



A Coalition in Action

Examples from Rhode Island

Healthcare Coalition of Rhode Island (HCRI)

Maine Statewide Conference
September 9, 2026



Objectives

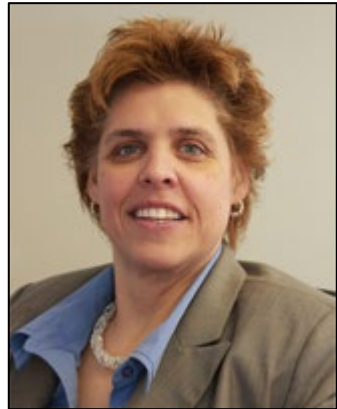
- Explain the role of healthcare coalitions during emergencies and disasters.
- Identify practices that support effective communication and coordination across healthcare partners.
- Apply lessons from real-world response to strengthen local and statewide preparedness.

HCRI Operating Model

HCRI Leadership



HCRI is co-led by staff from the RI Department of Health's Center for Emergency Preparedness and Response (CEPR) and the Hospital Association of Rhode Island (HARI).



Dawn Lewis, RN, MBA, PhD
HARI



Rupsha Biswas, MPH
RIDOH

HCRI Membership



Community

ESRD/Dialysis	Home Health/Hospice	Assisted Living	Long-Term Care	Hospitals	Public Health	Health Centers	Urgent Care Centers	EMS and EMA	Response Partners
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STRONGER TOGETHER



Steering Healthcare Preparedness
to Support Our Community

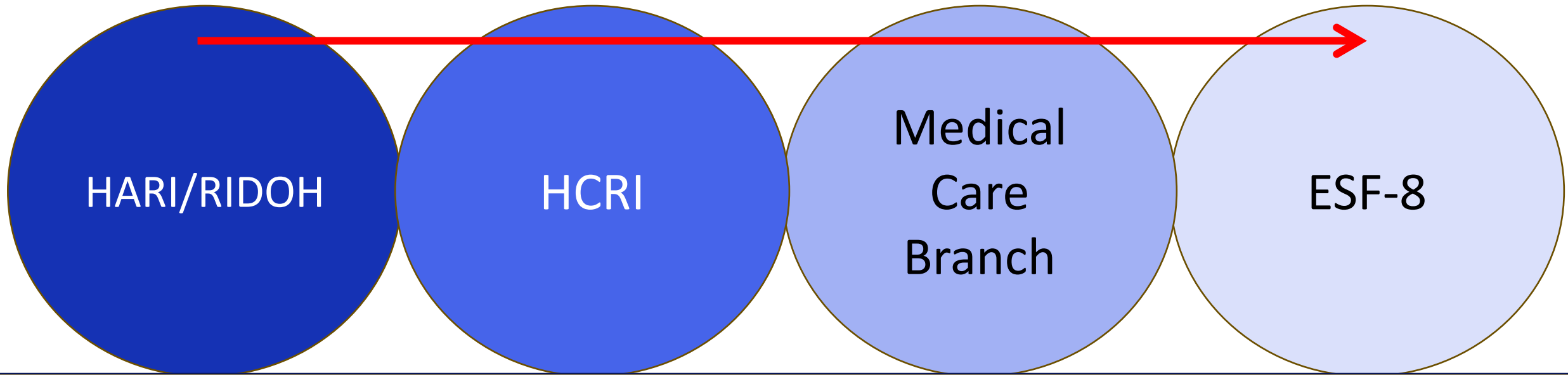
HCRI Mission

To serve as a forum for cooperation among organizations to develop a networked plan for interaction and collaboration in disaster-related planning, mitigation, response, and recovery efforts that address Rhode Island's healthcare system.



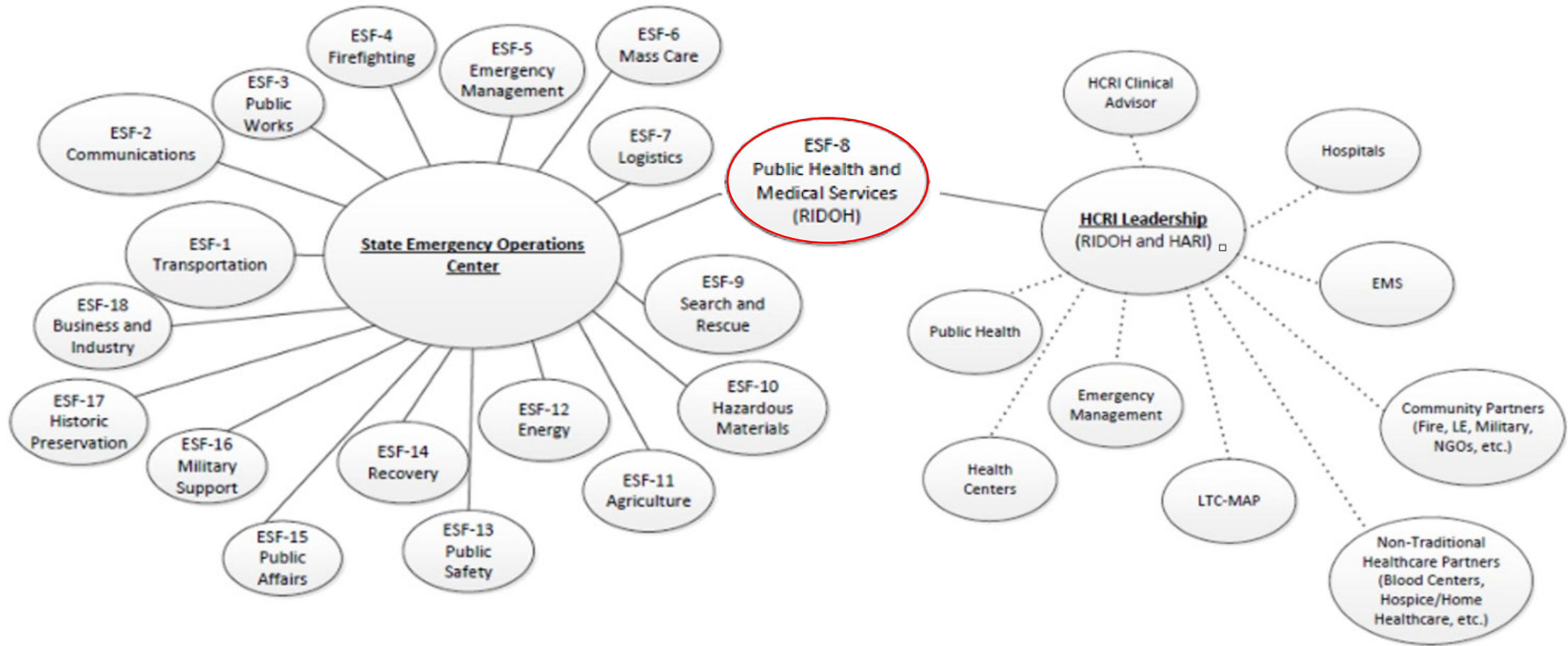
Providing 24/7/365 response coordination capability for members

Built for Consistency

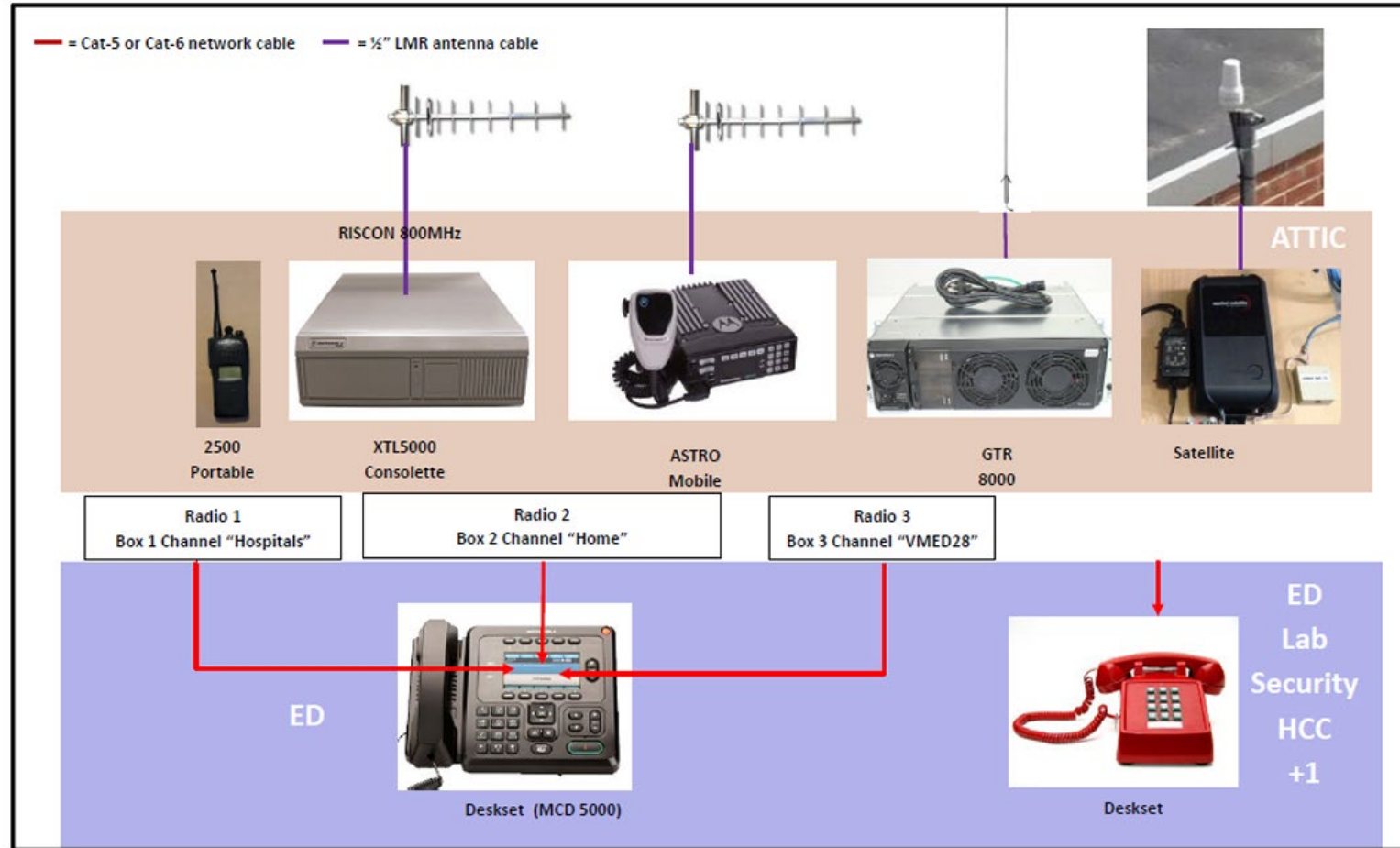


Consistency, Predictability, Scalability

Coalition Response Structure



Voice Systems



Data Systems

Software	Hospitals	EMS	EMA	Public Health	Nursing Homes and Assisted Living Communities	Health Centers	Non-Traditional Healthcare Partners
ProtectAdvisr	X	X		X	X	X	X
ImageTrend Elite/Signal		X		X			
ImageTrend Resource Bridge	X	X		X			
Basecamp	X			X		X	X
Everbridge	X	X	X	X	X	X	X

Some Other HCRI Activities

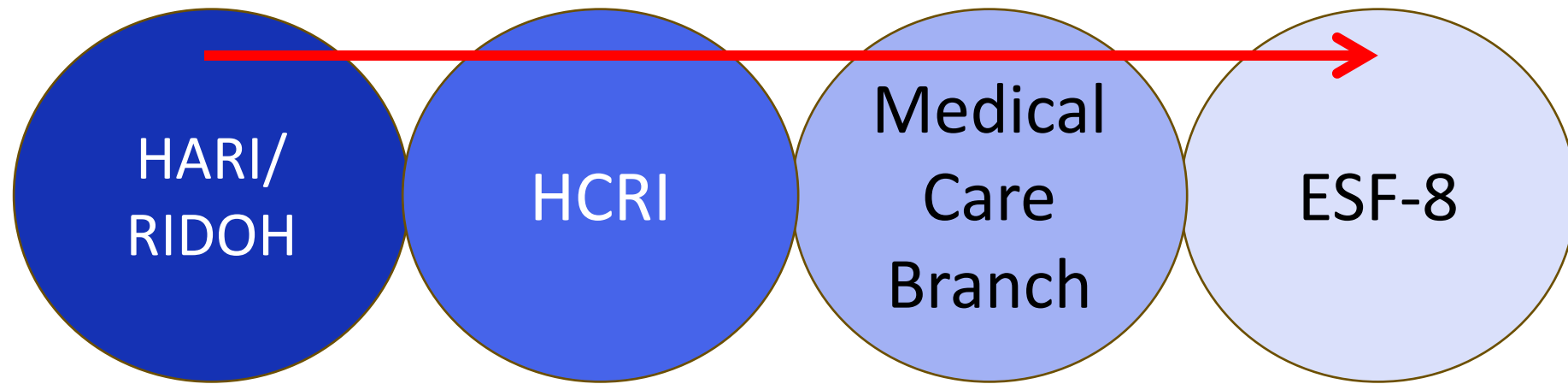
- Memoranda of Understanding
 - Hospital-to-Hospital
 - Health Center-to-Health Center
 - LTC-to-LTC
- Meetings
 - Hospitals, grassroots champions, and trade organizations - monthly
 - Discipline-specific Peer Groups (quarterly or annually)
 - Cross-pollinate with other partners
- National Healthcare Coalition Conference Scholarships
- Website: <https://myhcri.org>

SECTION 8: MEMORANDUM OF UNDERSTANDING (MOU)

Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)



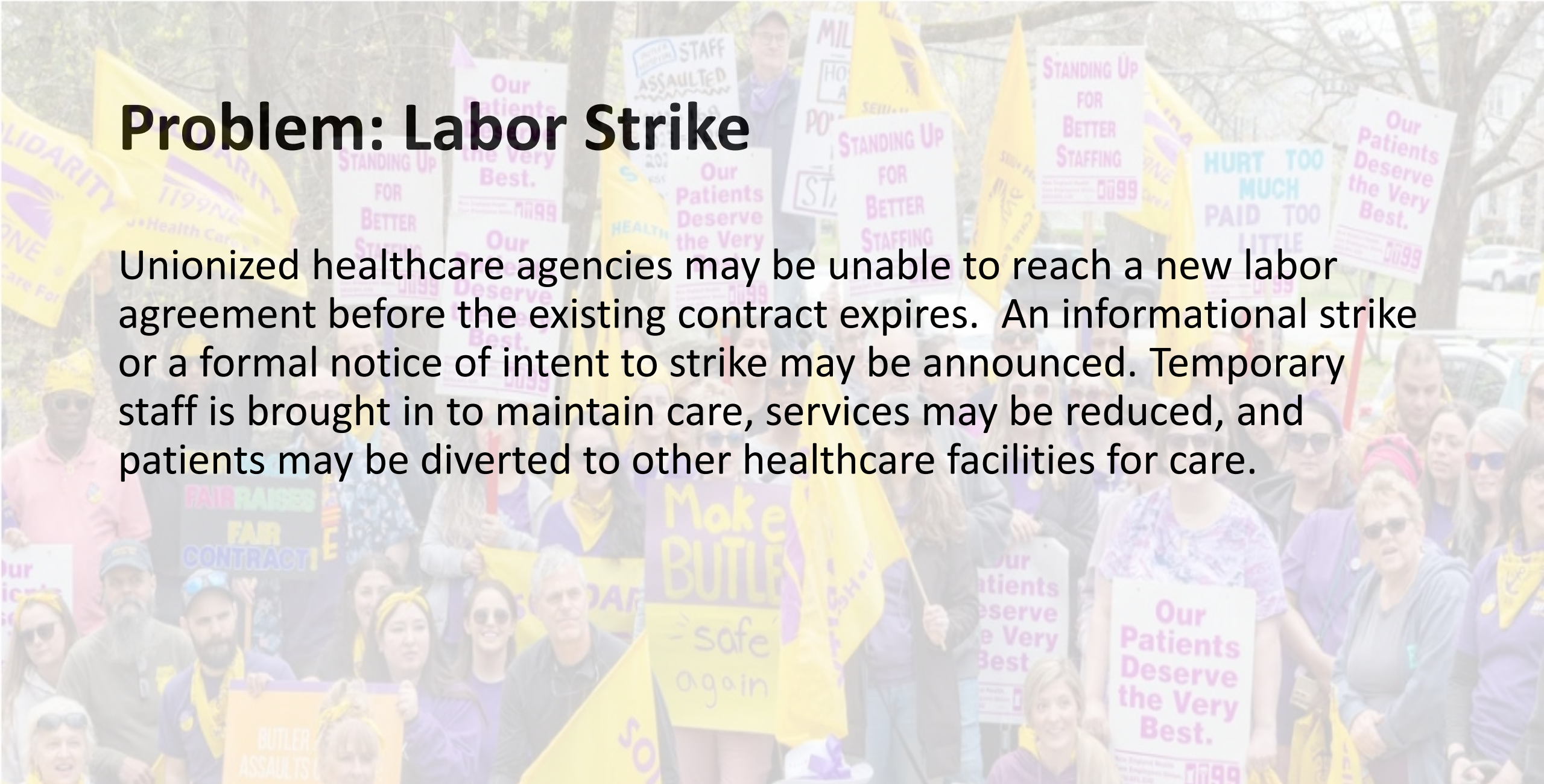
SCAN ME



Examples

Problem: Labor Strike

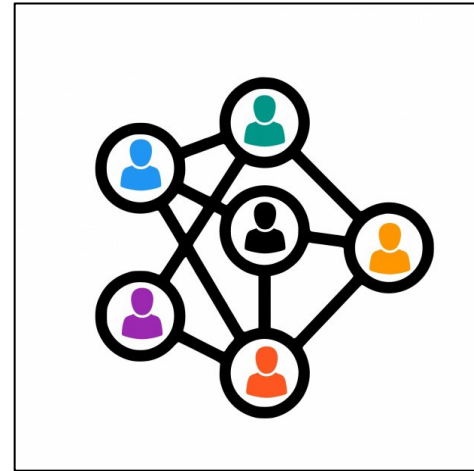
Unionized healthcare agencies may be unable to reach a new labor agreement before the existing contract expires. An informational strike or a formal notice of intent to strike may be announced. Temporary staff is brought in to maintain care, services may be reduced, and patients may be diverted to other healthcare facilities for care.



Labor Strike: Planning, Response, and Impact



- HCRI Co-leads
 - Communicate directly with non-striking healthcare agencies
 - May convene conference calls to coordinate Coalition-wide response elements
- RIDOH
 - Activates the Incident Command System
 - RIDOH's regulatory body communicates directly with the striking agency
 - Other HCRI leaders (from RIDOH) are also embedded in the leadership of the ICS structure to ensure that communications pathways with other local, state, and cross-border partners are active and strong situational awareness is maintained



Impact: Due to HCRI's involvement, patient services are optimized despite strike-related constraints, while ensuring the perspectives and needs of both striking and non-striking agencies are heard.

Problem: Evacuation Needed

On the evening of December 20, 2023, a fire occurred in an assisted living community, requiring a full-building evacuation.

Initially, it was assumed that most, if not all, residents would need to be evacuated.



UPDA

BRIST

TO RH

LIVING

VETERAN

DENTS

30°

12:05

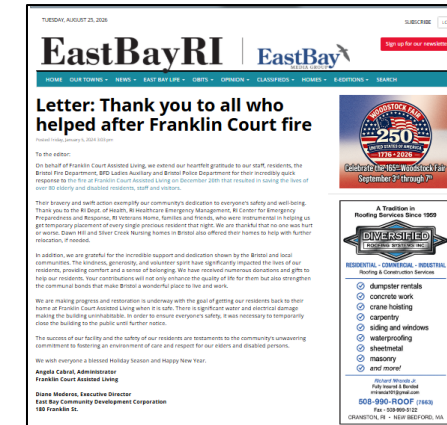
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Evacuation: Planning/Response and Impact

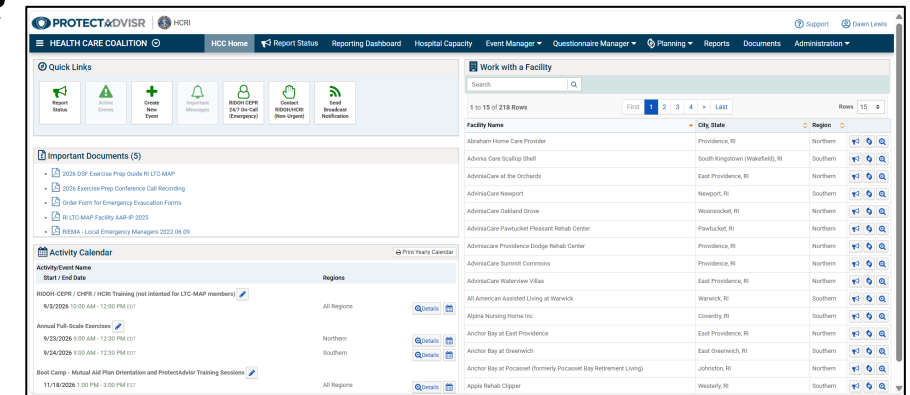
HCRI

- HCRI leadership activated LTC–MAP
- 67 beds were identified in the same town or nearby
 - Some residents were able to go home with family
- HCRI leadership initially held daily calls with the evacuated and receiving facilities



Impact: Due to the planning, training, exercises, and relationship-building HCRI did with members in advance, LTC residents could be rapidly and safely moved to a space appropriate to the level of care needed

In this case, using an unoccupied space at another nursing home prevented staff from being split across multiple locations, allowed residents to remain together, and streamlined operations and communications.



Problem: Resources Needed

- HCRI member agencies' experiences:
 - A supply chain interruption
 - Allocation or other limitations on critical supplies
 - Sudden need for a resource

- Impact:*** By leveraging HCRI's established processes and partnerships, healthcare agencies can receive timely access to critical resources.



RIDCH\HCR
Resource Request Form



Once completed, send to:

- Dana Lewis (dlewis@rich.id.gov)
- Rupika Bhatta (rupika.bhatta@health.id.gov)

Event:	Local Issue
Request Date/Time:	
Requestor:	
Primary Contact:	
Hospital:	
Date/Time Needed:	
Expected Delivery Location:	

Request (be specific):

BELOW TO BE COMPLETED BY HEALTH

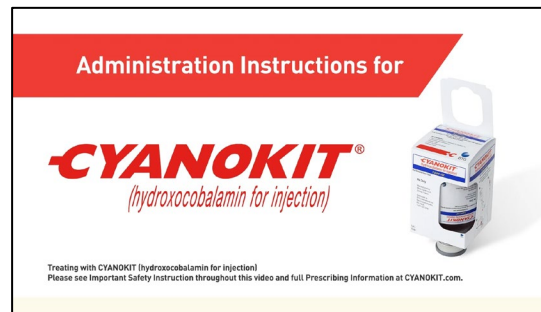
Request Assigned to: Dawn Lewis (HCR) and Alyssa Mihalatos (RIDCH)

Action(s) taken (be specific):

*Signature/Computer _____

Date/Time: _____

This is for HCR! requests only – All other requests should go through your local EMA Director



Problem: Large-scale Event (2026 FIFA World Cup™)

A significant influx of visitors unfamiliar with the local area, culture, and the healthcare system can create challenges related to:

- Healthcare access
- Public health preparedness
- Potential surge in illnesses and injuries (e.g., MCIs, infectious disease outbreaks)

2026 FIFA World Cup™: Planning/Response and Impact

Medical
Care
Branch

- Conducted a series of 10 public health and medical exercises, culminating in the HPP-required Medical Response Surge Exercise (MRSE), including numerous exercises with MA DPH
- HCRI leadership was embedded in RIDOH's response structures:
 - Healthcare Coordination Functional Group in RIDOH's FIFA World Cup Task Force
 - Medical Care Branch Directors within the Operations Section of RIDOH's ICS
- Conducted pre-match conference calls
- Medical Care Branch published a weekly bulletin

Impact: HCRI members receive consistent communication and coordination from HCRI Leadership, which reduces random outreach, streamlines information sharing, and establishes a single, reliable channel for healthcare-related information requests



Healthcare Coordination Medical Care Branch Bulletin FIFA World Cup 2026™		
Friday 5/15/2026 12:00 p.m.	Edition 10.0	Start of World Cup – 27 days
Emergency Response Updates		
There are no active emergencies in Rhode Island.		
Conference Calls		
<i>The Medical Care Branch will host conference calls with hospitals in accordance with the schedule listed below. These dates and times were selected to align with the call schedule established by the Massachusetts Department of Health for its hospitals. This will ensure Rhode Island has the most up-to-date pre-match information. Most calls are planned for the day before the match. An exception was made for the Monday, 6/29 game; that call will occur on the same day as the game.</i>		
NEW: Upcoming Calls with RI-based hospitals for Group Stage:		
• Call Friday, 6/12, 1:00 p.m.-1:30 p.m. [Game Day #1 is Saturday 6/13] • Call Monday, 6/15, 12:30 p.m.-1:00 p.m. [Game Day #2 is Tuesday 6/16] • Call Thursday, 6/18, 12:30 p.m.-1:00 p.m. [Game Day #3 is Friday 6/19] • Call Monday, 6/22, 12:30 p.m.-1:00 p.m. [Game Day #4 is Tuesday 6/23] • Call Thursday, 6/25, 12:30 p.m.-1:00 p.m. [Game Day #5 is Friday 6/26]		
Upcoming Call with RI-based hospitals for Round of 32		
• Call Monday, 6/29, 11:30 a.m.-12:00 p.m. [Game Day #6 is Monday 6/29]		
A call has not yet been scheduled for the quarterfinal match on July 9, 2026.		
Updates		
• NEW: Leadership from the Healthcare Coalition of Rhode Island (HCRI) recently met with staff from Rhode Island Hospital, home to the State's ABA-verified Burn Center and Level 1 Trauma Center for both adult and pediatric patients. ○ During the meeting, the Program Manager of the Rhode Island Burn Center reviewed the Burn Center's capabilities and the referral process. The referral form is included at the		

Problem: High Consequence Infectious Diseases

- H1N1
- Ebola 2014-2015
- COVID-19
- Monkeypox
- Measles
- Ebola 2026
- And whatever Mother Nature has in mind for us next...

HCID: Planning/Response and Impact

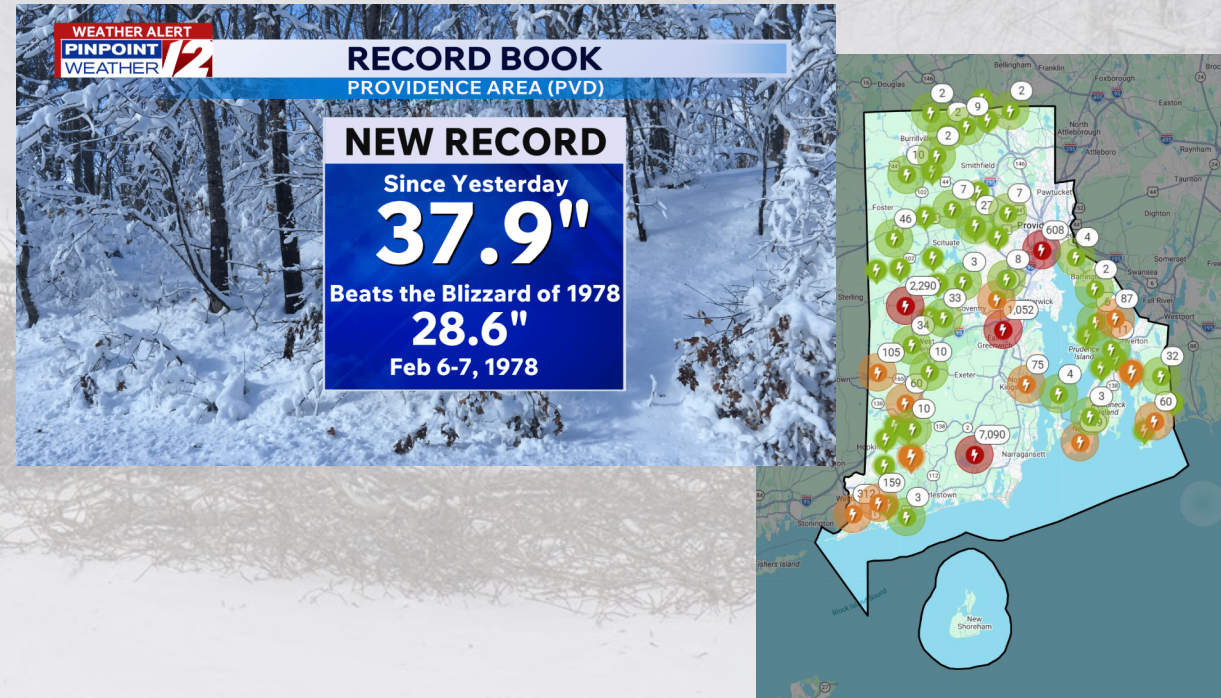
1. Prevention and Protection
2. Surveillance and Situational Awareness
3. Detection and Diagnosis
4. Contact Tracing and Exposure Mgt
5. Clinical Care
6. Therapeutics and Medications
7. Movement, Isolation, and Quarantine
8. Movement, Isolation, and Quarantine
9. Information, Communications & Data
10. Infection Prevention
11. Environmental, Waste & Decontamination
12. Command, Control, and Communications
13. Logistics and Resources
14. Fatality Management
15. Equity

Impact: Through HCRI, there is enhanced coordination between public health and healthcare system partners, which leads to more efficient processes and improved outcomes during very complex outbreaks

Problem: Winter Storm Effects

February 22-24, 2026:

Blizzard Hernando brought a historic amount of heavy, wet snow (nearly 38 inches) and wind gusts of over 70 mph. It knocked down trees, damaged powerlines, and caused substantial damage across Rhode Island.

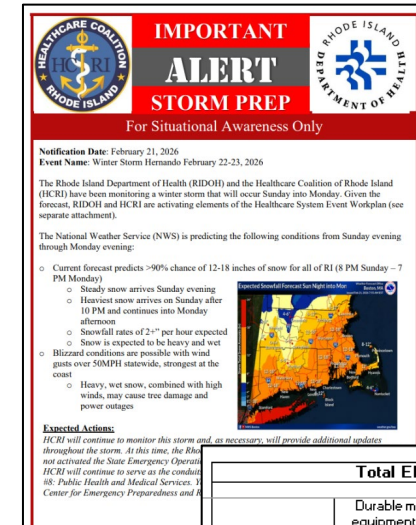


Winter Storm: Planning/Response and Impact

ESF-8

- ESF-8 Activation Activities
 - HCRI Alert Notifications
 - ED Storm Statistics Reporting
- Agency Issues
 - Nursing home evacuation
 - Loss of grid power to 1 hospital, 1 LTACH, 7 nursing homes, 4 assisted living communities; all health centers were closed
 - Debris management
 - Salt shortage
 - Staff transportation limitations

Impact: HCRI members can conduct advanced planning, maintain situational awareness of evolving issues, request resource support, and feel connected during a storm.



		Total ED Visits for WS Hernando				Responding Facilities			
			All CPs	CP1	CP2	CP3			
# of Community Presentations	Durable medical equipment issues	24	14	0	12	2			
	Seeking Routine Medical Care		10	0	5	5			
Number of storm-related MEDICAL presentations	Frostbite	77	6	4	1	1			
	Hypothermia		9	0	7	2			
	Cardiac complaints due to shoveling		48	1	23	24			
	CO exposure		9	2	5	2			
Number of storm-related TRAUMA presentations	Craniocerebral or existing medical injuries	166	5	1	3	1			
	Slips and falls		123	4	34	85			
	Motor vehicle accidents		19	5	4	10			
	Snow-blowing accidents		4	1	0	3			
	Sledding injuries		0	0	0	0			
	Burns/injuries from alt heat source		0	0	0	0			
Other			20	0	15	5			
267			267	18	109	140			

Problem: Suspicious Activities Identified

Defined Criminal Activity	Potential Criminal Activity
Breach/Attempted Intrusion	Eliciting Information
Theft/Loss/Diversion	Testing or Probing of Security
Sabotage/Tampering/ Vandalism	Recruiting/Financing
Cyberattack	Photography
Expressed or Implied Threat	Observation/ Surveillance
Aviation Activity	Materials Acquisition/ Storage
	Acquisition of Expertise

Suspicious Activities: Planning/Response and Impact

HCRI

- Suspicious Activity Report Form
- Security Director Peer Group (includes the RI Fusion Center)

Impact: Through HCRI's SAR, healthcare agencies receive information about evolving threats, allowing them to thwart the event, harden their defenses, or address misinformation.



Response to Members' Concerns



Workplace Violence

Bulk purchase of vests, sleeves, and gloves

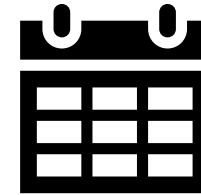
Threat Evaluation Response Overview (TERO) course



Patient Surge

EMS Transport Officer exercises for “round robin” patient distribution

MCI mannequins to address space and equipment needs in exercises



Staff Turnover

New member orientation

Host Hospital training

Ongoing information system training

HCRI Calendar

ICS 300/ ICS 400

Some final words of wisdom...

Lessons Worth Considering

- Build relationships (and get their phone numbers) before...
- Use consistent practices in the day-to-day operations of your coalition as you will use during emergencies
- Share information accurately, rapidly, and consistently
- Expand membership to be inclusive of the healthcare spectrum
- Establish resource-sharing agreements and processes in advance
- Exercise to failure and consistent with the existing workflows/processes
- Maintain situational awareness of coalition-wide capabilities
- Be realistic – surge is more than just beds
- Understand that no person or agency is an island...understand interdependencies

Thank
you



Questions?

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