

# Inter-Coalition Communications Guidance

## COLLABORATION BETWEEN MDH-HPP AND MINNESOTA HEALTH CARE COALITIONS

Updated 4/18/2022

### Purpose and Scope

The Inter-Coalition Communications Guidelines aims to establish a communication framework for all eight Minnesota Health Care Coalitions (HCC) to implement when resources exceed capacity or incident exceeds HCC boundaries. The plan provides guidance on communication flow among Regional Health Care Preparedness Coordinators (RHPCs). This guideline is framed as a Response-Peer system where peers may be asked to collect, vet or disseminate information as instructed by the impacted HCC.

### Assumptions

- Each HCC will include Response-Peer(s) in situational awareness communications, as appropriate.
- Impacted HCC will follow “formal communication” process with respective response partners based on chain of command. See Attachment 2: Communication Pathway Diagram.
- These recommendations are meant to be agile.
- These recommendations may be implemented at any stage of an incident and therefore are not tied to a specific response timeframe.

### HCC Response Peer Framework

**Response peer pairing:** At the discretion of the impacted HCC, one or more HCCs may be asked to serve in the Response Peer capacity.

### Roles and Responsibilities

#### Impacted HCC

- Determine if Response Peer assistance is required (Reference Attachment 1: Activating Response Peer Decision Tree)
- Include HCC Response Peer in notification communications when an incident occurs that may require a regional response.
- Provide situational awareness to Response Peer and response needs to be covered.
- Keep HCC Response Peer updated regarding the situation and any changes that would impact the tasks assigned to the peer. (It is recommended that the Response Peer be included in situation update briefings held within the HCC. This may be by conference call.)

#### HCC Response-Peer (will vary based on incident needs):

- Assist in compiling, vetting and/or disseminating information, including but not limited to:
  - Situational Awareness
  - Resource requests  
Available resources (Note: *This will normally be focused on communication with partners outside the impacted HCC such as MDH, other HCCs, etc.*)
  - Provide MNTrac support (e.g. requesting/compiling bed availability, creating/disseminating reports, managing/supporting command center, etc.)
- Serve as a support partner as directed by impacted HCC

## Notification Procedures

- Impacted HCC will follow normal communication practices with MDH-CEPR (Reference Attachment 2: Communication Pathway Diagram).
- Impacted HCC may lean forward to initiate communications with a peer for assistance. That peer will then notify the rest of the RHPC's of the situation, point of contact, and/or needs.

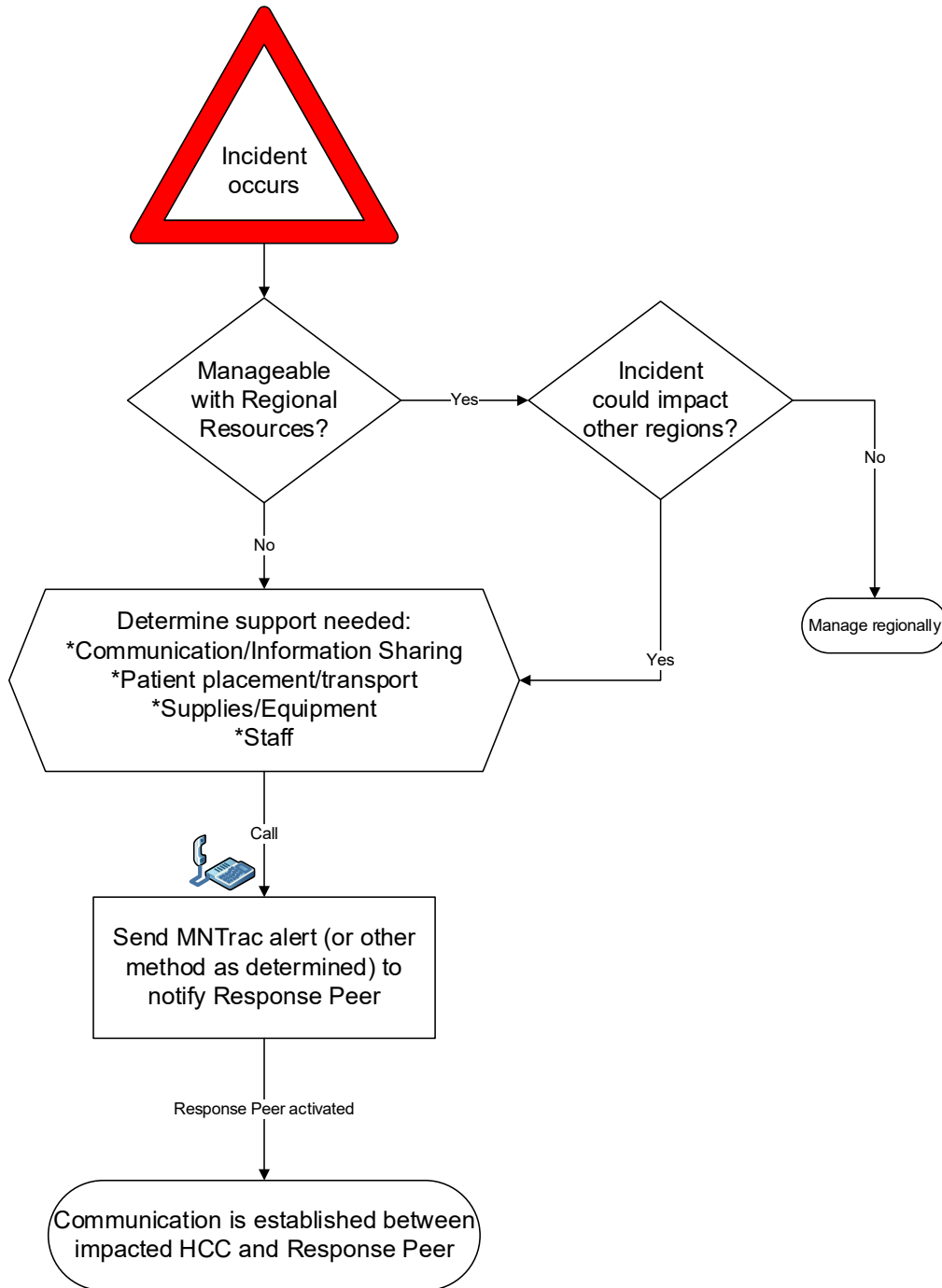
*Note: HCC Initial Notification Processes are listed in Attachment 3: Key Information for Initial Communication Process.*

## Essential Elements of Information

The following are types of essential elements of information that may be shared or gathered during an incident.

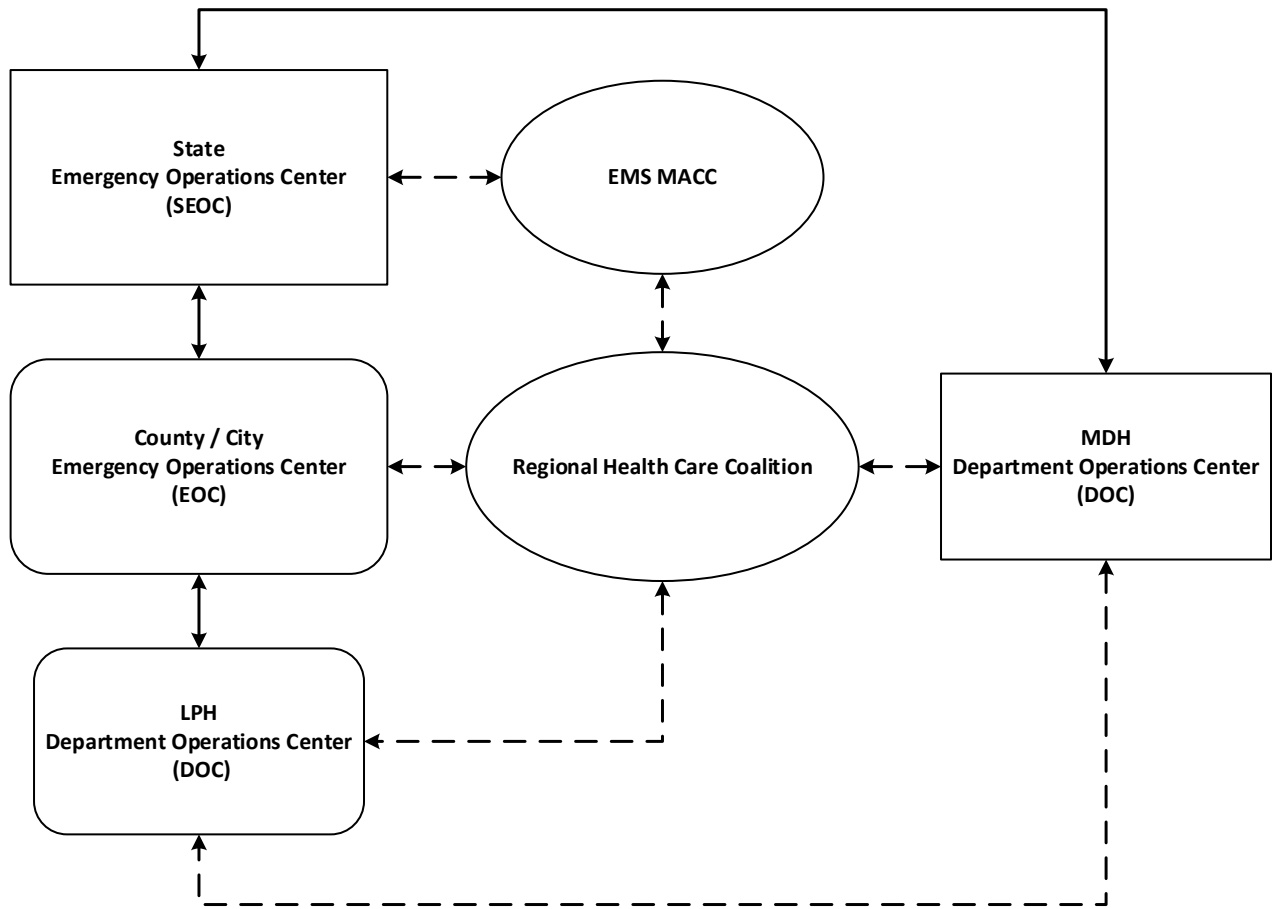
EEI Category	Specific Information	Data Source	Information Sharing Mechanism	Information Validation Mechanism
Facility Status	Availability of offered services, Status of infrastructure/facility systems.	Coalition	MNTrac, Survey, Phone, Fax, Email, ARMER	Phone, ARMER
Resource Status	Needs and availability	Coalition	MNTrac, Survey, Phone, Fax, Email, ARMER	Phone, ARMER
Patient Movement	Patient health status, location, disposition, transfer and transportation status.	Hospitals, EMS agencies	MNTrac, Phone, Fax, ARMER	Phone, Fax, ARMER, MNTrac CC
Bed availability	Availability of rooms: Operating, Critical Care, General Medical Specialty (e.g., Peds, Psych)	Hospitals, LTC	MNTrac, Survey, Phone, Fax, Email, ARMER	Phone, Fax, Email, ARMER

# Attachment 1: Activating Response Peer Decision Tree

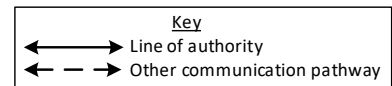


# Attachment 2: Communication Pathway Diagram

Communication Pathway Diagram



If a regional health care coalition multi-agency coordination response function is operationalized, information will be shared between agencies, facilities and local EOCs that have been activated. Health care Coalitions partners include local and tribal public health, hospitals and other health care facilities, EMS, and local emergency management.



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## Attachment 3: Key Information for Initial Communication Process

### Description of Table

**HCC 24/7 Phone Number:** This is the HCC 24/7 call-in information.

**Initial HCC Connection:** This information outlines how HCC leaders are initially contacted regarding a response request from local partners.

- **Who:** This column outlines what partner is responsible to connect with the HCC response leaders (e.g. HMAC, MAC, etc.).
- **Method:** Primary/Secondary – This outlines the communication platform used in communicating with HCC decision-making response leaders, upon request of activating HCC.

HCC	HCC 24/7 Phone Number	Who	Method (Primary, Secondary)
C	(320) 654-2720	RHPC	Phone, MNTrac
M	612-873-9911	RHPC	Phone, MNTrac
NE	Jo Thompson: 218.269.7781 Adam Shadiow: 218.428.3610	RHPC	Phone, MNTrac
NW	Amy Card: 218-556-7989 Kali Tougas: 218-770-2033	RHPC	Phone, MNTrac
SC	Eric Weller: 507-381-6337 Lavida Gingrich: 515-341-0570	RHPC	Phone, MNTrac
SE	855-606-5458	ECC	Phone: 855-606-5458 Armer Radio: SE Hospital Talk Group
SW	1-800-259-0195 (24/7) 320-769-4470 Office	RHPC	Email, Phone
WC	(320) 654-2720 Shawn Stoen: (320) 760-3513	RHPC PHPC	Phone, MNTrac