

Northwest Wisconsin Healthcare Emergency Readiness Coalition (NWWIHERC) Preparedness Plan

NWWIHERC Regional Preparedness Plan

1. Introduction

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR's Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems.

As the result of findings from recent notable disasters, i.e. the Joplin Tornado and Hurricane Sandy, ASPR has shifted HPP funding to reflect the need for readiness of partners in the healthcare sector, improving regional readiness, response and recovery. HPP is the only source of federal funding for health care delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

In the state of Wisconsin HCCs are recognized as "Healthcare Emergency Readiness Coalitions" or HERCs. The state is split into seven geographic regions. To clearly define the HERCs, a Preparedness Plan has been created, cataloging the HERC's plan of work. The plan includes the HERC's mission, objectives, purpose and multiple citations and documents to define the HERC.

The Preparedness Plan below is for the "Northwest Wisconsin Healthcare Emergency Readiness Coalition" or "NWWIHERC."

1.1 Purpose

The NWWIHERC Preparedness Plan is intended to serve as a document, outlining the organization and process of the coalition; how it prioritizes and works collectively to develop and test operational capabilities. The NWWIHERC Preparedness Plan is completed to satisfy Capability 1, Objective 3: "Develop a Health Care Coalition Preparedness Plan," as outlined in ASPR's 2017-2022 Health Care Preparedness and Response Capabilities.

Overarching Objectives of the NWWIHERC include:

- Prevent the loss of life, property, and undue suffering in an emergent event
- Improve patient outcomes in an emergent event
- Enable rapid recovery from an emergent event

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- Develop a regional system of readiness
- Minimize need for federal and supplemental state resources during emergencies

The four Health Care Preparedness and Response Capabilities, for NWWIHERC, identified by ASPR are:

- **Capability 1: Foundation for Health Care and Medical Readiness**
 - **Goal of Capability 1:** The community's health care organizations and other stakeholders—coordinated through a sustainable NWWIHERC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
- **Capability 2: Health Care and Medical Response Coordination**
 - **Goal of Capability 2:** Health care organizations, the NWWIHERC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
- **Capability 3: Continuity of Health Care Service Delivery**
 - **Goal of Capability 3:** Health care organizations, with support from the NWWIHERC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- **Capability 4: Medical Surge**
 - **Goal of Capability 4:** Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The NWWIHERC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the NWWIHERC's collective resources, the NWWIHERC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

1.2 Scope

The NWWIHERC intends to define the partnerships of healthcare and emergency agencies/organizations in the region. These partnerships help prepare for, respond to and recover from a healthcare disaster events. In the tiered response system, NWWIHERC and this preparedness plan are intended to serve and provide assistance to partners in an expanding event.

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The NWWIHERC Preparedness Plan is intended to serve as a guide, improving regional preparation for an emergent event, readying for a true event. The preparedness plan does not replace standard policy, procedure, or protocol of regional member agencies/organizations. Utilization of the NWWIHERC is voluntary and not required by any agency there-in.

1.3 Administrative Support

The NWWIHERC Preparedness Plan will be available for review and comment for all coalition members. The plan was formally approved, by NWWIHERC Membership vote, **effective June 30, 2018**. Approval will be noted in meeting minutes. The plan will be reviewed annually and amended as needed. The Preparedness Plan was reviewed by the NWWIHERC Membership **June 7, 2019**. Review and amendment is intended to close identified gaps with strategies to close the gaps.

Considerations for updating the plan include, but not limited to:

- Exercises
- Planned and real-world incidents
- After Action Reviews/Reports
- Annual updates of supporting documents
 - Hazard Vulnerability Assessment (HVA)
 - ASPR TRACIE Coalition Assessment Tool (CAT)
 - NWWIHERC Work Plan
 - NWWIHERC Member Database
 - NWWIHERC Bylaws
- Emerging evidence or best practice
- Change in federal or state guidance

2. Coalition Overview

2.1 Introduction/Purpose of Coalition (Capability 1, Objective 5, Activity 1)

The NWWIHERC is identified as the fifteen northwest Wisconsin counties, 4 Tribal Nations and healthcare and emergency agencies/organizations there-in.

NWWIHERC Purpose:

The purpose of the HERC is to enhance and sustain the Northwest Wisconsin region's ability to prepare for, respond to, and recover from small or large-scale events and other resource-draining incidents that have a public health and medical impact.

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NWWIHERC Mission:

The mission of the HERC is to support and advance emergency preparedness response and capacity within the Northwest Wisconsin region by facilitating collaboration with healthcare partners, member agencies, and other ancillary partners. The HERC will coordinate emergency planning and exercises, provide training and education, and will equip personnel and response agencies with resources to promote health care response and recovery.

NWWIHERC Objectives:

- Prevent the loss of life, property and undue suffering in the NWWIHERC.
- Facilitate increased collaboration and communication of partners in NWWIHERC.
- Identify common gaps in education and knowledge of partners in NWWIHERC.
- Identify emerging change in practice related to preparedness for partners in NWWIHERC.
- Coordinate identified trainings needs for partners in NWWIHERC.
- Disseminate emerging information and guidance to partners in NWWIHERC.
- Identify new resources for partners in NWWIHERC.

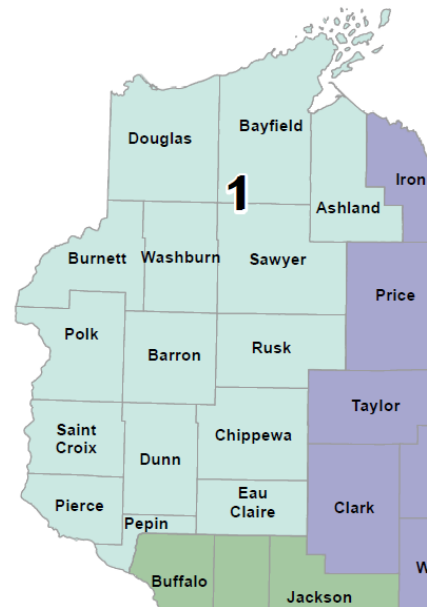
2.2 Coalition Boundaries (Capability 1, Objective 1, Activity 1)

NWWIHERC is identified by geographical boundaries within the state of Wisconsin. The coalition works directly to serve and prepare members in:

- Ashland County
- Barron County
- Bayfield County
- Burnett County
- Chippewa County
- Douglas County
- Dunn County
- Eau Claire County
- Pepin County
- Pierce County
- Polk County
- Rusk County
- Sawyer County
- St. Croix County
- Washburn County
- Bad River Band of Lake Superior Chippewa
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Red Cliff Band of Lake Superior Chippewa
- Saint Croix Chippewa Indians of Wisconsin

The coalition identifies that a growing incident may require involvement of partners from outside the geographic region, related to normal referral patterns.

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2.3 Coalition Members (Capability 1, Objective 1, Activity 2)

NWWIHERC attempts to include diverse membership to assure a successful whole community response. The coalition understands that segments of the community that are unprepared or not engaged will create a greater risk that the healthcare delivery system will be overwhelmed during an event. The coalition delineates membership below. NWWIHERC identifies all healthcare and emergency agencies/ organizations as members, regardless engagement. NWWIHERC identifies “Active members” as agencies/organizations who actively engage in coalition activities at least once per budget period and contact information is kept on the “NWWIHERC Active Member Database.”

Core NWWIHERC members should include, at a minimum, the following:

- Hospitals
- Emergency Medical Services (including inter-facility and other non-EMS patient transport systems)
- Emergency Management Organizations
- Public Health Agencies

Additional NWWIHERC members may include, but are not limited to, the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks

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- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
- Medical examiners/ coroners and funeral homes
- Agency/facility public information specialists

NWWIHERC identifies that members have sector specific regional groups, not limited to: i.e. Wisconsin Emergency Management (WEM): North West Region and West Central Region, the Western WI Public Health Readiness Consortium, and the Northwest WI Regional Trauma Advisory Council.

2.4 Organizational Structure/ Governance (Capability 1, Objective 1, Activity 3)

To ensure the fulfillment of NWWIHERC purpose, mission, objectives, and capabilities, the coalition has implemented structured bylaws. These bylaws delineate membership and how members collaborate to identify and strategically work to close gaps in the region.

The full document of NWWIHERC Bylaws are attached here:

[NWWIHERC BYLAWS](#)

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2.4.1 Role of Leadership within Member Organizations

As stated in the bylaws, the Board of Directors, hereafter referred to as the “Board”, shall serve as the governing body of the Coalition. The Board shall be made up of elected members from the following disciplines:

- a. 2 Hospital
- b. 1 Public Health
- c. 1 Emergency Medical Service
- d. 1 Trauma Center
- e. 1 Emergency Management
- f. 1 Long Term Care
- g. 2 At-Large (from the various other partner organizations)

Officers of the Board shall consist of the Chairperson, Vice-Chairperson, and Secretary.

The Chair and Vice Chair will also sit as voting members of the Wisconsin Healthcare Emergency Preparedness Program State Advisory Group.

2.5 Risk (Capability 1, Objective 2, Activity 1)

To identify risks, the coalition reviews and updates a regional “Hazard Vulnerability Assessment” (HVA.) Additionally, NWWIHERC cross-references its HVA with the Wisconsin Emergency Management (WEM) “Threat Hazard Identification and Risk Assessment” (THIRA). A general review of the HVA is conducted annually by the NWWIHERC Board. NWWIHERC Member participation for comment and amendments are surveyed.

NWWIHERC 2018-2019 (BP1 Supplemental) top 10 threats include:

1. Cyber Attack-Major (74%)
2. Acts of Violence (73%)
3. Blizzard (73%)
4. Local/Regional Infectious Disease (70%)
5. Computer Failure (68%)
6. Cyber Attack-Minor (67%)
7. Loss of Normal Electrical Power (65%)
8. Pharmaceutical Supply Shortage (64%)
9. Extreme Cold (61%)
10. Flash Flooding (59%)

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NWWIHERC added two sub-categories of Cyber Attack (Major and Minor) during 2017-2018 review. From these pre-identified threats, NWWIHERC is able to identify learning, training, and exercise needs in the community.

[2018-2019 NWWIHERC HVA](#)

Link to WEM THIRA:

http://dma.wi.gov/DMA/divisions/wem/mitigation/docs/HazardMitigationPlan/Appendix_A-Threat_Hazard_Identif_Risk_Asse.pdf

2.6 Gaps (Capability 1, Objective 2, Activity 3)

To identify gaps in NWWIHERC planning, a Coalition Assessment Tool (CAT) is conducted annually to review coalition activities inside of identified ASPR capabilities and objectives. The CAT tool is meant to assist the coalition, in conjunction with the HVA to guide activities. This also serves as a direct mechanism of reporting, from the region to the federal government.

2.7 Compliance Requirements/ Legal Authorities (Capability 1, Objective 2, Activity 5)

NWWIHERC collaborates with ESF-8 lead agencies and state authorities to assess and identify regulatory compliance requirements that are applicable to day-to-day operations and may play a role in planning for, responding to, and recovering from emergencies.

Federal statutory, regulatory, and national accreditation requirements that impact emergency care include, but are not limited to:

- [Centers for Medicare & Medicaid Services \(CMS\) conditions of participation. \(Including CMS-3178-F Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers\)](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\)](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- [Emergency Medical Treatment & Labor Act \(EMTALA\) requirements](#)
- [Licensing and accrediting agencies \(I.e. Joint Commission\)](#)
- [Federal disaster declaration process](#)
- [Public Health Emergency Declaration Authority](#)
- [Available federal liability protections for responders \(I.e. Public Readiness and Emergency Preparedness \(PREP\) Act.](#)
- [Environmental Protection Agency \(EPA\) requirements](#)
- [Occupational Safety and Health Administration \(OSHA\) requirements](#)

NWWIHERC also understands the importance of understanding state and local regulations that impact emergency medical care:

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- [Scope and breadth of emergency declarations](#)
- [Regulations for health care practitioner licensure, practices standards, reciprocity, scope of practice limitations, and staff-to-patient ratios](#)
- [Legal authorization to allocate personnel, resources, equipment, and supplies among health care organizations](#)
- [Laws governing the conditions under which an individual can be isolated or quarantined](#)
- [Available state liability protections to responders](#)

NWWIHERC understands that its members must understand the process and information required to request necessary waivers and suspension of regulations:

- [Processes for emergency resource acquisition \(may require federal, state, or local coordination\)](#)
- [Special waiver processes \(I.e. section 1135 of the Social Security Act waivers\)](#)
- [Process and implications for Food and Drug Administration \(FDA\) issuance of emergency use and authorizations for use of non-approved drugs and devices or use of approved drugs or devices for unapproved uses](#)
- [Legal resources related to hospital legal preparedness, such as deployment and use of volunteer health practitioners](#)
- [Legal and regulatory issues related to alternate care sites and practices](#)
- [Legal issues regarding population-based interventions, such as prophylaxis and vaccination](#)
- [Process for emergency decision making for state and local legislature](#)

Finally, NWWIHERC understands the importance that its members:

- [support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary when crisis standards of care are implemented](#)
- maintain awareness of standing contacts of resource support during emergencies

3. Coalition Objectives

Per Capability 1, Objective 3, strategic and operational priorities for the NWWIHERC and each member discipline should be based on risk and gap information. NWWIHERC has multiple elements to consider when developing its objectives. Some considerations include:

- Define the priorities for the plan and how they address gaps (focus on how the strategies promote communications, information sharing, resource coordination, and operational response).
- Short-term and long-term objectives that support the priorities- these can be supporting objectives associated with each overarching coalition objective.
- Support for the objectives (e.g., staffing and material, financial).

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- Foster effective information sharing with NWWIHERC members and timely and effective messaging to the public.

As referenced in **2.1 Introduction/Purpose of Coalition**, NWWIHERC has a clear and focused purpose and mission, and objectives that support provision of services to its members.

3.1 Maintenance and Sustainability (Capability 1, Objective 5, Activity 5)

NWWIHERC understands the importance of maintaining the value and stability of preparedness work conducted at the coalition level. To fulfill NWWIHERC's purpose, mission, and objectives, methods and strategies must be implemented to assure that quality work is maintained, regardless of shifts in funding or staff turnover, with a stable financial plan.

Strategies being considered to ensure financial stability include:

- Member in-kind donations of:
 - Staff time (participation)
 - Equipment resources (telephone & internet)
 - Meeting space (board rooms & conference rooms)
 - Support (expert panels and work groups, engagement with other coalition members and the community.)
- Offer technical assistance for emergency readiness requirements for Medicare and Medicaid providers.
- Identify means of tax exemption for members in preparedness planning
- Analyze critical functions to preserve, and identify financial opportunities beyond federal funds (i.e. foundation, and private funding, dues, and training fees to support or expand NWWIHERC functions)
- Develop financing structure documented that supports NWWIHERC activities.
- Cost Sharing coordination with PH agencies, EM agencies, to fulfill similar requirements.
- Leadership succession plan and governance structure
- Leverage group buying power to obtain equipment across the region and allow for sharing or emergency allocation. (Obtaining regional assets that would be useful, but not bought otherwise.)

If at any time maintenance or sustainability of NWWIHERC's mission, vision, objectives, or plan of work is threatened (i.e. loss of a contractor in the middle of a budget period), the NWWIHERC board will seek advisement from the State of WI Department of Health Services-Office of Preparedness and Emergency Health Care to address the threat.

3.2 Engagement of Partners and Stakeholders (Capability 1, Objective 5, Activity 1)

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NWWIHERC, with its members, continuously seeks to promote its purpose, mission, and objectives, direct and indirect. NWWIHERC collaborates in planning for a wide range of emergencies for planned and unplanned events that could affect the community. NWWIHERC has identified and continues to seek “Active Members” to promote regional community preparedness and response needs. To increase awareness, buy-in and active member engagement of NWWIHERC the following strategies are regularly utilized:

- Shares an informational pamphlet outlining the benefits of collaboration
- Utilizes champions among its members to enhance and support preparedness efforts (i.e. NWWIHERC Board members and local trainers of tools supplied to the region)
- NWWIHERC offers and conducts presentations to increase awareness of the coalition and promote membership
- Holds routine meetings with members to brief them on current coalition plan of work and progress
- Utilizes a website to share vital information: news, resources, minutes, upcoming events and trainings
- Actively surveys for need of, and coordinates, trainings and exercises identified by partners
- Utilize hardware and programs to increase interconnectivity (WISCOM, EMResource)

[LINK TO NWWIHERC WEBSITE](#)

[NWWIHERC Informational Flyer](#)

3.2.1 Health Care Executives (Capability 1, Objective 5, Activity 2)

It is important for NWWIHERC to communicate direct and indirect benefits of coalition preparedness and response planning to member facility/ organization executives. HERCs such as NWWIHERC are identified by the federal government as a best practice for enhancing practice inside and outside of an event.

Day-to-day benefits of being a member of NWWIHERC include:

- Strengthen community medical resiliency, surge capacity, and capabilities
- Build partnerships with healthcare providers in our region
- Facilitate communication, information, and resource sharing
- Develop emergency preparedness, response, and recovery guidelines
- Coordinate training and exercises
- Maximize how existing resources are used and obtain needed items

Together, we build capabilities that can't be achieved alone.

3.2.2 Clinicians (Capability 1, Objective 5, Activity 3)

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NWWIHERC enhances engagement in the health care delivery system. In planning, regional clinical leaders are engaged requesting input, acknowledgement, and approval in planning. Participation of regional clinicians is engaged through:

- Routine board meetings
- Trainings & exercises
- Education sessions
- Member Data bases
- Survey

3.2.3 Community Leaders (Capability 1, Objective 5, Activity 4)

NWWIHERC, at its core, is for promotion of a whole community approach to preparedness. NWWIHERC is constantly to be in a state of assessing for new members, businesses, charitable organizations, and media in health care preparedness planning to promote resilience for the entire community.

3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs (Capability 1, Objective 2, Capability 4)

Certain individuals may require additional assistance before, during, and after an emergency. NWWIHERC conducts inclusive planning for the whole community, including but not limited to:

- Children
- Pregnant Women
- Seniors
- Community members with functional needs
- Community members with disabilities
- Community members with other unique needs

To assure special considerations are met NWWIHERC:

- Promotes situational awareness via IT tools, such as the Social Vulnerability Index (SVI) and Department of Health and Human Services emPOWER map
- Assist public health in augmenting existing response plans, including family reunification (i.e. American Red Cross' "Safe and Well")
- Identify potential health care delivery system to support vulnerable populations pre and post event to reduce the stress on a hospital during and emergency
- Contribute to medical planning that enables individuals to remain in their homes or support public health's mass care capabilities
- Coordinate with U.S. Department of Veterans Affairs (VA) Medical Center to identify veterans in NWWIHERC's coverage area

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4. Workplan

To assure fulfillment of the capabilities, objectives and activities outlined by ASPR, the Office of Preparedness and Emergency Health Care (OPEHC) has developed a "Regional Coalition Workplan", outlining activities to be completed and projected deadlines for their completion.

To assure a high-functioning coalition, it is important to clearly define roles and responsibilities of NWWIHERC members. Through roles and responsibilities, the following collaborative tasks can be achieved:

- Policy, Plan, and Procedure development
- Formation of sub-committees & work groups to facilitate common operational picture
- Educational material development, presentation and evaluation
- Materials research and acquisition
- Evaluate exercises and responses to emergencies

4.1 Roles and Responsibilities (Capability 1, Objective 4, Activity 2)

NWWIHERC is an exemplification of team work, for the coalition to function, minimal expectations of roles and responsibilities are needed from partners:

OPEHC

- Serve as primary grant recipient of federal funding.
- Develops work plan for the coalition and advisory group, outlining scope of work.
- Assures minimal expectations are completed by coalitions in accordance with ASPR requirements.
- Assures quality communication between HERC regions for common operational picture.
- Identifies areas for HERC collaboration to prevent duplication of services.

State Advisory Group

- Serve as an advisory body for both the regional healthcare emergency readiness coalitions and the state program.
- Liaison between the Department of Health Services and Regional HERCs.

NWWIHERC Board

- Ensures completion of the NWWIHERC work plan outlined by OPEHC
- Ensures fulfillment of coalition purpose, mission, and objectives
 - Facilitate increased collaboration and communication of partners
 - Identify common gaps in education and knowledge of partners
 - Identify emerging change in practice related to preparedness for partners
 - Coordinate identified trainings needs for partners
 - Disseminate emerging information and guidance to partners

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- Identify new resources for partners
- Identify work groups for plan development, exercise and training coordination

NWWIHERC Members

- Assist to ensure coalition and membership sustainability
- Participate in NWWIHERC related meetings, exercises, and plan development
- Identify representation for NWWIHERC Board
- Identify staff and representation for work group and sub-committees to develop plans, trainings, exercises, etc.
- Identify resources available related to individual plans
- Share gaps in knowledge, training & exercise needs, and emerging practice with NWWIHERC
- Assist NWWIHERC in alignment of trainings, exercises, and plans related to individual requirements, objectives and grant deliverables

5. Appendices

Regional MOUs:

- [REGIONAL HOSPITAL MOU](#)

Guidance Documents:

- [2017-2022 Hospital Preparedness Program Performance Measure Implementation guide \(with **Acronyms**, page iv\)](#)
- [ASPR Health Care Capabilities and **Term Glossary** \(page 56\)](#)

Frequently used Websites:

- [NWWIHERC Website](#)
- What is WITRAC?
- [EMResource \(WITRAC\) Login](#)
- [WI Train Login](#)
- [What is WISCOM?](#)
- [CDC Social Vulnerability Index \(SVI\)](#)
- [FEMA NIMS/ICS](#)
- [WebEOC Login](#)
- [HHS empower Map 2.0](#)
- [WI Trauma System Map](#)
- [\(GIS\) Geomapping](#)
- [PCA Portal](#)

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5.1 Detailed Information on HVA

HVAs shall be distributed to all requesting organizations and are expected to be shared. HVA will also be available on the “Resource” section of the www.wiherc.org website.

[LINK: to NWWIHERC HVA](#)

[How to use the Kaiser Permanente HVA Tool](#)

Definitions:

HVA – Hazard Vulnerability Assessment

Probability – Likelihood of future occurrence

Human Impact – Percentage of population likely to be injured or killed under an average occurrence of the hazard.

Healthcare Services Impact – Percentage of the healthcare services likely to be affected under an average occurrence of the hazard

Community Impact – Percentage of the population

Pages:

1 – Unsorted

2 – Sorted by Probability

3 – Sorted by Risk

See section 2.5 (Risk) for additional information

5.2 Commitment to Participate

As an active member of the NWWIHERC, organizations within agree to cooperate for the betterment of healthcare preparedness and response within our region. Including but not limited to, reviewing regional plans regularly, participating in exercises and drills, including NWWIHERC and its structure in their organization’s preparedness plans, and voting in the best interests of the region when called upon.

All members should include within their organizational plans a section laying out the purpose and functions of NWWIHERC which includes contact information for NWWIHERC. Members will also inform NWWIHERC of changes to their organizational preparedness plans which will directly affect the regional preparedness plan.

Participation in NWWIHERC funded activities, trainings and exercises will be considered informed consent.

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5.3 Program Plan and Budget

Budget is subject to request and review from the State Office of Preparedness and ASPR. Program Plan is a collaboration between the State of Wisconsin Office of Preparedness and the NWWIHERC Advisory Group. Funding allocations from the Federal Government are not guaranteed in advance and are subject to Legislative and Presidential review.

Funding does not directly impact the preparedness agreements of this coalition. Members are expected to continue the functions of regional preparedness without external funding.

NWWIHERC contracts with The Non-Profit Helping Hands, Inc. for Fiscal Agent services.

The Non-Profit Helping Hand, Inc.
11933 W. Burleigh St.
Wauwatosa, WI 53222