

# Considerations for Inclusion of Ancillary Care Partners in HCC Activities



Quality Initiatives Division – Emergency Preparedness

COLORADO COMMUNITY HEALTH NETWORK 600 Grant St. Suite 800 Denver, CO 80203

## Table of Contents

Cover Page .....	0
Overview .....	2
Background .....	3
Ancillary Partner Engagement .....	1
Identifying New Ancillary Partners: .....	1
Exercise Development .....	2
Objectives: .....	2
Scenario Considerations: .....	2
Exercise Modules: .....	3
Module 1: Lead-up to event/Mitigation: .....	3
Module 2: Event & Response: .....	3
Module 3: Return to Normal: .....	4
Lessons Learned .....	4
Accessibility Considerations: .....	4
Location: .....	4
Interpretation Needs: .....	4
Conducting the Exercise .....	5
Lessons Learned & After-Action Reporting .....	6
AAR/IP: .....	6
Lessons Learned: .....	6
Identified Strengths of Ancillary Partners: .....	6
Areas for Improvement / Support Needed: .....	6
Resources .....	7
SLV HCC Exercise Documents: .....	7
Resources for Emergency Preparedness Education: .....	7
Other Resources: .....	7
Home Health and Hospice: .....	7
Community Health Centers & Out Patient Facilities: .....	7

## Overview

This toolkit serves as a guide for incorporating Community Health Centers (CHCs) and other ancillary care partners into regional Healthcare Coalition (HCC) exercise planning, as well as general considerations for inclusion of ancillary partners in HCC planning.

Specific items addressed in this toolkit include:

- Lessons learned and identified areas for improvement.
- Best practices for ancillary partner involvement.
- Resources for replicating a surge exercise for ancillary partners.

Any questions regarding this toolkit can be directed to Emily Bauer ([ebauer@cchn.org](mailto:ebauer@cchn.org))

## Background

The Colorado Community Health Network (CCHN) serves as the Primary Care Association (PCA) for the state of Colorado, representing the 20 Community Health Centers. CHCs provide a health care home for more than 832,000 Coloradans across 243 sites in 48 counties. That's one in seven people in the state, including 20% of Medicaid enrollees and 19% of CHP+ enrollees. Colorado's 20 CHCs are an integral part of the state's health care system, promoting wellness, and preventing and treating illness, including helping patients and communities respond to COVID-19.<sup>1</sup>

Part of the support that CCHN provides for CHCs includes emergency preparedness training and technical assistance. CCHN has partnered with the Colorado Department of Public Health and Environment (CDPHE) since 2007 to support CHCs' involvement in their regional HCC and support continuity of health care service delivery. Additional information on CCHN's emergency preparedness work can be found on [CCHNs website](#).

In June of 2023, CCHN partnered with the San Luis Valley Healthcare Coalition and Valley-Wide Health Systems to pilot a new workshop approach with the goal of understanding the unique needs of ancillary partners and their capacity to participate in regional response efforts. CCHN also conducted a series of conversations with CHCs to understand how they have participated in previous HCC activities and identify any barriers to participation. CCHN will be partnering with another Healthcare Coalition to host a second exercise. This toolkit may be updated in the future to reflect additional lessons learned.

Ancillary partners play a crucial role in supporting communication between outpatient facilities, physician services, primary care, and hospitals, as well as supporting the continuity of the health care system.

Some examples of ancillary partners include but are not limited to:

- Community Health Centers
- Urgent Care Facilities
- Pharmacies
- Nursing Home Facilities
- Long Term Care Sites
- Diagnostic Laboratory Centers
- Home Health and Hospice Providers

The information contained in this toolkit is informed by the activities outlined above and provides a summary of lessons learned, identified best practices, and specific considerations for inclusion of ancillary partners in Healthcare Coalition planning and exercises.

---

<sup>1</sup> [CCHN-brochure-updated-July-2023.pdf](#)

## Ancillary Partner Engagement

In 2018 ASPR TRACIE published two reports outlining the roles of Community Health Centers and Home Health and Hospice Agencies during a medical surge. Survey results from both reports identified that both entities participated in meetings with their regional HCCs but had challenges with relatability of HCC exercises and collaboration with response partners during an incident.

**Best Practice:** HCCs should consider their goals for including ancillary partners and look at their current planning to identify if it is inclusive of ancillary partners, as well as have realistic defined roles for coordinated emergency response.<sup>2,3</sup>

### Identifying New Ancillary Partners:

Once the intent and goals of ancillary partner participation have been identified, Healthcare Coalitions will want to analyze their membership to gauge current involvement of ancillary partners. Below are some questions to help prompt this analysis.

1. What types of ancillary partners are actively engaged?
2. What types of ancillary partners are missing?
3. Is there a specific group(s) of ancillary partners that you want to target for more involvement?

Ancillary partners often have access to state membership associations that provide training and technical assistance on a variety of levels. This often is a good starting point for HCCs to consider reaching out to understand what types of ancillary partners maybe providing services within their region. Below is a list of ancillary care-supporting associations within Colorado, but please note that this is not an exhaustive list.

- [Colorado Community Health Network](#)
- [Colorado Health Care Association & Center for Assisted Living](#)
- [Home Care and Hospice Association of Colorado](#)

Public health ESF8 leads, local emergency managers, and EMS partners may also be able to provide additional information or insight around ancillary partners within your region.

---

<sup>2</sup> [Medical Surge and the Role of Health Clinics \(hhs.gov\)](#)

<sup>3</sup> [MEDICAL SURGE and the Role of HOME HEALTH AND HOSPICE AGENCIES \(hhs.gov\)](#)

## Exercise Development

### Objectives:

When developing an exercise geared towards ancillary partners, Healthcare Coalitions will want to consider testing following objectives:

1. What are the capabilities of ancillary partners to maintain continuity of operations during the specified scenario?
2. What is the capacity of ancillary partners to participate in regional response?
3. What methods of cross-agency communication and information sharing do ancillary partners have in place?
4. What support do ancillary partners anticipate needing from the HCC?

During the SLV HCC exercise, other non-ancillary coalition partners were invited to attend and participate in the conversation. This also prompted questions around how they could support ancillary partners during a response and vice versa.

### Scenario Considerations:

When selecting an incident to test, HCCs should refer to their joint risk assessment to determine a scenario that is realistic for their region but also will also have impacts on ancillary partners. For the SLV HCC exercise, CCHN selected to test ancillary partners response during a cold surge and blizzard conditions, but incidents like medical surge, infectious disease, and utility failure are highly relatable incidents within ancillary care.

**Best Practice:** HCCs should consider including ancillary partners in the planning phase of the exercise to provide additional scenario support and insight into potential barriers of participation.

**Best Practice:** If this is the first ancillary partner exercise, HCCs will want to consider providing a general emergency preparedness and coalition overview in advance or at the beginning of the exercise. Many ancillary partners do not have staff solely dedicated to emergency management, this helps level-set knowledge and contribute to productive conversation.

*CCHN has developed multiple resources for onboarding new emergency preparedness leads that are listed in the resource section of this document.*

## Exercise Modules:

CCHN used the following modules to facilitate the exercise and prompt the discussion. CCHN has also included special considerations and question suggestions for ancillary care partners during each module.

### Module 1: Lead-up to event/Mitigation:

- Will an Incident Command be established at this point?
  - What would trigger this decision?
  - What agency staff would take the lead, and who would need to be included?
- What is your public information strategy at this point?
  - What methods or means are you using to provide credible and accurate information, and what are you doing to ensure vulnerable patient populations are reached?
  - Do you have plans in place to use social media networks?
  - How are you communicating with agency staff?
- **Long Term Care, Home Health, Hospice:** Do you have the staff and resources available to maintain operations 24 hours per day for the next 24-48 hours?
  - If not, where will you look to in obtaining these resources?
- Are there additional resources or information that you would want from your HCC, EMS, Hospital, or other partner?

### Module 2: Event & Response:

- What internal conversations are taking place within your facility at this point?
  - Who are you checking in with?
- What are some of your initial communications to external partners?
  - Are there other agencies that you will need to communicate with?
- If not already activated, at what point would you activate your Incident Command and at what level?
- How are you communicating updates throughout your agency?
- **Outpatient facilities & Health Centers:** Are you able to maintain operations at this point?
  - What is the threshold for closing your clinic?
  - What is the threshold for switching patients to telehealth if that is an option?
- **Long Term Care, Home Health, Hospice:** have you secured resources and staffing to maintain overnight operations?

- What additional resources would you need and how would you get them?
- Has there been any change to your response objectives?
  - If so, what?

### Module 3: Return to Normal:

- What actions (if any) are needed?
  - Do you anticipate a resume of regular operations on time?
    - Who takes the lead to determine this?
- Are you communicating with staff and patients at this point?
- What types of resources do you anticipate needing to continue operations?
  - **Outpatient facilities & Health Centers:** would your facility open as planned?
  - **Long Term Care, Home Health, Hospice:** are there additional recovery steps to consider for your operations?
- **Other Partners:** What actions would you be taking to communicate with Ancillary Care partners at this time?

### Lessons Learned

- What are some strengths that you identified for your organization/plan during this exercise?
- What are some areas for improvement that your organization needs to consider?
- How could your HCC and/or other regional partners support you in a similar incident (ex: information sharing, situational awareness, etc.)?
- What are some challenges related to Ancillary Care when considering regional emergency preparedness planning?
- How can the HCC consider Ancillary Care Partners in future planning efforts?

### Accessibility Considerations:

#### Location:

When conducting the exercise, HCCs will want to think about what method of facilitation will work best for their region and members. During the SLV HCC workshop, CCHN facilitated the 90-minute exercise virtually to remove access barriers due to the large service area of the region.

#### Interpretation Needs:

The planning committee and HCC will want to consider if interpretation services are needed for the exercise. Asking this need during registration can provide information around if this is needed.



## Conducting the Exercise

As addressed above, emergency management is often combined with other roles in ancillary care, and this may be the staff member's first time participating in an exercise of this form. Providing these reminders and an overview of the exercise can increase how participants want to engage.

When conducting the exercise, it is important for the facilitator to remind all participants of the exercise guidelines. Below are the guidelines that CCHN used to inform participants at the beginning of the exercise.

- Don't fight the scenario.
- This is an open, low stress, no fault environment.
- Varying viewpoints, and even disagreements, are expected.
- Decisions are not precedent-setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Respond to the scenario using your knowledge of your organization's current plans and capabilities.
- This scenario and questions are targeted towards Ancillary Care Facilities, but other stakeholders/partners are encouraged to participate.

## Lessons Learned & After-Action Reporting

### AAR/IP:

The After-Action Report and Improvement Plan (AAR/IP) is an essential best practice when providing an exercise. HCCs should ensure that their AAR/IP incorporates actional items to address any gaps identified by the HCC or ancillary partners.

### Lessons Learned:

After the development of the SLV HCC exercise AAR/IP, CCHN identified the following strengths and areas for improvement.

#### Identified Strengths of Ancillary Partners:

- Have strong internal cross communication processes between administrative and patient facing staff.
- Demonstrated good information sharing processes for external communications to patients and other essential partners.
- Demonstrated what sources they would use to obtain regional alert information.
- Have strong plans and procedures in place to activate EOP when indicated.
- Have strong systems for activating their incident command when indicated.

#### Areas for Improvement / Support Needed:

- Continue to support situational awareness information sharing across the region.
- Identify Ancillary Care Partners that have 800mHz radios to include during regional radio drills.
- Engage additional Ancillary Care Partners to join as HCC members.
- Encourage Ancillary Care Partners to alert HCC when their EOP is activated and share any anticipated support needed.
- Continue to support and identify needed resources/supports for Ancillary Care Partners. Especially for those that serve vulnerable populations.
- Encourage Ancillary Care Partners to share their EOP and associated annexes with HCC and explain why this is important.

## Resources

### SLV HCC Exercise Documents:

- [Situation Manual](#)
- [Exercise Slide Deck](#)
- [AAR/IP](#)

### Resources for Emergency Preparedness Education:

**CCHN Note:** While most of these resources are geared towards CHCs, some information may be applicable for outpatient care centers and other types of ancillary partners.

- [CCHN Emergency Preparedness Toolkit](#): Introduces CHC EP Leads Healthcare Coalitions (HCCs) and provides additional information for CHC involvement.
- [CCHN Emergency Response Toolkit](#): Provides an overview of regulations that CHCs structure their emergency management program around. This toolkit also provides an overview of additional resources and tools available to support CHC EP leads.
- [National Nurse-Led Care Consortium Emergency Preparedness Program](#): This program aims to identify and bolster the public health preparedness of Community Health Centers, including Federally Qualified Health Centers (FQHCs), nurse-managed health centers, and retail-based health care centers.

### Other Resources:

#### Home Health and Hospice:

- Medical Surge and the Role of Home Health and Hospice Agencies
  - [Full Report](#)
  - [Summary](#)
- [Engagement of Home Health and Hospice Agencies in Medical Surge Activities](#)

#### Community Health Centers & Outpatient Facilities:

- Medical Surge and the Role of Community Health Clinics
  - [Full Report](#)
  - [Summary](#)
- [Medical Surge and the Role of Urgent Care Centers](#)