

Granite State
Health Care Coalition

Annual Report

2023-2024



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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**Granite State
Health Care Coalition**



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ASPR HEALTH CARE PREPAREDNESS & RESPONSE CAPABILITIES

The United States Department of Health and Human Services (HHS) Administration for Strategic 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 health care coalitions, 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 (GSHCC) identifies and implements activities to support the development or sustainment of each capability. In 2024, the GSHCC, in collaboration with NH DHHS, DPHS, Bureau of Emergency Preparedness, Response, and Recovery updated the Jurisdictional Risk Assessment (JRA), developed the *NH GSHCC Chemical Emergency Surge Annex*, updated the *GSHCC Continuity of Operations (COOP) Plan*, *NH GSHCC Pediatric Surge Annex*, *NH GSHCC Burn Surge Annex*, *NH GHSCC Infectious Disease Surge Annex*, *NH GHSCC Radiation Emergency Surge Annex*, *GSHCC Preparedness Plan*, and *GSHCC Coordination Plan*. The GSHCC also updated the Alternate Care System (ACS) gap analysis, conducted the functional Medical Response and Surge Exercise (MRSE), and MRSE AAR/IP, participated in the State Crisis Standards of Care (CSC) workshop, conducted the *GSHCC COVID-19 AAR Master Executive Summary*, completed two redundant communications drills, completed two GSHCC Connect Newsletter editions, and downloaded HHS emPOWER data twice. The GSHCC also held the General Membership Meeting and 2024 GSHCC 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, purchased necessary equipment to bolster healthcare and public health emergency preparedness, and health care and medical response coordination through many real-world events impacting the healthcare sector.

The GSHCC assisted hospital partners with required federal and state reporting, trained partners on Juvare EMResource and eICS, assisted partners with critical resource needs, disseminated relevant weekly webinar and training information, and assisted LTC with infection and control capabilities through the CDC Infection Prevention and Control Grant Project. The GSHCC has supported partners through additional real-world events including utility failures, resource shortages, staffing shortages, surge events, and cyber threats and impacts. The GSHCC also led the Alternate Care System (ACS) and Medical Operations Coordination Cell (MOCC) workgroups. 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. 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.

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 care, and specialty providers.

FOCUS AREAS

Each year, the Administration for Strategic Preparedness and Response (ASPR) outlines hazard-specific planning, training, and exercise goals. The GSHCC Leadership Team and partners engage in activities to enhance capabilities as directed by ASPR and enhance preparedness around top ranked hazards in the HVA. In 2024, the GSHCC focused on chemical emergency surge planning, exercising chemical emergency surge planning assumptions, MOCC planning, the ongoing recovery to the COVID-19 pandemic and its cascading impacts, and conducting activities on the CDC Infection Prevention and Control Grant project.

PERFORMANCE MEASURES

The Administration for Strategic 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 2019-2023 ASPR HPP performance measures for the GSHCC are included for member reference.

HPP Performance Measures (2019-2023)

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.	<table border="1"> <tr> <td>Hospitals</td> <td>100%</td> </tr> <tr> <td>Emergency Management</td> <td>100%</td> </tr> <tr> <td>Emergency Medical Services</td> <td>100%</td> </tr> <tr> <td>Public Health</td> <td>100%</td> </tr> </table>	Hospitals	100%	Emergency Management	100%	Emergency Medical Services	100%	Public Health	100%
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. [BP5-Chemical Surge] . All specialty annexes have been updated.	<i>NH GSHCC Chemical Emergency Surge Annex</i> was drafted, validated, updated and approved; The <i>NH GSHCC Coordination Plan, Pediatric Surge Annex, Infectious Disease Surge Annex, Radiation Emergency Surge Annex, and Burn Surge Annex</i> were updated.								
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 was downloaded twice in BP5 (September 2023 and March 2024) and included in Preparedness Plan								
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.	The <i>GSHCC COVID-19 AAR Master Executive Summary</i> was completed.								
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 December 2023 and June 2024								
13	HCC member organizations that responded during a redundant communications drill	<table border="1"> <tr> <td>Drill 1</td> <td>Drill 2</td> </tr> <tr> <td>93%</td> <td>63%</td> </tr> </table>	Drill 1	Drill 2	93%	63%				
Drill 1	Drill 2									
93%	63%									
14-21	MRSE Performance Measures	GSHCC Conducted the MRSE 12.6.23								

The Granite State Health Care Coalition has successfully completed all required health care coalition planning deliverables for 2023-2024.

Chemical Emergency Surge Annex - *NEW*

The *NH GSHCC Chemical Emergency Surge Annex* has been composed to reflect the GSHCC response, as a support to ESF-8, in the event a chemical emergency surge incident impacts New Hampshire and its healthcare and public health systems. The Annex provides high level guidance and identifies experts and specialized resources that must be engaged in a chemical emergency surge response as well as additional mechanisms/processes. The Annex was validated in a tabletop exercise in May 2024.

Radiation Emergency Surge Annex- *Update*

The *NH GSHCC Radiation Emergency Surge Annex* has been updated to reflect changes to the New Hampshire Trauma System Map Adult and Pediatric resources and training and exercise resources. The Annex was validated in a tabletop exercise in July 2023.

GSHCC Continuity of Operations (COOP) Plan- *Update*

The Granite State Health Care Coalition updated the *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. Other updates include noting findings from the 2023 HVA process.

Pediatric Surge Annex - *Update*

The *NH GSHCC Pediatric Surge Annex* was updated to reflect updated New Hampshire Trauma System Map Adult and Pediatric resources.

Burn Surge Annex - *Update*

The *NH GSHCC Burn Surge Annex* was updated to reflect changes in American Burn Association referral guidelines, new resources, and updated New Hampshire Trauma System Map Adult and Pediatric resources.

Infectious Disease Surge Annex - *Update*

The *NH GSHCC Infectious Disease Surge Annex* update includes revisions based on developing regional high consequence infectious disease planning assumptions. Provisional language was added to reflect updates to the evolving hospital response tiers for infectious disease management and special pathogen planning. Additional revisions include updating infectious disease resources and capabilities and updating training and exercise resources.

Response (Coordination) Plan - *Update*

The *GSHCC Coordination Plan* update includes an update to the 2024 statewide Jurisdictional Risk Assessment (JRA).

Preparedness Plan - Update

The *GSHCC Preparedness Plan* update includes noting findings from the 2024 JRA and updating the emPOWER map.

Jurisdictional Risk Assessment (JRA) - Update

The Jurisdictional Risk Assessment (JRA) was completed in 2024 as a NH DHHS, DPHS, Bureau of Emergency Preparedness, Response, and Recovery initiative and included collaboration from the GSHCC and the Public Health Emergency Preparedness (PHEP) program. The JRA was updated to reflect changes in hazard priority impacts and preparedness efforts over the past five-years including the following healthcare and public health priorities: family emergency preparedness, medical surge, continuity of operations (COOP) and cyber threat resilience. The JRA process included two surveys and several IPPW meetings culminating in a report.

EXERCISE OVERVIEW

Medical Response and Surge Exercise (MRSE)

In 2021–2022, the Medical Response and Surge Exercise (MRSE) was launched by ASPR to replace the Coalition Surge Test (CST). The exercise was conducted December 8, 2023, for BP5 requirements. The exercise took place in a hybrid format of in-person and virtual. Exercise participants of core members included hospitals, NH DHHS, DPHS, Bureau of Emergency Preparedness, Response, and Recovery (EPRR), Regional Public Health Partners (RPHN), Skilled Nursing Facilities (SNF), Home Health, Long-Term Care (LTC), Department of Safety (DOS), EMS, and NH Homeland Security Emergency Management (HSEM). The exercise scenario tested three acute care hospitals, (Portsmouth Regional Hospital, Exeter Hospital, and Southern New Hampshire Medical Center). The scenario presented two hospitals with pipe bursts and water damage and the other hospital with an external and internal gas leak. Each of the three hospitals simulated an evacuation. Other hospitals participated in the scenario where they were presented with mass casualty patients from a fire or a motor vehicle accident. The RPHNs were tasked to set up shelters for the community members in their region due to the weather conditions in the scenario. Also, the scenario presented with power outages at a LTC facility.

Chemical Surge Annex Tabletop Exercise

The Chemical Surge Annex is a new annex that was tested in a tabletop exercise with core partners. The exercise was conducted on May 1, 2024, with participants of hospitals, NH DHHS, DPHS, Bureau of Emergency Preparedness, Response, and Recovery (EPRR), Regional Public Health Partners (RPHN), Skilled Nursing Facilities (SNF), Home Health, Long-Term Care (LTC), Department of Safety (DOS), EMS, and NH Homeland Security Emergency Management (HSEM). The exercise scenario presented exercise participants with chemical agents of Xylazine and Fentanyl in a crowded indoor location in two rural towns in New Hampshire during the November election. Participants discussed their level of response including patient transport, decontamination, and patient/family reunification.

EXERCISE OUTLOOK

Over the next year, the Coalition will be diving into several 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.

Exercise	Timeline	Description	Participating Partners
BP5 (July 2023 – June 2024)			
Medical Response and Surge Exercise	December 8, 2023	Annual requirement – MRSE Functional Exercise	DHHS Hospitals EMS Emergency Management Public Health Long-term Care Other core partners
Chemical Surge Annex Tabletop Exercise	May 1, 2024	Discussion Based Exercise to validate the GSHCC Chemical Surge Annex	DHHS Hospitals EMS Emergency Management Public Health Long-term Care Other core partners
BP1 (July 2024 – June 2025)			
Medical Response and Surge Exercise	Fall 2024	Annual requirement – MRSE Functional Exercise with new Patient Movement Exercise	TBD – Core Partners

ONGOING EFFORTS AND ACTIVITIES

RECOVERY SUPPORT

On-going COVID-19 Recovery Support

Due to the COVID-19 response and its cascading impacts, the Granite State Health Care Coalition was able to provide ongoing recovery support to a variety of partners through special projects, workgroups, and operational support such as sourcing equipment. The GSHCC team continues to provide support as partners recover from COVID-19 and engage in subsequent preparedness initiatives.

Data Reporting

Federal and state reporting requirements continued through April 30, 2024. Data was verified and submitted in accordance with federal and state compliance requirements through Juvare EMResource. The GSHCC team continues to administer and make adjustments to the platform to support ongoing state-requested metrics and operational decision making. The GSHCC team is actively pursuing development of hazard-specific Essential Elements of Information (EIs).

WORKGROUP DEVELOPMENT

The Medical Operations Coordination Center (MOCC) provides overarching medical guidance for patient load transfer and patient load balance. A small workgroup has been convened to discuss how to implement the application of a MOCC in NH. The project has many facets and will be divided into manageable pieces as the larger plan is under development at the state level. Hospital representatives including Chief Medical Officers, Chief Nursing Officers, and Hospital Emergency Management Coordinators participate in this planning team.

COVID-19 RECOVERY PHASE AFTER-ACTION REPORT AND MASTER EXECUTIVE SUMMARY

The GSHCC completed the fourth and final iteration of the COVID After-Action Report; The Recovery Phase as well as a Master Executive Summary, tying together overarching strengths, areas for improvement, and themes across all prior COVID-19 Phase After-Action Reports. The Recovery Phase of the COVID-19 After-Action Report captures strengths and areas for improvement from July 2022 through June 2023. This timeframe included recovery activities and was characterized by the transition from response to recovery, a “new normal”, and the expiration of both the Federal Public Health Emergency and the State of NH Public Health Incident. During this process, the GSHCC conducted outreach to partners throughout EMS, Public

Health, Hospitals, Emergency Management, among others consisting of surveys and stakeholder interviews. The GSHCC collected survey responses and conducted interviews with GSHCC partners on lessons learned and key takeaways during this timeframe.

CDC INFECTION PREVENTION AND CONTROL GRANT PROJECT

The Granite State Health Care Coalition, through the *'Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project'*, which concluded May 11th, 2024, worked to assist long-term care and skilled nursing facilities during their response to SARS-CoV-2 infections, and also to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety.

Activities included:

- GloGerm and N95 Fit Testing Train-the-Trainer workshops
- Infection Prevention and Control credentialing and certification for facility staff
- Credentialing for Environmental Services staff for Servsafe
- Staff educational programs including Infection Control Amplification in Nursing Centers (ICAN)
- Long-Term Care and Skilled Nursing LNA workforce augmentation
- Additional Infection Prevention and Control activities.

Between March 1st 2023 to April 10th 2024, The Granite State Health Care Coalition, in conjunction with the Healthcare Associated Infections Program (HAI) of New Hampshire DHHS, conducted 17 infection prevention and control train-the-trainer workshops. These workshops included the participation of 97 Long Term Care and Skilled Nursing Facilities throughout the state with 182 attendees. Attendees consisted of facility administrators, infection preventionists, nurses, staff educators/ coordinators, directors of nursing, environmental services staff, among others.

The Granite State Health Care Coalition subcontracted with Southern New Hampshire Area Health Education Center (SNHAHEC) to provide additional services as part of this award. Shepherded by NH Needs Caregivers, subcontracted services included support for LTC and SNF workforce through certifications and credentialing through Certification Board of Infection Control (CBIC) and Association of Professional Infection Control and Epidemiology (APIC); Mentor program, utilizing ICAN, engagement and expansion of the LNA workforce; and increasing infection prevention knowledge throughout the LTC and SNF workforce; distribution of APIC and APHA infection prevention and control publications to all LTC and SNF facilities within the state. Through these subcontracted services provided by SNHAHEC and NH Needs Caregivers; 125 individuals achieved became Licensed Nursing Assistance, of which, 76 found employment (47 LTC, 29 SNF). Another 10 individuals received ServSafe certifications (7 SNF, 3 LTC). Additionally, 6 received their Long-Term Care- Certificate in Infection Prevention (LTC-CIP), the breakdown of which is 4 SNF and 2 LTC.



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