

**Wisconsin Preparedness Healthcare Coalition Coordination**  
**Tier Resource Document**

March 26, 2014

The purpose of this document is to provide additional explanation of the tiered framework for healthcare response to disasters and special events. The information provided is intended to assist in the adaptation and tailoring of the tiered framework for localities and regions. Key principles and assumptions essential for effective coordination are highlighted.

**Definitions:**

(see also United States Department of Health and Human Services, Office of the Secretary for Preparedness and Response, or HHS/ASPR, Medical Surge Capacity Handbook  
<http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/default.aspx>)

**Local healthcare organization (HCO, or “healthcare organization”, “healthcare entity”)** – A single entity providing medical services, this may include (but is not limited to) a hospital, integrated healthcare system, emergency medical services (EMS) agency, physician office, outpatient clinic, nursing home or other skilled nursing facility.

**Healthcare coalition (HCC, or “coalition”)** – A multi-disciplinary, multi-organization partnership that organizes individual healthcare assets/organizations into a single functional unit in order to maximize cooperative planning, information sharing, and management coordination. A coalition may include hospitals, public health agencies, long-term care or alternative treatment facilities, dialysis and other outpatient treatment centers, nursing homes and other skilled nursing facilities, private physician offices, clinics, community health centers and any other healthcare asset. Coalitions may also include emergency response and public safety agencies, emergency management, community and volunteer organizations, educational institutions, and any other organization that may provide resources to care for patients during an event.

**Health Emergency Region (or “region”)** – A geographic region with borders defined by the Wisconsin Department of Health Services for the purposes of medical planning and response coordination in large-scale emergencies.

**Area Medical Coordinating Center (AMCC)** – A healthcare or healthcare-related entity (such as public safety answering or dispatch center, transfer/access center, etc.) in the geographic area of an incident, with the ability to support the healthcare coalition with coordination of information and patient movement. The AMCC should be designated through planned criteria or schedule. Depending on the area and situation, an AMCC may be the initial healthcare organization impacted by an incident and/or may also be the Regional Medical Coordinating

Center (see below). For example, the closest trauma center to a mass casualty incident may serve as the AMCC.

**Regional Medical Coordinating Center (RMCC)** – A designated healthcare or healthcare-related entity (public safety answering or dispatch center, transfer/access center, etc.) serving a Health Emergency Region, with the pre-determined ability to support the healthcare coalition with coordination of information and patient movement along with planning activities. The RMCC can be seen as the coordinating center for a region's healthcare coalition.

Clarifications between AMCC and RMCC: Both centers serve to coordinate information and patient movement, but on different scales and usually at different points in a response operation. Both are pre-determined centers. Multiple AMCCs will be present within a Health Emergency Region. The number, location, and area covered by an AMCC will vary, depending on groupings of hospital and/or locations of potential hazards (airports, festival grounds, etc.). In contrast, each Health Emergency Region will have a one RMCC. An AMCCs role is to coordinate smaller surge events able to be handled primarily by a few hospitals located in same local geographic area (for example, a bus or multi-vehicle crash), as well as provide coordination of the initial triage and transport for larger scale surge events (such as a plane crash, building explosion, etc.). The RMCCs role is coordination of larger scale surge events requiring the resources of the entire region (multiple areas). This includes the coordination of secondary triage and transfer to tertiary care centers. The RMCC also has a lead role in the medical planning and response to large-scale hazards within a region.

#### General Assumptions and Approach for Response Tiers:

1. The Wisconsin healthcare coalition response tiers are designed to be consistent with the tier framework as suggested by HHS/ASPR (see HHS/ASPR Medical Surge Capacity Handbook <http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/default.aspx>).

Tier Level – Wisconsin tier name (corresponding HHS/ASPR tier name)

- Tier 1 – Local Healthcare Organization (Healthcare Asset Management)
- Tier 2 – Area Healthcare Coalition/Area Medical Coordinating Centers (Healthcare Coalition)
- Tier 3 – Regional Medical Coordinating Centers (Jurisdictional Incident Management)
- Tier 4 – (Management of State Response and Coordination of Intrastate Jurisdictions)
- Tier 5 – (Interstate Regional Management Coordination)
- Tier 6 - (Federal Support to Response)

2. For any situation, communication and coordination is the most important aspect of planning, mitigation, response, and recovery. Healthcare coalitions will strive to maintain links within the coalition and with other organizations/agencies in order to allow for information flow and coordination throughout the community. During an incident, regular communication

between the incident scene and the healthcare organization or coalition is critical for successful incident management. The purpose of the Wisconsin healthcare coalition tiered response framework is to promote structured communication and coordination.

3. The tier framework and all Wisconsin healthcare partners will follow Incident Command System principles.

4. Each area and region will assemble/coordinate its healthcare coalition as determined best by the coalition partners. Since every location and organization has unique characteristics, healthcare coalitions may differ in appearance. However, all coalitions will design and implement a standard concept of operations that is created with the principles of multi-disciplinary involvement, predefined coordination/incident command structure, and compatibility with the tiered response framework. Response planning should incorporate the plans and resources of public and private agencies and organizations to maximize capabilities.

5. Healthcare coalitions will incorporate plans/procedures that utilize the following concepts, consistent with state plans/recommendations:

- Surge capacity and immediate bed availability
- Alternate care sites/facilities
- Crisis standards of care and triage
- Reverse triage and expedited patient discharge

6. Each healthcare coalition will agree via Memoranda of Understanding among its coalition members/partners to share resources in the event of an emergency that overwhelm healthcare organizations. The use of resources will be coordinated through the Area or Regional Medical Coordinating Center.

7. The specific implementation of a tier may be tailored to best fit an area/region, provided that the implementation is consistent with the tiered framework and its principles. For example, in some localities, the Area and Regional Medical Coordinating Centers may be the same organization/coalition/structure. Coordinating Centers may be virtual centers or may have an actual physical location.

8. At each tier, the decision to activate the next tier (expand to the next level) is made by the local healthcare organization (or area coalition) within the incident command structure, using its pre-determined triggers. Every event and situation will differ. Thus, the currently activated tier command should constantly re-evaluate the incident, provide situational awareness briefings to all partners, and activate the next tier early when needs are outpacing resources available.

9. Although an Area or Regional Medical Coordinating Center can (and should) monitor a situation and offer assistance, it will not assume direct control of an incident until requested by the tier level below (i.e. local organization or area coalition), or when catastrophic

incapacitation of the tier below is evident. This local focus is consistent with Incident Command System and National Incident Management System principles.

10. Area and Regional Medical Coordinating Centers should have established links with the emergency management structure. Coordinating Centers should serve as the area/region's healthcare coalition representative to emergency management.

Assumptions and Approach for Tier 1 - Medical Management of Incident by Local Hospital/Healthcare Organization:

1. The local healthcare organization (HCO) will maintain communications with the scene incident command and, if applicable, the jurisdiction's Emergency Operations Center (EOC) through the EOC Hospital Liaison.
2. Medical triage and management will continue at the HCO using its emergency operations plan/mass casualty plan until it is overwhelmed.
3. The local HCO (Tier 1) will continuously weigh the medical needs of patients versus the resources it has available. If the medical needs overwhelm the resources, the local organization should activate the next tier (Tier 2).
4. A local healthcare organization can request specific limited assistance from an Area Medical Coordinating Center (AMCC) without the AMCC assuming command. However, local HCOs should activate the AMCC/Tier 2 early if the situation warrants.

Assumptions and Approach to Tier 2 - Medical Management of Incident by Area Coalition/Area Medical Coordinating Center:

1. The activation of Tier 2 and the Area Medical Coordinating Center (AMCC) must be made clear to all parties involved in an incident. When Tier 2/AMCC is activated, both the local healthcare organization (HCO)/Tier 1 and the AMCC should inform the scene incident command and jurisdictional Emergency Operations Centers (EOCs) and Multi-Agency Coordinating Centers (MACCs) that the AMCC is assuming control of medical coordination.
2. The AMCC must maintain communications with the scene incident command, local HCOs, and any jurisdictional EOC's/MACCs as needed. The AMCC should determine whether it should send representatives to the EOC/MACC, or maintain a virtual presence through communication.
3. The AMCC will assemble resources available from all area coalition partners and match resources to patient needs. The AMCC should regularly update all coalition partners in the area on their specific assignments and the overall situation.

4. The AMCC should use tools such as WI Trac and WISCOM to maintain communications and coordination.
5. Medical triage, management, and patient movement will continue within the area (with AMCC coordination), until it is overwhelmed.
6. The AMCC will continuously weigh the medical needs of patients versus the resources available in the area and provide situational updates to all partners. If the medical needs overwhelm the area resources, the AMCC should activate the next tier (Tier 3).
7. An AMCC can request limited or specialized assistance from a Regional Medical Coordinating Center (RMCC) without the RMCC assuming command. However, AMCCs should activate the RMCC/Tier 3 early if the situation warrants.

Assumptions and Approach to Tier 3 - Regional Medical Incident Management:

1. The activation of Tier 3 and the Regional Medical Coordinating Center (RMCC) must be made clear to all parties involved in an incident. When the RMCC/Tier 3 is activated, the Area Medical Coordination Center (AMCC)/Tier 2 and the RMCC should inform the scene incident command and jurisdictional Emergency Operations Centers (EOCs) and Multi-Agency Coordinating Centers (MACCs) that the RMCC is assuming control of medical coordination. The AMCC is responsible for informing all local healthcare organizations (HCOs) in its area that overall coordination is now assumed by the RMCC.
2. The RMCC and AMCC will determine whether instructions and information to and from local HCOs in the area affected will be relayed through the AMCC (this would be the default method per usual incident command principles). If the AMCC is too overwhelmed or incapacitated to maintain any coordinating function, then the RMCC should issue instructions directly to local HCO's and scene incident command.
3. An incident at the Tier 3 level, state and county EOC's will likely be activated. The RMCC should ensure these EOC's/MACCs are informed of the situation and recommend EOC or MACC activation if not already done so.
4. The RMCC must maintain communications with the affected AMCC, scene incident command, local HCOs, and jurisdictional EOC's/MACCs. Whenever possible, the RMCC should have a representative liaison at the affected AMCC, EOC, or MACC. In other unaffected areas/jurisdictions within the region, the RMCC should determine whether it will send representatives, or maintain a virtual presence through communication.
5. The RMCC will contact other partners within its region (including AMCCs) to assemble resources available from all coalition partners in the region and match resources to patient

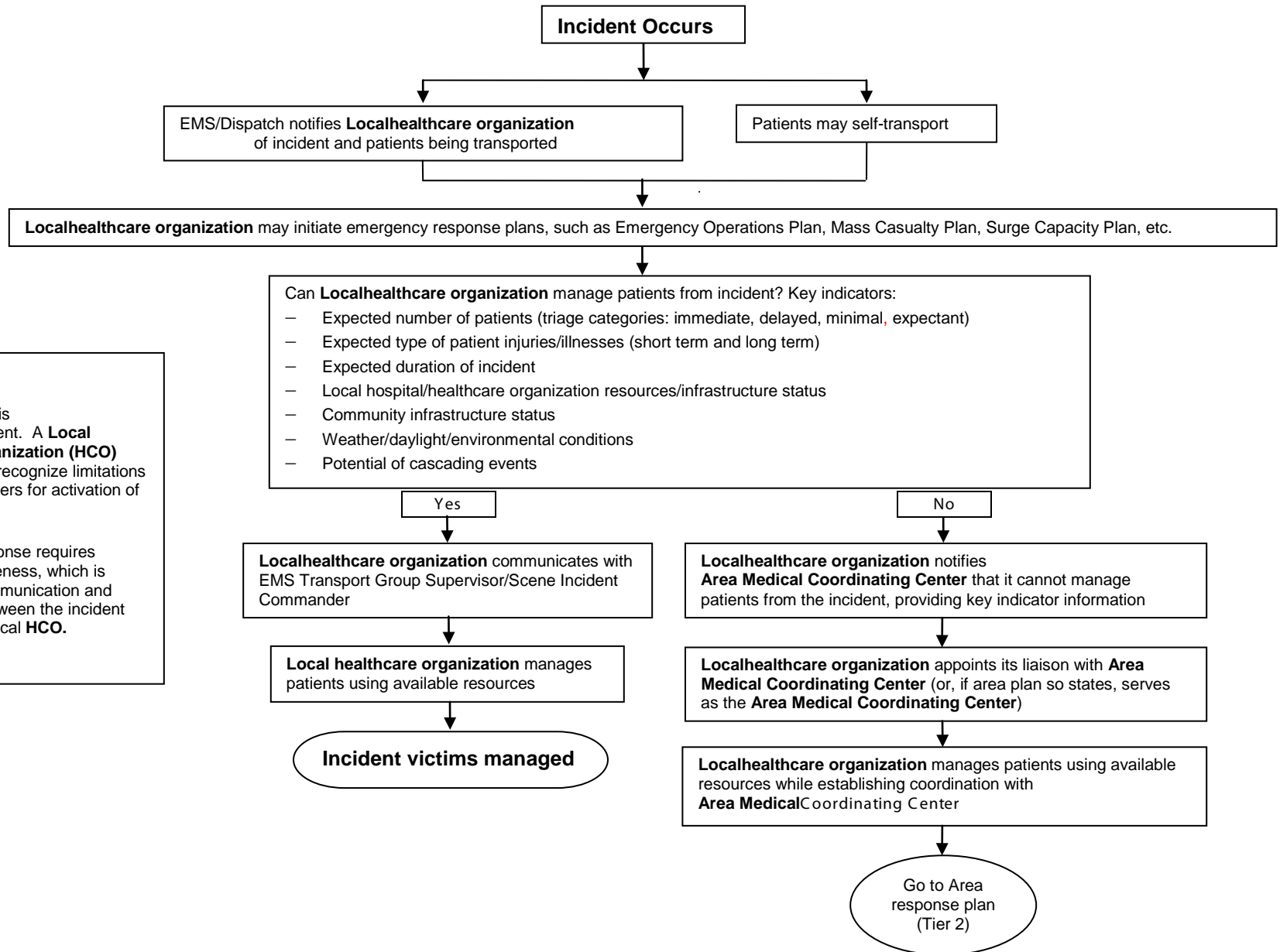
needs. The RMCC should regularly update partners in the region. The RMCC should use tools such as WI Trac and WISCOM to maintain communications and coordination.

6. Medical triage, management, and patient movement and distribution will continue within the region (with the RMCC providing coordination), until the region is overwhelmed.

7. The RMCC will continuously weigh the medical needs of patients versus the resources available in the region. The RMCC will determine whether activation of state plans (surge capacity, burn, crisis standards of care, etc.) is necessary and forward that recommendation to Wisconsin Emergency Management and Department of Health Services.

8. An RMCC can request limited assistance from other RMCCs. Those other RMCCs will contact the AMCCs and/or local HCOs in their region to assemble resources and make those resources available to the affected RMCC. The affected RMCC will have overall decision-making control (per usual incident command principles). However, RMCCs should request a full state response (Tier 4) through the Wisconsin Department of Health Services (DHS) and Wisconsin Emergency Management (WEM) early if the situation warrants.

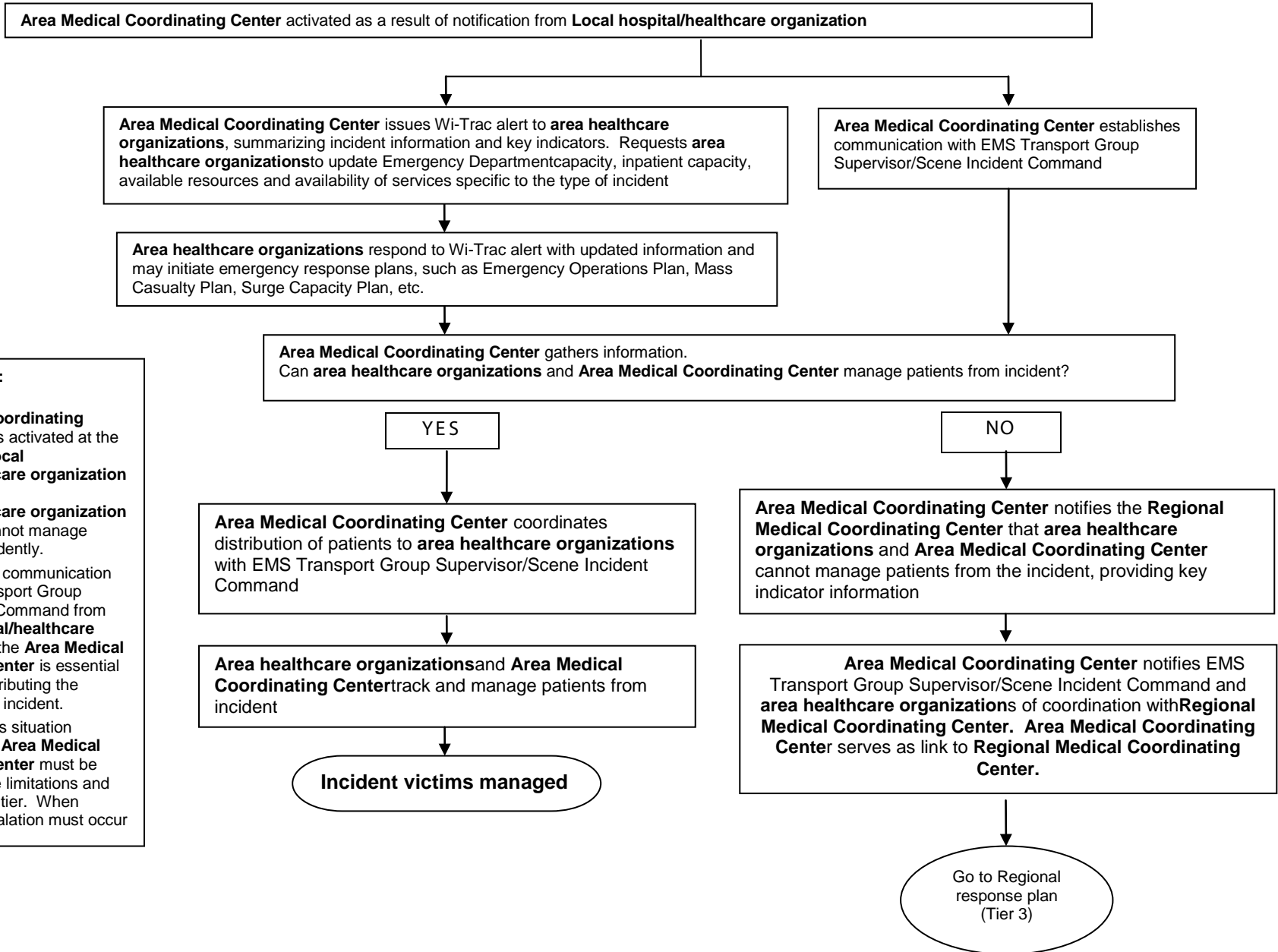
Wisconsin Healthcare Emergency Preparedness Program (WHEPP) Coalition Tiers  
Medical Management of Incident by LOCAL Healthcare Organization (DHHS Tier 1 Response) - Decision Tree



**Key Points:**

- Every response is situationdependent. A **Local healthcare organization (HCO)** must be able to recognize limitations and identify triggers for activation of the next tier.
- Successful response requires situational awareness, which is obtained by communication and coordination between the incident scene and the local **HCO**.

Wisconsin Healthcare Emergency Preparedness Program (WHEPP) Coalition Tiers  
 Medical Management of Incident by AREA Healthcare Coalition (DHHS Tier 2 Response) -Decision Tree



**Key Points:**

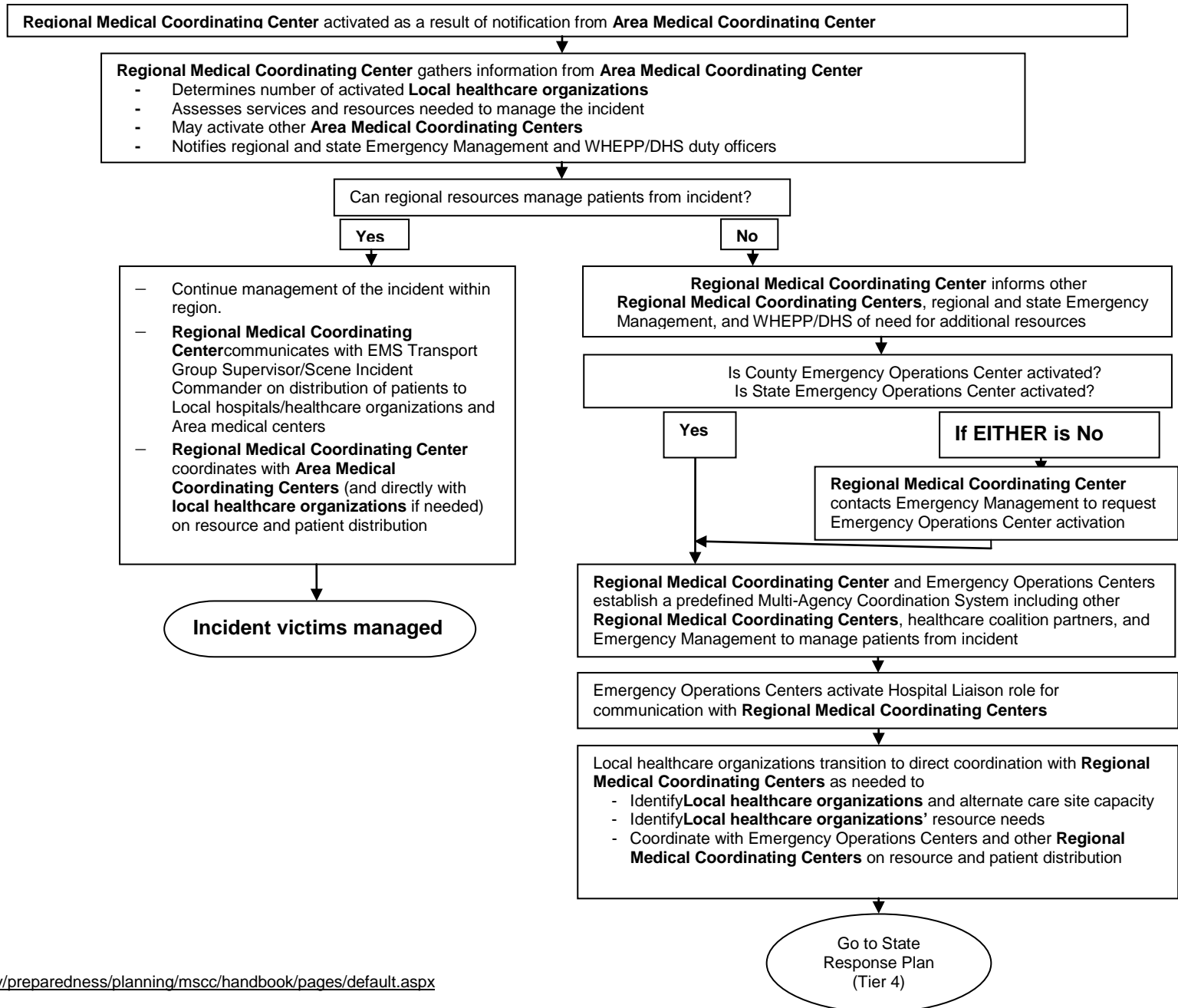
- **Area Medical Coordinating Center (AMCC)** is activated at the request of the **Local hospital/healthcare organization** when the **Local hospital/healthcare organization** determines it cannot manage incident independently.
- Transitioning the communication of the EMS Transport Group /Scene Incident Command from the **local hospital/healthcare organization** to the **Area Medical Coordinating Center** is essential to effectively distributing the patients from the incident.
- Every response is situation dependent. The **Area Medical Coordinating Center** must be able to recognize limitations and activate the next tier. When needed, this escalation must occur rapidly.



Wisconsin Healthcare Emergency Preparedness Program (WHEPP) Coalition Tiers  
**Regional / Jurisdictional Incident Management (Tier 3 Response) – Decision Tree**

**Key Points:**

- **Regional Medical Coordinating Centers** are activated at the request of the **Area Coordinating Medical Center** when the area determines it is unable to manage incident independently.
- An incident of regional scale should trigger notification of other **Regional Medical Coordinating Centers** and state Emergency Management.
- Communication between the **Regional Medical Coordinating Center** and **Area Medical Coordinating Centers** is essential to transitioning the patient distribution function of managing the incident.
- **Area Medical Coordinating Centers** will communicate with EMS Transport Group Supervisor/Scene Incident Commander and all **local hospital/healthcare organizations** of the **Regional Medical Coordinating Center's** assumption of patient coordination duties.
- Every response is situation dependent. The **Regional Medical Coordinating Center** must be able to recognize limitations and activate the next tier. When needed, this escalation may occur rapidly.

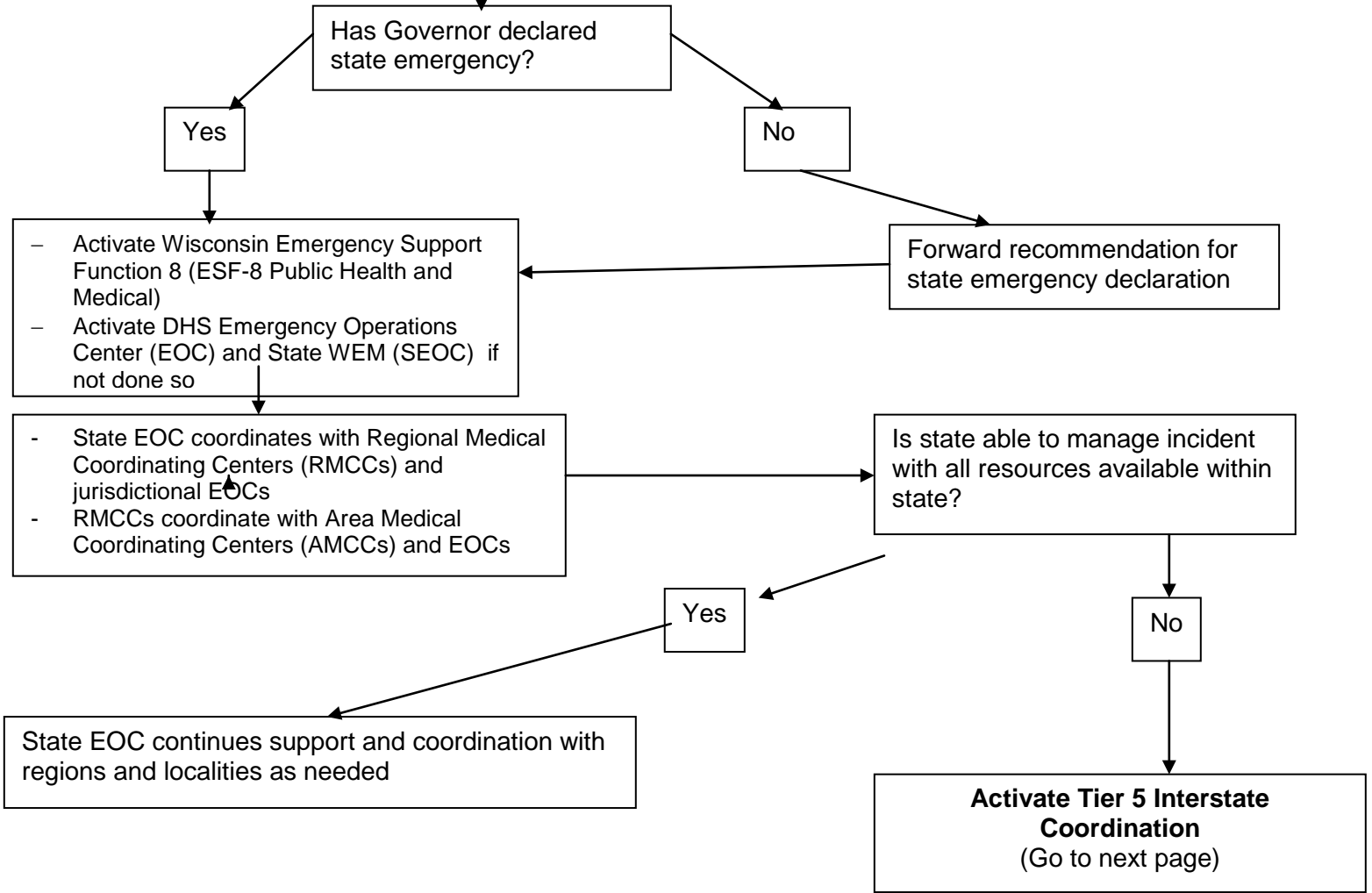


Reference:  
<http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx>

Wisconsin Healthcare Emergency Preparedness Program (WHEPP) Coalition Tiers  
**State Response and Coordination of Intrastate Jurisdictions (Tier 4 Response) - Decision Tree**

Notification from **Regional Medical Coordinating Centers (RMCCs)** to **WI Dept of Health Services (DHS)** or **Emergency Management (WEM)** occurs

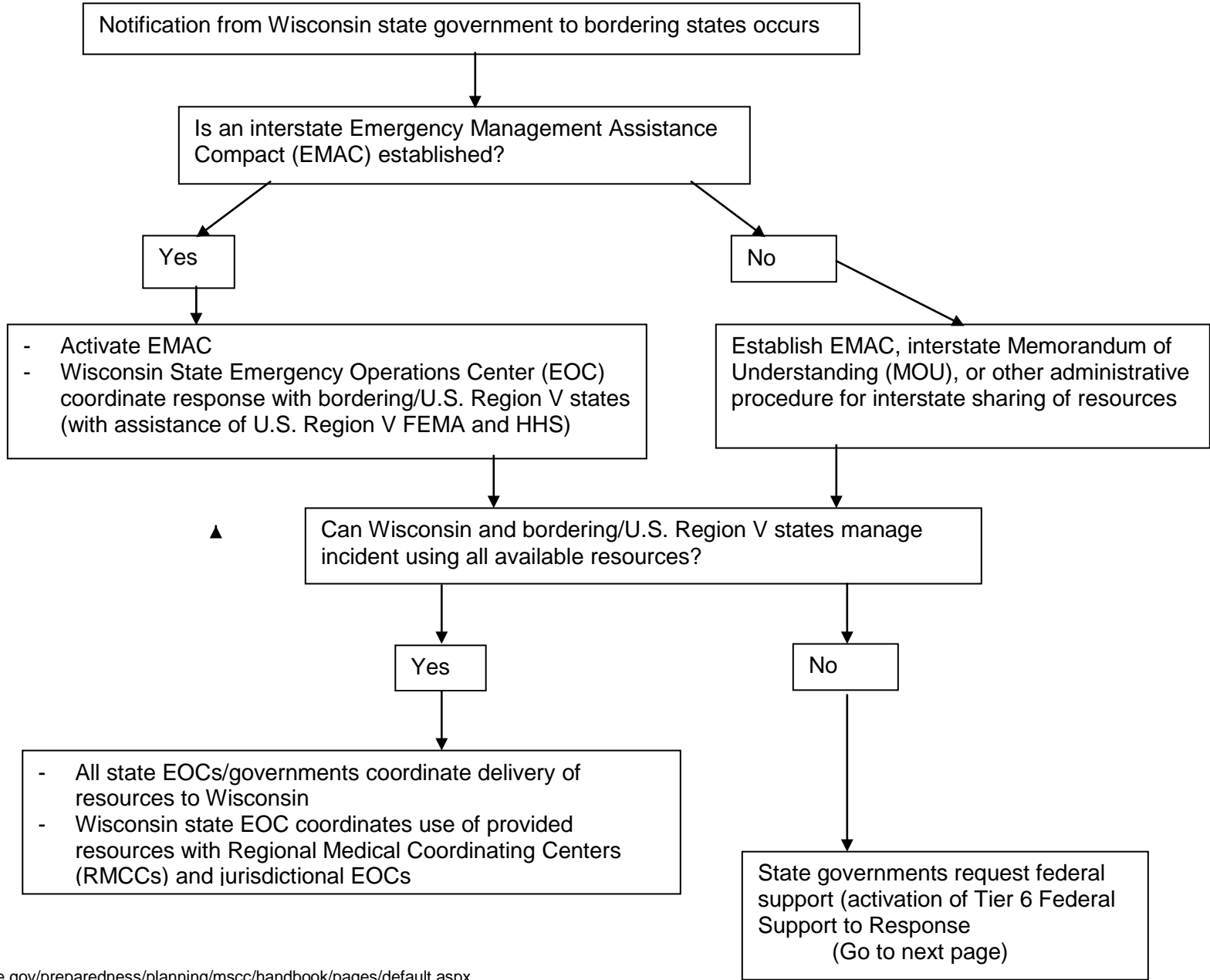
- Key points:**
- Systematic coordination and delivery of state assets will support local and jurisdictional/regional responses
  - Communication is essential for managing response
  - State will monitor situation and will activate Tier 5 (interstate response) when state resources are inadequate



Wisconsin Healthcare Emergency Preparedness Program (WHEPP) Coalition Tiers  
**Interstate Regional Management Coordination (Tier 5 Response) - Decision Tree**

**Key Points:**

- Incident Command System (ICS)/National Incident Management System (NIMS) principles will be used
- Communication and coordination between and within states is essential
- Pre-defined legal agreements and administrative procedures (e.g. EMACs, MOUs) will speed response and coordination during an incident
- The assistance of the U.S. Region V offices of the Dept. of Health and Human Services (HHS) or Federal Emergency Management Agency (FEMA) may be needed for coordination



Wisconsin Healthcare Emergency Preparedness Program (WHEPP) Coalition Tiers  
**Federal Support to Response (Tier 6 Response) - Decision Tree**

**Key Points:**

- Incident Command System (ICS), National Incident Management System (NIMS), and National Response Framework (NRF) principles and process will be used
- Federal assistance requires the approval of a request from a state governor
- State governments are responsible for coordinating the use/delivery of provided federal support with federal authorities
- The U.S. Dept. of Health and Human Services (HHS) will deploy an Incident Response Coordination Team (IRCT) to coordinate all deployed ESF-8 (Public Health and Medical) assets

