

Healthcare Coalitions Survey

As the designated representative for your coalition, we appreciate your completing the following survey. In order to get accurate data, we ask that you answer all questions completely and honestly. You will be provided a summary of your answers. This survey will take about 30-45 minutes to complete.

Coalition Point of Contact Information

1. Name of Coalition: _____
2. Name of Point of Contact: _____
3. Point of Contact Email: _____
4. Point of Contact Phone: (XXX) XXX-XXXX _____
5. State _____
6. Zip Code _____
7. URL: (if available) _____

Background and Composition

8. When was the coalition established? (MM/ YYYY)

9. Please describe why the coalition was initially formed. (100 word limit)

10. What type of geographic community does this coalition primarily serve? (Select One)
 - a. Rural
 - b. Suburban
 - c. Urban
 - d. Other: _____

11. How many counties or parishes does the coalition represent? ___ (NUMBER)

12. Does your service area cross state boundaries? (Y/N) If yes, please name the border states?

13. Please select the choice that best describes basis for the boundary that the coalition serves?(Select One)
 - a. Functional Service Region (i.e. Trauma, Public Health, Coordinating Hospital, Emergency Medical Services (EMS) or Health Catchment Area)
 - b. Risk or Hazard Vulnerability Assessment (HVA)
 - c. Geographic Areas Represented by Zip Codes (County, City/Town)
 - d. Other pre-identified region
 - e. No function/service region

14. Please identify the name and type of organizations that are represented within the coalition?
(List the names of organizational members, and select the type of organization they represent)

DROP DOWN LIST OF COALITION MEMBER TYPES DESCRIPTION	
Coalition Member Type	Coalition Member Type
Hospital*	Blood Center/Bank
Public Health* (State, Local Hlth Depts)	Poison Control Center
EMS*	Dialysis Center
Trauma Center	Private Organization
Academia (i.e. Universities)	Grassroots Organization
At Risk (e.g., Amer. Disability Assn., Assn on Aging)	Faith Based Organization
National Disaster Medical Service (i.e., DMAT,DMORT)	Medical Reserve Corps
Police	Dept of Defense (e.g. Nat'l Guard)
Fire	Veterans Administration
Local Government Services (i.e. 9-1-1, Public Works)	Airport/ Transportation
Behavioral Health (i.e. Mental Hlth, Substance Abuse)	Medical Examiner/Coroner
Long Term Care Facility (e.g. Nursing Home, Skilled Nursing Facility)	Non Profit Organization (i.e. Red Cross, Professional Associations)
Other: Specify	

15. Based on the list in question 7, how many organizations provide financial resources to support the coalition activities? ENTER NUMBER <CRITERIA: NOT TO EXCEED NUMBER ON QUESTION 1>

Interview Questionnaire for Healthcare Coalitions

Organizational Structure

16. Please select the option below that best describes the status of your mission and vision statement.(Select One)
- A. Mission and vision statement has been developed, approved, and published
 - B. Mission and vision statement has been developed, but not approved
 - C. Neither (No mission or vision statement has been developed)
 - D. Unsure
17. Does a strategic plan exist? (Y/N) If yes, are most or all objectives specific, timely, attainable, relevant and timely (e.g., SMART Model)? (Y/N/ Unsure)
18. If no, are you planning on developing a comprehensive strategic plan? (Y/N/Unsure)
When is the expected completion date? MM/YYYY
19. Please select the option below that best describes the type of agreement (e.g. memorandum of understanding (MOU) or mutual aid agreement (MAA)) that has been established for public health emergencies or disasters (i.e., catastrophic health events), if any. (Select One)
- A. Formal agreement (signed with responsibilities and expectations clearly outlined)
 - B. Informal agreement (not signed, verbal, or otherwise non-committal agreement)
 - C. Other Agreement (Indicate the type of agreement, and if it is considered formal or informal)
 - D. No formal or informal agreement (No MOU/MAA established)
20. Has a lead agency¹ been identified to convene the coalition and assume significant responsibility for its operations ? (Y/N/ Unsure) If yes, please name the lead agency. _____
21. Which of the following sources contribute to the coalition's total funding? (Check all that apply and indicate the percentage of total funding that applies)
- Federal grants
 - Federal: ASPR/ HPP %
 - Federal: Centers for Disease Control & Prevention (CDC)/PHEP %
 - Federal: Other: (e.g., Urban Areas Security Initiative, Metropolitan Medical Response System, State Homeland Security Grant Programs, Emergency Management Performance Grants, Tribal Homeland Security Grant Program) %
 - State grants %
 - Local funding %
 - Other funding (e.g., Membership dues, Foundation grants, Name Other Funding Sources _____)
-
- 100%
22. Does the coalition have non-profit status? (Y/N)
23. Are there minimum financial (e.g. membership dues) or service (e.g. amount of time and/or personnel effort dedicated) requirements to be considered for membership? (Y/N) If yes, please describe the requirements?
24. Does a steering committee exist to oversee the coalition governance and logistics? (Y/N/ Unsure)
25. Which of the following does the coalition have? (Check all that apply)
- Defined and accepted roles and responsibilities for key (leadership) positions
 - Diverse and multi-disciplinary coalition membership
 - Staffing Support
 - Established subcommittees within the coalition
 - Shared risks across coalition members (e.g., shared resources and feelings of reciprocity)
 - None of the above

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26. If subcommittees exist, what is the primary basis of the subcommittee's structure? (Select One)
- EMS (Pre-hospital Care)
 - Incident Command Structure (ICS) functions
 - HPP capabilities
 - Hazard vulnerability
 - Credentialing
 - Other: Explain _____
 - No subcommittees established
27. If subcommittees exist, is there a subcommittee that specifically addresses the needs of at-risk individuals? (Y/N)

Functions and Operations

28. Is the coalition involved in the following medical surge activities? (Check all that apply)
- Testing response systems considering several types of scenarios (e.g., Hazard Vulnerability)
 - Addressing healthcare resource gaps
 - Assisting healthcare organizations with surge capacity
 - Managing and allocating scarce resources for response and recovery operations
 - Developing mechanisms useful for patient tracking and redistribution
 - Distributing emergency supplies and pharmaceutical caches
 - Cross credentialing of healthcare or critical personnel to enable them to serve at varying facilities
 - Linkage to an NDMS Team
 - Other (explain): _____
 - None of these apply
29. Active engagement within the coalition is evidenced by: (Check all that apply)
- Support of organizational members' senior leadership (e.g. CEOs, COOs, Agency Directors)
 - Stakeholder involvement in all phases (planning, response, recovery)
 - Regular meetings among members to address common challenges
 - None of these apply
30. Please list some primary preparedness and planning functions that the coalition participates in on a routine (day-to-day) basis. (List routine functions)
31. Has the coalition identified threats or hazards that is its main focus? (Y/N) If so, what are they? (List Main Threats)
32. Which of the following information sharing mechanisms are in place? (Check all that apply)
- List of pre-identified points of contact (POCs) that is internally and externally available
 - Coalition member contact list (including POCs) that is updated regularly (e.g., quarterly)
 - Information sharing protocol established that formalizes communication during activation
 - Internal/external communication systems and protocols have been tested (e.g. real incidents, exercises)
 - Systems to communication with other coalitions (e.g. inter-coalition connectivity)
 - Electronic data/information sharing systems (e.g., WebEOC, HAN, bed tracking, other, etc.)
 - ESF-8 EOC activation is exercised at least 2 times/year, given there is no real incident
 - Regional Fusion Center representation
 - None of these apply

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33. Please indicate below the type of information your coalition exchanges on a routine basis and during an event or exercise? (Check all that apply)

Type of Information	Routine	Event/Exercise
Clinical Information		
Epidemiology or Surveillance Data		
Laboratory Reports		
Staffing Information		
Medical/ Vaccination Records (e.g. Electronic Medical Records)		
Evacuation Status (i.e. Patient tracking and Redistribution information)		
Alternate Care Sites		
Resources (i.e. Bed Surge/Availability)		
Generator Status		
Other (explain): _____		
None of these apply		

34. Please select ways in which the coalition shares best practices, tools, and planning processes.(Check all that apply)

- On-line planning website where members can post information (url:_____)
- Single coalition-wide resource clearinghouse (e.g., resource document or online resource page)
- Regular meetings (i.e. , subcommittees meeting at least bimonthly)
- Quarterly newsletters/ bulletins
- Updated listservs
- Conferences
- Other (explain): _____
- Do not share best practices

35. Equipment exists to effectively communicate during steady state or a disaster among :

- A. Coalition members
- B. Other coalitions
- C. Both internal members and external groups
- D. Neither internal or external groups

36. The coalition has an action plan that: (Check all that apply)

- Presents a clear description of roles and responsibilities (e.g., hospitals, EMS, and health departments)
- Provides a tested process map and/or decision tree for emergency and non-emergency scenarios
- Entails detailed protocols for joint purchasing
- Promotes joint hazard vulnerability assessment and planning
- Outlines the coalition's coordination function for alternate care sites
- Assures checks and balances exist for appropriate oversight & distribution of power
- Establishes a system to convene needed personnel
- Facilitates decisions regarding the allocation of scarce resources
- Incorporates a planned strategy for demobilization
- None of these apply

37. How would you rate the level of trustⁱⁱ ⁱⁱⁱ(i.e., reliability, having shared belief in mission, and opportunity for frank discussions) among coalition members?

- A. A lot of trust
- B. Quite a bit of trust
- C. Moderate amount of trust
- D. A little trust
- E. No trust at all

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38. How often does your coalition engage in full scale exercises to test emergency response capabilities annually? #

39. Do you have training and exercise activities? (Y/N) If yes, what type(s) of training and exercise activities are conducted by the coalition? (Please provide the number of coalition members that participated in each activity)

Type of Activities	# of Coalition Members that Participated in the Listed Activity Between 07/11-07/12
Hazard Vulnerability Assessment (HVA) based trainings	
Immediate Response Capabilities (e.g. Medical Surge)	
Joint exercise plans that includes exercise objectives	
Schedule for joint training and exercises published	
Emergency Medical Care and Operations	
Evaluation tools developed to assess exercises	
Lessons learned (LL) captured in a Corrective Action Plan	
Corrective Action Plan (CAP) is developed	
Evaluation of LLs Implementation from prior CAPs	
Other	

Progress and Accomplishments

40. Please rate the coalition's level of progress during the past 5 years until now in the following areas:

	No Progress	Slight Progress	Moderate Progress	A Lot of Progress	Great Progress
	1	2	3	4	5
<i>Integrated Communication \ Info Sharing</i>					
<i>Coordination of Efforts</i>					
<i>Readiness Planning</i>					
<i>Fatality Management</i>					
<i>Education & Training (e.g., drills & exercises)</i>					
<i>Medical Evacuation/Shelter-in-Place</i>					
<i>Bridging Response and Recovery</i>					
<i>Leveraging Resources</i>					
<i>Allocation of Scarce Resources</i>					
<i>Critical Infrastructure Protection</i>					
<i>Volunteerism (e.g. Emer. System for Advance Registration of Volunteer Health Professionals)</i>					
<i>Addressing the Needs of At-Risk Populations</i>					
<i>Integration of Behavioral Health</i>					
<i>Sustainability</i>					
<i>Involvement of Community Members and Orgs</i>					

41. Does the coalition assist in meeting day-to-day, non-disaster preparedness challenges? (Y/N) If yes, please provide brief example(s) (250 word limit)

Interview Questionnaire for Healthcare Coalitions

42. How would you rate the degree in which the coalition engages the non-healthcare community members and organizations (community engagement)^{iv} in its activities? (Select One)
- A lot of community engagement
 - Quite a bit of community engagement
 - Moderate community engagement
 - A little community engagement
 - No community engagement
43. Briefly describe three accomplishments the coalition has made toward fostering community partnerships that encompasses the individual, family; private, non-governmental, academic organizations, and government levels to support “whole community” preparedness, if any? (Limit to 100 characters)
- 1) _____ 2) _____ 3) _____
44. Please complete this sentence and check all that apply. “The coalitions’ sustainability^{vi} efforts include:”
- Addressing complex issues in healthcare preparedness, response, and recovery
 - Communicating achievements to internal and external stakeholders
 - Confirming a commitment to a relevant, agreed upon long term vision
 - Representing an ongoing working relationships with pertinent institutions and individuals
 - Incorporating direct community input
 - Ensuring internal systems foster participation
 - Promoting a shared financial commitment
 - Securing diverse funding mechanisms
 - Providing a unique service (e.g., allocation for scarce resources, coordination, etc.)
 - None of these apply
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Endnotes

ⁱ The lead agency convenes the coalition and assumes significant responsibility for its operation. However, the lead agency does not control the coalition. The lead agency should recognize the amount of resources necessary to initiate and maintain the coalition and the importance of respecting the differences between the coalition’s and the lead agency’s perspective (Wurzbach 2nd Edition, 2002).

ⁱⁱ Neaf, M and Schupp, J. (2009) Measuring Trust: Experiment and Survey in Contrast and Combination. IZA Discussion Paper Series

ⁱⁱⁱ Varda, D.M., Chandra, A., Stern S.A., Lurie, N. : Core Dimensions of Connectivity in PH Collaboratives . J Pub Health Manag. Pract. Sept/Oct 2008). 14(5). E1-7.

^{iv} Communities are traditionally defined geographically; however, for the purposes of this tool, consistent with the Biennial Implementation Plan (BIP), a community can refer to a neighborhood, a jurisdiction, or multiple jurisdictions, and included individuals and their families; private sector, non-governmental, and academic organizations, and all of government (i.e., local, state, tribal, territorial, and federal).

^v “Whole Community” community approach focuses on fostering community partnerships among individuals and their families, ; private sector, non-governmental, and academic organizations; and all forms of government to include local, state, tribal, territorial, and federal levels (Biennial Implementation Plan, 2011).

^{vi} Alexander, J.A., Weiner, B.J., Metzger, M.E., Shortell, S.M., Bazzoli, G.J., Hasnain-Wynia, R., Sofaer, S., & Conrad, D.A. (2003). Sustainability of collaborative capacity in community health partnerships. *Medical Care Research and Review*, 60, 130S–160S.