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| **ASPR HOSPITAL PREPAREDNESS PROGRAM**  COOPERATIVE AGREEMENT CFDA: 93.889    **BP3 1901-03 REGIONAL COALITION BUDGET NARRATIVE** JULY 1, 2021 - JUNE 30, 2022 | | | | |
| **COALITION NAME/FISCAL AGENT:** | | | Central Minnesota Health Care Preparedness Coalition/St. Cloud Hospital | |
| **A. PERSONNEL: ADMINISTRATION AND COORDINATION (DIRECT EMPLOYEES OF FISCAL AGENT)** | | | | |
| **POSITION TITLE/NAME** | | | **JUSTIFICATION** | |
| Grant Administrator/RHPC  Rachel Mockros  .20 FTE | | | Rachel Mockros’ duties are:   * Administrative   + Grant Administrator     - Responsible for; tracking all expenditures, approval of invoices for payment, monitor and approve staff payroll, budget preparation, quarterly financial reports, quarterly invoicing to MDH, employee performance reviews, training, and coaching. and manages all contracts.     - Manages and monitors projects, the workplan, programs and activities directed by the grant deliverables.     - Responsible for the oversight, presentation and negotiation of the Office of Management and Budget (OMB) A133 audit.     - Assure compliance with all administrative duties.   + Lead RHPC     - Responsible for assuring that all grant objectives are met, and administrative records/reports are completed and submitted in a timely manner.     - Will coordinate and supervise coalition staff's duties to assure that all duties, as related to the Capabilities and Functions of FY20, are completed.     - Train staff to have the knowledge and authority to oversee the grant if an absence were to occur.     - Will manage health multi agency coordination (HMAC) and response for the coalition 100% of the time during disasters or incidents requiring HMAC support.     - Attend MDH statewide quarterly meetings.     - Will facilitate and coordinate, at minimum, one workgroup to accomplish outcomes and outputs outlined in the capabilities section.     - Participate on MDH workgroups as needed. * Rotates 24/7 on-call duties to support the coalition. * Time will be divided among the following work plan capabilities:   + Grant Administration: 80%   + Lead RHPC: 20% * On average, Rachel will work 8 hours a week on HPP grant administration and Lead RHPC responsibilities. | |
| RHPC  Don Sheldrew  .80 FTE | | | |  | | --- | | Don Sheldrew’ s duties are:   * Primary RHPC for the Central MN Healthcare Preparedness Coalition. * Will facilitate and coordinate the Central Coalition’s meetings:   + Advisory committee (monthly),   + Coalition (Ad Hoc and Quarterly Meetings)   + Serve on workgroups as needed to accomplish outcomes and outputs   outlined in the capabilities section.   * Serve as a leader for the health care coalition emergency planning and response   activities.   * Will assist the Grant Administrator/Lead RHPC by assuring that all grant objectives are met, and administrative records/reports are completed and submitted in a timely manner. * Will oversee that all coalition members meet the terms, expectations and   responsibilities assigned in FY21.   * Will monitor, and measure progress made towards grant duties. * Will assist with managing health multi agency coordination (HMAC) and response for the coalition 100% of the time during disasters or incidents requiring HMAC support. * Attend MDH statewide meetings. * Participate in MDH facilitated/supported workgroups/committees   + MNTrac Advisory Committee   + Health Care Coalition Executive Engagement Workgroup   + Crisis Standards of Care Workgroup   + HAI Workgroup   + Exercise Development Workgroup   + Any other workgroups/committees requested by MDH * Manage the coalition’s website. * Coordinates logistical support for meetings and trainings. * Rotates 24/7 on-call duties to support the coalition. * Time will be divided among the following work plan capabilities:   + Administration 10%   + C1: 30%   + C2: 20%   + C3: 10%   + C4: 30%   \*\*Please see the outcomes and outputs listed within the capabilities section\*\* | | |
| Emergency Preparedness Specialist / Educator  David Miller .30FTE | | | Duties:   * Assist in completing all grant objectives, administrative records and reports specific to the duties outlined in each capability section. * Will facilitate and coordinate, at minimum, one workgroup to accomplish outcomes and outputs outlined in the capabilities section, including the Central Coalition’s Education & Exercise Workgroup (every other month and as needed for exercise planning). * Time will be divided among the following work plan capabilities: * C1: 60% * C2: 20% * C3: 20% * Conduct the annual training and exercise planning workshop. * Develop and submit the multi-year training and exercise plan (MYTEP). * Coordinate and provide education, training and exercise opportunities and activities. This includes monitoring event registration and communication with participants as well as arrange with outside educators/facilitators to meet the objectives of the MYTEP. * Facilitate the coalition’s annual functional exercise.   + Produce after action reports/improvement plans (AAR/IP) for coalition exercises and real-life events in accordance with Homeland Security Exercise Evaluation Program (HSEEP). Will submit AAR/IP to MDH within 60 days of exercise or real-life event. * Coordinate coalition level trainings. * Coordinate coalition level exercises. * Provide training and exercise expertise where needed.   ***Additional exercise and training duties are outlined in the carry over budget*** | |
| Emergency Preparedness Assistant  Katrina Hennen  .90 FTE | | | Duties:   * Provides extensive administrative assistance for the coalition. * Will perform data input, develop, and generate reports including graphs as well as producing a variety of presentations. * Will prepare and maintain records. * Responsible for agenda preparation, minute/notes taking, transcription, and follow-up on various tasks related to coalition committees and workgroups. * Coordinates the electronic meeting calendars/planners for all meetings and trainings. Manages the master calendar for the coalition. * Coordinates the annual employee evaluation and performance review process. * Designated time-card auditor. * Provides input to coalition leadership regarding operations issues which will improve or enhance workflows and processes. * Organized logistics for meetings and trainings including food, venue, equipment, and supplies. * Maintains comprehensive coalition member/partner contact lists. * Responsible for managing and facilitating review/revisions of all coalition related policies and guidelines. * Assists with financials, such as invoice coding, reimbursement preparation and reconciliation of various expenses. * Assists the RHPC and team members in maintaining and organized and easily retrievable filing system. * Reviews, triages, and prioritizes incoming correspondence for multiple functions, bringing urgent matters to immediate attention. In this role, sensitive and urgent communication occurs that requires immediate response, i.e., regulatory (MDH/CMS) information, emergency events, etc. | |
| Emergency Preparedness Support  Mitchell Miller  .10 to .50 FTE | | | Duties:   * Manage the supply and equipment cache and all workflows/processes associated with coalition inventory management.   + Will submit required information into the CAT. * Coordinate and facilitate respiratory protection training and refresher learning opportunities.   + Provide N95 fit testing for health care facilities needing assistance. * Will flex time worked based on COVID status and needs of coalition partners. | |
| **FRINGE BENEFITS:** | | | Narrative: CentraCare has been averaging 37% fringe benefits. This includes health insurance, worker’s compensation, separation costs, payment of accrued leave, retirement, life insurance, etc. = **$56,869** | |
| **B. EMPLOYEES CONTRACTED BY FISCAL AGENT** | | | | |
| **POSITION/CONTRACTOR** | | | **JUSTIFICATION** | |
| Clinical/Medical Advisor – Dr. Ari Dalal | | | As outlined in the ASPR guidance for FY21, each coalition should seek to hire or contract with a Clinical/Medical Advisor. Central as secured an interested clinical/medical advisor and has budgeted to cover wages/benefits related to orientating the clinical/medical advisor to the coalition and initiate work as outlined by the position description.  **$25,000 has been budgeted for the Clinical/Medical Advisor position.** | |
| **C. TRAVEL** | | | | |
| RHPC IN-STATE TRAVEL | | | This provides for the Central Coalition RHPCs' travel to attend meetings, trainings, and perform site visits in support of completing grant objectives and their work assignments. In special circumstances where it is more cost-effective staff will be provided meals and lodging. | |
| RHPC OUT-OF-STATE TRAVEL | | | This is to allow one (1) RHPC of the Central Coalition to attend a national healthcare emergency preparedness conference or professional development opportunity. These opportunities allow the RHPC to learn and network with other emergency preparedness personnel, and subject matter experts (Capability 1, Objective 5, Activity 1-5). The RHPC will only attend if it is deemed safe and appropriate for the growth of the coalition during the COVID pandemic. | |
| OTHER IN-STATE TRAVEL | | | This is to allow for Central Region Coalition's:  1. Emergency Preparedness Specialist/Educator to travel to meetings, trainings, and site visits in support of completing grant objectives and their work assignments. In exceptional circumstances where it is more cost-effective staff will be provided lodging.  2. HCC members travel to meetings in support of completing grant objectives.  The Central Region Coalition’s travel policy is:  a. The facility is paid for one vehicle's mileage roundtrip from their facility to the meeting site using the IRS standard mileage rate as a guide,  b. It is up to the facility to reimburse their employee.  Use of these funds is intended to build, support, and sustain the capabilities and objectives. (Capability 1, Objective 5, Activity 1-5). | |
| OTHER OUT-OF-STATE TRAVEL | | | The Central Coalition has submitted an abstract to present at the national coalition conference and if approved will take an executive from the coalition. In addition, with the recent COVID response activities it would be beneficial to take a member from several disciplines that were greatly impacted by these COVID activities. These activities added several new members and having a representative from some of these areas attend would assist in solidifying the need for continued activities. A member from the hospital, Long Term Care and Emergency Management disciplines would be asked to attend.  ***Estimated amounts would be based off travel and registration from the previous conference held in 2019. $12,250 (5 personnel).*** | |
| **D. EQUIPMENT** | | | | |
| **DESCRIPTION** | | | **JUSTIFICATION** | |
|  | | | There will be no equipment purchases made this budget period. | |
| **E. SUPPLIES** | | | | |
| **DESCRIPTION** | | | **JUSTIFICATION** | |
| General Office Supplies | | | $1,256 has been budgeted for general office supplies. | |
| **F. CAPABILITIES** | | | | |
| **Capability 1: Foundation for Health Care and Medical Readiness** | | | | |
| O1: Establish and Operationalize a Health Care Coalition | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION AND DESCRIPTION OF ACTIVITIES** |
| Activity 1. Define Health Care Coalition Boundaries | | | | Health care coalition boundaries and governance structure will be sustained as documented in the coalition bylaws. The bylaws, preparedness plan and response plan will be reviewed on an annual basis. |
| Activity 2. Identify Health Care Coalition Members | | | | The efforts put towards reaching and engaging additional members during previous years will be maintained. In addition, the activities of the COVID response during 2019-2021 produced new potential members as we assisted with education, communications, PPE and other items as needed. The region will host a “new member” orientation to cover membership activities, regional policies / plans and address questions that will promote sustained members and not just during crisis. |
| Activity 3. Establish Health Care Coalition Governance | | | | Governance for CMHPC has been established. It is reviewed on an annual basis. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain and review coalition boundaries, coalition members and governance as outlined in the bylaws and preparedness and response plans.**    1. Output: Maintain current activities, plans and review schedules. 2. **Outcome: Update current member rosters and obtain signed member agreements** 3. Output: The coalition will hold a “new member” orientation. 4. Output: Provide a coalition operations refresher to current coalition members. 5. Output: Connect new members with other coalition partners.   **The RHPC and Emergency Preparedness Assistant are responsible for this objective.** |
| O2: Identify Risk and Needs | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION AND DESCRIPTION OF ACTIVITIES** |
| Activity 1. Assess Hazard Vulnerabilities and Risks | | | | The Central Coalition has completed a coalition hazard and vulnerability assessment (HVA). This activity will be reviewed and maintained annually. Hazards not previously assessed, but identified through exercises and real-life events, will be considered, and added to the current HVA if determined necessary. Risks will be evaluated following real-life events and revisions will be made to the HVA as determined necessary. |
| Activity 2. Assess Regional Health Care Resources | | | | The Central Coalition completed a resource assessment in BP1-S and will update that considering the COVID-19 response to ascertain if any additions / changes need to be made. The coalition will implement identified strategies to strengthen coalition resources because of this assessment. |
| Activity 3. Prioritize Resource Gaps and Mitigation Strategies | | | | The Central Coalition completed a resource assessment in BP1-S and will update that considering the COVID-19 response to ascertain if any additions / changes need to be made. The coalition will implement identified strategies to strengthen coalition resources because of this assessment. |
| Activity 4. Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs | | | | The coalition created an access and functional needs workgroup in BP1 to identify gaps, The workgroup followed a written strategic outreach and engagement workplan and was seeking to implement education and training needs. Due to the COVID -19 response the full implementation of educational materials was unable to be rolled out. During the COVID 19 response activities, those with access and functional needs were prioritized by local agencies. During BP-3 the workgroup will re-assess the success or gaps encountered by local coalition member agencies and determine next steps.  ***Funding needed for an educational activity is described in the carry over budget.*** |
| Activity 5. Assess and Identify Regulatory Compliance Requirements | | | | The coalition will offer educational opportunities focused on regulatory compliance changes based on current gaps and trends as outlined in the multi-year training and exercise plan (MYTEP) and the COVID pandemic. See Capability 1, Objective 4 for more detail on educational opportunities. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain awareness of the risks and hazards to the healthcare coalition geographic area.**    1. Output: Review and update the coalition’s HVA annually and on an as needed basis, based on learnings from exercises or real events. 2. **Outcome: Determine how to reduce resource gaps and strengthen current resource capability/capacity throughout the coalition to better prepare for potential resource needs during times of disaster.**    1. Output: Using the data collected in the resource assessment during BP1-S and the COVID pandemic; identify resource strengths and gaps and develop a workplan that identifies how to reduce or close resource gaps and strengthen current resource capability/capacity. 3. **Outcome: Determine needs and gaps in reaching those with access and functional needs and evidenced by success and gaps in COVID -19 response activities by coalition members.**    1. Output: Assess strengths and weaknesses of response activities during COVID-19    2. Determine improvement strategies and implement at least one educational activity.   **The RHPC and Educator/Emergency Preparedness Specialist are responsible for this objective.** |
| O3: Develop a Health Care Coalition Preparedness Plan | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** | | | | |
| The preparedness plan for the Central Health Care Preparedness Coalition has been established and implemented. This plan will be reviewed annually and on an as needed basis**.**  **The RHPC is responsible for this objective*.*** | | | | |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain a functional preparedness plan.**    1. Output: Review and update the preparedness plan, annually, or as needed, based on learnings from exercises or real events.   ***The are no additional funds allocated for the above activities. This will be accomplished using staff time.***  **The RHPC and Emergency Preparedness Assistant are responsible for this objective.** |
| O4: Train and Prepare the Health Care and Medical Workforce | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Promote Role-Appropriate National Incident Management System Implementation | | | | NIMS competency and knowledge continues to be an area that is challenging for health care facilities to maintain. The coalition staff will provide NIMS training as requested by the health care coalition members. |
| Activity 2. Educate and Train on Identified Preparedness and Response Gaps | | | | Active threats continue to be an escalating risk for health care facilities, with several health care facilities experiencing increased violence in their patient/resident care environments.  **Funding has been reserved from carry over funds for a threat-based training to assist health care facilities with reducing workplace violence risks.** |
| Activity 3. Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations | | | | The Central Coalition will continue to maintain, review, and update the coalition’s multi-year training and exercise plan.  The Central Coalition is planning a 1.5 days full-scale exercise at Camp Ripley and will be contracting exercise planning coordination and facilitation with All Clear Emergency Management, Inc. All Clear Emergency Management, Inc will be contracted has project managers and primary exercise planners/developers. All Clear Emergency Management, Inc will be contracted to produce final versions of the master scenario events list (MSEL), exercise plan (EXPLAN), safety plan, evaluation guides and other exercise related documents. All Clear Emergency Management, Inc. will develop pre-exercise educational materials and will assist in coordinating logistics with Camp Ripley. All Clear Emergency Management, Inc. will also hire and coordinate exercise facilitators and evaluators.  The purpose of the full-scale exercise is to provide an optimal simulated opportunity for all primary coalition partners (Hospitals, Clinics, Long Term Care Facilities, Emergency Medical Services, Local Public Health Departments and Emergency Management) to practice and gain greater understanding of the coalition response and management plans. The following coalition plans will be tested, Regional Coordination Plan, Communication Plan, Medical Surge Plan, Fatality Management Plan and Access and Functional Needs Plan.  By conducting the full-scale exercise at Camp Ripley, the central coalition members can achieve full immersion in coalition emergency response and management leading to greater understanding and competency of the coalition plans. Practicing in a full immersion simulated environment where health care leaders can focus their attention to the learning and not be distracted by their day-to-day responsibilities has proven very effective as demonstrated through participant feedback from previous full-scale exercise opportunities and supported by professional research. This exercise is not associated with any state-wide full-scale exercises.  ***This activity was planned during BP-2 but due to the COVID-19 response, this will be delayed until Spring/Summer of BP-3.***  The coalition will utilize the education and exercise workgroup to guide the development of all coalition exercises and trainings, and to prepare, collect and analyze evaluations/participant feedback from all coalition-level trainings and exercises. The workgroup will consist of up to 10 members, led by the Emergency Preparedness Specialist/Educator. |
| Activity 4. Align Exercises with Federal Standards and Facility Regulatory and Accreditation  Requirements | | | | To ensure the full-scale exercise planning and exercise facilitation are compliant with HSEEP and regulatory agencies, All Clear Emergency Management, Inc. will be contracted to provide a Master Exercise Practitioner to the exercise development and execution.  ***This activity is being funded with carry over dollars.*** |
| Activity 5. Evaluate Exercises and Responses to Emergencies | | | | After action reports/improvement plans will be produced at maximum 60 days after the exercise or real-life event.  Due to the ongoing response to COVID-19 gathering information regarding these activities has been ongoing and continues. This prolonged response has generated several findings and would benefit from a more in depth and detailed process. All Clear Emergency Management has been asked to pull data together and provide a detailed analysis / report to be used in providing a more comprehensive AAR. |
| Activity 6. Share Leading Practices and Lessons Learned | | | | All strengths and opportunities for improvement identified in the after-action review/improvement planning process will be shared with coalition members. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Reduce threat-based risks in health care facilities.**    1. Output: Schedule and facilitate a training that addresses health care facility threat-based risks and active threat situations. 2. **Outcome: Coalition members will increase retention of coalition level preparedness and response plans by participating in simulated, hands-on training opportunities.**    1. Output: Plan and coordination a full-scale exercise that focuses on coalition level preparedness, response, and coordination. 3. **Outcome: Coalition members will obtain information related to the COVID response activities that will assist in informing members in providing improvement(s) for local and regional plans.**    1. Output: Conduct a regional AAR based on activities utilized and observed during the COVID response in BP-2.    2. Output: Produce a written AAR/IP based on the feedback provided through the AAR process.   **The RHPC and Educator/Emergency Preparedness Specialist are responsible for this objective.** |
| O5: Ensure Preparedness is Sustainable | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Promote the Value of Health Care and Medical Readiness | | | | The RHPC will leverage the COVID pandemic to promote the value of health care and medical readiness through member education and engagement |
| Activity 2. Engage Health Care Executives | | | | Central Coalition has identified strategies to increase health care executive leader engagement through information sharing, collaboration and education and exercise opportunities. Central coalition will coordinate a Senior Officials Workshop for All-Hazards Preparedness.  ***$1,000 is budgeted for this activity.*** |
| Activity 3. Engage Clinicians | | | | The Central Coalition has engaged a clinical/medical advisor as described and budgeted for in Section B. The clinical/medical advisor will influence coalition strategic and operational planning, engage other clinical/medical leaders, lead health care provider trainings, be an active member of the coalition’s advisory committee and participate in coalition-level exercises/real-life disasters. |
| Activity 4. Engage Community Leaders | | | | Engaging community leaders beyond current participation activities is not a focus area for FY22. It was FY21 but COVID has pushed back this activity. |
| Activity 5. Promote Sustainability of Health Care Coalitions | | | | The Central Coalition has developed a sustainability plan, however due to the COVID pandemic was not able to fully implement it or assess its functionality. The coalition will re-engage in this activity if the COVID pandemic allows.  The RHPC will also participate in the state-led sustainment and maturation workgroup if that is resumed. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain senior leader engagement after COVID-19 pandemic through training, collaboration, and networking.** 2. Output: Coordinate an emergency management senior leader workshop. 3. **Outcome: Develop a workplan to implement the sustainability plan in a phased approach that allows for flexibility for future COVID-19 surges.**    1. Output: Reconvene the sustainability workgroup to develop the implementation workplan.   **The RHPC and Educator/Emergency Preparedness Specialist are responsible for this objective.** |
| Contracts with Vendors to Achieve Capability 1 Objectives | | | | |
| **1.** | | **CONTRACTOR NAME** | | **All Clear** |
| **DESCRIPTION OF ACTIVITIES** | | **Develop an exercise to be held at Camp Ripley** |
| **Capability 2: Health Care and Medical Response Coordination** | | | | |
| O1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Develop a Health Care Organization Emergency Operations Plan | | | | The Central coalition will provide support to its membership in developing and maintaining their emergency operations plans by providing tools, resources, and education to ensure compliance with emergency preparedness regulations. |
| Activity 2. Develop a Health Care Coalition Response Plan | | | | The response plan for the Central coalition has been established and implemented. The preparedness plan is reviewed annually, and revisions will occur as needed. The coalition will share the response plan with coalition members to ensure that the plan aligns with health care facility level plans. The response plan will be reviewed and updated annually. The plan will be maintained on the coalition website. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain a functional response plan.**    1. Output: Review and update the response plan, annually, or as needed, based on learnings from exercises and real events. 2. **Outcome: Continue to test components of the response plan.**    1. Coordinate an exercise for the health multi agency coordination team members.   **The RHPC, Educator/Emergency Preparedness Specialist and Emergency Preparedness Assistant are responsible for this objective.**  ***The are no additional funds allocated for the above activities. This will be accomplished using staff time.*** |
| O2: Utilize Information Sharing Procedures and Platforms | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Develop Information Sharing Procedures | | | | The coalition will update and review the regional communications plan annually. The coalition currently uses the coalition website with chat room, MNTrac, email, 24/7 phone access, facsimile, and 800 MHz radio as sources for redundant communications. |
| Activity 2. Identify Information Access and Data Protection Procedures | | | | The coalition will provide training opportunities on cyber security and maintaining patient/resident/client confidentiality during disasters as the coalition determines this information is needed. |
| Activity 3. Utilize Communications Systems and Platforms | | | | The coalition conducts a monthly 800 MHz radio check in as well as a twice a year communications exercise to identify any gaps within the communications plan and processes. Interoperable communications systems training and testing. To maintain fully functional interoperable systems, reimbursement for health care facility coalition member participation will be provided up to **$520 ($87/test X 6) X 30 health care facilities = $15,600**  For our Long-Term Care facilities and those without 800 MHz radios, we will offer them the opportunity to check in and utilize one other communications method in place of the radio. Additional training and practice opportunities will be provided to LTC facilities.  ***On or before June 1, 2022 each health care facility is required to submit an invoice to the Central Region Coalition’s Grant Administrator for a total amount to be reimbursed up to a total of $520.*** |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: To maintain interoperable communications readiness through frequent testing opportunities.**    1. Output: Demonstrate competency with interoperable communications systems available to central health care coalition members.   **The RHPC and Educator/Emergency Preparedness Specialist are responsible for this objective.** |
| O3: Coordinate Response Strategy, Resources, and Communications | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Identify and Coordinate Resource Needs during an Emergency | | | | The Central coalition has a resource allocation plan that is reviewed annually and revised as needed. Best practices and opportunities gained from the COVID pandemic will be applies to this plan. |
| Activity 2. Coordinate Incident Action Planning During an Emergency | | | | The Central Coalition has focused training efforts and activities towards coalition level incident management training which has emphasized the use of incident action planning. These training and practice opportunities will continue. |
| Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors  during an Emergency | | | | The coalition will continue to use the communication pathways as identified in the coalition communications plan to communicate timely information to health care organizations. The health care organizations can determine how best and when to share these communications with health care providers, non-clinical staff, patients, and visitors. |
| Activity 4. Communicate with the Public during an Emergency | | | | The health care coalition will continue to explore opportunities to assist coalition partners with public information coordination as this has been identified as a resource gap for many health care facilities. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain information response strategies, coalition resource request process and information sharing pathways.**    1. Output: Annually review and revise as needed based on exercises or real-life events, the coalition resource request plan, and the communications plan.   **The RHPC and Educator/Emergency Preparedness Specialist are responsible for this objective.**  ***The are no additional funds allocated for the above activities. This will be accomplished using staff time.*** |
| Contracts with Vendors to Achieve Capability 2 Objectives | | | | |
| **1.** | **CONTRACTOR NAME** | | |  |
| **DESCRIPTION OF ACTIVITIES** | | |  |
| **2.** | **CONTRACTOR NAME** | | |  |
| **DESCRIPTION OF ACTIVITIES** | | |  |
| **Capability 3: Continuity of Health Care Service Delivery** | | | | |
| O1: Identify Essential Functions for Health Care Delivery | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** | | | | |
| The central coalition has identified key functions for health care delivery in current plans, also which address the coalition’s role in assessing and supporting these key functions in times of need. These plans are reviewed annually and revised based on lessons learned gained through exercises and real-life events. Any changes from lessons learned through the COVID response will be added where appropriate.  ***There are no funds allocated to this objective. This will be accomplished utilizing staff time.*** | | | | |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain the coalition continuity of operations plan.** 2. Output: Review and update the continuity of operations plan, annually, or as needed, based on learnings from exercises or real events. 3. **Outcome: Assess the need to bring back the coalition continuity of operations workgroup for development of various COOP strategies, based on lessons learned from COVID-19.**    1. Output: Reconvene the coalition COOP workgroup and establish a workplan. |
| O2: Plan for Continuity of Operations | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Develop a Health Care Organization Continuity of Operations Plan | | | | The coalition will continue to provide continuity of operations planning tools, templates, and access to an on-line educational platform as health care facilities need these resources. |
| Activity 2. Develop a Health Care Coalition Continuity of Operations Plan | | | | To ensure the ability for the coalition to maintain support for its members in a response, the coalition has a continuity of operations plan that identifies the steps necessary to maintain key functions. This plan includes defining how administrative and financial operations of the coalition will be maintained. The coalitions continuity plan is an appendix within the coalitions’ preparedness plan. This plan is reviewed annually and updated as necessary based on learnings gained from exercises and real-life events. |
| Activity 3. Continue Administrative and Finance Functions | | | | The Central coalition will continue administrative and finance functions during and after emergencies under the direction of the fiscal agent, St. Cloud Hospital. |
| Activity 4. Plan for Health Care Organization Sheltering-in-Place | | | | The decision to shelter-in-place is based on the nature and timing of the emergency, the potential effects on patient care delivery, and the status of critical infrastructure in the surrounding community. The coalition will support its’ health care facilities by continuing to provide education and resources to develop or maintain their shelter-in-place plans. This includes incorporating shelter-in-place options during coalition-based exercises. Coalition staff will direct health care facilities to utilize MDH’s evacuation and shelter-in-place planning guide when appropriate. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Strengthen health care facility continuity of operations plans.**    1. Output: Provide tools, templates and educational resources as health care facilities need.   **The RHPC and Educator/Emergency Preparedness Specialist are responsible for this objective.**  ***The are no additional funds allocated for the above activities. This will be accomplished using staff time.*** |
| O3: Maintain Access to Non-Personnel Resources during an Emergency | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Assess Supply Chain Integrity | | | | Coalition members are encouraged to maintain awareness about supply chain integrity. The coalition will support members by providing information obtained from other local, state, and national sources. The coalitions memorandum of understanding as well as the resource allocation plan include verbiage about sharing resources amongst coalition members in times of need. These plans are reviewed annually and updated, as necessary. |
| Activity 2. Assess and Address Equipment, Supply, and Pharmaceutical Requirements | | | | See O3, A1 for description |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Determine how to reduce resource gaps and strengthen current resource capability/capacity throughout the coalition because of the COVID pandemic, to better prepare for potential resource needs during times of disaster.**    1. Output: Using data and feedback gathered from several COVID pandemic after action reviews, immediate changes to the resource management process will be made quickly and long-term corrective actions will be assessed and prioritized appropriately.   **The RHPC and Emergency Preparedness Support are responsible for this objective.**  ***The are no additional funds allocated for the above activities. This will be accomplished using staff time.*** |
| O4: Develop Strategies to Protect Health Care Information Systems and Networks | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** | | | | |
| With an increased reliance on information technology in the health care setting, risks associated with information technology will be evaluated when the coalition’s hazard and vulnerability analysis is reviewed as described in. Since cyber security and maintaining an appropriate level of confidentiality have been identified as areas needing improvement through the multi-year training and exercise workshop, coalition members will be provided the opportunity to participate in a one-hour education session on cyber security and confidentiality during crisis events. This activity was scheduled for BP-2 but due to COVID, we will move this to BP-3  This is described in **Capability 2, Objective 2, Activity 2.** | | | | |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain awareness of cyber security and risks associated with breaching confidentiality during times of crisis.**    1. Output: Coordinate educational sessions to heighten cyber security and confidentiality awareness during crisis events.   **The Educator/Emergency Preparedness Specialist is responsible for this objective**.  ***The are no additional funds allocated for the above activities. This will be accomplished using staff time.*** |
| O5: Protect Responders' Safety and Health | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Distribute Resources Required to Protect the Health Care Workforce | | | | The Central coalition maintains a cache of personal protective equipment that could be requested and could support coalition member agencies with response to CBRNE and infectious disease outbreaks. This cache has been very valuable throughout the COVID pandemic.  During the COVID response, many organizations, particularly LTC, needed PPE and training to use effectively, safely, and correctly. Ongoing education and training will be offered to coalition members. |
| Activity 2. Train and Exercise to Promote Responders’ Safety and Health | | | | The Central coalition will provide a coalition-level first receiver train the training for CBRNE and infectious disease events. If health care facilities are interested in hosting a facility specific training, this can be provided on a fee-for-service basis |
| Activity 3. Develop Health Care Worker Resilience | | | | Due to the COVID Response, an initial decompression session will be offered using outside professionals at our first get together since the COVID response started. After this session, we will further assess using information gained at this and through an after-action review process because of the COVID pandemic to determine if additional resources or training will be needed.  ***$1,400 is budgeted to pay a consultant to lead the decompression activity.*** |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Promote and maintain current health care facility proper PPE usage.**     1. Output: Encourage health care facilities to work with the region to obtain PPE education.    2. Output: Health care facility coalition members and staff will participate in training and practice opportunities to fit test and use PPE. 2. **Outcome: Maintain readiness and response capability to CBRNE and infectious disease events.**    1. Output: Provide coalition-level first receiver training. 3. **Outcome: Gain understanding of health care worker resiliency as it relates to a pandemic.**     1. Output: Review learnings from a “decompression” session and review the regional AAR to determine any additional needs    2. Output: Assess best practices and opportunities for improvement through the after-action review process.   ***The RHPC, Educator/Emergency Preparedness Specialist and Emergency Preparedness Support is responsible for this objective****.* |
| *O6: Plan for and Coordinate Health Care Evacuation and Relocation* | | | | |
| **OBJECTIVE LEVEL** | | | | ***BUILD  SUSTAIN  SCALE BACK  NONE*** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1: Develop and Implement Evacuation and Relocation Plans | | | | RHPC’s will continue to direct coalition members to MDH’s evacuation and shelter-in place toolkit available on the MDH website as a best practice planning guide. |
| Activity 2. Develop and Implement Evacuation Transportation Plans | | | | The coalition will review its current plans and will make revisions as needed. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain coalition operational evacuation transportation plans.**    1. Output: The coalition will review the evacuation and sheltering plan annually and update as necessary based on learnings from exercises and real-life events.   **The RHPC and Educator/Emergency Preparedness Specialist is responsible for this objective**. |
| O7: Coordinate Health Care Delivery System Recovery | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Plan for Health Care Delivery System Recovery | | | | The coalition will work with its’ membership to ensure that response plans, include planning for recovery at the onset of an event, are continuously being evaluated and revised as needed. The workgroup will be re-convened based on the learnings discovered from the COVID pandemic. |
| Activity 2. Assess Health Care Delivery System Recovery after an Emergency | | | | The Central coalition will provide technical assistance to coalition members, as needed, to assist with navigating health care system recovery after an emergency. This may include data collection, analysis, after action reviews, collaboration with key stakeholders (i.e. supporting agencies), prioritization, state/federal reimbursement, and implementation of further assessment. |
| Activity 3. Facilitate Recovery Assistance and Implementation | | | | See O7, A1 for description. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Strengthen current health care facility and coalition-level recovery plans.**    1. Output: The coalition continuity of operations and recovery workgroup will review opportunities for improvement and provide strategic recommendations to the coalition. 2. **Outcome: Provide tools, template, resources, and technical assistance with health care system disaster recovery.**    1. Output: When needed, the coalition will provide technical assistance to navigate recovery. To do this, the coalition will be contracting to provide this service.   ***RHPC and Educator/Emergency Preparedness Specialist will be responsible for this objective.*** |
| Contracts with Vendors to Achieve Capability 3 Objectives | | | | |
| **1.** | **CONTRACTOR NAME** | | | MASA Consulting |
| **DESCRIPTION OF ACTIVITIES** | | | Facilitate decompression activity for coalition members. |
| **2.** | **CONTRACTOR NAME** | | |  |
| **DESCRIPTION OF ACTIVITIES** | | |  |
| **Capability 4: Medical Surge** | | | | |
| O1: Plan for a Medical Surge | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Incorporate Medical Surge Planning into a Health Care Organization Emergency  Operations Plan | | | | The medical surge plan is currently contained within the Coalition Response Plan. This plan includes guidance on crisis standards of care and the role the health multi-agency coordination center has responsibility for to share information with the coalition. The medical surge plan is available to coalition members through the coalition website and can be referenced when developing facility-level emergency operations plans. There are no funds allocated to this activity. This will be accomplished utilizing staff time. |
| Activity 2. Incorporate Medical Surge into an Emergency Medical Services Emergency Operations  Plan | | | | The Central coalition advisory committee will continue to collaborate with regional EMS to ensure the EMS emergency operations plan addresses medical surge response, coordination opportunities, and standard operating procedures. The Central coalition will provide opportunity to practice the EMS emergency operations plan and will work together to identify opportunities for improvement.  Prior to the COVID response a patient tracking workgroup was established. The coalition will review the need to continue this process given lessons learned during COVID and will adjust based off these learnings. |
| Activity 3. Incorporate Medical Surge into a Health Care Coalition Response Plan | | | | The medical surge plan is currently contained within the Coalition Response Plan. This plan includes guidance on crisis standards of care and the role the health multi-agency coordination center has responsibility for to share information with the coalition. The medical surge plan is available to coalition members through the coalition website and can be referenced when developing facility-level emergency operations plans. There are no funds allocated to this activity. This will be accomplished utilizing staff time. |
| **OUTCOMES & OUTPUTS FOR THIS OBJECTIVE** | | | | 1. **Outcome: Maintain coalition response plan.**    1. Output: The coalition will review the response plan annually and update as necessary based on learnings from exercises and real-life events. 2. **Outcome: Maintain relationships with EMS leaders and managers.**    1. Output: Offer and encourage EMS attendance at coalition-level meetings, trainings, and exercises. 3. **Outcome: Continue to review patient tracking strategies for incorporation into the coalition’s response plan.**    1. Output: The coalition patient tracking workgroup will reconvene based on learnings from COVID-19, identify patient tracking strategies and develop an action plan for implementation.   **RHPC and Educator/Emergency Preparedness Specialist will be responsible for this objective.** |
| O2: Respond to a Medical Surge | | | | |
| **OBJECTIVE LEVEL** | | | | **BUILD  SUSTAIN  SCALE BACK  NONE** |
| **ACTIVITY** | | | | **JUSTIFICATION & DESCRIPTION OF ACTIVITIES** |
| Activity 1. Implement Emergency Department and Inpatient Medical Surge Response | | | | Coalition staff will continue to provide tools and resources to hospitals to prepare for a medical surge response as needed in emergency departments and in-patient hospital departments. To test these plans, the coalition will be coordinating and participating in the annual surge test as required by ASPR. |
| Activity 2. Implement Out-of-Hospital Medical Surge Response | | | | Through the COVID after action review process, the coalition will identify what surge strategies were effective and should be incorporated into facility-level and coalition surge plans |
| Activity 3. Develop an Alternate Care System | | | | In surge or evacuation situations the need for an alternative care site may be necessary if the number of beds needed exceeds the amount available. The coalition continues to encourage facilities to have alternate care site plans and to share these plans with their local emergency managers. Health care facilities are encouraged to have memorandums of understanding with their alternate care sites. Activities in this objective will align with statewide initiatives in response to the COVID pandemic. |
| Activity 4. Provide Pediatric Care during a Medical Surge Response | | | | A surge of pediatric patients can overwhelm the resources available at a local hospital. The coalition has actively participated in the Pediatric Surge project led by MDH and will share with its’ membership the educational opportunities made available. |
| Activity 5. Provide Surge Management during a Chemical or Radiation Emergency Event | | | | Hospitals need to be prepared to handle a patient exposed to a chemical, biological, radiological, or nuclear emergency. A coalition-level first receiver training will be offered along with facility fee for service opportunities to meet this activity as described in **Capability 3, Objective 5, Activity 2**. |
| Activity 6. Provide Burn Care during a Medical Surge Response | | | | The coalition has identified one hospital as burn surge facility location in the Central Region. The coalition will support this facility as surge facilities by providing web based MNTrac training and other trainings as appropriate as requested. The coalition will continue to work with MDH on the Burn Surge initiative. |
| Activity 7. Provide Trauma Care during a Medical Surge Response | | | | The coalition encourages its hospitals to actively participate in the trauma advisory council within the region. The RHPC does attend these meetings to share information about statewide initiatives and regional trainings and exercises |
| Activity 8. Respond to Behavioral Health Needs during a Medical Surge Response | | | | The coalition continues to collaborate with behavioral health agencies and health and human services departments to promote and support emergency preparedness. Coalition staff are also able to provide psychological first aid training as a fee-for-service opportunity. |
| Activity 9. Enhance Infectious Disease Preparedness and Surge Response | | | | This activity has been a focus area for the coalition due to the current COVID pandemic. This year the coalition will develop an infectious disease plan and will collaborate with any MDH led activities as well. The coalition will continue to assess and revise our response to the COVID pandemic based on the evolving nature of the situation. |
| Activity 10. Distribute Medical Countermeasures during Medical Surge Response | | | | This activity will be meet as described in Capability 3, Objective 5, Activity 1. |
| Activity 11. Manage Mass Fatalities | | | | Mass fatality events have the potential of overwhelming resources at the local level. The coalition has mass fatality plan that provides its’ members with information about how to obtain additional resources, as necessary. This resource document is an appendix within the Coalition Response plan. The document will be reviewed annually and updated, as necessary. |
| **OUTCOMES & OUTPUTS** | | | | 1. **Outcome: Maintain preparedness by testing the coalition’s ability to coordinate evacuation and health care facility surge.**    1. Output: Hospitals and emergency medical services (EMS) agencies will participate in the annual surge test. Lessons learned and best practices will be shared with the coalition members and revisions to response plans will be made as appropriate. 2. **Outcome: Further engage out-of-hospital resources through a real-world event.**    1. Output: Develop and strengthen relationships with health care facilities/organizations that would support hospital surge/evacuation. 3. **Outcome: Participate in the development and enhancement of emergency preparedness and response tools and resources as guided by MDH.**    1. Output: Develop, customize, share, and implement tools and resources for pediatric and burn surge. |
| Contracts with Vendors to Achieve Capability 4 Objectives | | | | |
| **1.** | **CONTRACTOR NAME** | | |  |
| **DESCRIPTION OF ACTIVITIES** | | |  |
| **2.** | **CONTRACTOR NAME** | | |  |
| **DESCRIPTION OF ACTIVITIES** | | |  |
| **G. OTHER** | | | | |
| **Description** | | | **Justification** | |
| Wireless bricks/mobile internet | | | For coalition employees to maintain the capability to access electronic devices 24/7 at any location, they are provided wireless bricks/hot spots that allows for mobile internet with stable connectivity, so coalition employees do not have to use their personal devices. CentraCare does not support financial reimbursement for employee cell phones/data packages. **$1,100 has been budgeted for this item.** | |
| Food for meetings and trainings | | | The coalition meeting is held every other month and is 5-7 hours in length. Lunch is provided to accommodate coalition members traveling a distance and committing most of the business day to plan development, revisions, and coalition collaboration. Trainings are described throughout the budget narrative, any training extending 5 hours in length will have one meal provided to accommodate coalition members traveling distance and committing most of the business day to training which is described throughout the budget narrative.  **$5,000 has been budgeted for this item.** | |
| Virtual coordination platforms | | | The coalition meeting is held virtually every other month, and more frequently during crisis response. The coalition also conducts monthly interoperable communications exercises. The communications systems used to facilitate virtual meetings and serve as a back-up communication method when other communication methods fail are web-ex, teams, conference calling and the coalition web site. **$1,200 has been budgeted for this item.** | |
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| **H. TOTAL DIRECT COSTS** | | | | |
|  | | | | |
| **I. INDIRECT COSTS** | | | | |
| The St. Cloud Hospital is the Regional Healthcare Resource Center and is claiming 10% direct costs to cover expenses incurred by managing this grant. The tracking and labor involved in maintaining a separate budget which includes tracking fund allocation, reimbursement, maintaining a separate cost center, and preparing and submitting invoices to MDH using processes not in alignment with CentraCare’s standard financial and documentation processes. Other indirect costs include, information technology support for day to day business and emergency response, human resources, employee health and space for offices and storage for the coalition’s cache. | | | | |
| **J. TOTAL COST** | | | | |