INFORMATION SHARING AND COMMUNICATIONS

ASSESSMENT REPORT

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A Comprehensive Review of Communication Systems, Information Sharing Practices, and Opportunities for Improvement

Connecticut Health Care Coalition

JULY 2026

Contents

Executive Summary 3
Introduction 3
Scope of the Assessment 5
Methodology 5
Data Analysis Approach 6
Survey Distribution and Participation 7
Participant and Platform Overview 8
System Utilization 10
System Utilization Communication Systems 10
System Utilization Information Sharing Systems 11
System Utilization by Role 12
Combined User Confidence 14
Data Management and Information Sharing 16
Analysis of System Capabilities 17
Integration and Operability 19
Strengths and Gaps 20
Recommendations 22
Appendix A – Capabilities Tables 27
Appendix B- Survey 29

Executive Summary

Twenty-one platform assessments were completed, representing the communication and operational information-sharing systems currently used by healthcare organizations and partner agencies across Connecticut. Participants evaluated each system's capabilities, operational use, interoperability, strengths, and limitations.

Overall, respondents reported a high level of confidence in the systems they use, with an average confidence rating of 4.3 out of 5. This suggests that most platforms perform well within their intended purpose. At the same time, the assessment demonstrates that technology alone does not ensure effective operational readiness. Coordinating across the healthcare system requires more than reliable individual applications, it depends on seamless communication, timely information sharing, and coordinated operations among a diverse network of partners.

Several consistent themes emerged throughout the assessment:

- Limited adoption and participation in key systems across the full health care continuum.
- Fragmented platforms with limited interoperability and information exchange.
- Access restrictions that reduce shared situational awareness.
- Dependence on multiple independent systems and manual processes to coordinate operations.
- Inconsistent day-to-day use, resulting in reduced familiarity and proficiency during emergencies.

Taken together, these findings show that Connecticut has invested in several capable technologies that effectively support specific operational functions, including resource awareness, emergency management coordination, and organizational communications. However, these systems largely operate independently rather than as components of a unified operational environment. No single platform currently provides the comprehensive capabilities needed to support the Connecticut Health Care Coalition's mission of coordinating preparedness, facilitating information sharing, maintaining situational awareness, and supporting health care system operations before, during, and after emergencies.

The assessment indicates that the Coalition's greatest capability gap is not a lack of communication technology, but the absence of an integrated operational coordination environment. Such an environment would enable routine collaboration, bidirectional communication, operational information sharing, incident coordination, planning, training, exercises, and recovery activities within a single, connected framework.

Addressing this gap would strengthen operational readiness, improve coordination among partners, reduce reliance on disconnected systems and manual workarounds, and enhance the Coalition's ability to support Connecticut's health care system during both day-to-day operations and emergency response.

Introduction

Scope of the Assessment

This assessment examined the communication and information-sharing platforms used by Connecticut Healthcare Coalition members and partner organizations to support emergency preparedness, response, recovery, and routine operational coordination. The assessment focused on identifying existing systems, evaluating their capabilities and interoperability, understanding how information is shared across organizations, and identifying strengths, limitations, and opportunities for improvement. The scope included both communication systems and information-sharing platforms utilized by healthcare, public health, emergency management, emergency medical services, long-term care, and other healthcare preparedness partners operating within Connecticut.

Methodology

The Connecticut Healthcare Coalition Information Sharing and Communications Capability Assessment utilized a structured survey methodology to collect information regarding communication and information-sharing platforms used by healthcare, public health, emergency management, emergency medical services, and other partner organizations throughout Connecticut. The assessment was designed to establish a statewide inventory of systems, evaluate current capabilities, identify strengths and limitations, and assess the extent to which existing platforms support preparedness, response, recovery, and day-to-day coordination activities.

Respondents were asked to complete a separate survey submission for each communication or information-sharing platform utilized by their organization. This approach allowed for a detailed evaluation of individual systems rather than a generalized assessment of organizational capabilities. Survey questions collected information related to platform ownership, primary functions, user groups, frequency of use, types of data shared, interoperability, system capabilities, strengths, challenges, and operational impacts associated with identified gaps.

The assessment employed a combination of quantitative and qualitative data collection methods. Quantitative data included platform classifications, capability ratings, frequency of use, data-sharing characteristics, and interoperability measures. Qualitative data were collected through narrative responses describing

system strengths, operational challenges, integration capabilities, and the impacts of identified limitations on organizational and statewide operations.

Following the close of the assessment period, responses were reviewed, compiled, and analyzed to identify common themes, recurring strengths and challenges, trends across platform types, interoperability opportunities, and areas requiring future investment or improvement. Findings were aggregated to provide both a statewide perspective and insight into specific functional areas, including alerting and notification, situational awareness, resource coordination, patient tracking, operational status reporting, and external partner coordination.

The results of this assessment are intended to inform future planning efforts, technology investments, governance discussions, training initiatives, and interoperability strategies designed to strengthen information sharing and communication capabilities across Connecticut's healthcare preparedness system.

Data Analysis Approach

Assessment data were analyzed using a combination of quantitative and qualitative methods to identify trends, evaluate existing capabilities, and determine opportunities for improvement in communication and information-sharing systems. Responses were reviewed and organized into functional categories based on system type, primary purpose, and operational use.

Quantitative survey responses were compiled and analyzed to identify patterns related to system utilization, user confidence, interoperability, data-sharing practices, capability ratings, and operational functionality. Frequency distributions and summary statistics were used to evaluate the prevalence of specific capabilities, identify commonly used systems, and assess the extent to which platforms support preparedness and response activities across the state.

Qualitative responses were reviewed using a thematic analysis approach. Narrative comments related to system strengths, challenges, interoperability, and operational impacts were grouped into recurring themes. Common themes included usability, reliability, accessibility, interoperability, sustainability, and resource coordination. These themes were then analyzed to identify areas of consensus among respondents as well as unique challenges associated with specific platform types.

The analysis focused on identifying recurring trends and common operational challenges rather than evaluating the effectiveness of any individual organization

or platform. Results were aggregated to provide a statewide perspective on current communication and information-sharing capabilities and to support the development of recommendations aimed at enhancing interoperability, improving operational coordination, strengthening system resilience, and informing future technology investments.

Survey Distribution and Participation

On June 1, 2026, the draft assessment was presented to the Connecticut Healthcare Coalition Communications and Information Sharing Workgroup for review and feedback. During this meeting, workgroup members agreed to serve as pilot respondents and complete the assessment for the systems used within their respective organizations. This pilot period provided an opportunity to validate survey questions, identify areas requiring clarification, and ensure the assessment captured meaningful and actionable information.

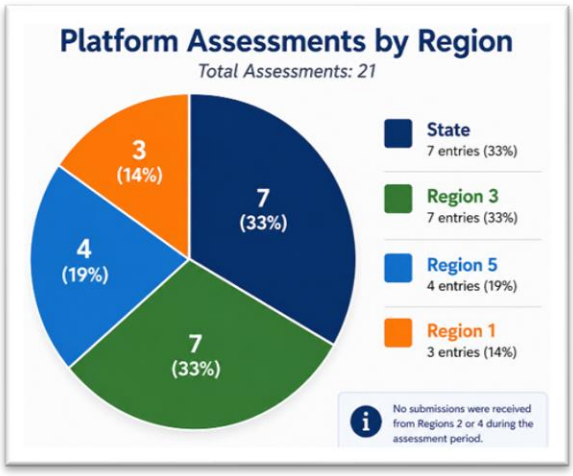
The pilot assessment period was conducted from June 8 through June 15, 2026. Following completion of the pilot phase and incorporation of minor adjustments based on feedback, the assessment was distributed coalition-wide on June 15, 2026. Coalition members were encouraged not only to complete the assessment for their own organizations, but also to share the survey with additional partners and stakeholders involved in emergency preparedness, response, healthcare operations, public health, emergency management, and related disciplines to support a broader statewide assessment.

Throughout the assessment period, reminder notices were distributed at regular intervals to encourage participation and increase response rates. These reminders emphasized the importance of documenting the communication and information-sharing systems currently in use across the state and highlighted how the results would inform future planning, interoperability efforts, and technology investment decisions.

The assessment remained open through June 30, 2026, at which time data collection concluded. Responses received during the assessment period were compiled and analyzed to identify current capabilities, common strengths, recurring challenges, interoperability gaps, and opportunities for enhancing communication and information sharing across Connecticut's healthcare and preparedness partners.

Participant and Platform Overview

A total of 21 submissions were received from organizations representing healthcare, public health, emergency medical services, regional planning, and healthcare coalition partners throughout Connecticut. Responses reflected a mix of state-level and regional perspectives and included both communication systems and information-sharing platforms.



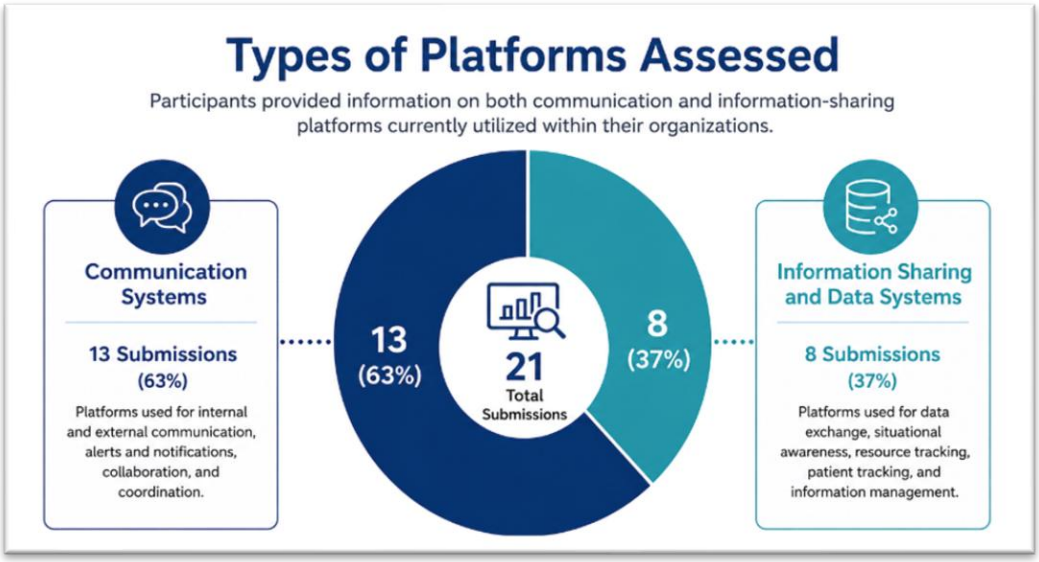
Organization Representation

Assessment responses represented a diverse cross-section of the Connecticut healthcare and preparedness community, providing perspectives from acute care hospitals, specialty hospitals, local and state public health agencies, emergency medical services (EMS), regional planning councils, the Connecticut Health Care Coalition (CT HCC), and long-term care providers. This multidisciplinary representation provides a well-rounded perspective on communication and information-sharing capabilities across multiple sectors of the healthcare continuum while recognizing that not all partner organizations participated in the assessment.

System Types Evaluated

Respondents provided information on both communication systems and operational information-sharing platforms currently utilized within their organizations. Of the 21 platform assessments received, thirteen focused on communication systems, while eight evaluated information-sharing and data management platforms. This distribution reflects the Coalition's reliance on both

communication technologies for disseminating information and operational information systems that support situational awareness, resource coordination, and decision-making. Together, these platforms form the foundation of healthcare preparedness and response; however, the assessment also highlights the need for greater integration between communication and operational coordination capabilities to support a more unified and resilient healthcare preparedness ecosystem.



Platform Representation

The assessment included a variety of systems used across healthcare, public health, emergency management, and coalition partners. Frequently reported platforms included:

- ProtectAdvisr
- WebEOC
- Everbridge/Everbridge Nixle
- RAVE
- OpenText MyPortal
- Microsoft Teams
- Email
- Hospital-specific notification systems
- Additional local communication platforms

Several systems appeared multiple times, reflecting their broad use across the healthcare system.

System Utilization

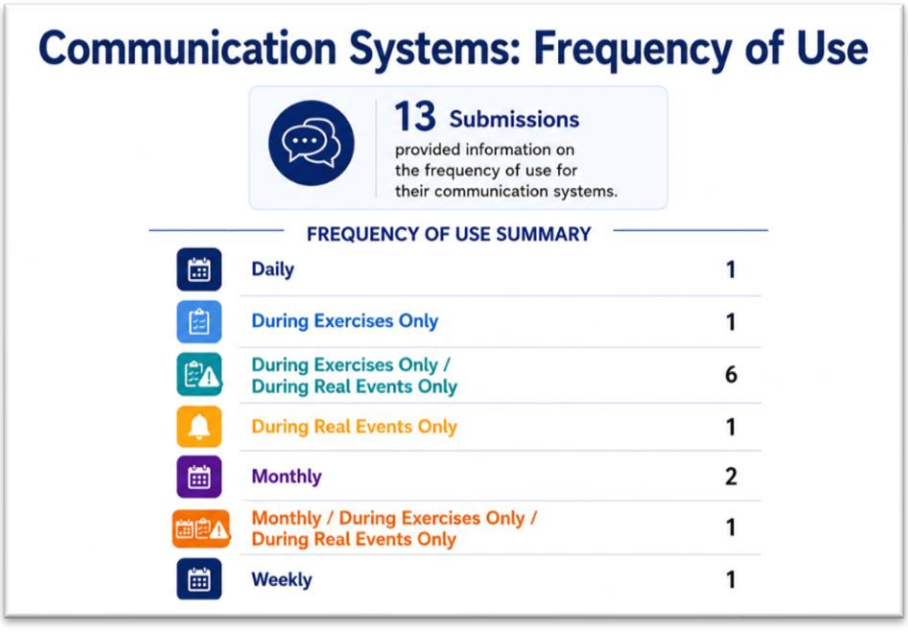
This section examines how communication and information-sharing systems are utilized by participating organizations, including the types of users who access these platforms, the frequency with which systems are used, user confidence and proficiency levels, and the role these systems play during routine operations and emergency incidents. Understanding system utilization patterns provides important context for evaluating the effectiveness, sustainability, and operational value of communication and information-sharing capabilities across the healthcare and response community.

System Utilization Communication Systems

A total of thirteen communication system submissions were received as part of the assessment. These platforms are primarily used for real-time coordination, mass notification, and immediate alerting during incidents. Examples include multiple deployments of Everbridge (used by the Connecticut Department of Public Health, Hartford HealthCare, and the Capitol Region Council of Governments), OpenText MyPortal, Rave, Pulsara, and traditional radios.

Frequency of Use

Respondents were asked to identify how frequent communication systems are used within their organizations during routine operations, exercises, and real-world incidents. Responses indicate that communication platforms are most commonly utilized during preparedness exercises and emergency response activities rather than as part of daily operational workflows.



The most common response indicated that communication systems are used during both exercises and real-world incidents. An additional

submission reported use during exercises only, while another reported use only during real-world events. Combined, these findings demonstrate that the majority of communication platforms are designed and utilized primarily as emergency response tools.

Only a small number of respondents indicated that communication systems are integrated into routine operations, with one organization reporting daily use, one reporting weekly use, and two reporting monthly use. One respondent indicated using the system monthly in addition to both exercises and real-world incidents, suggesting broader integration into organizational preparedness activities.

Key Observation

These findings suggest that many communication systems are activated only when needed for exercises or incidents rather than being incorporated into routine operational workflows. From an operational readiness perspective, communication platforms that support both routine and emergency operations provide several advantages. Regular day-to-day use reinforces user proficiency, improves organizational familiarity with system capabilities, and reduces the likelihood of operational issues during emergencies. Systems that are routinely used also encourage organizations to maintain current contact information, user permissions, and communication workflows, all of which contribute to improved readiness.

System Utilization Information Sharing Systems

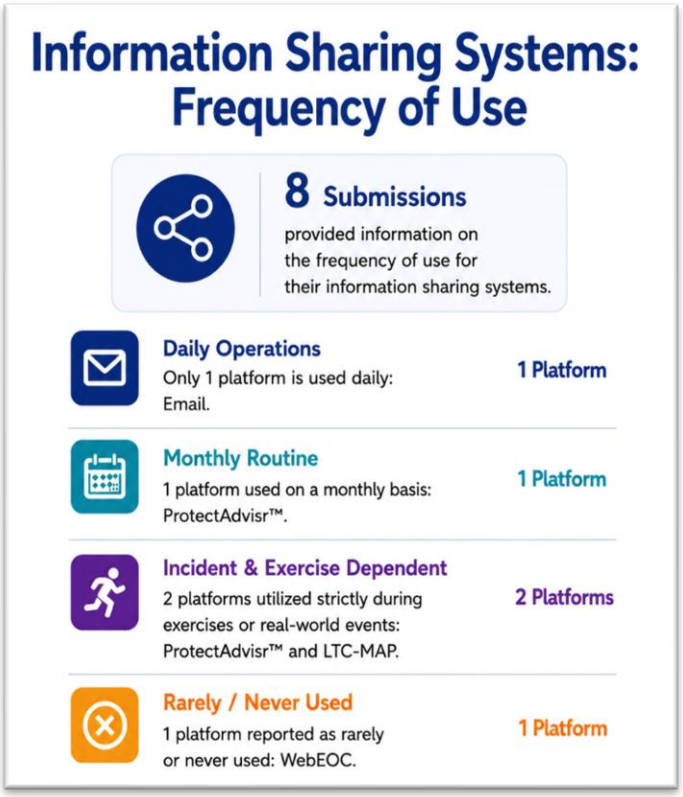
A total of eightight information-sharing system submissions were received. These platforms are primarily used to support situational awareness, resource tracking, status reporting, and information exchange among healthcare and response partners.

Frequency of Use

Respondents were asked to identify how frequently the information-sharing systems are used within their organizations. The responses indicate that these platforms generally support either routine organizational reporting or incident-specific coordination, with relatively few systems being integrated into daily operational workflows.

ProtectAdvisr™ and LTC-MAP were reported as being used on a monthly basis for routine activities and during exercises and real-world incidents. Daily operational use was limited to email, reinforcing its role as the primary mechanism for routine

communication and information sharing among organizations. While email remains an essential communication tool, it lacks many of the structured information management, collaboration, and operational coordination capabilities required during complex emergency incidents.



Key Observation

Overall, the findings indicate that information-sharing platforms are generally used for specific operational purposes rather than serving as comprehensive, day-to-day collaboration environments. Organizations continue to rely on multiple independent systems to support different functions, resulting in fragmented workflows and requiring users to transition between platforms as operational needs change.

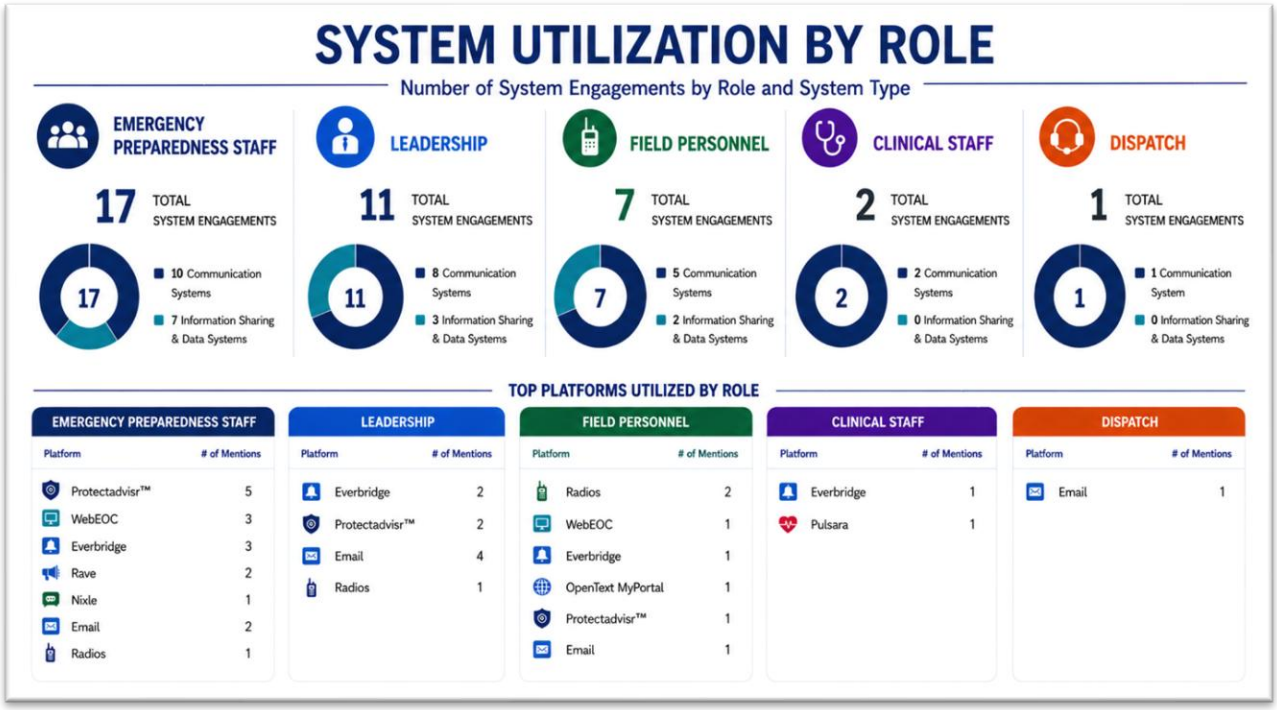
From an operational readiness perspective, greater value could be achieved through a platform that supports routine collaboration while seamlessly transitioning into emergency operations. Such an approach would increase user familiarity, improve operational efficiency, reduce reliance on multiple disconnected systems, and strengthen information sharing across the healthcare continuum.

System Utilization by Role

The analysis of system utilization by role illustrates how communication and information-sharing platforms are utilized across key functional roles within participating healthcare organizations. Rather than demonstrating uniform use across the organization, the results show that platform utilization is concentrated among emergency preparedness professionals and organizational leadership, with progressively lower engagement among field personnel and specialized operational roles. The figure also highlights the types of systems most commonly used by each role, demonstrating that different user groups rely on different

combinations of communication and information-sharing tools to support their responsibilities.

Emergency Preparedness Staff account for the highest level of system engagement, utilizing the broadest range of both communication and information-sharing platforms. Leadership represents the second largest user group and relies primarily on communication platforms to support executive decision-making, notifications, and organizational coordination. Field Personnel utilize a balanced mix of communication and information-sharing systems that support operational awareness and tactical coordination, while Clinical Staff and Dispatch personnel demonstrate much more focused use of specialized platforms aligned with their specific operational responsibilities.



Key Observations

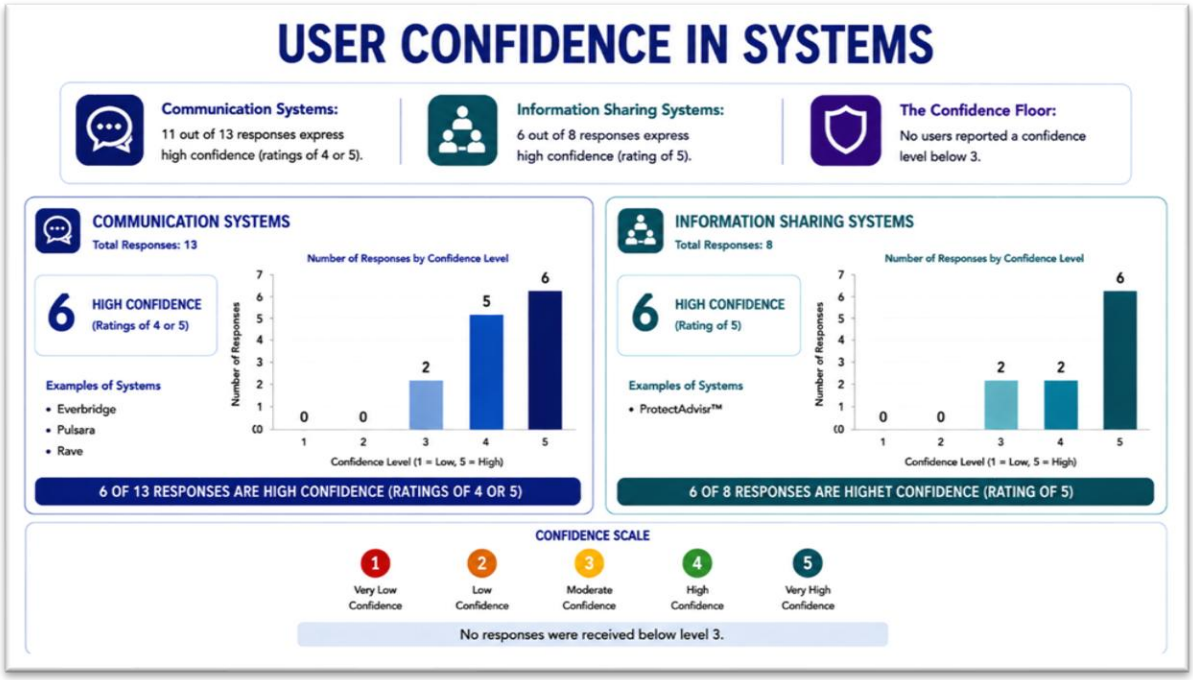
These findings suggest that communication and information-sharing systems are primarily managed and utilized by personnel responsible for preparedness, planning, and organizational coordination rather than by the broader healthcare workforce. Emergency Preparedness Staff serve as the primary system users, reflecting their responsibility for maintaining readiness, coordinating exercises, supporting incident management, and facilitating healthcare and coalition activities.

Collectively, these findings indicate that current communication and information-sharing technologies function primarily as preparedness and coordination tools rather than enterprise-wide operational platforms. Utilization is concentrated among those responsible for emergency management and organizational coordination, while broader operational engagement remains limited. This pattern further supports that the Coalition would benefit from a dedicated operational coordination platform that complements existing systems by providing a common environment for communication, collaboration, information sharing, and incident coordination before, during, and after emergencies.

Combined User Confidence

The assessment of confidence in systems evaluated respondents' confidence in using both communication systems and information-sharing platforms. Respondents rated their confidence using a five-point scale, allowing for comparison between the two technology categories.

Overall, the responses demonstrate a high level of confidence across both systems. Eleven of the thirteen communication system responses rated their confidence at either Level 4 or Level 5, while six of the eight information-sharing system responses reported the highest confidence rating (Level 5). Notably, no respondent reported a confidence level below Level 3, indicating that users generally feel capable of operating the systems available to them.

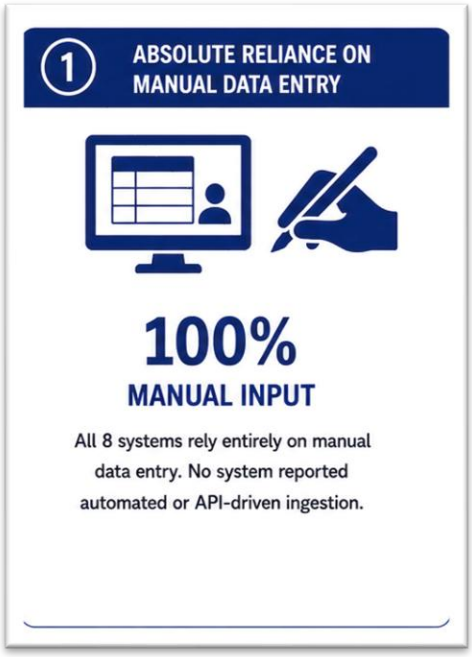


Key Observations

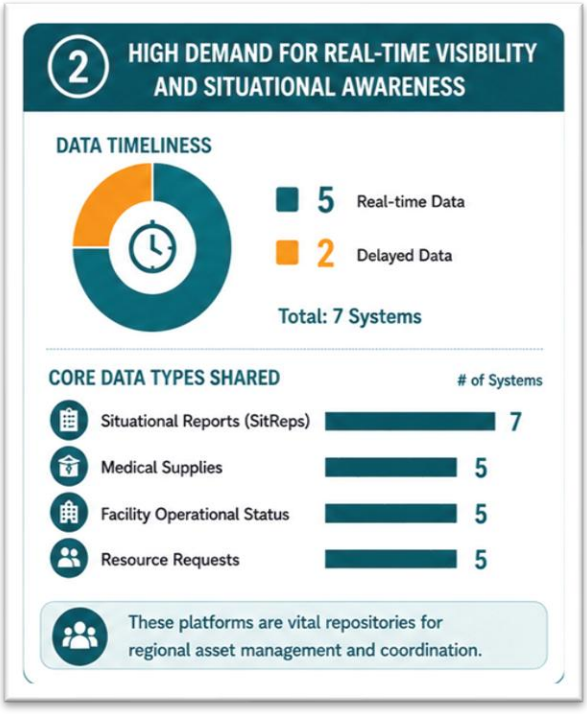
These findings suggest that users have developed a high level of proficiency with the communication systems currently used by their organizations. The consistently high confidence ratings indicate that these platforms are familiar, routinely exercised, and generally reliable for their intended communication functions. The absence of confidence ratings below Level 3 indicates that users generally understand how to operate the systems available to them and can effectively use them during preparedness activities and emergency response.

However, it is important to distinguish confidence in operating individual communication platforms from the overall effectiveness of healthcare communication during incidents. Communication and information sharing continue to be among the most frequently identified areas for improvement in coalition exercises and real-world emergency responses. These challenges often relate not to the functionality of individual systems, but to factors such as fragmented communication pathways, varying platform adoption, inconsistent use across partner organizations, limited interoperability, and the coordination of information across multiple independent systems. As a result, while users express confidence in the tools they use, opportunities remain to strengthen coalition-wide communication processes and operational coordination.

Data Management and Information Sharing



Participants were asked to identify how operational information is entered, maintained, and shared within their communication and information-sharing systems. The findings reveal several important themes related to data management, situational awareness, and regional interoperability. One of the most significant findings is the complete reliance on manual data entry across all reporting platforms. All respondents that provided information regarding data management indicated that operational data are entered manually, with no respondents reporting automated data ingestion, application programming interface (API) integration, or other mechanisms to synchronize information across systems. While manual entry provides flexibility, it also places a substantial administrative burden on healthcare organizations, particularly during emergencies when staff are managing multiple competing priorities. Manual processes increase the potential for delayed updates, inconsistent information, duplicate data entry, and human error, all of which can reduce the timeliness and reliability of operational information during incident response.



The assessment also highlights the types of information most frequently shared across platforms. Situation Reports were the most commonly reported operational product, followed by medical supply status, facility operational status, and resource visibility. Additional operational data including bed availability, transportation resources, generator status, and supply inventories were also widely maintained.

While organizations generally collect similar categories of operational information, the assessment identified challenges related to data standardization. Respondents indicated that standardized definitions for operational data elements are either not established or not consistently understood across participating organizations. In several cases, respondents were uncertain whether standardized definitions existed. These findings suggest that organizations may interpret and report operational information differently, creating the potential for inconsistencies when information is aggregated across multiple systems or jurisdictions.

Key Observations

These findings suggest that current operational information management relies entirely on manual data entry, requiring staff to repeatedly enter and maintain information across multiple systems during both routine operations and emergency response. These findings suggest that manual data management increases the administrative workload placed on emergency preparedness personnel and operational staff while introducing opportunities for delayed reporting, duplicate data entry, and human error during rapidly evolving incidents.

These findings suggest that although organizations are collecting similar operational data, inconsistent or uncertain data definitions may limit the ability to aggregate and interpret information consistently across jurisdictions and response partners. These findings suggest that establishing common data standards, governance processes, and standardized reporting definitions would improve data quality, strengthen regional situational awareness, and enhance decision-making during multi-agency incidents.

These findings suggest that one of the greatest opportunities for improving healthcare coalition operational readiness is reducing dependence on manual data entry through automation and system integration. Implementing API-based data exchange, automated reporting, and interoperable operational coordination tools would improve the speed, accuracy, and consistency of information sharing while allowing staff to focus on response activities rather than administrative data management.

Analysis of System Capabilities

The assessment found that the information sharing systems collectively provide a strong foundation for routine communications and emergency response activities; however, no single platform currently delivers the full range of capabilities required

to support coalition-wide information sharing and operational coordination. Core communication functions such as mobile accessibility, document sharing, real-time reporting, and support for exercises and incidents are generally well represented across multiple systems, allowing organizations to effectively share information during routine operations.

One of the most significant findings is the limited interoperability between systems. Many platforms either lack the ability to exchange information with other applications or require additional modules or licensing to enable integration. Likewise, the ability to transfer information between computer-aided dispatch (CAD) systems during incident handoffs was frequently reported as unavailable or unknown. These limitations increase reliance on manual information sharing, duplicate data entry, and multiple communication methods during incidents, reducing overall operational efficiency.

The assessment also identified notable gaps in advanced operational capabilities. Functions such as credential management, trend analysis, predictive reporting, GIS integration, virtual coordination spaces, and planning tools for special populations were often unavailable, required additional cost, or were not known by respondents. While these capabilities are not necessary for routine communications, they can significantly enhance situational awareness, resource coordination, and decision-making during large or complex incidents.

Email continues to serve as the coalition's most universally available communication tool and remains essential for distributing documents, notifications, and operational updates. However, email lacks many of the structured incident management capabilities found in emergency management platforms, including dashboard visualization, integrated activity tracking, geographic mapping, and role-based operational coordination. As a result, email functions primarily as a communication mechanism rather than a comprehensive incident management solution.

The assessment also revealed differences in functionality based on user roles within the same platform. For example, ProtectAdvisr offers a broad range of capabilities from the developer perspective, while coalition and partner users reported fewer available functions or indicated uncertainty regarding system capabilities.

A recurring theme throughout the assessment is the large number of responses marked as "Unknown" or "Unsure." This finding suggests that many users are not fully aware of the capabilities available within the systems they use, making it difficult to distinguish between actual capability gaps and knowledge gaps.

The evaluation further indicates that communication resilience could be strengthened. While several systems provide backup communication methods or redundancy features, these capabilities were inconsistently available or not well understood by users.

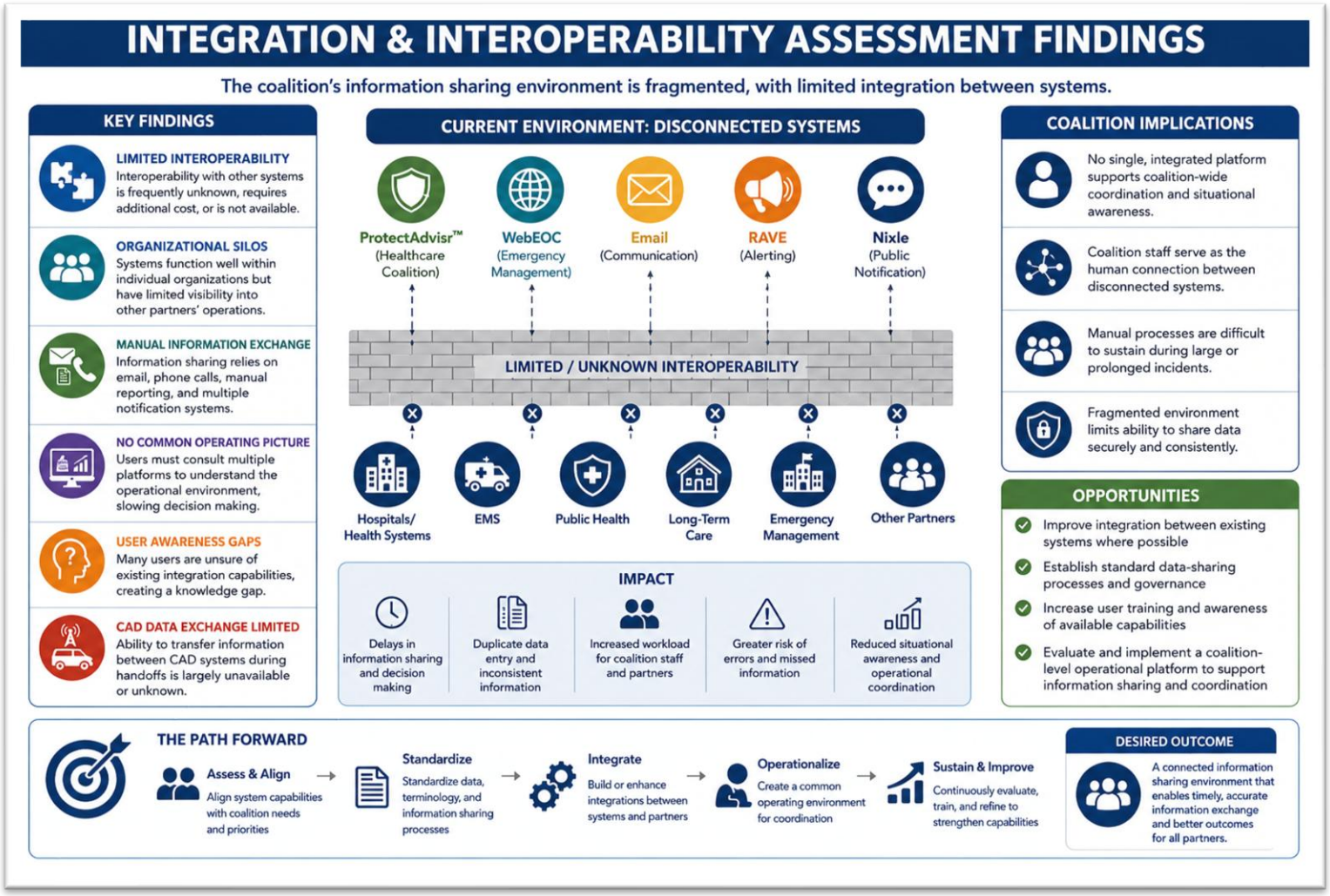
Finally, the assessment found considerable variation in security and compliance capabilities across the evaluated systems. While some platforms support secure handling of protected health information, others either require additional funding, have limited functionality, or were not well understood by respondents. Overall, the findings indicate that the Coalition is supported by multiple communication and information-sharing systems, the greatest opportunity to strengthen coalition-wide information sharing and emergency response lies in improving interoperability, governance, user knowledge, and the strategic integration of these systems.

More detailed information on the capabilities is provided in Appendix A.

Integration and Operability

The assessment demonstrates that integration and interoperability represent one of the coalition's most significant capability gaps. While individual systems effectively support their intended organizational functions, very few are designed to seamlessly exchange information across agencies or disciplines. As a result, users frequently rely on duplicate data entry, multiple notification systems, email distribution, and manual coordination to maintain situational awareness during incidents.

Rather than operating within a common operational environment, partner organizations continue to work within separate technology platforms that were developed to meet organization-specific requirements. This fragmented environment limits the coalition's ability to establish a single, shared operating picture during complex incidents.



Strengths and Gaps

The assessment findings demonstrate that the Connecticut Health Care Coalition and its partner organizations possess a diverse portfolio of communication and information sharing systems that collectively support day-to-day operations and emergency response. While individual systems provide valuable functionality within their intended operational environments, the assessment identified several opportunities to improve integration, governance, and coalition-wide operational coordination. Overall, the findings suggest that the coalition's greatest challenge is not the absence of communication technology, but rather the lack of an integrated operational environment that enables timely, coordinated information sharing across partner organizations.

Strengths

The assessment identified several significant strengths that provide a solid foundation for coalition communications and information sharing. Strengths identified include:

- Multiple communication platforms are available across coalition partners, providing numerous methods for sharing information during routine operations and emergency incidents.
- Specialized systems effectively support their intended operational functions, including incident management, public alerting, healthcare situational awareness, and organizational communications.
- Several systems provide robust operational features, including event logging, dashboard visualization, reporting capabilities, and activity tracking that enhance incident management within their respective organizations.
- Multiple notification and communication methods provide redundancy, reducing reliance on any single communication pathway during routine operations.
- Partner organizations have demonstrated a commitment to information sharing and continuous improvement, as evidenced by broad participation in the assessment and willingness to evaluate current capabilities and identify future opportunities.

Gaps

While the assessment identified numerous strengths, it also revealed several recurring gaps that limit coalition-wide operational effectiveness.

The most significant gap is the lack of interoperability between information systems. Most platforms operate independently, with limited ability to exchange information automatically or provide a common operating picture across disciplines. Many interoperability capabilities were identified as unavailable, unknown, or requiring additional funding. This fragmentation requires coalition staff and partner organizations to consolidate information from multiple sources during incidents, increasing workload and slowing decision-making. Additional gaps identified include:

- No coalition-level operational platform that provides a common operating picture, operational coordination, and information sharing before, during, and after incidents.

- Fragmented information-sharing environment, requiring organizations to utilize multiple independent systems to obtain situational awareness.
- Heavy reliance on manual information sharing, including email, telephone calls, manual status reporting, and duplicate data entry to coordinate operations across organizations.
- Lack of standardized integration between healthcare, public health, emergency management, EMS, and coalition information systems.
- Advanced capabilities frequently require additional funding.
- Significant variation in system functionality based on user roles and permissions, resulting in inconsistent access to operational information among coalition partners.
- Large number of "Unknown" responses throughout the assessment, indicating limited user awareness of existing system capabilities and suggesting opportunities for additional training and education.
- Limited support for advanced operational coordination, including:
    - Predictive analytics and trend reporting
    - Virtual coordination rooms
    - Credential management
    - Planning support for special populations
    - Geographic information system (GIS) integration
    - Limited communication redundancy and failover awareness
    - Lack of standardized data-sharing practices
    - Limited ability to exchange operational data between systems
    - Dependence on email as the coalition's primary universal communication method, despite its limited capability to support operational coordination, resource management, and situational awareness.
    - Absence of a shared coalition operational environment where healthcare, public health, emergency management, EMS, and other partners can collaborate using common information and shared operational tools.

Conclusion

The assessment demonstrates that Connecticut's healthcare preparedness community does not have a platform deficiency, it has an operational ecosystem challenge. Over time, multiple systems have been implemented to address different

operational needs. WebEOC serves as the state's emergency management coordination platform, while ProtectAdvisr was introduced to enhance hospital and long-term care situational awareness. Each platform provides valuable capabilities, but neither was designed to meet every operational need of a Healthcare Coalition.

As a result, coalition partners routinely rely on multiple systems, along with email, phone calls, and manual processes, to support preparedness, response, and recovery activities. The assessment should therefore be viewed as a capability assessment rather than a technology assessment. Its purpose was not to identify a single platform to replace the others, but to determine whether the Coalition collectively possesses the operational capabilities needed to effectively coordinate healthcare during emergencies.

Moving forward, the focus should be on strengthening the operational ecosystem by clearly defining required coalition capabilities, maximizing the value of existing systems, reducing gaps and duplicative processes, and ensuring partners have the tools and workflows necessary to support coordinated healthcare response across Connecticut.

Future efforts should focus on operationalizing the Coalition by establishing standardized information-sharing processes, situational awareness capabilities, and operational workflows. These foundational elements will position the Coalition to successfully implement a scalable technology solution that enhances coordination, strengthens healthcare preparedness, and supports member organizations during both routine operations and emergency response. This phased, capability-driven approach ensures that future technology investments are guided by operational needs and aligned with the Coalition's long-term strategic vision.

Recommendations

The assessment demonstrates that the Coalition's greatest opportunity is not simply the implementation of a single software platform or communication tool. Rather, it is the continued development of an integrated operational ecosystem that enables member organizations to effectively share information, maintain situational awareness, coordinate activities, and support collaborative decision-making before, during, and after incidents.

Connecticut's current information sharing environment has evolved over time to address specific operational needs. Existing systems including WebEOC, ProtectAdvisr, email, and other organization-specific platforms each provide valuable capabilities and serve important, but different, operational functions. The assessment found that these systems should be viewed as complementary rather than competing technologies. However, because they were designed to meet the needs of individual organizations or specific missions, they do not collectively provide a fully integrated coalition-level operational environment.

As the Connecticut Health Care Coalition continues to mature, there is an opportunity to further operationalize the Coalition by strengthening its role as a trusted hub for healthcare information sharing, situational awareness, and operational coordination. This evolution is not intended to create a command-and-control organization, but rather to enhance the Coalition's ability to facilitate collaboration, improve information flow, support coordinated decision-making, and strengthen healthcare response across Connecticut.

Future technology investments should therefore be driven by validated operational requirements rather than individual software features. The recommendations below outline a phased approach that emphasizes governance, operational capabilities, and strategic planning before considering additional technology investments.

Recommendation 1. Develop a Coalition Information Sharing and Operational Coordination Strategy

Develop a multi-year Information Sharing and Operational Coordination Strategy that establishes a shared vision for how the Coalition will communicate, share situational awareness, coordinate operations, and support member organizations during preparedness, response, recovery, and planned events.

The strategy should:

- Define the Coalition's desired operational capabilities.
- Identify the role of existing systems within the overall operational ecosystem.
- Establish business rules and data-sharing expectations.
- Identify capability gaps and priorities for phased implementation.
- Align future investments with the Coalition's Strategic Plan and ASPR Health Care Preparedness and Response Capabilities.

Recommendation 2. Continue Operationalizing the Coalition

Continue building the Coalition's operational capabilities by strengthening its role as a statewide coordination and information-sharing partner.

Priority capabilities include:

- Healthcare information sharing
- Situational awareness
- Resource awareness
- Operational coordination
- Common operating picture development
- Decision support
- Cross-sector collaboration
- Support for planned events, exercises, and incident response

Operationalization should focus on improving coordination among healthcare organizations, public health, emergency management, and state partners without changing existing statutory authorities or incident command structures.

Recommendation 3. Conduct an Operational Ecosystem Evaluation

Conduct an evaluation of the Coalition's current operational ecosystem.

The evaluation should review:

- Existing systems and their intended operational purpose
- Current utilization and user adoption
- Administrative access and authority
- Functional overlap and capability gaps
- Interoperability between platforms
- Sustainability and long-term funding
- Return on investment
- Alignment with coalition operational objectives

The evaluation should also determine whether the Coalition has sufficient administrative control over systems it financially supports to effectively configure workflows, manage users, develop operational products, and implement coalition-specific capabilities.

Recommendation 4. Define Operational Requirements before Procuring Technology

If future technology investments are pursued, procurement should be based upon documented operational requirements rather than individual software functionality.

Required capabilities should include, at a minimum:

- Coalition-wide information sharing
- Common operating picture development
- Incident coordination
- Resource awareness
- Task and workflow management
- Decision support
- Reporting and analytics
- Exercise management
- Integration with existing state and partner systems
- Mobile accessibility
- Scalability for future coalition growth

Using a requirements-based approach will ensure that any future technology investment supports validated coalition needs, complements existing state systems, and provides measurable operational value.

Recommendation 5. Position the Coalition for Future Technology Investment

Technology should be viewed as an enabler of Coalition operations not the operational strategy itself.

As business processes, operational workflows, and coalition capabilities continue to mature, the Coalition will be better positioned to evaluate and implement technologies that complement existing state investments while addressing validated capability gaps.

This phased approach provides a stronger justification for future federal preparedness funding by demonstrating that technology investments are directly linked to documented operational requirements, strategic priorities, and measurable improvements in healthcare preparedness and response capabilities.

Appendix A – Capabilities Tables

X	Fully Functional	U	Unknown
0	Not Available	N/A	Not applicable
$	Available at additional cost		Not answered

Communications System Capability	ProtectAdvisr™	WebEOC	Everbridge	Everbridge	Pulsera	Radios	Email Distro list OEMS	Rave	Everbridge	OpenText MyPortal	WebEOC	Everbridge	CT HCC
24/7 support	X	N/A	X		$	N/A	X	X	U	U	U	U	X
Alerting/notification capability	X	N/A	X	X	$	N/A	X	X	X	X	U	X	X
Cost-effective sustainability model	X	N/A	X	X	$	X	X	$	X	N/A	X	N/A	$
Group messaging	X	N/A	X	X	N/A	X	X	X	X	X	U	X	X
Interoperability with other system	U	N/A	X		$	N/A	N/A	U	U	U	0	U	$
Mobile accessibility	X	N/A	X	X	$	X	X	X	X	X	X	X	X
Multi-modal communication	X	N/A	X	X	$	N/A	N/A	X	U	$	X	U	X
Redundancy/failover capability	X	N/A	X		$	N/A	N/A	X	U	X	U	U	$
Security & Compliance (HIPAA)	U	N/A	X		$	N/A	$	U	X	N/A	U	U	X
Supports exercises and real incidents	X	N/A	X	X	$	X	N/A	X	X	X	X	X	X
Can information from one CAD system transfer to another CAD system during a handoff or transfer of call	U	N/A	U		$	N/A	0	U	U	0	U	U	$

Information Sharing System Capability	ProtectAdvisr™	ProtectAdvisr™	ProtectAdvisr™	ProtectAdvisr™	WebEOC	Email	RAVE	Nixle
24/7 support	X	X	X	X	X	U	X	X
Ability to report Planning Data	X	X	X	X	U	X		U
Alerting/notification capability		X	U	X	X	0	X	
Back-up contact methods: Automatic failover to alternate communication modes	X	U	X	N/A	U	X	N/A	X
Cost-effective sustainability model	X	X		X	X	U		X
Credentialling Management	$	U	$	N/A	U	0		U
Dashboard/visualization tools	$	$	$	X	X	0	X	X
Document and file sharing	X	X	X	X	U	X	X	X
Event log-activity tracking	X	X	X	X	X	0	X	
GIS/map integration	X	U	X	N/A	U	0	N/A	X
Group messaging	X	X	0	X	X	0	X	X
Interoperability with other systems	$	U	$	N/A	U	U	U	
Mobile accessibility	X	X	X	X	X	X	X	X
Multi-modal communication	$	X	S	X	U	0	X	X
Offline functionality	X	U	X	N/A	U	X	0	U
Planning for Special Needs Populations	$	X	$	X	U	0		X
Real-time reporting/export features	X	X	X	X	X	0	X	X
Redundancy/failover capability	X	U	X	N/A	U	X	U	
Role-based access control		X	U	X	U	0	X	
Scalable architecture	$	U	$	X	U	U		X
Security & Compliance (HIPAA)	$	X	$	N/A	U	0	X	U
Supports exercises and real incidents	X	X	X	X	X	X		X
Trend Analysis and Predictive Reporting	U	X	U	N/A	U	0		U
Virtual coordination rooms	$	U	$	N/A	U	0	N/A	U

Appendix B- Survey

Information Sharing and Communications Capability Assessment

Overview

This survey is designed to assess the communication and information-sharing platforms used across Connecticut to support emergency preparedness, response, and day-to-day coordination with external partners. The goal of this effort is to better understand the capabilities, usage, strengths, and gaps of existing systems in order to identify opportunities for improvement, enhance interoperability, and inform future decisions related to system upgrades or potential investments in new technology.

The Connecticut Healthcare Coalition is particularly interested in **platforms that support communication and information sharing between organizations, agencies, and partners outside of your own organization.** This includes systems used to coordinate with healthcare organizations, public health, emergency management, EMS, long-term care, government agencies, community partners, and other external stakeholders. The information collected will help evaluate how well current platforms support critical functions such as situational awareness, resource coordination, patient movement and tracking, operational communication, and multi-agency coordination.

Participants are asked to complete this survey for **one platform per submission**. This approach allows for a more detailed and accurate assessment of each individual system. If your organization uses multiple platforms for communication or information sharing with external partners, you will have the opportunity to submit additional responses.

On the thank-you page at the end of the survey, you can select **"Fill Again"** to evaluate another platform. To streamline the process, your organization's profile information will automatically carry over to subsequent submissions, so you will only need to enter platform-specific details for each additional entry.

Please answer each question as completely and accurately as possible based on your organization's experience with the selected platform. If you are unsure of a specific answer, provide your best estimate or indicate "Unknown" where appropriate. Your feedback will help identify opportunities to strengthen communication, information sharing, and coordination across Connecticut's healthcare and response community.

Thank you for taking the time to help us gather this informaiton.

Organization Profile

Name *

First Name

Last Name

Email *

example@example.com

Organization Name (please spell out completely) *

Please select the DEMHS region (or State level) your are located in *

Please Select

Platform Inventory

System or Platform Name *

Please provide the name of the communication or information-sharing platform being evaluated in this survey submission. Complete one survey for each platform used to communicate or share information with external partners.

Owner *

Which organization has primary responsibility for this platform? This is typically the organization that holds the license or subscription, manages administrative access, controls user permissions, oversees maintenance and support, and serves as the primary point of contact for the system.

Vendor Name *

Type of system (Communication or Information Sharing & Data) *

Please Select

Communication System (Select one) *

- [ ] Radio systems (LMR, 800 MHz)
- [ ] Satellite communications
- [ ] Telephone (landline, cellular)
- [ ] Email (when used operationally)
- [ ] Mass notification/alerting systems
- [ ] Paging systems
- [ ] Push-to-talk / communication apps
- [ ] Other

Information & Data Systems *

- ( ) Web-based incident management platforms (e.g., WebEOC-type systems)
- ( ) Bed tracking system (e.g., WebEOC or ProtectAdvisr)
- ( ) EMS Patient tracking systems
- ( ) Resource management/tracking systems- to support the identification, request, allocation, tracking, coordination, and reporting of resources before, during, or after an incident.
- ( ) Status reporting dashboards
- ( ) Electronic Health Record (EHR) / EMR systems
- ( ) Internal staffing/supply tracking systems
- ( ) "Connie" CT Health Information Exchange
- ( ) Other

Primary Purpose (you may select more than one) *

- [ ] Alerting/Notification
- [ ] Resource Request/Tracking
- [ ] Bed Capacity Reporting
- [ ] Internal Communication
- [ ] Other
- [ ] Situational Awareness
- [ ] Patient Tracking
- [ ] Operational Status Reporting
- [ ] External Coordination

Usage

Who uses this system? (Select all that apply) *

- [ ] Leadership
- [ ] Emergency Preparedness Staff
- [ ] Field Personnel
- [ ] Other
- [ ] Clinical Staff
- [ ] IT
- [ ] Dispatch

Frequency of Use *

- [ ] Daily
- [ ] Weekly
- [ ] Monthly
- [ ] During Exercises Only
- [ ] During Real Events Only
- [ ] Rarely/Never

Additional Comments

How confident are users in operating this system? *

1 – Not Confident: Limited knowledge of the platform or significant uncertainty regarding the responses provided. 2 – Slightly Confident: Some familiarity with the platform, but several responses may be estimates or based on incomplete information. 3 – Moderately Confident: Reasonably familiar with the platform and confident in most responses, with some areas of uncertainty. 4 – Very Confident: Strong understanding of the platform and confidence that the responses accurately reflect its capabilities and use. 5 – Extremely Confident: Direct knowledge, responsibility, or extensive experience with the platform and high confidence that the responses are complete and accurate.

Data & Information Sharing

Types of data shared (select all that apply) *

- [ ] Bed availability
- [ ] ICU capacity
- [ ] Ventilator availability
- [ ] Staffing status
- [ ] Facility operational status
- [ ] Patient tracking information
- [ ] Resource requests
- [ ] Supply inventory
- [ ] Situational reports (SitReps)
- [ ] Public health data
- [ ] Transportation
- [ ] Generator capacity and status
- [ ] Medical supplies
- [ ] ED status
- [ ] total number of patients you can accept
- [ ] Information from the CAD sytem
- [ ] Other

Is data real-time, near real-time, or delayed?

- ( ) Real-time
- ( ) Near real-time
- ( ) Delayed

Are data definitions standardized across organizations? *

- ( ) Yes
- ( ) No
- ( ) Unsure

Is data manually entered or automated? *

- ○ Manual
- ○ Automated
- ○ Unsure
- ○ Other

Functionality & Capabilities

Communication System Capability Rating *

	Fully Functional	Can be added no additional cost	Can be added at an additional cost	Not Available	Unknown or Unsure	N/A
Multi-modal communication	○	○	○	○	○	○
Group messaging	○	○	○	○	○	○
Mobile accessibility	○	○	○	○	○	○
Interoperability with other systems	○	○	○	○	○	○
Redundancy/failover capability	○	○	○	○	○	○
Alerting/notification capability	○	○	○	○	○	○
24/7 support	○	○	○	○	○	○
Security & Compliance (HIPAA)	○	○	○	○	○	○
Cost-effective sustainability model	○	○	○	○	○	○
Supports exercises and real incidents	○	○	○	○	○	○
Can information from one CAD system transfer to another CAD system during a handoff or transfer of call	○	○	○	○	○	○

Information Sharing Capability Rating *

	Fully Functional	Can be added no additional cost	Can be added at an additional cost	Not Available	Unknown or Unsure	N/A
Multi-modal communication	○	○	○	○	○	○
Group messaging	○	○	○	○	○	○

Role-based access	○	○	○	○	○	○
GIS/map integration	○	○	○	○	○	○
Dashboard/visualization tools	○	○	○	○	○	○
Real-time reporting/export features	○	○	○	○	○	○
Mobile accessibility	○	○	○	○	○	○
Interoperability with other systems	○	○	○	○	○	○
Redundancy/failover capability	○	○	○	○	○	○
Alerting/notification capability	○	○	○	○	○	○
Role-based access control	○	○	○	○	○	○
24/7 support	○	○	○	○	○	○
Event log-activity tracking	○	○	○	○	○	○
Virtual coordination rooms	○	○	○	○	○	○
Document and file sharing	○	○	○	○	○	○
Security & Compliance (HIPAA)	○	○	○	○	○	○
Offline functionality	○	○	○	○	○	○
Back-up contact methods: Automatic failover to alternate communication modes	○	○	○	○	○	○
Scalable architecture	○	○	○	○	○	○
Cost-effective sustainability model	○	○	○	○	○	○
Supports exercises and real incidents	○	○	○	○	○	○
Ability to report Planning Data	○	○	○	○	○	○
Credentialling management	○	○	○	○	○	○
Planning for special needs populations	○	○	○	○	○	○
Trend analysis and predictive reporting	○	○	○	○	○	○

Section 6: Integration & Interoperability

Please indicate whether this platform can exchange or share information with other systems. This may include automated data sharing, data imports or exports, application programming interfaces (APIs), or other methods used to connect with external platforms. *

- ◯ Yes
- ◯ No
- ◯ Unknown

If Yes, Which Systems (list)

Type of Integration

- ◯ Automated (API/system-to-system)
- ◯ Manual (data entry)
- ◯ Manual (radio patching)
- ◯ Partial

Section 7: Strengths & Gaps (Critical Section)

What does the system do well?

What are the biggest challenges? (Select all that apply)

- [ ] Usability
- [ ] Lack of training
- [ ] Poor interoperability
- [ ] Cost
- [ ] Other
- [ ] Reliability
- [ ] Limited adoption
- [ ] Data accuracy issues
- [ ] Access limitations

Impact of gaps: How do these gaps affect operations?

Back

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