) ImageTrend Document Hub (published) Microsoft Teams (working copies) Binder (HCRI Leadership)
Healthcare System Event Workplan	ProtectAdvisr (published) ImageTrend Document Hub (published) Microsoft Teams (working copies) Binder (HCRI Leadership)
HCRI Resource Request Form	ProtectAdvisr (published) ImageTrend Document Hub (published) Microsoft Teams (working copies) Binder (HCRI Leadership)
ED Storm Statistics Form	ImageTrend Document Hub (published) Microsoft Teams (working copies) Binder (HCRI Leadership)
HCRI Member Contact Information	ProtectAdvisr (published) ImageTrend Document Hub (published) Microsoft Teams (working copies) Binder (HCRI Leadership)
Memoranda of Understanding (MOUs)	ProtectAdvisr (published) Microsoft Teams (working copies) Binder (HCRI Leadership)

Sites

Both lead organizations for HCRI (RIDOH (CEPR) and HARI) have physical worksites with IT infrastructure. Since both sites are located in the same city, they could be equally affected by disaster. Options for continuity include:

- If only one site is impacted, the other could serve as a temporary alternate site for HCRI Leadership staff.
- Most of HCRI Leadership activities can be performed virtually from an out-of-area site such as the home offices of HCRI Leadership staff, or from sites of HCRI member organizations.
- Rhode Island is a small state and all individuals in HCRI Leadership live within 45 minutes of one another. If communication systems were unavailable, HCRI Leadership could meet in person at the RIDOH (primary site) HARI (secondary site) to develop a plan for emergency operations.

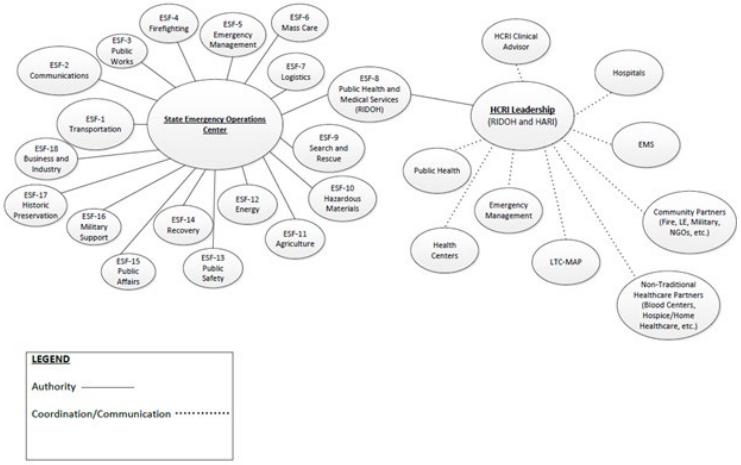
Phase II: Activation

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 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.

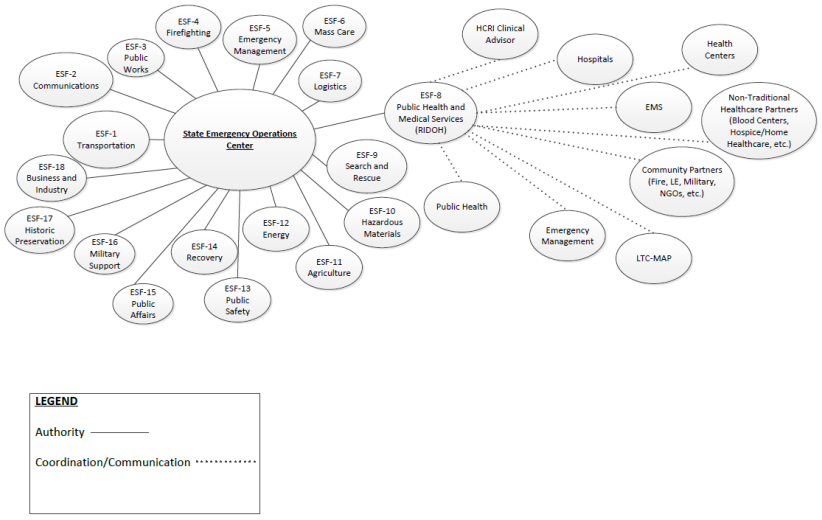
Coalition Response Structure

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.

The following diagram illustrates HCRI's **normal** organizational structure during responses, with its connection through ESF-8 to the SEOC. *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.*



During situations requiring COOP activation, in which HCRI Leadership is unable to perform its role, the following structure will be adopted to maintain coordination with HCRI members:



In short, RIDOH/ESF-8 will assume HCRI Leadership's coordinating role.

Notification and Activation

If an incident occurs that requires HCRI to adopt continuity of operations measures because its ability to perform one or more of its essential functions is compromised, RIDOH/ESF-8 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 (Everbridge), 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. RIDOH's Center for Health Facilities Regulation may also query healthcare facilities and agencies via email lists and/or phone, if there are impacts to the availability of CEPR/HCRI staff members and/or other technologies.

RIDOH/ESF-8 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 RIDOH/ESF-8 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.

Phase III: Continuity Operations

While under COOP conditions, RIDOH/ESF-8 will continue to leverage processes outlined in the Healthcare Coalition of Rhode Island Response Plan to sustain coordination and support to members, to the extent possible. Any adaptations to the process will be promptly communicated to members through any available communication mechanisms.

Resources

A number of mechanisms maintained by HCRI support resource sharing among HCRI members, as well as with regional and federal partners. These mechanisms will be sustained, to the extent possible, by RIDOH/ESF-8 while under COOP conditions. For more information on these mechanisms, see the HCRI Response Plan.

Memoranda of Understanding (MOU) have been implemented between and among the hospitals and, separately, between and among health center communities for the specific purpose of sharing resources between facilities. Nursing homes and assisted living communities are subject to the MOU that comprises the Long-Term Care Mutual Aid Plan (LTC-MAP). These MOUs outline the procedures the requestor should follow, as well as the terms and conditions of both loaning and receiving loaned resources. RIDOH/ESF-8 will support the operationalization of the MOUs while under COOP conditions.

RIDOH partners with RIEMA to coordinate the deployment of emergency response equipment and supplies, 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, RIDOH will coordinate with RIEMA to secure the resource and arrange its retrieval or delivery.

For resource needs that cannot be met from within the Coalition, RIDOH/ESF-8 will coordinate through RIEMA/ESF-7 to locate and acquire the resource, if possible. As the State's emergency management agency, RIEMA maintains a number of contracts that can be used to acquire resources. Additionally, RIEMA can leverage the Emergency Management Assistance Compact (EMAC) and/or the International Emergency Management Assistance Compact (IEMAC), which allow the State of Rhode Island to request resources from neighboring states.

RIDOH/ESF-8 will work to maintain visibility over HCRI members' resource availability and needs while under COOP conditions. In situations involving broader or larger-scale supply chain disruptions, RIDOH/ESF-8 will engage external State, regional, and federal partners to identify and acquire resources. 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 (RDHRS) to identify available resources and support, as well as federal partners from ASPR and CDC.

Phase IV: Return to Normal/Establishing a New 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 response processes. Resumption of those practices will then follow.