



SE MINNESOTA DISASTER HEALTH COALITION

Enhancing Regional Preparedness, Response and Recovery

CHARTER

Why - Why do we need a Disaster Health Coalition? What is the purpose of the Coalition?

A number of types of disasters could negatively impact a community's ability to provide effective health and medical services. A regional approach to health and medical capability-building is based on the belief that the medical needs of the citizenry will be best met if healthcare organizations, essential partners, and other partners cooperate with each other and coordinate preparedness and response efforts. The purpose of the SEMN Disaster Health Coalition is to facilitate preparedness to assist communities with building a Health and Medical Services (Emergency Support Function 8/ESF8) Capability to respond to and recover from disasters, especially those with regional impact.

What - Mission/Vision – What does the Disaster Health Coalition do?

Our mission is to build healthcare system resilience and capacity in Southeastern Minnesota to better ensure seamless delivery of care during disasters by providing resources and a communication platform for planning, response and recovery activities.

Our vision is, through cooperation and collaboration, to provide a forum to support Coalition partners in achieving an effective health and medical response and recovery capabilities.

What - Objectives - What is the scope of activities/goals & objectives of the Disaster Health Coalition?

The overall goal of the SEMN Disaster Health Coalition is to build healthcare system resilience and capacity to better ensure seamless delivery of care during disasters by providing resources and a communication platform for planning, response and recovery activities. Specific objectives to for the Advisory Committee, Primary Workgroups and Secondary Workgroups to support this goal include:

- Facilitate and organize planning, training and disaster exercising with Coalition partners
- Provide access to training opportunities
- Facilitate information sharing among Coalition partners
- Promote efficient interface of Coalition partners with jurisdictional authorities
- Provide a platform for networking with disaster preparedness and response partners across the state
- Provide a venue for Coalition partners to cross-reference preparedness grant deliverable criteria to identify opportunities to leverage activities and resources to maximize the impact of effort
- Facilitate MN Health System Preparedness Program funding distribution and utilization

Within the parameters of statutory requirements and jurisdictional Emergency Operations Plans, and as outlined in operational support compacts, mutual aid agreements, memoranda of understanding or other operational agreements, disciplines represented by Primary Workgroups will carry out health and medical system/ESF8 response and recovery operations to include, but not limited to:

- Provide situational, and more specifically, health and medical situational information to support

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disaster response operations

- Facilitate resource sharing to ensure effective health and medical response operations
- Coordinate health and medical disaster response operations
- Support health and medical operational requests for support (materiel, personnel, etc.) from Coalition partners

Where – What areas are included in the Coalition?

The SEMN Disaster Health Coalition supports health and medical preparedness across southeastern Minnesota, which includes the following counties: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona.

Who – Committees and Workgroup/Who are the members of the Disaster Health Coalition?

The Disaster Health Coalition consists of organizations with responsibilities to mitigate the likelihood of a hazard negatively impacting the ability of a health and medical system to provide services and to prepare for, respond to, recover from consequences of a disaster.

Specific organization of the Coalition leverages existing disaster preparedness groups (Primary and Secondary Workgroups):

Primary Workgroups

Through the Advisory Committee representative, these groups provide reports and recommendations to the Advisory Committee to drive health and medical preparedness improvements:

- Hospital Disaster Preparedness & Response Compact
- Local Public Health Emergency Preparedness Workgroup
- Long Term Care Disaster Preparedness Workgroup
- SE Emergency Medical Services Disaster Sub-Committee
- SMRTAC – Southern MN Regional Trauma Advisory Committee
- Region 1 Emergency Management Joint Powers Board
- Southern MN VOAD

Through Memorandum of Understanding, Mutual Aid Agreements and Compacts, disciplines represented in the Primary Workgroups implement local, and if required regional, intrastate, and interstate response and recovery.

- Hospitals (Disaster Preparedness & Response Compact)
- Local Emergency Management Agencies (Memorandum of Understanding)
- Local Public Health Agencies (Memorandum of Understanding)
- Long Term Care Facilities (Agreement Pending)
- SE Emergency Medical Services (Mutual Aid Agreement)

Secondary Workgroups

Representatives from Secondary Workgroups are invited to present to the Advisory Committee as deemed appropriate to facilitate collaboration for disaster preparedness or in order to request funding through available sources, if any.

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- Interoperable Communications
- Exercise Planning Team
- Lab Response Network

Other disciplines invited to participate in the Coalition include:

- Public Safety
- Mental/Behavioral Health Providers
- Private entities associated with healthcare (e.g. Hospital Associations)
- Specialty service providers (e.g. Dialysis, pediatric, urgent care, etc...)
- Support services (e.g. Laboratory and Pharmacy)
- Community Health Centers
- Primary Care Providers
- Tribal Health
- Federal Entities

Refer to the SEMN Disaster Health Coalition website for a list of current partners. (www.semndhc.org)

Refer to the SEMN Disaster Health Coalition's Partnership Agreement or Partnership Resolution to become a Coalition partner. (www.semndhc.org)

Who – Leadership/How is the Coalition led?

The Coalition establishes and elects a multi-disciplinary Advisory (Executive) Committee to facilitate multi-disciplinary preparedness and sharing good and best practices. The Disaster Health Coalition Advisory Committee consists of representatives from the following disciplines.

- Hospitals (Three Representatives: Mayo Clinic Rochester, Mayo Clinic Health System Hospital, Non-Mayo Clinic Hospital)
- Emergency Medical Services (Two Representatives)
- Local Public Health Agencies (Two Representatives)
- Long Term Care Facilities (Two Representatives: Skilled Nursing Facility, Other Long Term Care Facility)
- Region 1 Emergency Management Joint Powers Board (Two Representatives)
- Southern MN VOAD (One Representative)
- Community Health Center (One Representative)
- Behavioral Health Agency (One Representative)

Advisory Committee leadership includes a Chair, Vice-Chair. Leadership roles are elected for a two-year term. Nominations are solicited beginning October of the election year, with a vote occurring in December of the election year and assumption of duties in the following January. Typically, the Vice-Chair will ascend to the Chair role.

Ex Officio members include:

- Advisory Committee Secretary (Regional Healthcare Preparedness Coordinator provided by the fiscal

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agent)

- MN Region 1 Homeland Security & Emergency Management Coordinator
- EMS Regulatory Board Specialist
- MDH Regional Public Health Coordinator
- SE EMS Program Director

Refer to the SEMN Disaster Health Coalition Advisory Committee Charter for additional information.

Who – Who are Coalition Partners (i.e., membership)?

Coalition partnership is open to any organization with a direct or indirect interest or responsibility in supporting the Coalition’s mission and vision. To establish a formal “Coalition,” organizations represented in the Primary Workgroups are asked to sign a “Partner Agreement” or “Partner Resolution.” The Partner Agreement/Resolution outlines expectations for Coalition partners. Coalition partner representatives are responsible for engaging organizational leadership, clinicians, and community leaders to assure awareness and support for Coalition activities. Additionally, Primary Workgroups are asked to provide copies of existing operational support compacts, mutual aid agreements, memoranda of understanding or other operational agreements that describe how regional (i.e., Coalition) support for response and recovery operations are coordinated.

How – Authority/What is the Authority of the Disaster Health Coalition/Advisory Committee?

With the exception of SMRTAC, Primary Workgroups designate representatives to the Advisory Committee. The authority of the Advisory Committee is limited by statutory parameters that preclude delegation of or deferred authority to others, including a regional body, for disaster response and recovery operations. As such, the authority of the Advisory Committee is limited to the Scope and Objectives related to pre-incident preparedness coordination described herein. Refer to the SEMN Disaster Health Coalition Advisory Committee Charter.

Authority for response and recovery activities as described in local ordinances or resolutions or state statutes, local Emergency Operations Plans, and other operating agreements entered into by private entities.

How – Coalition Meetings/How often do Coalition partners meet?

The Coalition provides a forum for multi-disciplinary meetings three times annually, typically in October, February, and June.

Primary and secondary workgroups meet according to each group’s need, which may be monthly, bi-monthly, or quarterly.

Refer to the SEMN Disaster Health Coalition Advisory Committee charter for meeting details.

How - Coalition Activities/What preparedness support is available to Disaster Health Coalition Members?

A number of planning, training and exercise activities would typically be available; however, activities are driven by the Coalition membership. That is, organizations, through regional workgroups, define planning, training, exercise, equipment, etc. needs.

In lieu of policies and procedures, regional guidelines (i.e. “plan), which include good/best practices, are

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developed to support organizational, community and regional preparedness, response and recovery activities. Coalition partners are encouraged to implement information available in regional guidelines into organizational and community operational plans, as appropriate.

Training and exercise information is included in the SEMN Disaster Health Coalition Training and Exercise Plan. Coalition partners are encouraged to participate in training and exercises as appropriate for their organization.

Resources and event information is provided on the SEMN Disaster Health Coalition website, www.semndhc.org.

How - Coalition Response & Recovery/What response and recover support is available to Disaster Health Coalition Members?

Disaster Health Coalition partners will carry out health and medical response and recovery activities within the parameters of statutory authority, jurisdictional Emergency Operations Plans and as defined in operational support compacts, mutual aid agreements, memoranda of understanding or other operational agreements.

Current agreements are available on the Coalition website (www.semndhc.org)

Additionally, SEMN has a Healthcare Multi-Agency Coordination Center (H-MACC) function to support response and recovery operations. The SEMN H-MACC is a multi-disciplinary organizational model that allows healthcare entities a means to obtain additional support during disasters. The H-MACC can act as an interface between Coalition partners, in particular between healthcare organizations and local/state incident management structures (i.e., Emergency Operations Center, Department Operations Center). The H-MACC can support local ESF8 functions, in absence of or in support of local ESF8 lead agencies.

The SEMN Healthcare-MACC performs a “clearing house” function by collecting, processing, and disseminating data and information to Coalition partners, as applicable, during a disaster. The Healthcare-MACC does not serve a command and control function for the region; however, it can support functions to improve a coordinated response, including:

- Facilitating information sharing and situational awareness among Coalition partners,
- Facilitating resource support and resource sharing among Coalition members, including supporting the request and receipt of assistance from local, State, and Federal authorities, and
- Facilitating patient transfers during a disaster.
- Supporting incident management policies and priorities.

Any Coalition member or partner or MDH may request SEMN Healthcare-MACC activation by contacting the Mayo Clinic Emergency Communications Center.

Additional information is available in the SEMN Disaster Healthcare-MACC Guidelines. (available upon

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request due to sensitive nature of information)

Fees – How much does it cost to participate in the Coalition?

Currently, there are no fees to become a Coalition partner. However, there may be fees associated with Coalition-sponsored activities, such as a training event.

Approved: SEMN Disaster Health Coalition Advisory Committee, 12/19/2018

Next Review Date: 12/31/2020