

Granite State
Health Care Coalition

Annual Report

2021-2022



Foundation *for*
Healthy Communities



Foundation *for* Healthy Communities

The Granite State Health Care Coalition is an initiative of the Foundation for Healthy Communities, a non-profit organization that engages in innovative partnerships to improve health and health care in New Hampshire by addressing quality of care, access to care, and community prevention.

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ASPR HEALTH CARE PREPAREDNESS & RESPONSE CAPABILITIES

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. Each jurisdiction provides key support to the health care delivery system. The 2017-2022 Health Care Preparedness and Response Capabilities outline the high-level objectives that the nation's health care delivery system, including HCCs, should undertake to prepare for, respond to, and recover from emergencies. These capabilities illustrate the range of preparedness and response activities that, if conducted, represent the ideal state of readiness in the United States.

The four Health Care Preparedness and Response Capabilities are:

- **Capability 1: Foundation for Health Care and Medical Readiness**
- **Capability 2: Health Care and Medical Response Coordination**
- **Capability 3: Continuity of Health Care Service Delivery**
- **Capability 4: Medical Surge**

Each year, the Granite State Health Care Coalition identifies and implements activities to support the development or sustainment of each capability. In 2021-2022, the GSHCC updated the annual Hazard Vulnerability Assessment and mitigation strategies, developed a Continuity of Operations Plan and a Burn Surge Annex, assessed supply chain integrity, completed a gap analysis on the alternate care system in NH, conducted two specialty surge discussion-based exercises, held a General Membership Meeting and Conference, supported information sharing and communications, provided training and technical assistance to members, and maintained ongoing support to members to address issues of medical surge, continuity of health care service delivery, and health care and medical response coordination through the COVID-19 pandemic response. These activities have advanced the ability, capacity, and capabilities of the health care delivery system to prepare for, respond to, and recover from emergencies.

MEMBERSHIP OVERVIEW

All partners are valued Granite State Health Care Coalition general members, but part of the mission of the GSHCC is to garner formal support, encourage collaborative approaches to information and resource sharing, and support continuity of health care service delivery. To establish a membership structure, the GSHCC encourages general members to become supporting members of the Coalition with a signed Letter of Support.

Supporting members are eligible for additional benefits beyond what is extended to general members, including more specific technical assistance, exercise evaluation assistance, and more intensive educational opportunities.

GSHCC LEADERSHIP TEAM

The Granite State Health Care Coalition maintains a Leadership Team which provides guidance and subject matter expertise in decisions regarding Health Care Coalition priorities and objectives.

The Leadership Team representatives serve as active members of the coalition. The team represents all core membership sectors, including hospitals, public health, EMS, and emergency management. Additional members of the Leadership Team include representatives from long term care, Federally Qualified Health Centers and Community Health Centers, home health, and specialty providers.

Focus Areas

Each year, the Assistant Secretary for Preparedness and Response outlines hazard-specific planning, training, and exercise goals. In addition to the hazards identified in the annual Hazard Vulnerability Assessment, the GSHCC Leadership Team and partners engage in activities to enhance capabilities as directed by ASPR. In 2022, the GSHCC focused on continuity of operations planning, ongoing response to the COVID-19 pandemic, and burn surge management.

PLANNING OVERVIEW

The Granite State Health Care Coalition has successfully completed all required health care coalition planning deliverables for 2021-2022.

Preparedness Plan - Update

The GSHCC integrated strategies and tactics that promote communications, information sharing, resource coordination, and operational response planning between GSHCC and Region 1 Regional Disaster Health Response System (RDHRS). In the update, the *NH GSHCC Preparedness Plan* also includes information on supporting regional PPE procurement, ESF-8 volunteer management support, and the *GSHCC Continuity of Operations Plan (COOP)*.

Response (Coordination) Plan - Update

The *2022 Coordination Plan* update included additional information regarding the coordination between NH ESF-8 and the Region 1 RDHRS. It also includes an additional appendix on a gap analysis of the Alternate Care System in New Hampshire. Language was also expanded to include the use of Juvare platforms for communications, information sharing procedures, volunteer management, and the *GSHCC Continuity of Operations Plan (COOP)*.

Infectious Disease Surge Annex - Update

Based on the ongoing response to COVID-19, additional updates were made to the *NH GSHCC Infectious Disease Surge Annex*. Lessons learned through COVID-19 after action reporting processes and additional response activities are reflected in this Annex.

Pediatric Surge Annex - Update

The GSHCC team conducted a tabletop exercise to validate the *NH GSHCC Pediatric Surge Annex*, previously drafted in 2020-2021. Lessons learned and feedback from that exercise has been incorporated into the updated Annex.

Supply Chain Integrity Assessment - NEW

In collaboration with NH DHHS Bureau of Emergency Preparedness, Response, and Recovery, the GSHCC completed a Supply Chain Integrity Assessment to identify possible gaps and vulnerabilities and outline mitigation strategies.

PLANNING OVERVIEW

GSHCC Continuity of Operations Plan - *NEW*

The Granite State Health Care Coalition created a *GSHCC Continuity of Operations (COOP) Plan* to document mission essential functions and essential supporting activities required to maintain GSHCC continuity of operations before, during, and after an emergency impacting the health care and public health sectors at the direction of ESF-8.

Burn Surge Annex - *NEW*

The GSHCC crafted, validated, and finalized the *NH GSHCC Burn Surge Annex* in 2022. The plan serves as high level guidance to support a burn mass casualty incident (BMCI) in which the number and severity of burn patients exceeds the capability of HCC member facilities. The annex identifies the experts and specialized resources that must be engaged in a mass burn response, and the mechanisms/processes that will be used to determine which patients go to which facilities.

Hazard Vulnerability Analysis - Update

Foundational to GSHCC planning and activities, the *GSHCC Hazard Vulnerability Analysis* was updated to reflect possible changes in hazard impacts and preparedness efforts over the prior year. Activities related to the selected mitigation strategies were updated and revised to continue advancing preparedness across the health care sector.

PERFORMANCE MEASURES

The Assistant Secretary for Preparedness and Response (ASPR) uses standardized performance measures to measure the programmatic effectiveness and impact of funding to Hospital Preparedness Program (HPP) cooperative agreement recipients and health care coalitions. Performance measures define commonly understood goals and objectives. The 2021-2022 ASPR HPP performance measures for the GSHCC are included for member reference.

PERFORMANCE MEASURES

GSHCC Performance Measures (2021-2022)

PERFORMANCE MEASURE	DEFINITION	OUTPUT
1	Percent of funding each HCC receives from the recipient, other federal resources and non-federal sources.	100%
4	Membership representation rate of HCC core (acute care hospitals, EMS, emergency management agencies, and public health agencies) and additional member organizations by member type.	Hospitals 100% Emergency Management 100% Emergency Medical Services 100% Public Health 100%
5	Percent of HCCs that have complete and approved response plan.	<i>NH GSHCC Response (Coordination) Plan</i> was updated and approved
6	Percent of HCCs that have a complete and approved response plan annex addressing the required annual specialty surge requirement. [BP3- Burn Surge]	<i>NH GSHCC Burn Surge Annex</i> was drafted, validated, updated and approved
7B	Percent of HCCs that access the de-identified emPOWER data map at least once every six months to identify the number of individuals with electricity-dependent medical and assistive equipment for planning purposes.	emPOWER data downloaded twice in 2021-2022 and included in Preparedness Plan
9	Percent of HCCs engaged in their recipient's jurisdictional risk assessment	Participated in NH THIRA SPR update
10	Percent of HCCs where areas for improvement have been identified from HCC and member organizations' own exercises or real-world events, and the HCCs' response plans have been revised to reflect improvements.	Updated the <i>NH GSHCC Coordination Plan, Pediatric Surge Annex, Infectious Disease Surge Annex, and Burn Surge Annex</i>
12	Percent of HCCs that have drilled their primary communications plan and system/platform and one redundant communications system/platform at least once every six months	Redundant communications drills completed in November 2021 and May 2022
13	HCC member organizations that responded during a redundant communications drill	Drill 1 Drill 2 86% 93%

Due to flexibilities afforded through the COVID-19 pandemic response, the Medical Response and Surge Exercise was postponed until Budget Period 4 (July 1, 2022 to June 30, 2023).

EXERCISE OVERVIEW

Medical Response and Surge Exercise (MRSE) - Postponed

In 2021-2022, the Medical Response and Surge Exercise (MRSE) was launched by ASPR to replace the Coalition Surge Test (CST). The exercise has been redesigned to provide health care coalitions with additional scenario flexibility and application to real-world event responses. Flexibility was provided to jurisdictions to complete this exercise in 2021-2022 (BP3) or in 2022-2023 (BP4). To be better prepared for the exercise, NH will complete the MRSE functional exercise in 2022-2023 (BP4).

Pediatric Surge Annex Tabletop Exercise - Complete

Partners from health care, public health, EMS, and emergency management participated in a virtual Pediatric Surge tabletop exercise in December 2021. Participants were guided through a mass casualty incident involving pediatrics. The objectives of this exercise were to review existing pediatric care assets and identify gaps that may occur in a pediatric mass casualty incident; review agency/facility roles in a pediatric mass casualty incident; validate assumptions in the NH GSHCC Pediatric Surge Annex; and identify changes that need to be made in the NH GSHCC Pediatric Surge Annex based on the roles and capabilities of the involved partners. An **After Action Report and Improvement Plan** was developed to capture exercise evaluations and next steps.

Burn Surge Annex Tabletop Exercise - Complete

Representatives from across the GSHCC membership, including hospitals, EMS, public health, and emergency management played in a Burn Surge tabletop exercise in May 2022. The scenario focused on an incident at a large event that resulted in various traumas and burn injuries. Participants engaged in discussion to identify possible gaps and resources that would apply to the statewide coordination of a burn mass casualty event. An **After Action Report and Improvement Plan** was developed to capture lessons learned and priority capability gaps.

EXERCISE OVERVIEW

Infectious Disease Surge Annex Tabletop Exercise - Complete

Over the last two years, the Granite State Health Care Coalition completed two real-world event review processes to reflect the “ground truth” experiences, activities, and outcomes of stakeholders throughout COVID-19 response. This robust body of knowledge provided an opportunity for the GSHCC to evaluate the *NH GSHCC Infectious Disease Surge Annex*. Using COVID-19 response as a scenario, the GSHCC identified a variety of areas for improvement that can be reflected in the Annex with regard to how the GSHCC is leveraged during this type of response. Some of these areas have been highlighted in other exercises and suggest additional effort to address gaps in planning, organization, equipment, training, and exercising is needed. The **After Action Report and Improvement Plan** for this real-world evaluation is provided as a reference for GSHCC members.

EXERCISE OUTLOOK

Over the next year, the Coalition will be diving into a number of exercises that will require participation from core membership sectors (emergency management, EMS, public health, hospitals) and other health care partners. Please find below a rough timeline of what is on the horizon for required exercises. Additional exercises may be scheduled to meet identified needs.

Activity	Timeline	Description/ Notes	Partners
BP 4 (July 2022 – June 2023)			
Medical Response and Surge Exercise	Oct/Nov '22	Annual requirement for the MRSE functional exercise.	Core members, others TBD
Crisis Standards of Care CONOPs Tabletop Exercise	Oct '22- Spring '23	Requirement to validate <i>the Crisis Standards of Care Guidance for New Hampshire</i> CONOPs by June 2023.	Core members, others TBD
Radiation Surge Annex Tabletop Exercise	May '23	Discussion-based exercise to validate the GSHCC Radiation Surge Annex.	Core members, others TBD
BP 5 (July 2023 – June 2024)			
Medical Response and Surge Exercise	September '23	Annual requirement - MRSE functional exercise	Core members
Chemical Surge Annex Tabletop Exercise	Spring '24	Discussion-based exercise to validate the GSHCC Chemical Surge Annex.	Core members, others TBD

COVID-19 PANDEMIC RESPONSE

Due to COVID-19 response, the Granite State Health Care Coalition was able to provide ongoing support to a variety of partners through special projects, equipment purchases, and operational support. Equipment was purchased with ASPR COVID-19 Supplemental Funds.

EQUIPMENT PURCHASES

The Granite State Health Care Coalition provided ongoing support to a variety of partners through special projects, equipment purchases, and operational support since the start of the COVID-19 pandemic response. In 2021-2022, the GSHCC procured Losberger inflatable tents to support regional medical surge, vaccination, or other response priorities.

Losberger inflatable heavy-duty tents were allocated to all 13 public health regions across the state. These compact, lightweight, and modular tents can be deployed in under six minutes with only two to three people required to assemble. The tents can be used in numerous ways to augment emergency response. These assets are considered state owned and available for use by any partner in the region.

In 2020-2021 (BP2), ASPR COVID-19 supplemental funds also supported the purchase and distribution of over 400 electrostatic sprayers and multiple PAPR/CAPR systems and associated materials to support respiratory protection programs. This equipment is still in use and providing support to COVID-19 response operations. The GHSCC also contracted services to assist with vaccination planning and to begin the After-Action Reporting protocol for COVID-19 response. The outcomes of these projects supported the GSHCC's role in response between July 2021 and June 2022.

COVID-19 PANDEMIC RESPONSE

RESPONSE SUPPORT

Booster Blitz

As the world began to see the impacts of variant strains of SARS-CoV-2, NH continued its statewide vaccination campaign to make vaccines accessible to all Granite Staters, including providing booster doses at mass vaccination clinics. GSHCC staff supported NH ESF-8 by serving as Liaisons at vaccination sites. While on site, the staff assisted with many aspects of the clinics, including data quality, logistics, command support, clinic flow, and public information. The GSHCC team supported the Stratham and Laconia vaccine clinic sites for Booster Blitz 1.0 in December 2021 and Booster Blitz 2.0 in January 2022.

Fall COVID-19 Surge

Shortly after the Thanksgiving holiday, new cases of COVID-19 soared, reaching as high as more than 3,000 new infections per day in early January 2022. This wave persisted through February 2022 as the Omicron variant emerged as the dominant strain of SARS-CoV-2 in New Hampshire. Staffing challenges persisted throughout the health care sector. To address capacity issues, FEMA strike teams were deployed to NH to augment critical care capacity. Non-clinical staff from NH National Guard provided support to NH hospitals throughout the Omicron surge. The GSHCC staff provided support to NH DHHS through information sharing and communications between hospitals and the non-clinical staffing program.

Data Reporting

Ongoing requests for data from federal and state partners continued throughout the year. Daily, data was verified and submitted in accordance with federal and state requirements through Juvare EMResource. The GSHCC team continues to administer and adjust the reporting platform to support requirements and operational decision making.

RESPONSE EVALUATION

The Granite State Health Care Coalition completed a second real-world event after-action review process to add to a growing a growing body of knowledge of the health care and public health system response to the COVID-19 pandemic. Through the COVID-19 response after action reporting processes, more than 100 recommended actions have been identified by stakeholders as possible strategies or activities to address the root causes of identified areas for improvement. These recommendations have been aggregated and aligned to specific areas for improvement and prioritized based on anticipated impact, available resources, span of influence of the Coalition, and alignment with existing program priorities.

The GSHCC staff met with key stakeholders to propose recommended courses of action and begin work on implementing selected strategies and activities. Highest priority items were identified across preparedness domains, and work to implement identified strategies will be an ongoing effort as they are integrated into future program activities. Featured in the accompanying table are just some of the activities and initiatives that the GSHCC is leading or supporting over the next several months. These activities are just the first in a series of efforts to continuously improve health care preparedness and response capabilities across NH.

The GSHCC hopes to continue the evaluation process into 2022-2023.

Domain	Area for Improvement- Corrective Actions
Community Resilience	<ul style="list-style-type: none"> Complete a supply chain integrity assessment to identify vulnerabilities in essential health care supply chains.
Information Management	<ul style="list-style-type: none"> Convene stakeholders to identify Essential Elements of Information required for situational awareness in an emergency, including EEIs for specialty surge response and the intended use of information.
Surge Management	<ul style="list-style-type: none"> Establish a workgroup with representation from hospitals, public health networks, NH DHHS, and other stakeholders to identify strategies to address surge in communities, identify progress in planning for surge, and determine gaps between planning capability assumptions and operationalization. Support efforts to revise the Crisis Standards of Care Guidance for New Hampshire and promote alignment of Crisis Standards of Care assumptions across healthcare.
Countermeasures & Mitigation	<ul style="list-style-type: none"> Convene stakeholders to identify strategies that interrupt the cycle of burnout and staffing shortages. Identify best practices for creating or implementing organizational programs that support staff physical and mental wellness, such as group counseling, schedule flexibilities, and other supports. Support efforts to procure, rotate, and maintain a cache of personal protective equipment at either the facility, local, regional, or state level.





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