Recovery Strategy

Healthcare Coalition of Rhode Island

As of 06/30/2025

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Promulgation Document

To All Recipients:

Promulgated herewith is the Healthcare Coalition of Rhode Island (HCRI) Recovery Strategy

This plan represents an evolution of HCRI's earlier Recovery strategies 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 stakeholders 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

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 EOHHS).

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 RSF-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.

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 aggregate 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 non-healthcare 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 (EMAC), 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 RSF-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.

For information around activation of our federal Strategic National Stockpile (SNS) and medical countermeasure (MCM) distribution, please refer to the Medical Emergency Distribution System (MEDS) Plan.

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 RIDOH in efforts to secure disaster recovery funding through ASPR'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 EOHHS (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.