



Southwest Colorado Healthcare Coalition Preparedness Plan

June 2018

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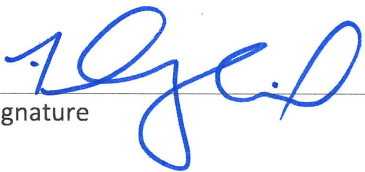
APPROVAL OF THE SWCHCC PREPAREDNESS PLAN

The Southwest Colorado Healthcare Coalition (SWCHCC) Preparedness Plan has been adopted by a vote of the core members of the Coalition.

Date Approved: 06-12-2018

Chair: Flannery O'Neil
Print Name

Vice-Chair: Vacant
Print Name


Signature

Signature

INTRODUCTION

PURPOSE

The Southwest Colorado Healthcare Coalition (SWCHCC) is a collaboration of healthcare organizations, providers, public health departments, emergency medical services, emergency management agencies and community partners working together to enhance regional preparedness and response capabilities. The purpose of the SWCHCC Preparedness Plan (Plan) is to strengthen regional operational readiness among the SWCHCC partners by addressing processes, procedures, and the organizational structure necessary for healthcare entities to prepare for, respond to, and recover from emergencies in the Southwest Region. The Plan is designed to foster health and medical preparedness by outlining objectives and tactics that will promote effective and consistent communications, information sharing, resource coordination, and operational response and recovery.

SCOPE

The scope of the SWCHCC Preparedness Plan is limited to supporting the participating healthcare organizations and community partners in their ability to effectively prepare for and respond to emergencies and disasters. This Plan is intended to complement, not replace, existing facility disaster plans, local plans, processes, and procedures. It is expected that healthcare entities will develop and maintain their emergency management programs to enhance organizational self-reliance and address community needs. They will also participate in the regional and statewide emergency response system development activities to enhance response to large scale events. Individual healthcare facilities are responsible for implementing their Emergency Operations Plans, including logistical support.

This Plan focuses on mitigation, preparedness, response, and recovery activities to support the coordination of medical operations in the Southwest Region. It is not a command or tactical Plan. Although the SWCHCC is comprised of partners who will support the health and medical portion of a response, the Coalition and its associated Chapters default to Emergency Support Function (ESF) #8, or comparable health and medical branches, as the designated mechanism for the coordination of Federal, State, and local resources related to public health and medical needs during an incident. The SWCHCC works with local ESF 8 to support the functional areas identified by the National Response Framework (NRF) ESF 8 Annex.

ADMINISTRATIVE SUPPORT

The SWCHCC Steering Committee is charged with the development, approval, maintenance and implementation of the Preparedness Plan and its supporting Appendices. At a minimum, the Plan and Appendices are reviewed on an annual basis and revised as needed. The Coalition will revise the Plan based on prioritized lessons learned from After Action Reports (AARs)/ Improvement Plans (IP) following real events, planned trainings, and exercises.

COMPLIANCE REQUIREMENTS AND LEGAL AUTHORITIES

The SWCHCC members receive guidance and recommendations for the development and participation in community-based emergency management activities from, but not limited to the following authorities:

- Colorado Department of Public Health and Environment (CDPHE)
- Colorado Department of Homeland Security and Emergency Management (CDHSEM)
- Center for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule

- Joint Commission Emergency Management Standards

COALITION OVERVIEW

COALITION INTRODUCTION

The SWCHCC is a coordinating body, established to build a strong healthcare collaborative for hospitals, health departments, emergency medical services, fire, emergency management, and community partners.

MISSION

The mission of the SWCHCC is to coordinate and promote healthcare emergency preparedness and response activities for Coalition partners throughout the Southwest Colorado Region.

The SWCHCC promotes, develops, and enhances the region’s coordination for medical and public health system preparedness, response, and recovery by:

- Prioritizing Coalition goals and objectives based on local needs, best practices, recommendations, and deliverables from the Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), and CDPHE
- Conducting trainings, exercises, public education, and outreach to strengthen community medical resiliency, surge capacity and capabilities
- Prioritizing and distributing funds to local agencies, hospitals, health departments and other qualified organizations to increase readiness capabilities
- Facilitating collaborative prevention, mitigation, preparedness, response, and recovery activities
- Fostering communication between local, regional, and State entities on community-wide emergency planning and response

COALITION BOUNDARIES

The SWCHCC is an inclusive body open to all organizations and entities that provide or support health services within the following five (5) counties and two (2) Tribes in Southwest Colorado.

County	Population	Square Miles	Hospitals and Long-Term Care Facilities
Archuleta County	12,907	1,350	3
Dolores County	2,035	1,067	1
La Plata County	55,697	1,692	4
Montezuma County	26,906	2,029	5
San Juan County	698	387	0
Southern Ute Indian Tribe	1,400	1,064	0
Ute Mountain Ute Indian Tribe	2,134	864	0
Total	101,777	8,453	13

Population statistics were taken from the State of Colorado – 2016 State Demography Office data. Square Miles were taken from 2010 U.S. Census Bureau Geography Division data.

COALITION MEMBERS

The SWCHCC is comprised of Executive Officers, a Steering Committee, core and general partner organizations and entities. Membership in the SWCHCC is extended to the following core partner agencies, institutions, and community-wide emergency response related disciplines within the Southwest Colorado Region. Core members, at a minimum, include representatives from each of the following agency types:

- Hospitals (including Acute Care, Rehabilitation and Psychiatric)
- Emergency Medical Services
- Emergency Management/Public Safety
- Public Health

General partner membership may consist of, but is not limited to, representatives from each of the following agencies:

- Long Term Care Providers
- Behavioral Health Providers
- Hospital and Medical Associations
- Specialty Service Providers including, but not limited to: dialysis centers, urgent care facilities, and ambulatory surgical centers
- Support Service Providers including, but not limited to: laboratories, blood banks, and pharmacies
- Primary Care Providers
- Community Health Centers
- Tribal Health Centers
- Federal Entities including, but not limited to, U.S. Department of Veterans Affairs (VA) hospitals and Department of Defense facilities

MEMBER RESPONSIBILITIES

- Provide representation at Coalition meetings
- Participate in SWCHCC activities and help to ensure the Coalition is able to meet its identified goals, priorities, and contractual deliverables
- Participate in collaborative regional preparedness planning efforts
- Participate in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans
- Vote on questions placed before the Coalition members
- Respond to regional emergencies and disasters in collaboration with other Coalition members
- Work to implement emergency preparedness and response capability guidelines within the member's organization

MEMBERSHIP ROSTER

The Coalition will maintain a current roster of member organizations, including core and general partner designations and contact information. The roster will be published with the agenda for each Coalition meeting. The Coalition will track and maintain meeting attendance for member organizations.

MEMBERSHIP IN GOOD STANDING

A member shall be deemed in good standing if the individual or a designated alternate has attended, either in person, by phone, or videoconference, at least 50 percent of the regularly scheduled SWCHCC

meetings within a 12-month period. If the member does not maintain good standing, the Chairperson shall inform the member and designated organizational contact that the organization will be placed on inactive status and will be unable to vote. Member organizations may return to good standing status by attending two (2) consecutive scheduled meetings.

COALITION GOVERNANCE STRUCTURE

The SWCHCC is comprised of two Chapters, each operating as its own workgroup within the larger Regional Coalition. The LASST Chapter encompasses La Plata County, Archuleta County, San Juan County, and the Southern Ute Indian Tribe. The Montelores Chapter includes Montezuma County, Dolores County, and the Ute Mountain Ute Indian Tribe. Each Chapter is led by one (1) elected Chair and one (1) elected Co-Chair. The Chapters focus on projects applicable to their agencies and/or region, while contributing to the overall goals and objectives of the Regional Coalition. Chapter Workgroups meet on a quarterly basis to address preparedness and response capabilities.

The SWCHCC elected a multi-disciplinary Steering Committee to provide strategic direction to the Coalition and facilitate regional preparedness and resource coordination. It encompasses core members from each Chapter and functions as an advisory board, ensuring that operational capabilities, scope of work requirements as directed by CDPHE, and allocation of resources align with the strategic goals and objectives of the Coalition. The SWCHCC Steering Committee also helps to ensure that plans, trainings, and exercise activities conform to the guidelines issued by ASPR and the NRF.

STEERING COMMITTEE RESPONSIBILITIES

- Provide representation at SWCHCC meetings and ensure member attendance
- Participate in Coalition activities
- Actively participate in discussion involving the distribution of funding
- Contribute to meeting Coalition goals, priorities, and contractual deliverables set forth by CDPHE
- Vote on issues placed before the Steering Committee
- Ratification of Steering Committee Members

STEERING COMMITTEE MEMBERS

The Steering Committee is comprised of eleven (11) members representing both SWCHCC Chapters and the following core agency types:

- Emergency Management (2 members)
- Public Health (2 members)
- Hospital (2 members)
- Emergency Medical Services (2 members)
- Behavioral Health (1 member)
- Tribal (2 members)

	LASST Chapter Representative	Montelores Chapter Representative
Emergency Management	Thomas McNamara La Plata County	John Trocheck Ute Mountain Ute Indian Tribe
Public Health	Flannery O’Neil San Juan Basin Public Health	Karen Dickson Montezuma County Public Health

Hospital	Ron Trucott Mercy Regional Medical Center	Pat Speers Southwest Memorial Hospital
Emergency Medical Services	Scott Sholes Durango Fire & Rescue	Scott Anderson Southwest Memorial Hospital
Behavioral Health	Jeff King AXIS Health System	
Tribal	Margo Yeager Southern Ute Health Center	Marisa Maxwell-Kaime Ute Mountain Ute Indian Tribe

EXECUTIVE OFFICERS

The SWCHCC Steering Committee is led by a team of Executive Officers: One (1) Chair, one (1) Vice-Chair, one (1) Secretary, and one (1) Treasurer, elected by the Steering Committee. The Executive Officers work collaboratively with the Steering Committee to organize and coordinate Coalition preparedness and response activities. The Executive Officers coordinate with the state-level Healthcare Coalition Council. Officers’ primary responsibilities include:

1. **Coalition Chair**
The Chair shall provide leadership for the SWCHCC and shall act as Chairperson for all Steering Committee and SWCHCC meetings. He/she shall be available to the membership for information exchange concerning the SWCHCC; serve as the official representative and spokesperson of the SWCHCC; and assume additional duties, as appropriate, to facilitate the function of the SWCHCC. The Chair is the signatory authority for the SWCHCC.
2. **Coalition Vice-Chair**
The Vice-Chair shall carry out the duties of the Chair in his/her absence. In the event of the unexpected departure, resignation, or removal from office, the Vice-Chair will replace the Chair, subject to a ratification of the Coalition membership at the next meeting.
3. **Secretary**
The Secretary shall ensure meeting agendas, minutes, and bylaws are recorded; handle and address correspondence pertaining to the SWCHCC; maintain the Coalition membership roster; and perform other administrative functions as needed. Maintain and monitor the SWCHCC email account.
4. **Treasurer**
The Treasurer shall work with CDPHE, the state Hospital Preparedness Program (HPP) Coordinator, Coalition Chair, and Vice-Chair to ensure accurate accounting of funding and other funding targeted for SWCHCC projects and purchases; coordinate with the fiscal agent; and hold primary responsibility for overseeing the management and reporting of the organization’s finances.

RISK ASSESSMENT

The SWCHCC conducted a comprehensive Regional Hazard Vulnerability Analysis (HVA) to identify and prioritize potential risks for the region. The analysis took into account that each facility and county within the region is unique and may have a specific patient population, geography, and healthcare needs to consider. These will often overlap with the hazards confronted by the Coalition member organizations

and are identified using historical and current data from multiple sources. The HVA process is iterative and is reviewed on an annual basis or after major incidents. Table 1 illustrates the hazards that are most likely to impact the Southwest Region and tax regional capabilities.

TABLE 1: HAZARDS AND IMPACTS TO REGIONAL CAPABILITIES

Hazard	Regional Capabilities Impacted
Critical Staff Shortage	<ol style="list-style-type: none"> 1. ESF 8 staffing 2. Response personnel to provide necessary medical care 3. Internal and external communications 4. Transportation
Cyber Attack	<ol style="list-style-type: none"> 1. Internal and external communications 2. Information sharing 3. Patient diagnosis 4. Patient tracking and identification 5. Payroll
Severe Weather Events	<ol style="list-style-type: none"> 1. Coordination with at-risk populations 2. Staffing shortage 3. Supply shortage 4. Internal and external communications 5. Information sharing 6. Situational awareness 7. Transportation 8. Sheltering capabilities
Communication Failure	<ol style="list-style-type: none"> 1. Public information warning platforms 2. Coordination with at-risk populations 3. Internal and external communications 4. Information sharing 5. Situational awareness 6. Transportation 7. Staffing
Power Utility Outages	<ol style="list-style-type: none"> 1. Coordination with at-risk populations 2. Public information warning platforms 3. Internal and external communications 4. Information sharing 5. Situational awareness 6. Transportation and response times 7. Staffing

For more information, see the SWCHCC Hazard Vulnerability Analysis.

GAPS

The SWCHCC leverages the Regional HVA as well as AARs/IPs from exercises across the Southwest Region to identify gaps in preparedness and response capabilities. The SWCHCC reviews the identified gaps and prioritizes mitigation strategies each grant year to further develop preparedness and response

capabilities. Based on the gaps identified in the Fiscal Year (FY)17-18 Regional HVA, the SWCHCC is working to create and enhance communications plans and procedures, conduct emergency preparedness trainings, and strengthen general membership in order to mitigate risks to the Southwest Region.

COALITION OBJECTIVES

The SWCHCC sets its objectives and associated planning, training, and exercise strategies on an annual basis based on the Hospital Preparedness Program (HPP) grant deliverables set forth by CDPHE as well as the gaps identified in the Regional HVA and AARs/IPs. The objectives are reviewed regularly and updated, as needed. The following objectives have been identified as key strategic priorities for the SWCHCC in FY17 – FY18:

- Continue to grow Coalition membership and engage community partners
- Promote coordinated and consistent preparedness and response strategies across healthcare organizations in the Southwest Region
- Enhance regional communications by developing a robust Communications Plan
- Sustain regional public health and healthcare capabilities by effectively coordinating resources before, during, and after an emergency

The long-term objectives of the SWCHCC are:

- Build a stronger community-based emergency healthcare system
- Facilitate information sharing between the participating healthcare organizations and with relevant public agencies in a structured fashion
- Strengthen the local healthcare system by facilitating the integration of emergency management into individual healthcare organizations' preparedness and response efforts
- Utilize an evidence-based, informed approach to improve health and medical preparedness and response
- Continue to enhance regional preparedness and response by annually reviewing and updating the SWCHCC Preparedness Plan

ENGAGEMENT OF PARTNERS AND STAKEHOLDERS

HEALTH CARE EXECUTIVES

Members of the SWCHCC will evaluate the information provided by the Coalition and assess the need to obtain feedback or share information with their individual organization's health care executives. The health care executives will review the information provided through their organization contact and participate in regional planning, trainings, and/or exercise opportunities, and provide feedback to the SWCHCC.

CLINICIANS

Members of the SWCHCC will evaluate the information provided by the Coalition and assess the need to obtain feedback or share information with their individual organization's clinics. The clinics will review the information provided through their organization contact and participate in regional planning, trainings, and/or exercise opportunities, and provide feedback to the SWCHCC.

COMMUNITY LEADERS

The SWCHCC has identified community partners and leaders in the Southwest Region through the County Multi-Agency Coordination (MAC) Group. The SWCHCC Executive Officers from each Chapter regularly attend MAC meetings and maintain a list of community leaders.

CHILDREN, PREGNANT WOMEN, SENIORS, INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS

The SWCHCC trains and reviews the Colorado Community Inclusion in Colorado (CICO) Mapping System with its members to assist with the identification of at-risk populations such as children, pregnant women, seniors, and individuals with access and functional needs. The Southwest Region reviews the CICO Maps at least twice-annually to assist with planning for at-risk populations who may require assistance before, during, and after an emergency. The CICO Maps include locations, service area, and phone numbers of community providers and healthcare agencies. CICO Maps include GIS mapping to highlight the number of at-risk individuals that use electrically-dependent, life-maintaining, and assistive durable medical equipment in geographic areas down to the zip code.

WORKPLAN

The SWCHCC Workplan includes strategies for accomplishing the Coalitions FY17-FY18 objectives as well as the deliverables and activities set by CDPHE. The Workplan illustrates how the SWCHCC will work to address each of the four HPP capabilities listed below.

- HPP Capability 1: Foundation for Health Care and Medical Readiness
- HPP Capability 2: Health Care and Medical Response Coordination
- HPP Capability 3: Continuity of Health Care Service Delivery
- HPP Capability 4: Medical Surge

Objective 1: Continue to grow Coalition membership and engage community partners	
Alignment to Health Care Preparedness and Response Capabilities	
<u>Capability #1: Foundation for Health Care and Medical Readiness</u> The community’s health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.	
Strategies	
1.	Develop standard key messages for the SWCHCC.
2.	Develop a Coalition website.
Objective 2: Promote coordinated and consistent preparedness and response strategies across healthcare organizations in the Southwest Region	
Alignment to Health Care Preparedness and Response Capabilities	
<u>Capability #1: Foundation for Health Care and Medical Readiness</u> The community’s health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.	
Strategies	

1.	Increase healthcare emergency preparedness and awareness by providing training and exercise opportunities for Coalition partners that meet identified regional gaps and needs.
1.a.	Conduct an annual survey to capture exercise and training needs of Coalition members.
1.b.	Draft an annual Training and Exercise Plan.
2.	Develop a funding request process that ensures projects align to the Coalition’s objectives and enhance regional preparedness and response capabilities.

Objective 3: Enhance Regional communications by developing a robust Communications Plan

Alignment to Health Care Preparedness and Response Capabilities

Capability #2: Health Care and Medical Response Coordination

Health care organizations, the HCC, 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.

Strategies

1.	Develop a Coalition Membership Registration survey to collect standardized contact information for partners across the Southwest Region.
2.	Determine regional primary and redundant communications systems.
3.	Determine processes for sharing information before, during, and after an incident.
4.	Determine trigger points for notifications and communications.

Objective 4: Sustain Regional public health and healthcare capabilities by effectively coordinating resources before, during, and after an emergency

Alignment to Health Care Preparedness and Response Capabilities

Capability #3: Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the Emergency Support Function-8 (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 result in a return to normal or, ideally, improved operations.

Strategies

1.	Conduct a Resource Gap Assessment to determine available resources and resource needs.
2.	Determine a tiered process for identifying and requesting resources during an incident.
3.	Develop a process for requesting and executing Memorandums of Understanding.

CDPHE: Objective #1: No later than the expiration date of the Contract, the Contractor shall establish and maintain healthcare community collaboration in identifying risks, establishing priorities and addressing gaps through planning, training, exercising and managing resources.

Capability #1: Foundation for Health Care and Medical Readiness

The community’s health care organizations and other stakeholders—coordinated through a sustainable HCC—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

Health care organizations, the HCC, 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

Health care organizations, with support from the HCC and the Emergency Support Function-8 (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 result in a return to normal or, ideally, improved operations.

Capability #4: Medical Surge

Health care organizations—including hospitals, emergency medical services (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 HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC 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.

Primary Activity 1.	The Contractor shall create a Governance Structure for the HCC.
Primary Activity 2.	The Contractor shall create After Action Reports / Improvement Plan
Primary Activity 3.	The Contractor shall develop a Preparedness Plan
Sub-Activities 3.	<ol style="list-style-type: none">1. The Contractor shall get written approval from its Core Members on the final Preparedness Plan2. The Contractor shall update the Preparedness Plan to address identified gaps resulting from After Action Reports / Improvement Plans created from exercises and actual emergency incidents
Primary Activity 4.	The Contractor shall ensure no fewer than one (1) Core Members, shall attend the OEPR Fall Meeting, that includes required training sessions.
Sub-Activities 4.	<ol style="list-style-type: none">1. The Contractor's Core Member(s) shall pre-register for the OEPR Fall Meeting in CO. TRAIN2. The Contractor's Core Member(s) shall sign in at the registration table at the OEPR Fall Meeting3. The Contractor's core member(s) shall attend the Medical Surge Training and sign the attendance sheet to be validated by OEPR staff.4. The Contractor's core member(s) shall attend the HCC MCM Operational Workshop and sign the attendance sheet to be validated by OEPR staff.
Primary Activity 5.	The Contractor shall develop a Hazard Vulnerabilities Assessment.
Primary Activity 6.	The Contractor shall review the Community Inclusion in Colorado (CICO) mapping system to identity populations with unique healthcare needs to inform future planning.
Primary Activity 7.	The Contractor shall engage regional community partners in healthcare

	preparedness, evacuation, transportation, and relocation exercises, planned event so and real incidents.
Sub-Activities 7.	The Contractor shall complete hot washes with HCCs and health care executives related to exercises, planned events, and actual incidents.
Primary Activity 8.	The Contractor shall ensure an awareness overview and training on jurisdictional MCM distribution plans is provided to HCC members.
Primary Activity 9.	The contractor shall conduct low notice HCC Medical Surge Test Exercise utilizing the Coalition Surge Test tool.
Sub-Activities 9.	<ol style="list-style-type: none"> 1. The Contractor shall participate in Medical Surge Test Exercise tabletop as provided by CDPHE. 2. The Contractor shall develop an After-Action Report /IP informed by results of the Medical Surge Test Exercise. 3. The contractor shall require healthcare executives attend Medical Surge Test Exercise hot washes.
Primary Activity 10.	The contractor shall create a Redundant Communications Drill Report.
Sub-Activities 10.	The contractor shall conduct a redundant communications drill twice a year with all HCC members to ensure functional communication systems.

For additional information on the CDPHE Workplan, reference the CDPHE Healthcare Preparedness and Response Program Regional Healthcare Coalition Workplan Guidance.

APPENDIX A: ACRONYM LIST

AAR	After-Action Report
ASPR	Assistant Secretary for Preparedness and Response
CDHSEM	Colorado Department of Homeland Security and Emergency Management
CDPHE	Colorado Department of Public Health and Environment
CICO Maps	Colorado Community Inclusion in Colorado Mapping System
CMS	Center for Medicare and Medicaid Services
EM	Emergency Management
EMS	Emergency Medical Services
ESF	Emergency Support Function
FQHC	Federally Qualified Health Center
HCC	Healthcare Coalition
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Analysis
IP	Improvement Plan
MAC	Multi-Agency Coordination
NRF	National Response Framework
NWRHCC	Northwest Region Healthcare Coalition
RETAC	Regional EMS and Trauma Advisory Council
SWCHCC	Southwest Colorado Healthcare Coalition