

Connecticut Health Care Coalition 2024-2028 Strategic Plan

June 2025



Connecticut
Health Care Coalition

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RECORD OF CHANGES

Change	Date Made	Person
Plan was drafted and sent for Executive Committee vote	6/10/2025	Carmen Flores, Planning Specialist

BACKGROUND

The Connecticut Health Care Coalition (CT HCC) is the only healthcare coalition in the state of Connecticut. Healthcare coalitions are defined as a group of individual healthcare and response organizations [e.g., acute care hospitals, emergency medical services, emergency management agencies, public health agencies, etc.] in a defined geographic location. Healthcare coalitions play a critical role in developing health care delivery system preparedness and response capabilities. The Hospital Preparedness Program (HPP), a division of the Administration for Strategic Preparedness and Response (ASPR), supports collaboration and healthcare preparedness and response by encouraging the development and sustainment of healthcare coalitions. These coalitions incentivize competitive healthcare organizations with differing priorities and objectives to work together to prepare for, respond to, and recover from all types of threats and emergencies¹.

The CT HCC has undergone significant change and growth in recent years. In 2019, the Connecticut Department of Public Health consolidated five regional healthcare coalitions into a single, statewide entity: the Connecticut Health Care Coalition. In spring 2021, Yale New Haven Health (YNHH), then serving as the CT HCC's fiduciary, contracted with All Clear Emergency Management Group, LLC to lead a strategic planning process outlining the coalition's priorities and goals for 2021–2023. In spring 2023, All Clear Emergency Management Group, LLC officially assumed the role of fiduciary for the CT HCC.

During FY 2024–2025, ASPR required the HPP Recipient, the Connecticut Department of Public Health (CT DPH), to develop and implement a Strategic Plan for the 2024–2028 five-year budget period. To align with CT DPH's priorities and planning timelines, the Connecticut Health Care Coalition developed this complementary Strategic Plan.

The purpose of strategic planning is to establish overarching goals and outline a clear path to achieving them. This process involves stepping back from day-to-day operations to assess the coalition's direction and define its priorities. By identifying these priorities, the coalition can better focus its efforts on actions that advance its mission.

HEALTHCARE COALITION MISSION

Mission: The mission of the CT HCC is to promote collaboration, education, and joint exercises during the planning and preparedness phases of emergency management. During real-world operations, the mission of the CT HCC is to help identify resources at the state and sub-state levels, and to collect, analyze, validate, and disseminate essential elements of information (EELs) to partner agencies.

¹ U.S. Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response. (May 2024). Hospital Preparedness Program.

Why does the Connecticut Health Care Coalition Exist? The CT HCC exists to be a multidisciplinary consortium of professionals who work together to plan, train and exercise so that we can be better prepared to respond to emergencies resulting from natural, human, and technological hazards that may impact or activate the healthcare system. We bring together healthcare partners to help solve issues that we might not be able to solve on our own.

Membership: The CT HCC is an inclusive body open to all organizations and entities that provide health services in Connecticut. Coalition membership is comprised of healthcare organizations, emergency medical services providers, emergency management agencies, public health professionals, jurisdictional entities, business, and volunteer organizations within Connecticut. Coalition members will support health and medical response and recovery activities in the parameters of statutory authority, jurisdictional and/or organizational Emergency Operations Plans and as defined within the principles of emergency management.

STRATEGIC PLAN PURPOSE

The intent of this strategic planning process is to clarify the coalition's priorities and promote coordination of the health and medical components of preparedness, response, and recovery. This plan will identify clear paths forward to grow and strengthen the capabilities and capacity of the coalition.

This strategic plan takes a differentiation strategy approach, delivering products or services that are distinct in the minds of consumers (coalition members), focusing on five strategic priorities identified throughout the planning process to provide distinct support areas for the CT HCC.

The strategic plan is specifically designed to establish the role and value of the CT HCC among healthcare providers within Connecticut and to set a plan for sustained operation in the coming years. This strategic plan, as set forth, is considered a living document, to be evaluated and updated at least annually and to be responsive to the dynamic environment of emergency preparedness in Connecticut.

STRATEGIC PLANNING PROCESS

The CT HCC Executive Committee championed the planning process due to their leadership, expertise, and overall representation of coalition member organizations. For a full list of participating Executive Committee members in each of the planning process steps, please see [APPENDIX A](#). The CT HCC Staff led overall project management, meeting facilitation and plan writing.

Over the course of several months, the CT HCC engaged in a comprehensive planning process to inform the development of its FY 2024–2028 Strategic Plan. This process included an evaluation of the previous strategic plan, two workshops with the Executive Committee, and a strategic planning session held during the 2025 Connecticut Healthcare Coalition Conference, which brought together diverse coalition partners to identify shared priorities, validate key findings, and shape the direction of the coalition's future activities. In addition, the coalition

utilized the recipient-level Strategic Plan developed by the CT DPH to help guide and align planning efforts.

STRATEGIC PLANNING MEETINGS

The overall intent of the series of strategic planning conversations that took place over the course of two months was multi-fold:

- Reviewing and evaluating the previous Strategic Plan.
- Determining the strategic priorities for the CT DPH recipient-level Strategic Plan.
- Understanding membership satisfaction.
- Obtaining information regarding current internal and external factors.
- Identifying the strengths, weaknesses, opportunities, and threats (SWOT) as they relate to the impact on the coalition's operations and growth.
- Ascertaining feedback on the coalition's purpose.

Special Executive Committee Strategic Plan Meeting - February 26, 2025

The purpose of this meeting was to gather feedback from the CT HCC Executive Committee on the draft CT DPH Strategic Priorities for FY 2024–2028, a requirement under the HPP Notice of Funding Opportunity (NOFO), due March 31, 2025. Feedback was gathered live using PollEverywhere to vote on goals and suggest additions, along with open discussion. This information was then shared via meeting minutes and PollEverywhere results with CT DPH partners to inform their plan.

Executive Committee Meeting - March 11, 2025

In this meeting, Executive Committee members contributed input via PollEverywhere, covering the coalition's purpose, membership gaps, recent and future challenges, strengths, weaknesses, opportunities, and threats. To capture the input of Executive Committee members who were unable to attend the meeting, a survey was conducted from March 17-21, 2025. This information helped inform a coalition-wide workshop at the CT HCC Conference on April 22, 2025, where feedback from the entire coalition was solicited.

Strategic Planning Workshop at 2025 CT HCC Conference – April 22, 2025

The CT HCC plans an annual one-day conference to bring together partners from across the state to learn and network. At the 2025 CT HCC Conference, a Strategic Planning Workshop was facilitated by Ginny Schwartz, CEO of All Clear Emergency Management Group LLC and Fiscal Agent of the coalition. Using PollEverywhere, feedback was collected to gain insight into coalition members' perspectives on the coalition's purpose and strengths, existing gaps and weaknesses, potential opportunities, anticipated threats, and key indicators of success. This input was used to inform the development of this Strategic Plan.

DEVELOPMENT OF STRATEGIC PLAN

Once the strategic planning meetings were complete, Coalition Staff compiled all the concepts and tasks into a finalized Strategic Plan outlining the action items for implementation over the next four years.

PLAN MAINTENANCE

This four-year strategic plan is considered a living document, to be evaluated and updated at least annually in collaboration with the CT HCC Executive Committee. The CT HCC Staff are responsible for plan maintenance and tracking progress.

STRATEGIC PRIORITY OVERVIEW

This section outlines the coalition's priorities and corresponding goals that will guide the CT HCC's workplans for the remainder of the FY 2024–2028 period.

CT HCC has identified the following priorities in this Strategic Plan:

- **CT HCC Strategic Priority #1:** Maintain the Mission, Role, and Responsibility
- **CT HCC Strategic Priority #2:** Membership Recruitment, Engagement, and Retention
- **CT HCC Strategic Priority #3:** Multi-Disciplinary Planning, Training, and Exercise
- **CT HCC Strategic Priority #4:** Coordinate Response, Resources and Communications
- **CT HCC Strategic Priority #5:** Sustainability

For the purposes of the CT HCC Strategic Plan, CT HCC has collated priorities identified in the CT DPH Strategic Plan and identified additional priorities to reflect those identified through the strategic planning process that are key to coalition-specific operations and activities.

For more information about how the priorities of each organization relate to each other, please see the crosswalk table below:

CT HCC and CT DPH Strategic Priority Crosswalk	
CT HCC Strategic Priority	CT HCC DPH Strategic Priority
#1: Maintain the Mission, Role, and Responsibility	#4: Establish and Operationalize a Coalition
#2: Membership Recruitment, Engagement, and Retention	#4: Establish and Operationalize a Coalition
#3: Multi-Disciplinary Planning, Training, and Exercise	#1: Plan for Medical Surge #2: Develop and Coordinate Healthcare Organization and Healthcare Coalition Response Plans #3: Utilize Information Sharing Procedures and Platforms
#4: Coordinate Response, Resources and Communications	#3: Utilize Information Sharing Procedures and Platforms #5: Coordinate Response, Resources and Communications
#5: Sustainability	#4: Establish and Operationalize a Coalition

STRATEGIC PRIORITY #1: MAINTAIN THE MISSION, ROLE, AND RESPONSIBILITY

The overall goal is to maintain the mission of the coalition and the roles and responsibilities of CT HCC leadership/staff as they pertain to daily operations (readiness) and response.

Strategic Priority #1: Maintain the Mission, Role, and Responsibility						
Goal	Action Item	Year 1 (24-25)	Year 2 (25-26)	Year 3 (26-27)	Year 4 (27-28)	Year 5 (28-29)
Align Coalition with an updated Mission Statement	Update the coalition Mission Statement to align with the 2024-2028 Strategic Plan.		X			
	Embed the coalition's Mission at the center of all meetings, planning efforts, and decision-making processes to ensure alignment and purpose.		X	X	X	X
	Provide an annual overview of coalition activities and progress, highlighting how efforts have aligned with and upheld the coalition's Mission.		X	X	X	X
	Survey members annually on the direction of the coalition.		X	X	X	X
Update Member Benefits, Roles, and Responsibilities	Clearly identify and define member benefits of the coalition in preparedness/response.	X	X	X	X	X
	Create a plan to communicate member benefits to organizations and individuals outside of the coalition.	X	X	X	X	X
	Develop a roadmap to determine how members can communicate benefits to other potential new members throughout their own organization.		X	X	X	X
	Develop a detailed onboarding/offboarding process for partners, non-voting members, and voting members.		X	X	X	X

STRATEGIC PRIORITY #2: MEMBERSHIP RECRUITMENT, ENGAGEMENT, AND RETENTION

Although CT HCC membership has significantly increased over the last few years, coalition leadership has identified a critical need to proactively engage specific organization types that have not traditionally been as involved to bolster collaboration efforts. The goal of this strategic priority is to leverage the current membership recruitment and engagement processes and target recruitment efforts by organization type and formalize a retention process to prevent member and leadership burnout.

Strategic Priority #2: Membership Recruitment, Engagement, and Retention						
Goal	Action Item	Year 1 (24-25)	Year 2 (25-26)	Year 3 (26-27)	Year 4 (27-28)	Year 5 (28-29)
Recruitment of New Organizations	Identify potential new member organizations who play a role in healthcare emergency response in Connecticut.	X	X	X	X	X
	Create a plan on how to recruit/engage new member organizations within the coalition.	X	X	X	X	X
Provide Networking Opportunities to Engage Local, Regional, and Federal Partners	Plan at least one in-person Bimonthly Meeting per grant year.	X	X	X	X	X
	Participate and sponsor initiatives with cross-border members and partners (i.e. The Regional Disaster Health Response System, Vermont, New York).	X	X	X	X	X
	Plan and host the annual CT HCC Conference.	X	X	X	X	X
Coordinate Membership Engagement and Outreach Visits	Conduct member engagement and outreach visits with all partner/member types, both virtually and in-person.	X	X	X	X	X
	Present and/or host a table at regional and statewide meetings and conferences to inform potential members about the coalition.	X	X	X	X	X

Strategic Priority #2: Membership Recruitment, Engagement, and Retention						
Goal	Action Item	Year 1 (24-25)	Year 2 (25-26)	Year 3 (26-27)	Year 4 (27-28)	Year 5 (28-29)
Prevent Member Burnout	Provide various opportunities for members to be involved with the coalition outside of participating in meetings.	X	X	X	X	X
	Integrate diverse, meaningful content into meetings to add value and prevent meeting burnout.	X	X	X	X	X
Expand Leadership (Executive Committee)	Assess current active (voting) members and Executive Committee member types. Aim to include a variety of member types as voting members (hospital, public health, EMS, and Emergency Management).	X	X	X	X	X
	Clearly identify and define Executive Committee member benefits as compensation for their participation and engagement.	X	X	X	X	X
	Develop an onboarding/offboarding process for Executive Committee members.		X			

STRATEGIC PRIORITY #3: MULTI-DISCIPLINARY PLANNING, TRAINING, AND EXERCISING

One of the major strengths identified throughout the strategic planning process was the emphasis in value on the coalitions planning, training, and exercising efforts. For this strategic priority, the objective is to maintain overall preparedness activity quality within the coalition and support additional opportunities while expanding promotional and participatory efforts across state and regional borders.

Strategic Priority #3: Multi-Disciplinary Planning, Training, and Exercising						
Goal	Action Item	Year 1 (24-25)	Year 2 (25-26)	Year 3 (26-27)	Year 4 (27-28)	Year 5 (28-29)
Offer and support advanced coalition emergency preparedness activities	Promote planning, training, and exercise opportunities via email, CT HCC website, and other non-traditional methods.	X	X	X	X	X
	Develop the capability for just-in-time training/education for healthcare providers that aligns with CT HCC response annexes (e.g. pediatric, burn, chemical, radiological)	X	X	X	X	X
	Provide opportunities for members to attend trainings or conferences (i.e. Center for Domestic Preparedness, National Healthcare Coalition Preparedness Conference).	X	X	X	X	X
	Provide a forum for lessons learned on preparedness, response, and recovery activities that are sponsored or presented by the coalition.	X	X	X	X	X
	Create opportunities for MRC/CERT volunteers to participate in CT HCC/statewide exercise and trainings.	X	X	X	X	X
	Promote internal and external funding opportunities for coalition members (i.e. grant opportunities).	X	X	X	X	X

Participate in Multi-Disciplinary Emergency Activities	Provide opportunities for organizations to share plans, best practices, and lessons learned from incidents.	X	X	X	X	X
	Participate in federal, state, cross-state, regional, and local member organizations emergency activities.	X	X	X	X	X

STRATEGIC PRIORITY #4: COORDINATE RESPONSE, RESOURCES AND COMMUNICATIONS

Throughout the strategic planning process, the CT HCC identified the need to strengthen coordination, communication, and resource sharing among partners to respond more effectively to emergencies and medical surge events. Defining the Connecticut Health Care Coalition's role is key to this.

Strategic Priority #4: Coordinate Response, Resources and Communications						
Goal	Action Item	Year 1 (24-25)	Year 2 (25-26)	Year 3 (26-27)	Year 4 (27-28)	Year 5 (28-29)
Strengthen Information Sharing and Data Coordination Across Partners	Convene a subcommittee including CT HCC members, hospitals, CT DPH, and subject matter experts to catalog all current information sources, identify system redundancies and data flow gaps.		X			
	Conduct a needs assessment and incorporate key findings into the CT HCC Information Sharing Plan.		X			
Act as a Clearinghouse	Instruct members on how to utilize the coalition's communication methods to request resources or ask questions.		X	X	X	X
	Catalogue statewide resources available to assist with medical surge response followed by a gap analysis	X	X	X	X	X
	Teach members about available state resources and train on the process to request them.		X	X	X	X
Enhance Resource Coordination and	Clearly define local, regional, and statewide response systems roles (addressing resource coordination and information sharing) in the CT HCC Response Plan, and train coalition membership on these roles.		X	X	X	X

Surge Capacity Readiness	Formalize a clear, accessible process for requesting CT HCC support during emergencies, and train membership on this process.		X	X	X	X
	Facilitate statewide tabletop exercises to test different aspects of the response systems in the state (i.e. communications systems, patient tracking systems, etc.).		X	X	X	X

STRATEGIC PRIORITY #5: SUSTAINABILITY

The goal of this strategic priority is to emphasize the criticality of sustainability planning in CT HCC longevity and outline the path forward for identifying a sound financial foundation for continued activities.

Strategic Priority #5: Sustainability						
Goal	Action Item	Year 1 (24-25)	Year 2 (25-26)	Year 3 (26-27)	Year 4 (27-28)	Year 5 (28-29)
CT HCC Continuity of Operations Plan	Update and maintain the CT HCC Continuity of Operations Plan (COOP) in accordance with the Emergency Operations Plan and annex update schedule.	X	X	X	X	X
	Train and exercise the CT HCC COOP.		X	X	X	X
Identification of Alternate Funding Sources for CT HCC	Research alternate funding sources and structures for CT HCC (i.e. 501(c)(3) non-profit).		X			
	Assess non-profit organizations across membership and across the state.	X	X			
	Recruit and build partnerships in the non-profit setting.		X	X	X	
	Conduct a risk benefit analysis for alternate funding/sustainability opportunities (i.e. membership dues).			X		

APPENDIX A: STRATEGIC PLANNING TEAM/CT HCC EXECUTIVE COMMITTEE

Name	Organization	Organization Type	Executive Committee Position
Paul Rabeuf	Hartford HealthCare	Hospital	Chair
James Brown	UConn John Dempsey Hospital	Hospital	Co-Chair
John Pelazza	Yale New Haven Health	Hospital	ESF-8 Representative: Region 1
Jordan Swenson	Yale New Haven Health	Hospital	ESF-8 Representative: Region 2
Pat Srenaski	Hartford HealthCare	Hospital	ESF-8 Representative: Region 3
Kristin Magnussen	Ledge Light Health District	Public Health	ESF-8 Representative: Region 4*
Blair Balmforth	Nuvance Health	Hospital	Former ESF-8 Representative: Region 5
Jennifer Farley	Hospital for Special Care	Long-term Acute Care Hospital	Member at Large
Jessica Kristy	Naugatuck Valley Health District	Public Health	Member at Large
Patrick Turek	Hartford HealthCare	Hospital	Member at Large
Paul Wentworth	Johnson Memorial Hospital	Hospital	Member at Large
Bill Gerrish	Connecticut Department of Public Health	Public Health	Connecticut Department of Public Health
Maryanne Pappas	Connecticut Department of Public Health	Public Health	Connecticut Department of Public Health
Brian Cournoyer	Connecticut Hospital Association	Hospital Association	Connecticut Hospital Association
Lynn Hayes	Connecticut Health Care Coalition	Healthcare Coalition	CT HCC Clinical Advisor
Kim Cerullo	All Clear Emergency Management Group	Healthcare Coalition	CT HCC Readiness & Response Coordinator
Carmen Flores	All Clear Emergency Management Group	Healthcare Coalition	CT HCC Readiness & Response Coordinator
Mary Beth Skarote	All Clear Emergency Management Group	Healthcare Coalition	CT HCC Team Manager
Ginny Schwartzer	All Clear Emergency Management Group	Healthcare Coalition	CT HCC Fiscal Agent

APPENDIX B: SURVEY RESULTS

Special Executive Committee Strategic Plan Meeting - February 26, 2025	
Question	PollEverywhere Results
What goals should the CT DPH adopt to improve their medical surge planning?	<ul style="list-style-type: none"> • Long term recovery considerations • Can victim tracking be integrated with Twiage? • Utilize technology with the FAC and reunification plans • Technology • Integrated the forward movement of patient plan with the reunification plan • Transportation • Define medical operations coordination roles and responsibilities and additional resources needed • Reunification (separate from FAC) • EMS capabilities • Catalog of statewide resources available to assist with medical surge response, then a gap analysis • Include pre-hospital representatives, not just receiving care facilities • Reunification plan operationalization • Establish a plan for field hospital capabilities • Ensure adequate plans are in place at the state and healthcare facility level to coordinate the movement of patients with specialty care needs in response to surge events across the state and region, (e.g., Medical Operations Coordinating Committee for transfer and load management) • Family assistance plan • Develop a medical surge plan for the Department of Public Health for statewide medical surge operations
What goals should the CT DPH adopt to develop and coordinate healthcare organization and healthcare coalition response plans?	<ul style="list-style-type: none"> • Prepopulated templated fillable forms that are standardized across state • Something that is secure, can maintain confidentiality, can be accessed by specific users statewide or isolated depending on incident • Does cross state mutual aid compact exist? • Other ESFs might be appropriate

Special Executive Committee Strategic Plan Meeting - February 26, 2025

Question	PollEverywhere Results
	<ul style="list-style-type: none"> • Operationalization the activation of the region one disaster team plan • Expanding on goal 1 - especially with FAC - Red Cross must be involved. FBI special victims and OCME, state PD, and academia as well • Can a matrix of all the related plans be made so we can see how they relate to one another? • Ensure that training, exercises and other preparedness initiatives address priorities identified in risk assessments and after-action reports/improvement plans • Include LTC, home care and others in education and preparedness activities • Develop capability for just-in-time training/education for healthcare providers that aligns with planning conducted by the CT HCC, e.g. pediatric, burn, chemical, radiological plans • Ensure that regional and federal partners such as the Region 1 Disaster Health Response System, Region 1 Special Pathogens Center, and National Disaster Medical System are included in state emergency response plans and exercises
<p>What goals should the CT DPH adopt to better utilize information sharing procedures and platforms?</p>	<ul style="list-style-type: none"> • Assess what operational tasks the coalition can/should do • Regional MCM tracking for the regional distribution sites • Prepopulated templated fillable forms that are standardized across state Something that is secure, can maintain confidentiality, can be accessed by specific users statewide or isolated depending on incident • Determine best sharing platform and enforce utilization (ProtectAdvisr™) • Region and statewide inventories of equipment (i.e. evacuation equipment) • Connecting different platforms automatically • Establish, implement and test the capability to track the location and status of patients moved to other locations, e.g. a patient tracking system • Inventory tracking • Engage ESF-8/CT HCC partners to establish essential elements of information that provide a common operating picture to monitor critical healthcare system delivery data and situational awareness across the various response organizations and levels of government • Victim tracking • Ensure the implementation and operation of emergency management systems/platforms that build and sustain the capacity for DPH and healthcare providers to monitor situational awareness, share assets and collaborate during disasters

Special Executive Committee Strategic Plan Meeting - February 26, 2025

Question	PollEverywhere Results
	<ul style="list-style-type: none"> • If we continue to have more than 1 platform for different purposes, there should be a goal to interface the information to remove redundancy or discrepancy • Evaluate and inventory current information sharing platforms and dashboards along with standard operating procedures within DPH • Resource tracking
What goals should the CT DPH adopt to operationalize the Connecticut Health Care Coalition?	<ul style="list-style-type: none"> • Assess what operational roles the coalition can/should do • Proposals should build statewide capacity, and the criteria should be more specific • Ensure the CT HCC meets HPP NOFO requirements and demonstrates value to Connecticut's healthcare system's readiness and response capabilities • Ensure healthcare partners and HCC plans reflect services for the most at-risk populations and communities most likely to be impacted by disasters (per JRA risks and hazards) • Promote engagement of diverse health sector partners in CT HCC and other HPP initiatives
What goals should the CT DPH adopt to better coordinate response, resources and communications?	<ul style="list-style-type: none"> • Interface ProtectAdvisr™ and WebEOC • Victim tracking • Ensuring communication platforms across the state are aligned (ProtectAdvisr™) • Fac reunification aligns with this • Create opportunities for MRC/CERT volunteers to participate in CT HCC/statewide exercise and training • Coordinate and involve state ESF8 partners in HPP related activities to promote resource sharing, coordination, and information sharing • Develop and practice protocols for rapid resource requests and deployment. This includes ensuring timely communication with regional and state

Executive Committee Meeting – March 11, 2025

Question	PollEverywhere Results
<p>In your own words, what is the purpose of the coalition?</p>	<ul style="list-style-type: none"> • Convene, collaborate • To connect healthcare partners before and during emergencies • Coordinate • To facilitate planning amongst multiple entities with varied priorities. • Communication and convening • Collaborate, communicate and cooperate to ensure preparedness and if necessary, a united response • To ensure Connecticut's healthcare system is prepared for disasters • Provide another avenue for relationship building • Coordination among multiple sectors for common and supportive readiness and response capabilities • Convene coordinate • Plan training that is all hazards across multiple priorities
<p>Who do you feel is missing from the HCC? Which partners are NOT at the table?</p>	<ul style="list-style-type: none"> • Long Term Care • I don't think anyone is missing at this point, some members are not as active as they should be • Healthcare providers across the continuum • Fire - EMS and private industry. • Dialysis • Healthcare partners outside of the four core areas, e.g. LTC, Dialysis, Behavioral Health, etc. • First responders • Department of Transportation
<p>What major changes do you feel have impacted healthcare emergency preparedness in the last three years?</p>	<ul style="list-style-type: none"> • COVID-19 • Staffing shortages • travel nurses • National political climate • Supply chain disruption • Deliverable requirements that used to make some hospitals more present at ESF-8 and other planning meetings and trainings - seems to be siloed • Decreased funding , mistrust especially since COVID-19

Executive Committee Meeting – March 11, 2025	
Question	PollEverywhere Results
	<ul style="list-style-type: none"> • Workplace violence • Consolidation of healthcare systems
What factors do you feel will impact healthcare emergency preparedness in Connecticut in the next three years?	<ul style="list-style-type: none"> • Federal administration / funding • Politics • Federal funding and associated requirements • Pandemic • Climate change related disasters (e.g. weather and infectious diseases) • Less resources, more real-time work • Working together pre-emergency, developing plans
Strengths: What does the coalition do well?	<ul style="list-style-type: none"> • Coordinating meetings • Allocating funds to meaningful activities • The coalition is well organized (meetings, minutes, tracking deliverables, etc.) • Bring statewide partners together and establish reliable connections • Organized meetings that seem to accomplish much • Listen to feedback and adapt when/where needed • Sharing information
Weaknesses: What can the coalition improve on?	<ul style="list-style-type: none"> • Knowledge of day to day operations in our tiny State • Expand membership • While meetings are important, it seems like there are a lot of them and they do not always run on time • Better communication between systems • Feel that ESF-8 and HCC need to be combined as years ago • Something beyond meetings - training on the plans and things we talk about in meetings • Creating more awareness among leaders, demonstrating value to overall purpose
Opportunities: Are there anticipated opportunities the coalition can capitalize on?	<ul style="list-style-type: none"> • More funding for travel to national conferences. • Perhaps the HCC can explore advocacy opportunities to testify in support or against things like other established coalitions and associations do (state and Fed) (as appropriate)

Executive Committee Meeting – March 11, 2025	
Question	PollEverywhere Results
	<ul style="list-style-type: none"> • Mutual aid across states • Technology (I know that can be complicated) • More coalition sponsored training
Threats: What could negatively impact the coalition?	<ul style="list-style-type: none"> • Response • Loss of funding • Change in State leadership • Agency specific policies / barriers when it comes to standardizing and streamlining some things • Changing federal priorities • Burnout for people doing some redundant work • Job threats in certain organizations
Looking Forward: What are some of the elements to be incorporated into the future of the coalition?	<ul style="list-style-type: none"> • More options for funding to travel to various national conferences • A more defined response role • Besides training and things that have already been said it would be interesting to see how we can work with healthcare and public health academia in the state to raise awareness HCC roles etc. for next gen • More coalition trainings • Trainings that can be of interest to non-hospital settings.
What tangible or perceived benefits should be offered by the coalition to membership?	<ul style="list-style-type: none"> • Knowing all the individuals who we may call upon in a real world event • Holding a functional exercise in person to allow interoperable problem solving • Would like to see other organizations' plans and AARs • Knowing the background and contact information for those attending and participating in the coalition • An efficient means to satisfy regulatory or grant requirements for training, exercising and planning
What would you define as success for the coalition in the next five years?	<ul style="list-style-type: none"> • A coalition with greater diversity of voices at the table • The coalition is still in existence • Increased membership from year 1 • Responding together to an event successfully

Executive Committee Meeting – March 11, 2025	
Question	PollEverywhere Results
	<ul style="list-style-type: none">• An exercise (or response) that involved diverse partners from the healthcare sector and other sectors involved in a response to a healthcare related disaster, working effectively together under the coalition umbrella

Strategic Planning Workshop at 2025 CT HCC Conference – April 22, 2025

Question		PollEverywhere Results
Organizational Structure	What should the CT HCC KEEP doing?	<ul style="list-style-type: none"> • Voting on critical plans • Annual Conference • Meetings • Newsletter • Offer statewide exercises (TTX, functional, and full-scale) annually • Involving behavioral health at the table • Training • Information sharing • Offer educational opportunities • Funding opportunities • Continue bringing new types of members to the table (like EMS) • Reviewing, revising and developing plans • Executive Committee
	What should the CT HCC START doing?	<ul style="list-style-type: none"> • In-person exercise activities • Identify Coalition role in response, operationalize the CT HCC • Clarify emergency communication plan among various agencies • Family Reunification Plan • More emergency department specific trainings - even if short case studies • Full scale exercises • Integrate new and different response partners into the exercises, e.g., Medical Reserve Corps • In person activities/trainings • Bring more disciplines to the CT HCC (utilities, mental health partners, etc.) • Simulation training • Incorporating more mental health in emergency plans • Add coalition initiative to the agenda • Connecting organizations statewide • Standardize some of the regional ESF-8 response plans • Explore online emergency planning platforms for members • Expand use of web based management systems for Community Health Centers, Dialysis Centers, VNA/Hospice/Home Care
	What should the CT HCC STOP doing?	<ul style="list-style-type: none"> • Checking off the boxes • Stop meetings with no purpose or meaningful agenda • Surge drills • Consider different topics other than MRSE for the annual exercise • Surveys • Long meetings - keep it brief and brilliant • Development of bylaws

Strategic Planning Workshop at 2025 CT HCC Conference – April 22, 2025

Question		PollEverywhere Results
Relationship Building – Engagement - Collaboration	What should the CT HCC KEEP doing?	<ul style="list-style-type: none"> • Education enrichment • Regular meetings • In-person meet and greets, meetings and events • Transparency, good communication • Bringing regions together • Encouraging participation • Meaningful exchange of best practices • Keep attending Regional ESF8 meetings • Building competencies • Continue to build groups with diverse members • Encourage proposals that build statewide capacity • Informing about upcoming events • Inviting community partners • Outreach, including front line, boots on the grounds staff • Present at conferences • Collaborating with partners so plans are built around needs • Bringing all types of healthcare organizations together • Work on Response and Response support
	What should the CT HCC START doing?	<ul style="list-style-type: none"> • Announcing new members - brief introduction of them, their role, the reason they are at the HCC so we can build our networks • Meeting in-person • Meaningful exchanges of best practices • Help us secure speakers, training opportunities • If you are going to be operational, need to define that role in the RESPs • Response and Response Support • Outreach and involve Frontline staff • Role clarifying, better collaboration • Clarity with the role of the coalition in relationship to other groups on state and local level, and clearly define operational steps within the state structure • Outreach to professional organizations • Ensure a more collaborative voice with DPH • Use social media to gain a wider interest • Explore with new and existing members what value-added services outside the ASPR-defined scope you can provide • Setting up networking events, to plan/coordinate for all members to work together more closely • Build thought-provoking case studies and scenarios that emergency departments can run independently

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Question		PollEverywhere Results
	What should the CT HCC STOP doing?	<ul style="list-style-type: none"> • Whatever isn't in the contract • Duplication of efforts • Surge drills • Long reports at ESF 8 meetings • Giving grants to things other than emergency management activities • Whining about resources
Coordination	What should the CT HCC KEEP doing?	<ul style="list-style-type: none"> • Share training opportunities • Working to define role within existing systems • Attending ESF8 meetings • Regular meetings, offering in person and virtual • Define what support looks like and feels like • Sending out communications to members on behalf of/as directed by state leadership
	What should the CT HCC START doing?	<ul style="list-style-type: none"> • Family reunification plan, family assistance plan • Coordinate a calendar of all related training • Based on the HVA, coordinate learning opportunities using your expertise, experience and networks • Add invitations to all ESF functions • Tabletop exercises with multiple members participating together • Better identify existing communication resources • Training that supports diverse group of members • Clarify how information is shared and under what circumstances • Fulfill a needed coordination role in blue skies that can then be augmented during emergencies • Involve more direct/ Front line staff in activities, trainings, etc. More outreach. • Share about who members are - a roster would be nice • Education to community members for awareness • Identify strengths and weaknesses among partners for resource sharing • Clarify who can initiate coalition-wide communication and under what circumstances
	What should the CT HCC STOP doing?	<ul style="list-style-type: none"> • Surge drills • Long surveys • Avoid areas of duplication, including sharing duplicate information • Advertising coalition dollars as free money
	What should the CT HCC KEEP doing?	<ul style="list-style-type: none"> • Offering training to members • ProtectAdvisr™ • Attending ESF8 meetings • Include email of new participants at events in new event announcements

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Question		PollEverywhere Results
Communication/Information Sharing		<ul style="list-style-type: none"> • Keep sharing relevant updates and trainings • Advertise events using eye-grabbing electronic posters • Continue to define the role of HCC vs DPH • Continue sharing emails and info from CT DPH and CDC. We are all not on the same email chains • Continue to provide situational awareness across the HCC
	What should the CT HCC START doing?	<ul style="list-style-type: none"> • Response • Provide situation reports for ongoing incidents in monthly newsletter • Expand the use of ProtectAdvisr™ to all healthcare coalition partners / facility types • Standardize methods of communication • AARs in a timely fashion • Include more pre/post-acute activities • Create a CT emergency response org chart that includes HCC and other state healthcare functions • Add an AAR presentation to each HCC meeting • Spell out acronyms the first time they are used • Define the priority of ProtectAdvisr™ vs WebEOC • Map out communication platforms and where the CT HCC fit within that • Facilitate discussion for the formal decision on use of ProtectAdvisr™, WebEOC, etc. and have it clearly outlined • Maintain emergency contact by region for local response • Specify why you are asking for something
	What should the CT HCC STOP doing?	<ul style="list-style-type: none"> • Surge drills • Decrease emails • Fewer surveys • Repetitive information sharing • Shorter reports in meetings
	What technology, communication methods and information systems should be considered for the coalition in the next five years?	<ul style="list-style-type: none"> • Text messages • Downtime plan for the system • Monthly newsletter unless it's urgent or time sensitive then email • Smart phone app • Use one platform. Include everyone in one platform • Better understand existing systems before adding anything new • Add everyone on ProtectAdvisr™
	What should the CT HCC KEEP	<ul style="list-style-type: none"> • Sending members to conferences

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Question		PollEverywhere Results
Funding	doing?	<ul style="list-style-type: none"> • Support training • Maybe host more conferences • Education opportunities • Building statewide capacity • HPP funding should be operational focused • Monthly budget updates • Sending active members to multiple conferences • Send members to national conferences and special project funds • Grants for projects that positively affect the entire state • Continue funding support for medical reserve corps • Special projects • Keep supporting the Medical Reserve Corps • Tie funding to fulfilling strategic priorities • Operational only proposals that are statewide • Coordinate a Statewide EMS Task Force program • Prepare for dark sky days
	What should the CT HCC START doing?	<ul style="list-style-type: none"> • EMS Strike Team plan/program • Hosting more conferences • Preparation class for Front line hospital staff • Projects with statewide impact only • Look for other funding opportunities • Sending more members to national conferences • Host regional workshops for planning activities & exercises • Allow money for Food, in-particular for meetings/trainings more than 6hrs • Provide opportunities for all members to receive funding • Explore grant opportunities • Facilitate regional applications for new funding • Funding trainings that align with HVA • Facilitate multi-state (RI, MA, NY) activities • Include EMS in drills and exercise planning • Review other states for what they fund • Dedicate a percentage for hospitals to use based on individual needs • Discontinue funding proposals that only impact an entity and not the state
	What should the CT HCC STOP doing?	<ul style="list-style-type: none"> • Funding the proposals that don't impact the state • Stop disallowing admin costs of 10% or less • Not funding non-Emergency Management projects • Rushing to spend money without time for plan • Using HPP funding for non-HPP reasons

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Question		PollEverywhere Results
	If coalition funding were to decrease or disappear, what actions could be taken to continue the work of the coalition?	<ul style="list-style-type: none"> • Transfer the responsibilities to DPH • Every member pays an annual membership fee • Event fees • Reach out to our state representatives • Would the deliverables also disappear? If so, it's just about meeting and information sharing. That can continue without funding • Share workload • 162 towns funding • Annual Membership Fee of \$500 per member. Something less than \$1000. • Carry-on voluntarily, continue to meet and exercise together and share trainings among members • Lost a lot of momentum when HPP funds were taken from the hospitals and redirected to the HCC model • Decrease coalition travel • A lot of this would depend on whether deliverables went away • Develop an independent exercise guide now just in case • Exercises that involve the entire system • Decrease staffing
Other	What activities are most valuable to CT HCC membership?	<ul style="list-style-type: none"> • Networking/Collaboration with community partners • Planning, training/learning, networking • Ability to have a voice and knowledge of new initiatives • Networking and committee work with other entity colleagues • Surveys • Access to funding • Partnering outside of regions • Learning from others AARs • Educate membership on plans
	How can we operationalize the coalition?	<ul style="list-style-type: none"> • Family reunification • We shouldn't, it's not sustainable • "Mutual aid" team based scenario trainings • Define role of HCC within the state emergency response (what is the role of HHC vs that of DPH?) • Not competing with the regional ESF-8 • Mutual aid exercises • Creating a duty officer structure (like the folks in Kansas City) • Define the CT HCC role in a response. Need CT DPH as a leader with operationalizing the CT HCC. • Maybe asking stakeholders how we can be helpful

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Question		PollEverywhere Results
		<ul style="list-style-type: none">• Continuous improvement plans with transparency• Use AAR/IP to demonstrate operational success• Develop operational response protocols that include the CT HCC role in a response (e.g. a regional or statewide event - natural hazard event, large MCI, etc.).• Eliminate 162 towns.

APPENDIX C: REFERENCES

¹ U.S. Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response. (May 2024). Hospital Preparedness Program.