



Governor's Hurricane Conference[®]

HEALTHCARE COALITION DEVELOPMENT

May 6, 2013

Announcements

- Information booth
- Restrooms
- Silence pagers, phones, etc.
- Emergency exits
- Presentation availability
- Question submission



Healthcare Coalition Development

Basic Premise and Objectives



Training Session Goals

1. This training session presents topics that would include how local communities would develop a regional healthcare coalition.
2. Specific areas of discussion will include planning, organizing and equipping, training, exercises and evaluation.
3. Discussion will also include preparedness, response and recovery roles of a healthcare coalition.

Acknowledgements

- Kay Croy, Bureau Chief, Bureau for Preparedness and Response, Florida Department of Health
- Christie Luce, B.A., Health Surge Unit Lead, Bureau of Preparedness & Response, Florida Department of Health
- Ed Smolik, Director Facility Services, Morton Plant Mease Hospital
- Kelly Keys-Torres, RN, B.S.N., Emergency Preparedness Manager, Corporate Emergency Preparedness, Broward Health
- Ashley Lee, M.P.H., Manager of Emergency Management Services, Florida Hospital Association
- Terry Freeman, RN, Disaster Health Services Advisor, Florida - American Red Cross
- Tony Suszczynski , Emergency Preparedness Co

Acknowledgements

- Brenda Atkins, B.S., MT, CIC, LHRM, Director of Risk Management and Emergency Planner, Wellington Regional Medical Center, Past Chair, Palm Beach County Healthcare Emergency Response Coalition
- Dr. Abdul Memon, M.D., FACP, FACEP, Disaster & Emergency Preparedness, Jackson Health System & the Miami-Dade Consortium
- Dan Simpson, FPEM, Regional Coordinator, RDSTF Region IV, Florida Department of Health
- Chief Eric Gilmore, B.S., Fire Chief, Escambia County Fire Rescue; Regional Emergency Response Advisor, Florida Department of Health, RDSTF 1
- Chief Cory Richter, BA, NREMT-P, Battalion Chief, Indian River County Fire Rescue, Florida EM Council Chairman

Acknowledgements

- Matt Myers, Regional Coordinator, RDSTF Region V, Florida Department of Health
- Jose Cintron, R.Ph., M.H.S.A., Area Emergency Manager, Department of Veterans Affairs
- Andy Sikes, M.S.P., CHPA, Director of Safety, Security & Parking, Baptist Medical Center
- Robin A. Bleier, RN, HCRM, Chair - Quality Foundation Emergency Preparedness Council, Florida Health Care Association
- Mary Russell, Ed.D., M.S.N., CEN, Registered Nurse - Emergency Services, Boca Raton Regional Hospital
- Eric Alberts, FPEM, CHS-V, CDP-1, SEM, DABCHS, Manager, Emergency Preparedness, Orlando He

Healthcare Coalition Development

Basic Framework of a Healthcare Coalition: **Federal Expectations**

Kay Croy, Bureau Chief, Bureau for Preparedness and
Response, Florida Department of Health



The Hospital Preparedness Program (HPP)

Foundational Capabilities and Functional Coalitions



Florida Department of Health
Bureau of Preparedness & Response



Agenda



- Objectives
- Purpose
- Overview
- Program Validation
- National Healthcare Preparedness Capabilities & Grant Alignment
- Healthcare Coalitions
 - Development
 - Preparedness
 - Response



Overview



- HPP is division of the Office of Assistant Secretary for Preparedness and Response.
- Provides leadership and funding to States, territories, and eligible municipalities.
- In July 2011, states, territories, and large metropolitan areas received HPP grants totaling over \$300 million.



Objectives



- Understand the ASPR definition of a healthcare coalition (HCC).
- Recognize elements necessary in the development of a HCC.
- Discern appropriate types of entities that should be involved in the formation of a HCC.
- Understand the roles and responsibilities of HCC's in local community preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.
- Comprehend capabilities based preparedness.
- Discuss performance measures used to assess the development and progress of healthcare coalitions.



Purpose



- Community healthcare coalition development is vital to achieving healthcare system preparedness, response and recovery
- Healthcare coalitions form a collaborative network of healthcare organizations and their respective public and private sector response partners that assist Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery, and mitigation activities related to disaster operations
- The Assistant Secretary for Preparedness and Response (ASPR) has made coalition development a priority during the current five-year funding cycle



Overview



- **HPP Program funding supports:**

Improving Infrastructure

Capability based approach to planning

Coalitions

- **Funding Purpose:**

The purpose of the 2012-2017 HPP-PHEP aligned programs cooperative agreement is to provide resources that support state, local, territorial, and tribal public health departments and healthcare systems/organizations *in demonstrating measurable and sustainable progress toward achieving public health and healthcare emergency preparedness capabilities that promote prepared and resilient communities.*



Program Validation



- Validation over the 5 year project period.
- Validation includes satisfaction of:
 - Joint HPP-PHEP application requirements.
 - Healthcare Preparedness Capability requirements.
 - Performance Measure requirements.
- Validation is done using a combination of technical assistance and monitoring to include:
 - Desk review of documents.
 - Site visits (State level).
 - Coalition visits (regional level).
 - Exercise observation.



Program Validation



- Performance measurement:
 - 8 HPP measures.
 - 3 Joint HPP/PHEP measures.
- HPP performance measurements are required to be met in the 5-year project period.
- There will be some adjustment to the measures this year

HPP Performance Measures found here:

<http://phe.gov/Preparedness/planning/evaluation/Documents/fy2012-hpp-082212.pdf>



The Healthcare Preparedness Capabilities

- The Healthcare Preparedness Capabilities, *National Guidance for Healthcare System Preparedness*, released in January, 2012.

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>





Healthcare Preparedness Capabilities



- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing*
- Medical Surge
- Responder Safety and Health
- Volunteer Management*

Challenge: Define healthcare preparedness?

The ability to execute 100% of Healthcare Preparedness Capabilities



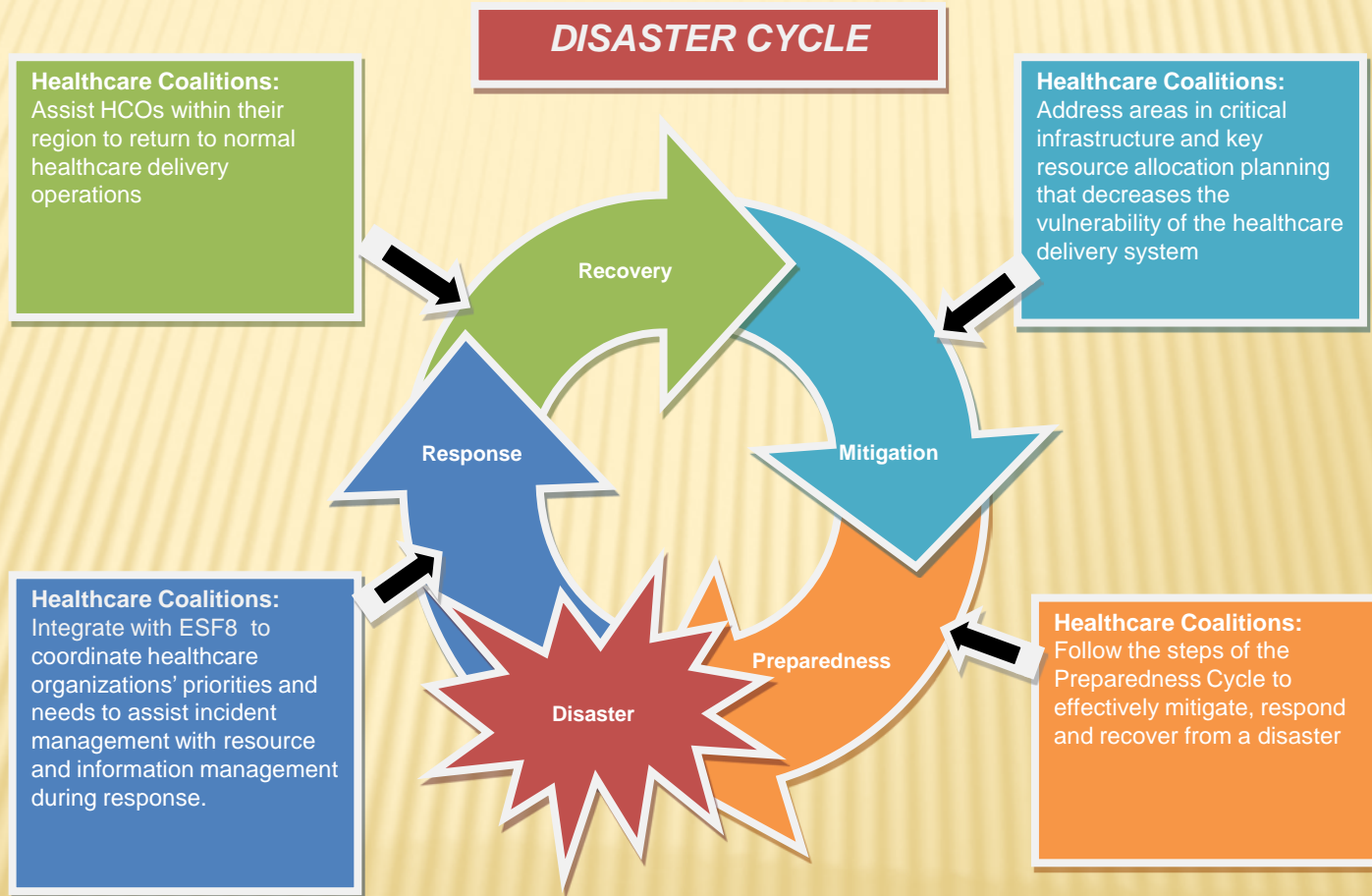
Healthcare Coalitions



- Healthcare coalition development is the primary method ASPR is encouraging to achieve healthcare system preparedness, response and recovery.
- The healthcare coalition is a collaborative network of healthcare organizations and their respective public and private sector response partners which serve as a multi-agency coordinating group that assists Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.



Healthcare Coalitions





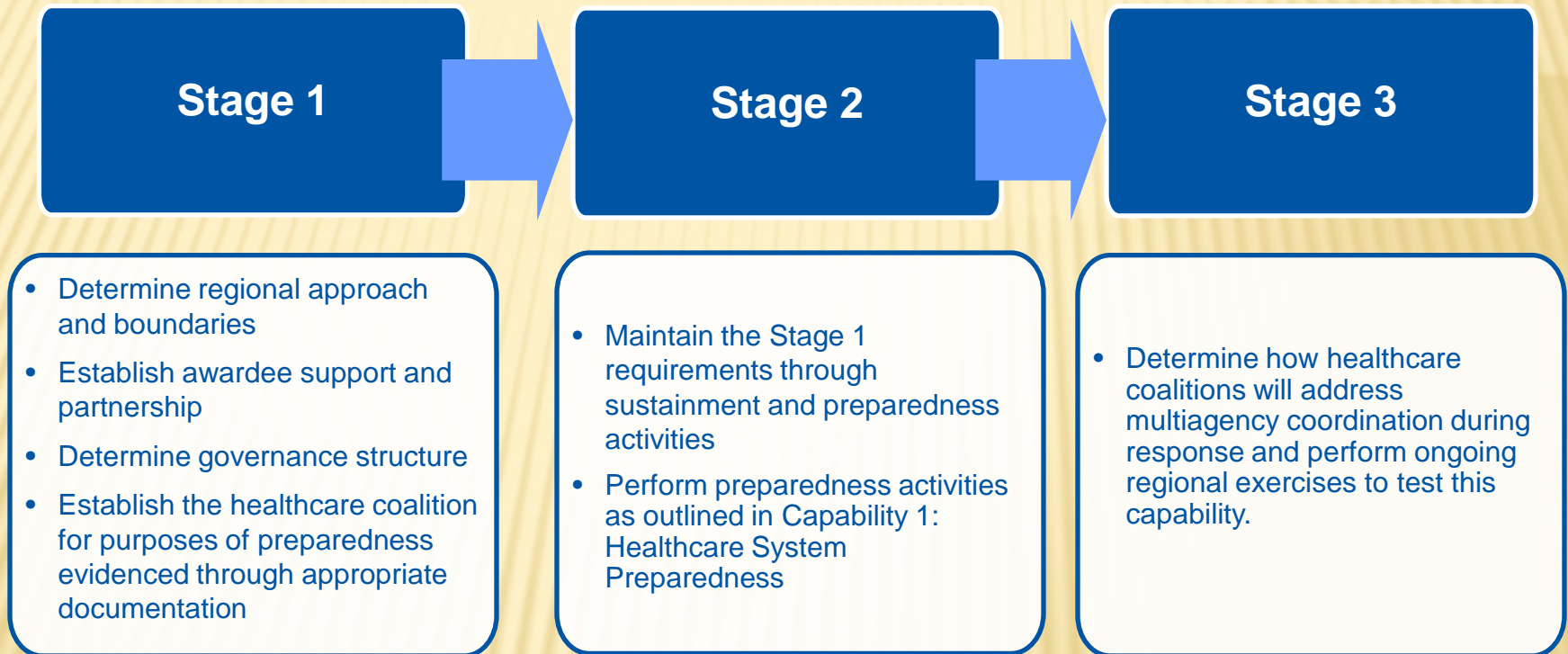
Healthcare Coalitions



- **Development Multiagency Coordination.**
- **Engagement in Preparedness Activity.**
- **Demonstration of Response Coordination.**



Staged Development





Healthcare Coalition Development

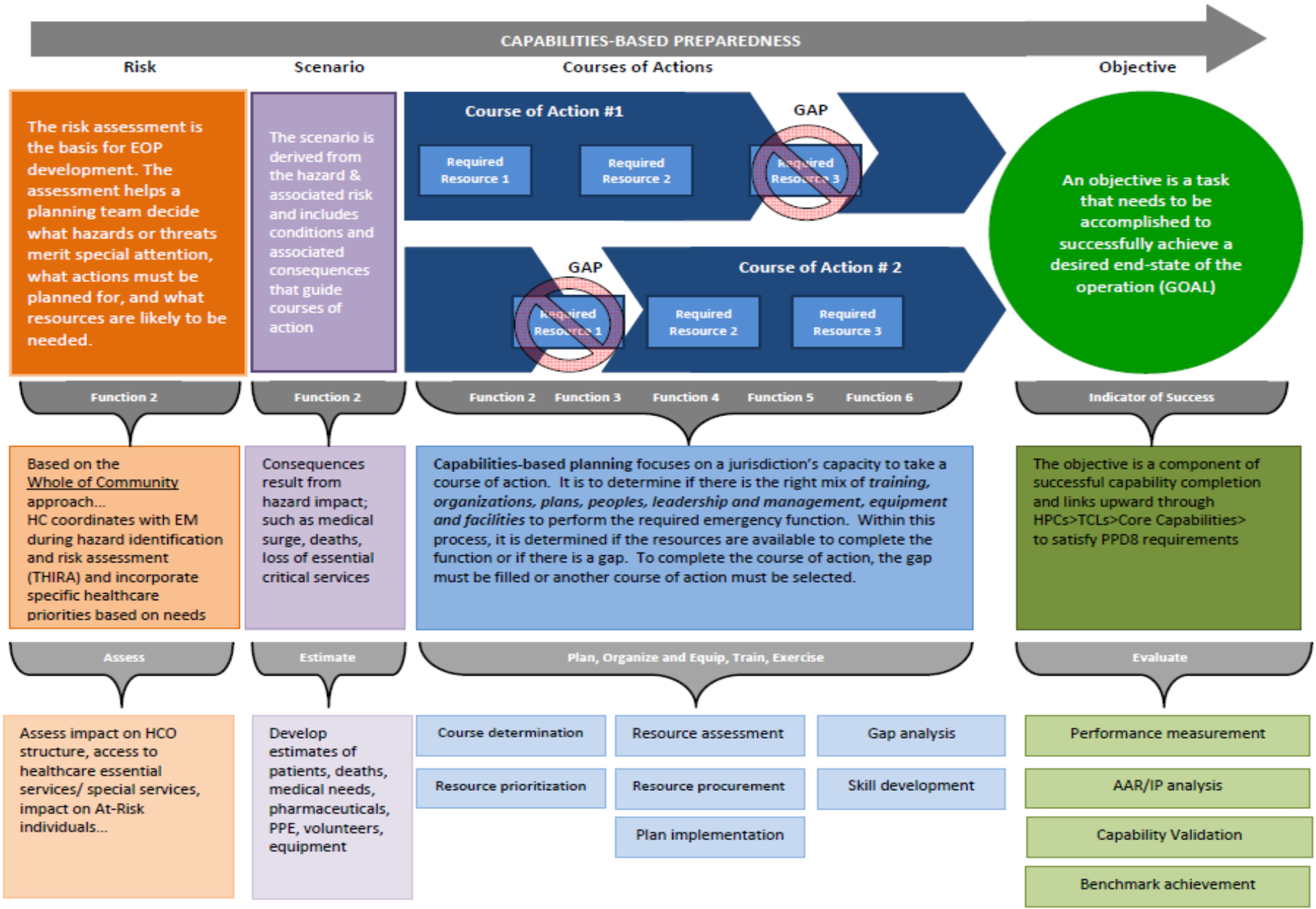


Engage in preparedness activity:

- Plan
- Equip
- Train
- Exercise
- Evaluate



CAPABILITIES-BASED PREPAREDNESS





Coordinated Response

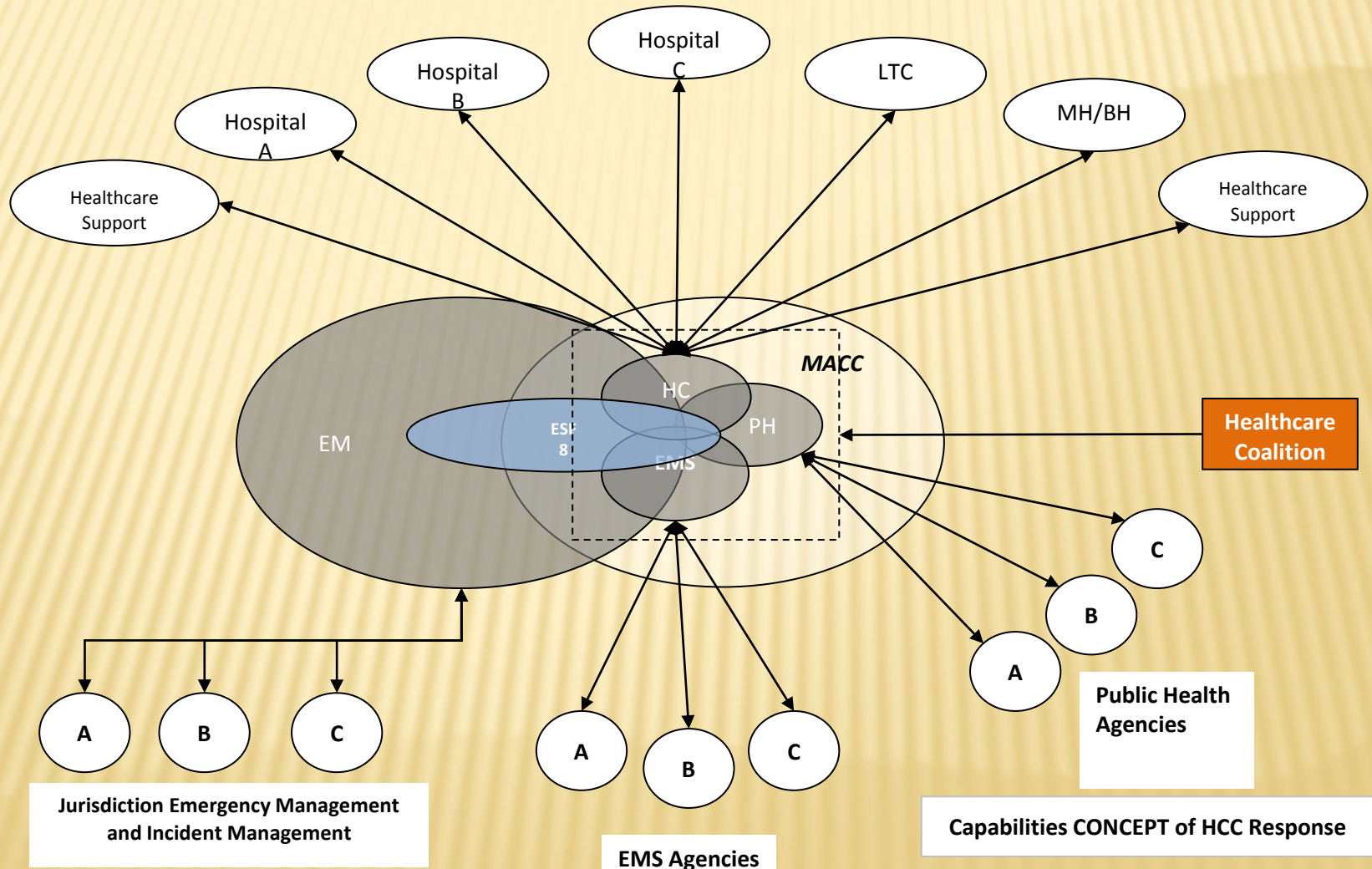


Healthcare coalitions must demonstrate multi-agency coordination during response (exercise or real-life).

- Includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions,
- OR coordinated plans to guide decisions regarding healthcare organization support,
- OR a combination of both.

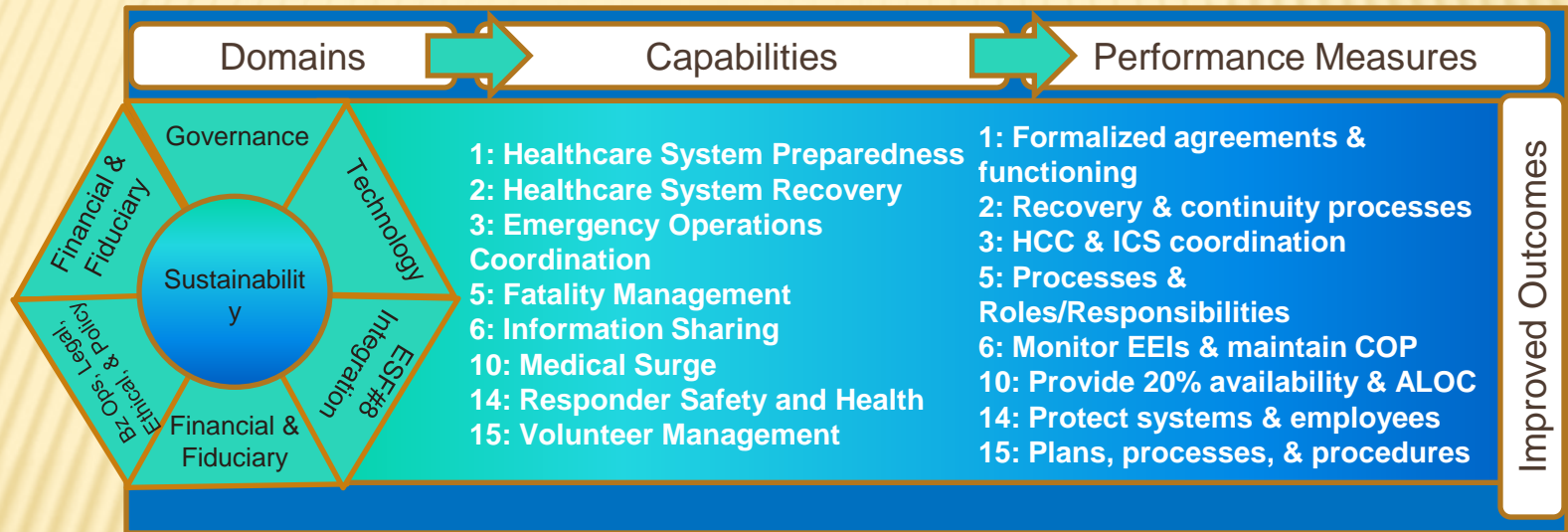


Response Example





Coalition Maturity





Summary



- HPP funding supports local level healthcare system preparedness, mitigation, response, and recovery as outlined in the healthcare preparedness capabilities.
- Program validation occurs through focused monitoring and technical assistance to ensure the program satisfies FOA requirements, capability requirements and the performance measure requirements.
- Healthcare coalitions are the collaborative groups by which healthcare system preparedness is achieved.



Florida Department of Health



QUESTIONS??

Healthcare Coalition Development

Basic Framework of a Healthcare Coalition: **State Administration Assistance**

Christie Luce, B.A., Health Surge Unit Lead, Bureau of
Preparedness & Response, Florida Department of Health



Objectives

- Define state support resources for coalition development.
- Outline state objectives for coalition development.
- Describe coalition boundaries as compared to the RDSTF structure.

State Approach

- Identify resources
 - ▣ ASPR Funding
 - Allocation Methodology
 - ▣ Medical Surge Assets
 - Web Resources
 - Best Practice Sharing
 - Foster Partnerships

State Objectives

- Statewide coverage by HCC
- Pre-planning with all partners
- Joint exercises
- No exchanging business cards at the EOC!

HCC Structure

- Initially used RDSTF's and four existing coalitions
- Loose configuration
 - ▣ Let HCC's develop naturally around existing partnerships
 - ▣ Service delivery areas
- Let locals run the show

Healthcare Coalition Development

Basic Framework of a Healthcare Coalition: **Existing Coalitions in Florida**

John Wilgis, M.B.A., RRT, Director of Emergency
Management Services, Florida Hospital Association



Objectives

- Outline the existing coalitions in Florida.
- Describe gap areas where there are no well defined coalitions.

Coalitions: What We Know...

- Regional Domestic Security Task Force 1.
 - Operates much like a “Coalition”.
 - Covers 10 counties.
 - Regular meetings/conference calls.
 - Joint activities/exercises.
 - No plans to establish a formal self-governance structure (bylaws).
 - Includes emergency management & public health as integral partners.

Coalitions: What We Know...

- Regional Domestic Security Task Force 2
 - 13 counties.
 - Established a “Coalition” in Leon County 2009.
 - No meetings or web updates since 2010.
 - Leon County was the primary focus.
 - History of joint activities & meetings.
 - Plans to try to re-engage partners.
 - No formal coalition activities at present.

Coalitions: What We Know...

- Regional Domestic Security Task Force 2
 - Leon County Healthcare Providers Disaster Coalition
 - Mission & Vision Statement developed and approved.
 - No formal documents such as MOU's or MAAs, but plan to start implementing this grant year.
 - Plan to have joint or cooperative activities with non-healthcare constituencies this grant year.
 - Plan to establish formal self-governance structure (bylaws) this grant year.
 - Includes emergency management & public health as integral partners.

Coalitions: What We Know...

- Regional Domestic Security Task Force 3.
 - 13 counties.
 - First Coast Disaster Council (operates like a coalition).
 - Covers 5 counties (Baker, Duval, Nassau, Clay and St. Johns).
 - Regular meetings/conference calls.
 - Joint activities/training/exercises.
 - Approved mission statement.

Coalitions: What We Know...

- First Coast Disaster Council Functions
 - Review, develop & recommend programs that will ensure efficient utilization of community resources in a disaster.
 - Promote & facilitate educational & training programs for persons interested in emergency & disaster preparedness.
 - Conduct mass casualty drills for hospitals and agencies needed to meet certification standards and maintain a high degree of preparedness within the medical community.
 - Facilitates cooperation between hospitals, medical practitioners, medical service agencies, government agencies, & other organizations or individuals concerned with emergency medical services.

Coalitions: What We Know...

- Regional Domestic Security Task Force 4.
 - Health & Medical Committee that operates much like a “Coalition”.
 - Covers 8 counties.
 - Regular meetings/conference calls.
 - Joint activities/exercises.
 - No mission or vision statement developed.
 - Plan to have formal agreements within the next grant year.
 - Currently, only informal agreements.

Coalitions: What We Know...

- Regional Domestic Security Task Force 4.
 - Partially implemented joint or cooperative activities with non-healthcare constituencies.
 - Includes emergency management and public health as integral partners.
 - Polk County Health Department
 - Holds regular meetings, updated listservs, conferences.
 - Email most common strategy for sharing best practices, tools & planning processes.
 - There is a plan to start implementing a formal self-governance structure (bylaws) and a charter that will be representative of all members of the coalition.

Coalitions: What We Know...

- Polk County Health Department
 - Coalition is directly involved in the allocation of ASPR funds to hospitals in the region.
 - Coalition members review & approve the allocations strategies used to make specific allocations to participating hospitals across the Region.
 - Sub-groups known as ESF-8 Committees address a wide range of health & medical response issues & include representatives from public health, hospitals, nursing homes, assisted living facilities.

Coalitions: What We Know...

- Regional Domestic Security Task Force 5.
 - RDSTF “Health & Medical” operates much like a “Coalition”.
 - Covers 9 counties.
 - Regular meetings/conference calls.
 - Joint activities/exercises.
 - No plan to implement formal self-governance structure (bylaws).
 - Partially implemented emergency management & public health as integral partners.

Coalitions: What We Know...

- St. Lucie County Health Department
 - No mission or vision statement developed.
 - Plan to have formal agreements within the next grant year.
 - Currently, informal agreements only.
 - Partially implemented joint or cooperative activities with non-healthcare constituencies.
 - Partially implemented emergency management & public health as integral partners.
 - Completed by planning & resource sharing.
 - Accomplished by resource & grant sharing, face to face meetings & team building.

Coalitions: What We Know...

- Regional Domestic Security Task Force 6.
 - ▣ Covers 10 counties.
 - ▣ Some formal agreements.
 - ▣ Some counties more active than others.
 - ▣ Some regular meetings/conference calls.
 - ▣ Some joint activities; Plans for joint exercises.
 - ▣ Sarasota –Sarasota Community Organizations Active in Disaster (COAD) functions like a coalition.

Coalitions: What We Know...

- Regional Domestic Security Task Force 6.
 - Lee County Health Department
 - No formal documents such as MOUs or MAAs.
 - No formal agreements to aid coalition members & to share resources & information.
 - There is a plan to start implementing joint or cooperative activities with non-healthcare constituencies within the next grant year.

Coalitions: What We Know...

- Regional Domestic Security Task Force 6.
 - Sarasota –Sarasota Community Organizations Active in Disaster (COAD) functions like a coalition.
 - Initial focus was to support the design & adoption of standardized disaster plans that ensure common response goals and written coordination & communication procedures, aligning those agencies to the County's CEMP.
 - Mission and Vision Statement developed and approved.
 - Committees established with volunteer community connections.
 - Joint or cooperative activities with non-healthcare constituencies.
 - Established formal self-governance structure



Coalitions: What We Know...

- Regional Domestic Security Task Force 7.
 - ▣ Covers 4 counties.
 - ▣ Unique challenges.
 - Monroe – evacuation.
 - ▣ Palm Beach, Broward and Miami-Dade Counties have an established system in place.

Coalitions: What We Know...

- Healthcare Emergency Response Coalition (HERC).
 - Mission & Vision Statement developed & approved.
 - Formal documents such as MOU's, MAAs, or other supporting documents.
 - Have joint or cooperative activities with non-healthcare constituencies.
 - Established a formal self-governance structure (bylaws).
 - Includes emergency management & public health as integral partners.
 - HERC staff authored a “how to” book for establishing a healthcare coalition – it is considered a national model



Coalitions: What We Know...

- Broward County Healthcare Coalition (BCHC).
 - Mission & Vision Statement have been developed & approved.
 - Informal & formal documents, such as MOU's, MAAs, or other supporting documents developed.
 - Plan to start implementing this within the next grant year.
 - Joint or cooperative activities with non-healthcare constituencies.
 - Established a formal self-governance structure (bylaws).
 - Includes emergency management & public health as integral partners.

Coalitions: What We Know...

- Miami-Dade County Hospital Preparedness Consortium (MDCHPC).
 - Mission & Vision Statement developed & approved.
 - Formal documents such as MOU's, MAAs, & other supporting documents are used.
 - Partially implemented formal self-governance structure, bylaws for the Board of Directors & a charter that is multidisciplinary & representative of all members of the coalition.
 - Have joint or cooperative activities with non-healthcare constituencies.
 - Includes emergency management & public health as integral partners.

Healthcare Coalition Development

Lessons Shared: **Coalition
Administration**



Faculty

□ Moderator –

- **Terry Freeman, RN**, Disaster Health Services Advisor, Florida - American Red Cross

□ Panel Members –

- **Andy Sikes, M.S.P., CHPA**, Director of Safety, Security & Parking, Baptist Medical Center
- **Kelly Keys-Torres, RN, B.S.N.**, Emergency Preparedness Manager, Corporate Emergency Preparedness, Broward Health
- **Brenda Atkins, B.S., MT, CIC, LHRM**, Director of Risk Management and Emergency Planner, Wellington Regional Medical Center, Past Chair, Palm Beach County Healthcare Emergency Response Coalition
- **Dr. Abdul Memon, M.D., FACP, FACEP**, Disaster & Emergency Preparedness, Jackson Health System & the Miami-Dade Consortium
- **Matt Myers**, Regional Coordinator, RDSTF Region V, Florida Department of Health
- **Jose Cintron, R.Ph., M.H.S.A.**, Area Emergency Manager, Department of Veterans Affairs

Objectives

- Provide examples of coalition management framework currently in use by existing healthcare coalitions.
- Describe day-to-day administration duties and challenges for consideration.
- Discuss how coalition activities are currently funded.

Key Questions

1. Within the groups you are affiliated with, how do you provide group administration? Do you use a 'board' or 'committee' structure? If so, are there elected representatives?
2. Does your group employ an individual to oversee and administer the coalition's day-to-day business? If so, provide some specific examples of their responsibilities.
3. How do you organize the group's activities between individual members and the leadership/administrative structure or representative(s)?
4. Do you charge a fee for participating in your group? If so, what do those funds provide?
5. How does grant funding support a group's day-to-day organizational structure and activities?

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Healthcare Coalition Development

Lessons Shared: **Building Effective
Local Partnerships**



Faculty

□ Moderator –

- **Ashley Lee, M.P.H.**, Manager of Emergency Management Services, Florida Hospital Association

□ Panel Members –

- **Tony Suszczyński**, Emergency Preparedness Coordinator – Shands Jacksonville Medical Center
- **Robin A. Bleier, RN, HCRM**, Chair - Quality Foundation Emergency Preparedness Council, Florida Health Care Association
- **Chief Cory Richter, BA, NREMT-P**, Battalion Chief Training & QA, Indian River County Fire Rescue, Florida EMS Advisory Council Chairman
- **Chief Eric Gilmore, B.S.**, Fire Chief, Escambia County Fire Rescue; Regional Emergency Response Advisor, Florida Department of Health, RDSTF 1
- **Mary Russell, Ed.D., M.S.N., CEN**, Registered Nurse - Emergency Services, Boca Raton Regional Hospital

Objectives

- Discuss coalition membership and key stakeholder involvement.
- Distinguish the differences of various providers and how they can augment coalition development and activities.
- Discuss how local partnerships enhance disaster preparedness, response and recovery, as well as day-to-day healthcare delivery.

Key Questions

1. What different disciplines and/or providers are represented in your group?
2. What is currently being done to include additional representation within your group?
3. How does your group orient new members/disciplines so that their contributions with the group are productive? If so, provide examples.
4. If you do not provide a mechanism to integrate new members/disciplines into the group, how do you determine ways they can augment your group's overall function response capability/capacity?
5. In what ways has building and/or expanding partnerships enhanced or impeded your success as a coalition? What are the barriers to building partnerships?

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5. In what ways has building and/or expanding partnerships enhanced or impeded your success as a coalition? What are the key factors that influence this?

Key Questions

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3. How does your group orient new members/disciplines so that their contributions with the group are productive? If so, provide examples.
4. If you do not provide a mechanism to integrate new members/disciplines into the group, how do you determine ways they can augment your group's overall function response capability/capacity?
5. In what ways has building and/or expanding partnerships enhanced or impeded your success as a coalition? What are the challenges?



Healthcare Coalition Development

Coalition Integration: **A Coalition's
Core Planning Team**



Faculty

□ Moderator –

- **John Wilgis, M.B.A., RRT**, Director of Emergency Management Services, Florida Hospital Association

□ Panel Members –

- **Andy Sikes, M.S.P., CHPA**, Director of Safety, Security & Parking, Baptist Medical Center
- **Kelly Keys-Torres, RN, B.S.N.**, Emergency Preparedness Manager, Corporate Emergency Preparedness, Broward Health
- **Eric Alberts, FPEM, CHS-V, CDP-1, SEM, DABCHS**, Manager, Emergency Preparedness, Orlando Health, Inc.
- **Brenda Atkins, B.S., MT, CIC, LHRM**, Director of Risk Management and Emergency Planner, Wellington Regional Medical Center, Past Chair, Palm Beach County Healthcare Emergency Response Coalition
- **Dan Simpson, FPEM**, Regional Coordinator, RDSTF Region IV, Florida Department of Health

Objectives

- Discuss key leadership activity and organizational structure.
- Describe leadership and member roles in developing goals, objectives and planning/response procedures.
- Discuss how coalition integration enhances a community's preparedness posture.

Key Questions

1. What is the leadership and organizational structure of your coalition?
2. What are the operational roles of each leader within your group?
3. How do these people coordinate and develop the goals and objectives of the group's activity within a given timeframe?
4. How have the leaders within your group enhanced the response capability/capacity within your community?

Key Questions

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Healthcare Coalitions

Coalition Integration: **Additional
Members**



Faculty

□ Moderator –

- **Christie Luce, B.A.**, Health Surge Unit Lead, Bureau of Preparedness & Response, Florida Department of Health

□ Panel Members –

- **Jose Cintron, R.Ph., M.H.S.A.**, Area Emergency Manager, Department of Veterans Affairs
- **Chief Cory Richter, BA, NREMT-P**, Battalion Chief Training & QA, Indian River County Fire Rescue, Florida EMS Advisory Council Chairman
- **Mary Russell, Ed.D., M.S.N., CEN**, Registered Nurse - Emergency Services, Boca Raton Regional Hospital
- **Robin A. Bleier, RN, HCRM**, Chair - Quality Foundation Emergency Preparedness Council, Florida Health Care Association

Objectives

- Discuss how health discipline integration and distinction enhances a coalition's activities.
- Describe any existing challenges to integrating coalition membership.
- Define the disparities of various members and their ability to participate actively in a coalition.

Key Questions

1. How do you envision your discipline's involvement in a coalition augmenting a group's activity and/or response to a disaster?
2. What challenges do you envision from your constituent's perspective?
3. What do you recommend as an approach to engage your constituents to actively participate in a coalition?
4. What assumptions about your discipline can be considered for on-going operational improvement and integration? What assumptions may be incorrect and therefore avoided?

Key Questions

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Healthcare Coalition Development

Coalition Integration: Challenges and Barriers



Faculty

□ Moderator –

- **Kelly Keys-Torres, RN, B.S.N.**, Emergency Preparedness Manager, Corporate Emergency Preparedness, Broward Health

□ Panel Members –

- **Tony Suszczynski** , Emergency Preparedness Coordinator – Shands Jacksonville Medical Center
- **Matt Myers**, Regional Coordinator, RDSTF Region V, Florida Department of Health
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- **Terry Freeman, RN**, Disaster Health Services Advisor, Florida - American Red Cross

Objectives

- ❑ Discuss the challenges and barriers coalitions face for active and effective participation.
- ❑ Determine the roles leader(s) can pose in resolving conflict within a group setting.
- ❑ Provide examples of how a coalition overcame a barrier or challenge that was limiting the successful operation of the group.

Key Questions

1. What are the biggest challenges/barriers you face in your work with coalition development in your community?
2. How can these challenges/barriers be overcome?
3. How does your group resolve conflict? Is the leadership directly involved?
4. Provide an example of how your group overcame a challenge/barrier that was limiting the successful operation of the group.

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Healthcare Coalition Development

Planning, Exercising and Responding
Together



Objectives

- Provide an overview of how a region planned, trained and executed a regional exercise.
- Describe areas of the exercise that worked well with coalition involvement.
- Discuss opportunities for improved coalition exercise planning and execution.

Healthcare Coalition Development

Region 5 – Full Scale Community Exercise

Eric Alberts, FPEM, CHS-V, CDP-1, SEM, DABCCHS,
Manager, Emergency Preparedness, Orlando Health, Inc.



Region 5 – FSE Overview

- Historical progress:
 - 2010 - Contracted with a vendor to assist with the exercise.
 - 2011 - Started to conduct our own exercises with the other hospitals.
 - 2012 - FSE was more complex than any before.
 - Required additional planning efforts.
 - Such a success that more agencies wanted to participate.
 - 2013 – Inclusion of other agencies to meet their exercise requirements.

Region 5 – FSE Overview

- Started conducting planning efforts in March of 2012.
 - Decided to use the LEPC (local emergency planning council) as the lead exercise facilitator.
 - Sponsored by the Orlando/Orange Urban Area Security Initiative 2011 grant funding & Public Health Emergency Preparedness Readiness Initiative grant funding (1,000,000).



Region 5 – FSE Overview

- 4 Exercises Into 1: FL DOH ASPR Grant criteria, Orlando/Orange UASI Medical Surge, OIA Crash Response, and FL DOH Region V Cities Readiness Initiative.
- All efforts were HSEEP & ASPR compliant.
 - NEXS entry.
 - Tons of meetings in order to meet everyone's requirements.
 - 17 to include a debriefing.

Facts and Figures



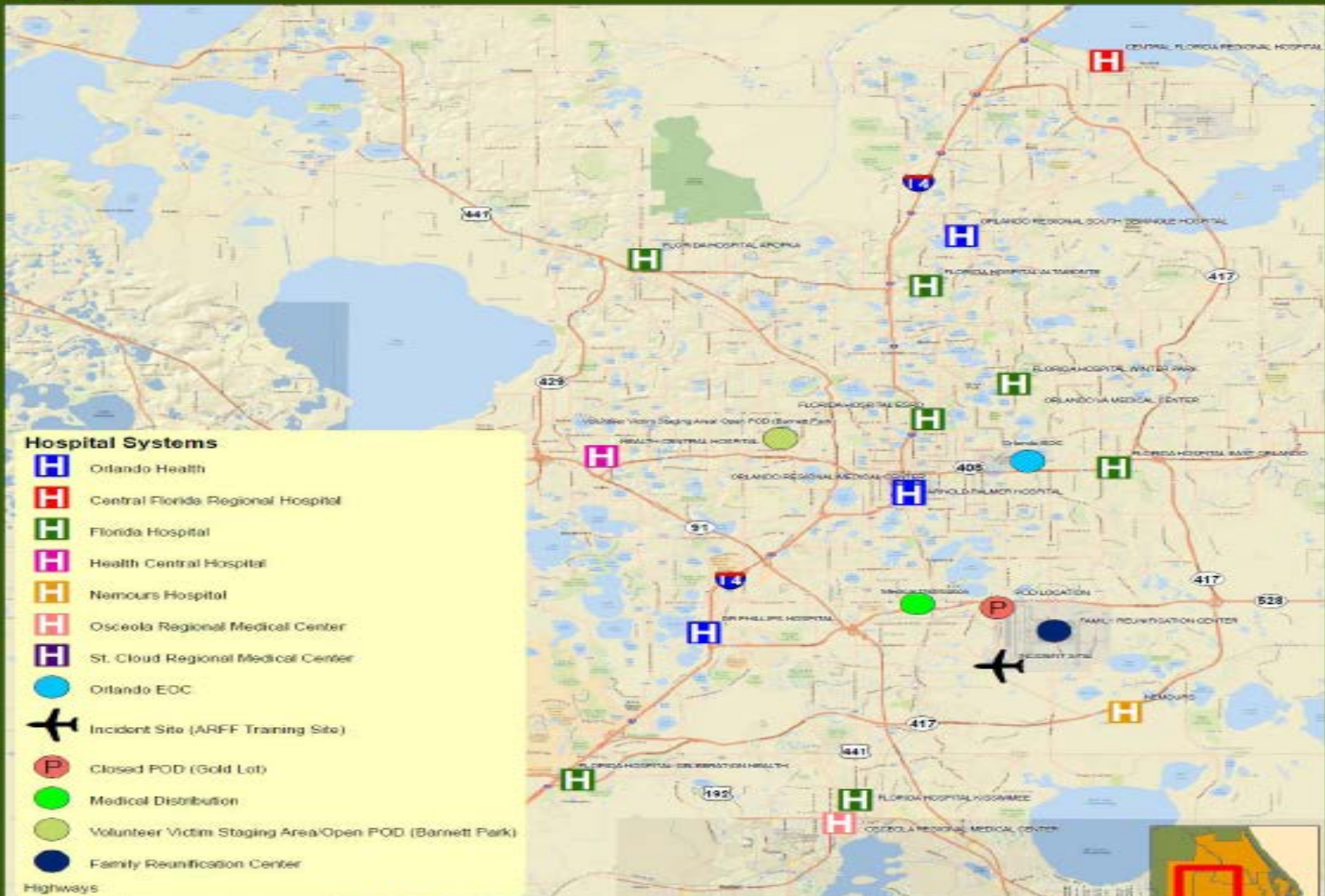
- ❑ 57 community partners (agencies) involved.
- ❑ Conducted in conjunction with an incident site.
- ❑ 560 volunteers played victims.
- ❑ Same scenario, same day, same time.
- ❑ 14 overall target capabilities identified.
- ❑ 9 objectives for our hospital system.
- ❑ 17 first responder & EM radio channels used

Scenario

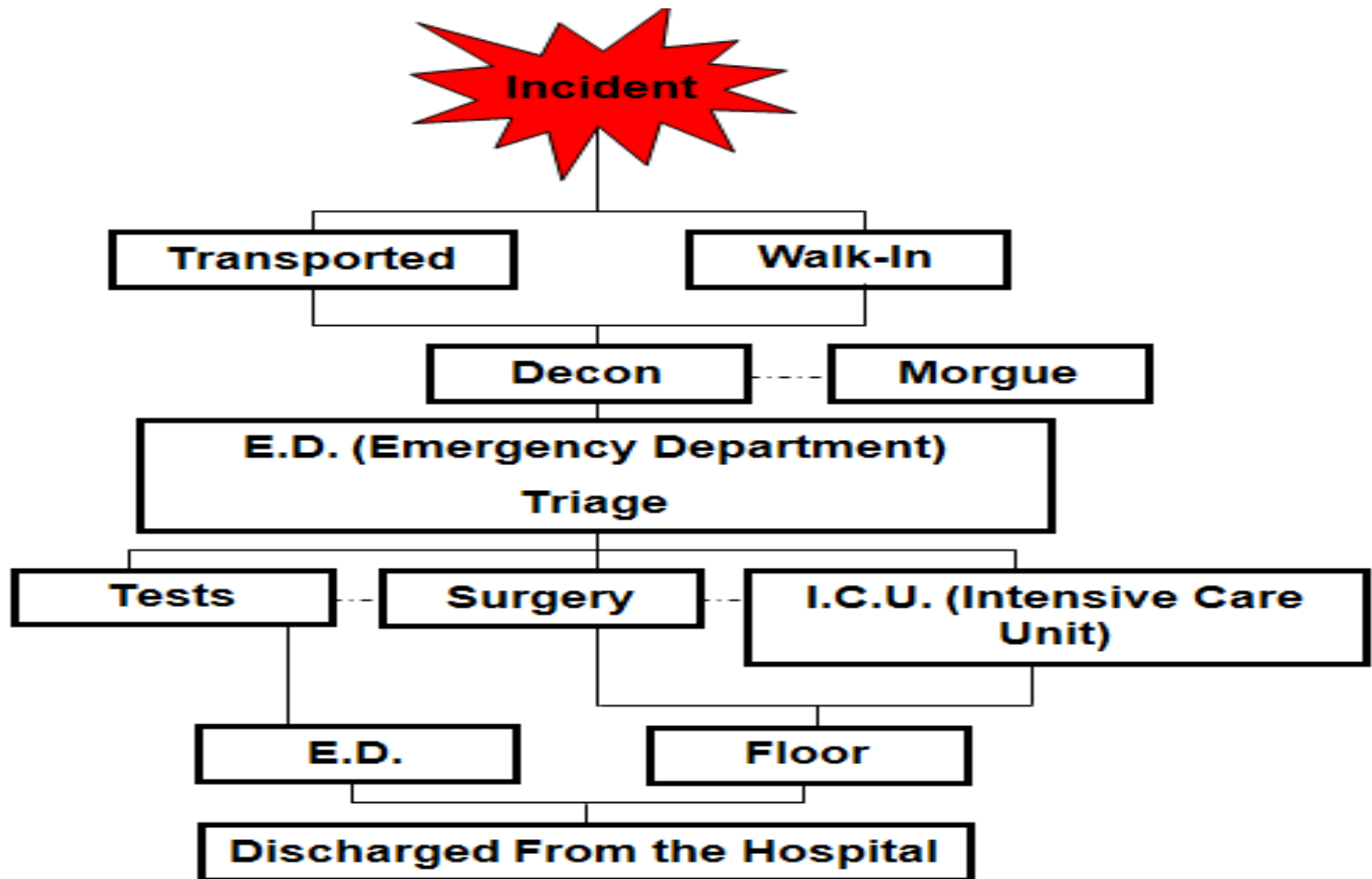
- Weekday; Plane crash into a hotel.
 - NoAir Airlines A-320 commercial aircraft with a #2 engine failure after take off.
 - Tried to return to OIA, but lost hydraulics & couldn't control the plane (25,000 lbs of fuel onboard).
 - Crash landed into the Sleepy Hotel.
 - Major MCI (level 4) - killing, injuring, and contaminating 600 people.



2013 Regional Community Exercise Site Locations



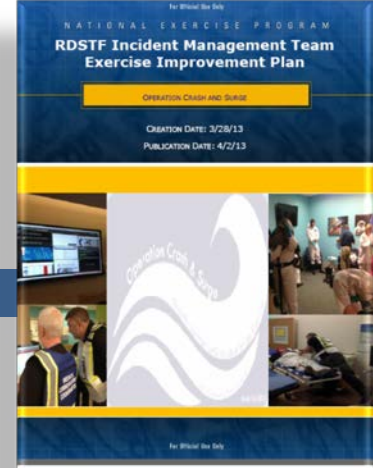
Scenario



Lessons Learned

□ Positives

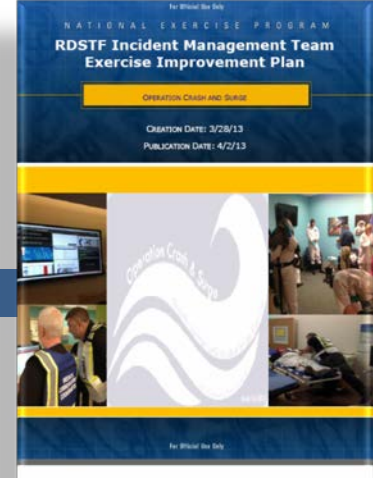
- Communications – technology worked great.
- Patient movement facilitators worked great.
- Great partnerships – accomplished a lot.
- HICS.
- A lot of great lessons learned.



Lessons Learned

□ Areas of Opportunity

- Need additional team members for the DECON teams.
- Communications is always a big issue.
 - Work on improving interoperable communications among agencies & organizations in the region.
- Areas need additional training on EMSystem.
- Better use & understanding of HICS forms.
- Training & use of social media monitoring.





Healthcare Coalition Development

Region 3 –Community Exercise

Andy Sikes, M.S.P., CHPA, Director of Safety, Security & Parking, Baptist Medical Center





My Perspective.

- Past President of the FIRST COAST DISASTER COUNCIL
- Member of D.A.S.H. since 1994
- Involved with FCDC for 25 Years.
- Worked in County EM office as well as healthcare.

Disaster Aid Services to Hospitals

- Mutual Aid agreement between hospitals to provide support in the event of a catastrophic event.
 - Statewide
 - By Invitation
- Jump start aid to affected hospitals that have been damaged by a hurricane.
- Staffing, supplies, etc.
- Alternating leads in coordinati

Disaster Aid Services to Hospitals

- Alternating leads in coordinating responses.
- Coordinate all assistance through a central command center.

Disaster Aid Services to Hospitals

- Ten Members, statewide to lessen the likelihood that several members will be impacted.
- The MOU is renewed every two years.
- MOU signed by executives from each member organization.
- Prior to renewal, we review and amend if needed.

Disaster Aid Services to Hospitals

- Then we recruit and consider new members.
- We select a primary Emergency Response Team (ERT), who becomes lead for the period.
- Also select a first and second back-up ERT.
- Governed by two-page Bylaws.
- ERT Manual (recommendation

Disaster Aid Services to Hospitals

- Primary ERT serves as coordinator, but also is primary source for initial response.
- We communicate mainly by conference call and email.
- Each member pays its own way, tracks cost and submits through our impacted members for reimbursement.

Disaster Aid Services to Hospitals

□ Example of Hurricane Response

- DASH monitors the progress of the storm via emails and conference calls.
- Responsibilities fall to “Non-Impacted” members
- Days before landfall we identify volunteer nurses and others willing to go to impacted area.
- We arrange transportation, supplies (both medical and personal), and other support.

Disaster Aid Services to Hospitals

- Example of Hurricane Response
 - We are ready to go the moment we get assessment from our partners. Don't wait for others to identify needs.
 - We communicate to State EOC that aid is being dispatched.
 - We pay our staff and are reimbursed by our partners who submit costs to FEMA.

First Coast Disaster Council

□ MISSION

- ▣ *Coordinate* response to natural or man-made disasters.
- ▣ *Facilitate* Cooperation between hospitals, practitioners, medical service agencies, government agencies, and other *organizations* or individuals concerned with emergency medical services.
- ▣ Review, develop and recommend programs that will ensure efficient utilization of community resources.

First Coast Disaster Council

- **MISSION (Continued)**
 - Promote and facilitate educational and training programs.
 - Conduct mass casualty drills for hospitals and agencies needed to meet certification standards and maintain a high degree of preparedness within the medical community.

First Coast Disaster Council

□ Membership

- Individuals or organizations *that maintain active and regular participation* in the Council's functions, and
- contributes to the annual community-wide disaster exercise or other efforts....

First Coast Disaster Council

- Boundary

- ▣ NO formal boundary

- ▣ *We recruit* in Baker, Bradford, Clay, Duval, Flagler, Nassau, Putnam, and St. Johns.

First Coast Disaster Council

- Current members include:
 - ▣ 16 hospitals
 - ▣ Jacksonville Fire/Rescue
 - ▣ Three private ambulance companies
 - ▣ Jacksonville Aviation Authority
 - ▣ Duval County Medical Society
 - ▣ County health departments
 - ▣ County emergency management agencies
 - ▣ ARC and Salvation Army
 - ▣ A.R.E.S.

First Coast Disaster Council

- How we work
 - ▣ Letter of Understanding
 - ▣ We have 501c3 statues
 - ▣ Annually elected officers
 - President
 - President –Elect (Exercise Planning Chair)
 - Secretary/Treasurer
 - ▣ Annual Dues (\$400 per voting members)
 - ▣ Monthly meetings/working lunches

First Coast Disaster Council

- How we work
 - ▣ Standing Committees
 - Exercises
 - Programs
 - Officers serve as ad hoc omnibus committee.
 - ▣ Representatives on:
 - RDSTF
 - EM/HS Planning Council
 - Other standing groups and task fo

First Coast Disaster Council

- Examples of Success
(Effectiveness)
 - Since 2007, Mayor of Jacksonville and Senior leadership of area hospitals signed the “Hospital Hurricane Evacuation ICP”.
 - Special Needs Protocol
 - Station in Duval County EOC.
 - 25+ years of successful MCI exercises.
 - TJC accreditation (community connection)

First Coast Disaster Council

- Examples of Success (Cont.)
 - Coordinated response to Super Bowl, including mobilization of DMATs and other resources.
 - Coordination of hospital response plans and procedures
 - Start-to-Finish
 - ICS
 - Other Response protocols

First Coast Disaster Council

- Why FCDC works.
 - Active
 - Participate at every level
 - Proven Planning Partner
 - Vocal
 - Calls for action. (HEICP)
 - Through our established channels, or through the numerous informal networks we've established.
 - Consistent
 - One voice.
 - Focus on our mission.

First Coast Disaster Council

- Why FCDC works.
 - ▣ Inclusive:
 - We combine safety, security, emergency management, emergency medicine, etc.
 - Reps from nuclear medicine, emergency departments, infection control, risk management, etc.

First Coast Disaster Council

- Why FCDC works (Cont.).
 - ▣ Community-wide!
 - No one is excluded.
 - ▣ Cross political boundaries.
 - ▣ Have support of senior HC leadership
 - ▣ We are “the” experts.
 - ▣ We Are PASSIONATE about our mission.
 - ▣ We have cash!

Challenges

- Federal focus on terrorism
 - ▣ Partner focus.
 - ▣ Growing demands on our time.
 - Downsizing
 - ▣ The nature of health care
 - Most of us don't generate revenue.
 - Constant demand to shift dollars for patient care.
 - ▣ The (always changing) demand for "Plans".
 - State
 - TJC

Opportunities

- National Events
 - ▣ Katrina, Sandy, Tornadoes
- TJC standards, requiring plans and community partnerships!!
- Domestic Terrorism
- Public and Political awareness of “what if”.
- Growing awareness of EM (and others) that hospitals are **NOT** their assets, but are their planning partners.

Healthcare Coalition Development

Continued Development and Growth



THANK YOU!









































