Checklist for Outgoing HCC Representatives

Thank you for having served as a point of contact between your facility and the rest of the Sonoma County Healthcare Coalition. The strength of our healthcare system and coalition relies on having continuous relationships with each of our partner agencies. Please ensure you have completed the following tasks during your “hand-off.” If a new person is not taking your place because your facility already has another active representative, you may skip #3-4, but please make sure that person knows you are leaving and has all the relevant information. Treat #2 as if that person is your “replacement” so we know who our primary contact should be. You do not need to return this checklist.

|  |  |  |
| --- | --- | --- |
| 1. | [ ]  | Identify replacement and inform them of your departure |
| 2. |[ ]  Email the HCC Coordinator (Tamara.Brooks@sonoma-county.org) and **cc your replacement** with: (optional template below) |
|  |[ ]  1. Your date of departure
 |
|  |[ ]  1. Name & title of person replacing you
 |
|  |[ ]  1. Contact information for replacement
 |
|  |[ ]  1. Whether they will be part of any subcommittees and/or replacing you on the steering committee (if applicable)
 |
|  |[ ]  1. Please also take a moment to confirm that your agency’s Communications Plan (Rainbow Guide) contacts are up to date
 |
|  |[ ]  1. Attestation that you have completed the items on this list
 |
| 3. | [ ]  | Explain the following resources to your replacement and where they can be found: |
|  |[ ]  1. HCC Governance
 |
|  |[ ]  1. Schedule of meetings
 |
|  |[ ]  1. Communications Plan (aka Rainbow Guide)
 |
|  |[ ]  1. Additional Operations Plans (Preparedness, Response, Annexes, etc.)
 |
|  |[ ]  1. ImageTrend
 |
|  |[ ]  1. HCC Website
 |
| 4. |[ ]  Ensure replacement’s supervisor is aware of the HCC and knows that your replacement has responsibilities that will need time/resources/support to complete*Your replacement might not be as well-equipped to vouch for themselves if they are not already familiar with the HCC. Please help set them up for success* |

**Optional template for body of hand-off email to** **Tamara.Brooks@sonoma-county.org****:**

I will be moving on from my role as an HCC representative at [Your Facility’s Name] as of [End Date]. [Replacement’s Name] will be replacing me. [He/She/They] is/are the [Facility Position’s Title] and can be reached at [Email] and [Phone]. [Replacement] will [be serving on the (Subcommittee(s))] **or**[not be on any subcommittees as of this time.]

I have reviewed the Rainbow Guide, and [no changes need to be made] **or** [the following changes should be made: (insert changes)]. [Replacement] is familiar with all the resources on the hand-off list and knows where they can be found. I have completed all the relevant items on the hand-off list.