

Healthcare Coalition Survey: Information for Awardees and Designated Coalition Members

Introduction

As healthcare system preparedness evolves, the Hospital Preparedness Program (HPP) has been driving the development of healthcare coalitions to improve national preparedness, response and community resilience. The program's emphasis on a standardized, all-hazards approach supports the seamless coordination among healthcare facilities in the case of an emergency event. An overarching goal of healthcare coalitions is to sustain and optimize community resilience at all levels, and create an integrated response among organizations within the coalition, to promote public health and healthcare systems preparedness, response, and recovery. It is envisioned that coalitions will focus on an increased demand for resources, personnel, and information sharing.

According to the Center for Biosecurity of the University of Pittsburgh Medical Center (UPMC), healthcare coalitions are the future for healthcare preparedness and response for catastrophic health events.¹ Promoting these efforts requires funding, research and observation, and performance measurement. Evaluation tools that inform the development of effective healthcare coalitions nationwide are essential. One of these tools, the Healthcare Coalition Survey, has been developed to understand more about healthcare coalitions. This survey is not intended to measure coalition performance, but aims to generate baseline information about existing coalitions.

What is the Healthcare Coalition Survey?

The Healthcare Coalition Survey is a 44-item survey that will be administered electronically via the online survey , Survey Monkey, and will take approximately 30-45 minutes to complete. Coalition Points of Contact (POC) will be asked to provide answers to the survey, which will only be shared with the appropriate program and evaluation staff and the respective Awardees. From this data, a cumulative report will be produced with summary data by State to provide baseline information about existing healthcare coalitions. Specific coalitions will not be identified in any final reports.

The survey is divided into four sections with relevant questions pertaining to the status of the respondents' healthcare coalition. The sections are as follows:

- I. Background and Characteristics
- II. Organizational Structure
- III. Functions and Operations
- IV. Progress and Accomplishments

Purpose of the Healthcare Coalition Survey

¹ Courtney, B., E. Toner, R. Waldhorn, C. Franco, K. Rambhia, A. Norwood, T. V. Inglesby, and T. O'Toole. 2009. Healthcare coalitions: The new foundation for national healthcare preparedness and response for catastrophic health emergencies. *Biosecurity and Biodefense: Biodefense Strategy, Practice, and Science* 7(2):12.

The survey can be used by healthcare coalitions to generate a checklist of common coalition elements, compare characteristics, structure and functions on a statewide and national level, and highlight areas for further consideration. The cumulative report based on the survey will also seek to:

- Describe the characteristics of healthcare coalitions in national and regional areas
 - Develop a baseline snapshot of coalition structural and operational characteristics
 - Gain a better understanding of the predominant functions of existing healthcare coalitions
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Benefits of Using the Healthcare Coalition Survey

Although the primary function of the questionnaire will be to garner baseline information related to healthcare coalition, the survey also has other benefits. The coalition survey can allow States and the designated coalition POC to examine their coalition(s) through a different lens. Ultimately, the survey seeks to identify the structure, functions, and progress of the coalition for the purpose of providing a snapshot that may aid in the following areas:

1. Internal Checklist

- Individual coalitions will be able to observe how well they have addressed criteria within the survey.

2. Areas for Consideration

- Completion of the healthcare coalition questionnaire could highlight areas for consideration among selected infrastructure or operations elements.

3. Information Sharing

- The cumulative coalition survey report will allow coalitions to perform general comparisons to State, regional, and national data.

Survey Administration

An email containing a link to the electronic coalition will be distributed to all coalition POCs. POCs will be responsible for completing the survey. However, POCs are encouraged to discuss with and gather information from other coalition members in order generate the most accurate and objective responses. Coalitions will have approximately 4 weeks to complete the survey. The data from the completed surveys will be directed to the Healthcare Systems Evaluation Branch (HSEB) and will be summarized in a report to both Awardees and coalitions. HSEB will be responsible for providing technical assistance related to the survey administration.

Evidence Base for Survey Development

The Healthcare Coalition Survey was developed by drawing from a variety of resources relevant to the overarching purpose of developing effective coalitions related to healthcare preparedness, response, and recovery. The following documents have been instrumental in developing the questionnaire:

1. HPP Funding Opportunity Announcement (FY2011)
2. Grant Alignment Capabilities (In Progress, January 2012 Version)
3. NHSS Implementation Plan (In Clearance, 2012)
4. HPP Expert Panel (December 2010)
5. MSCC: The Healthcare Coalition Emergency Response and Recovery (May 2009)
6. UPMC Report: Rising to the Challenge/Provisional Criteria (March 2009)
7. Abt Associates: Strengthening Regional Planning Alliances (January 2009)
8. 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.
9. 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.
10. Wurzback, M.E.: *Community Health Education and Promotion: Guide to Program Design and Evaluation* (2002)