

Florida Healthcare Coalition Task Force

Meeting Summary

Date(s): November 19 & 20, 2013

Location: Florida Hospital Association Regional Office, 307 Park Lake Circle, Orlando, FL 32803

Members Present:

- Eric Alberts, Orlando Health; RDSTF 5
- Connie Bowles, Lee Memorial Health System; RDSTF 6
- Brad Elias, Florida Department of Health; RDSTF 3
- April Henkel, Florida Health Care Association; RDSTF 2
- Ann Hill, Florida SMRT 1; RDSTF 1
- Holly Kirsch, Florida Department of Health; RDSTF 2
- Gary Kruschke, SMRT 1; RDSTF 1
- John Lanza, Florida Department of Health; RDSTF 1
- Ashley Lee, Florida Hospital Association; Statewide
- Christie Luce, Florida Department of Health; Statewide
- Matt Meyers, RDSTF 5 Regional Point-of-Contact
- Jeanine Posey, Florida Department of Health; Statewide
- Ray Runo, Region 2 Healthcare Coalition
- Terry Schenk, Florida Department of Health; Statewide
- James Schultz, University of Miami, DEEP Center
- Dan Simpson, Florida Department of Health; RDSTF 4
- Tony Suszynski, UF Health Jacksonville, First Coast Disaster Council; RDSTF 3
- Keila Walker, Orlando Health Inc.; RDSTF 5 (Alternate for Eric Alberts)
- Wendy Wilderman, DeSoto County Health Department; RDSTF 6
- John Wilgjs, Florida Hospital Association; Statewide

Meeting Goal: *To be the single advisory body for the development and sustainment of local, community-based healthcare coalitions aiming to provide total health and medical coverage for all of Florida's population in the face of disasters and emergency events.*

Objectives:

- Review and discuss regional progress reports on the development and sustainment of healthcare coalitions.

- Review and discuss subject area information and planning as needed.
- Review FY13-14 funding allocation information for PHEP and HPP programs and projects.
- Review FY14-15 funding process and timeline.
- Review and discuss priority areas for funding consideration.
- Develop initial deliverable tasks for FY14-15.
- Develop initial recommendations for FY14-15 funding allocations for consideration by the Strategic Planning Oversight Team (SPOT).
- Review and address 'Action Items' and outstanding issues from previous meetings.

The meeting started with the goal of the Task Force discussed, after introductions were made. Each region was represented with the exception of Region 7. As a review, each region is represented with two individuals that will be reimbursed from the Florida Department of Health (DOH). Each region may send additional representatives or alternate representatives, it is important that we have regional representation in order to continue our work and move forward with HCC building and sustainment. John and Christie will work with Region 7 to assure we have appropriate representation in the near future.

A brief review of the current Grant Guidance was discussed; funding is intended to help demonstrate *measurable and sustainable* progress toward achieving the public health and healthcare preparedness capabilities outlined in this 5 year grant cycle, as well as other activities that promote safer and more resilient communities. HPP-PHEP grant alignment is designed to promote efficiencies through appropriate pooling of resources and leveraging of funds for applicable services, activities, and infrastructure while maintaining separate appropriation identities.

As we continue to move forward, federal funds are being cut in all programs including, Emergency Management and Fire/ Rescue. Most programs will continue to see cuts. *"What is our priority for funding"*? Strategic Plan Oversight Team (SPOT) will guide funding using the 7 capabilities. The Med Surge Team reviewed all the programs currently funded and looked to see what could be pushed down to the HCC level. One example is CBRNE training, recommend this be local coalition training not state sponsored. The push is to train and exercise together.

Med Surge Team update: Program Advisory Teams (PAT) are undergoing reorganization that includes new team charter, and membership review. Who participates and who is just a name on the list that does not participate? What are the roles and responsibilities of the team members, versus the roles and responsibilities of the lead person from the department? First team call last week and will continue to have calls until we complete the annual capabilities. PHEP is state capabilities and HPP is the local capabilities, which are HCC's. The objective is to align the PHEP and HPP grant guidance. Capabilities

help to identify gap areas, which ones need to be funded, based on risk assessment and then achieve deliverables.

Reworked previous strategic plan framework for better aligns with DOH strategic plan. Past plan was focused on domestic security goal areas now this year plan will look at the PHEP domain areas. Med surge falls into the Incident Response goal area, which includes ESF 8, Planning and disaster cycle areas looking to meet individual capabilities. Med surge will work going forward to align the HPP language with PHEP language with the objectives to be SMART-like. (*Specific, Measurable, Achievable, Realistic, and Time bound*).

Allocation methodology for HCC's will align with the CHD methodology. Would like to see a base amount given to HCC's and then have work plan submitted after risk assessment completed for future funding. Counties are going to be grouped as small, medium and large this is how it has been for a while and do we consider the same for the HCC's with population or with patient beds in mind also. Regional boundaries cannot be used any more as some spread regionally except for Regions 4 and 5. Kay is lead on the funding subgroup and this plan is still in the works. We (the task force) would like to bring to Kay, our HCC methodology decision on allocation for consideration. The ultimate goal is for each HCC to come up with a strategy to become self-sufficient. Sustaining should be a key element in the beginning of HCC's development and not after the coalitions are already developed.

Review of Attachment 1 Tasks to Deliverables Matrix the HCCTF we came up with these deliverables that will be due by June 30, 2014: Identify HCC boundaries, point of contact, counties, and non-profit status: develop formalization of HCC. The funding can be Schedule (C) transferred to the County Health Department. Some of the HCC's have begun this process already, some have not. If you have hired OPS employee, this does not apply to you. So, if the department does the contract with your vendor and it is over 34,999 it has to be up for competitive bid and you may be part of the selection process. The lawyers who stated we could use the healthcare exemption are unfortunately not at the department any longer. HCC's are encouraged to become a 501(C) (3).

Risk assessment must be done by each HCC. Everyone decided they wanted a standardize form for risk assessment. The intent is for the HCC members to get together and identify risk, then discuss contingencies, which will highlight capability and resource gaps. Should serve as a tool and get players working together. The risk assessment is part of the federal grant requirement.

Alternate Care Sites: Terry's tabletop does count as training and exercise for Attachment 1. At previous task force face-to-face meetings we as a group decided where we wanted to be at the end of five years and agreed on these deliverables. For any trainings and exercises conducted, your HCC is only required to complete one After Action Report (AAR) to turn in.

Communication: is extremely important and you must be able to effectively communicate with essential partners and have a redundant system. The state is switching from FDENS to Everbridge. You may put your HCC members into Everbridge. When DEM bought into Everbridge they looked into this

system as being the statewide disaster communication alerting system resource. They are looking for others to buy in, such as counties and other agencies. The Everbridge System is user friendly, as well as very powerful.

A copy of the draft Attachment 1 along with the exhibits will be sent out to all members, following this meeting.

It was suggested that the *Executive Summary* be revised. Hospitals funding will not go away completely, but will decrease substantially. Hospitals will always play large role in response because of medical surge and patient movement. Eric Alberts and John Wilgis have agreed to work together to come up with a brief summary of the explanation on grant funding for the future, which will be sent to hospitals.

At the present time there are 15 recognized DOH HCC's. It was suggested that Kay Croy give authority to Co-chairs to approve counties to change HCC's. This has not been decided yet.

State versus Local Capability discussion: Dr. Shultz made some points regarding training, and by extension, exercises. Some training topics are useful for all healthcare coalitions. It would be ideal to have centralized trainings based at the state level. Examples are as followed:

Delivery of Training

Technology for Training, Assessment, Reinforcement, Support

Training/Exercise "Integration"

Training for Hospitals Tied to Joint Commission Manual

Theme-Based Training:

Discussion on Emergency Management:

Introduction of Ray Runo who is working with Region 2 HCC, he was the previous ESF 8 Emergency Coordinating Officer. Ray explained the current and previous challenges with getting EM to engage at the local and state level. The concept of multiagency coordinating group (MAC) and explaining the role in a disaster is not for HCC's to respond as they are not response entities. The previous problem with engaging EM was in the framing of the discussion they all operate under the state CEMP. The bottom line is that everyone in the county owns it, and it is up to the community to do what they can to make it better. The concept of MAC and mutual aid years ago meant to EM *take over*. A suggested way in to EM is through Critical Issues in Emergency Management (CIEM) meetings. This is one approach if you are able to get on agenda. Alleviate concerns and give EM a chance to ask questions. Look at the planning piece and inter HCC relationships, look at resources and respect the different aspects. Engaging EM is not an easy task but in the end, we are helping them help themselves because they own it in Chapter 252.

Priority Issues: 15 PHEP Capability Alignments with the HPP Capabilities

The members of the Med Surge Team reviewed programs currently funded to see where there may be an overlap, and tried to determine what is needed for sustainment or what is for actual HCC development. Meaning what is a state asset versus a local asset. One example is in Fatality Management and training across the state medical examiners for state response. Local HCC's can benefit from engagement from medical examiners and utilizing FEMORS..

It will be important to continue to work on a priority list for next year's funding and be ready for SPOT before March. January we should build proposals and attach a budget amount to them.

Priority Issues:

HCC Building and Sustainment

Healthcare System Preparedness (Planning)

- Realizing that all HCC's are at different stages: Stage 1, 2 or 3
- HCC building and sustainment
- Money for personnel, facilitator
- Broadening the boundaries, who are the customers?

Risk and Resource Assessment

- Risk based funding
- Consideration of nonprofit in the community such as Meals on Wheels, Hospice, Alzheimer's Groups

Emergency Operations Coordination

- Healthcare preparedness identify and prioritization

Training and Exercise

- Training and exercise plans, how are you going to exercise the plan?
- Planning specific, alignment, skill specific, partner integration, and all the planning principles that will lay the foundation for the training and exercise
- Partner integration for training. Understanding your capabilities will lead way to contingency planning and will incorporate training. Do not reinvent wheel, bring in partners and train together.

Equipment

- Needs to be specific to health and medical response
- County cache, hospital cache, or are we going to develop HCC caches?

Capability and need assessment needs to be completed in order to plan for future trainings. Talking this out within the communities will lead way to your contingency plans. **Remember this all goes back to your risk assessment.**

There are 15 recognized HCC's in the State of Florida and they are all able to participate in the Statewide Hurricane Exercise in some form. This is an open invitation to all either by tabletop or full scale. Please contact Ben St. John at DOH for more details. The State ESF 8 is planning a fall (November) exercise and we are inviting participants now. This will be multiple day exercise.

Pre-Hospital Emergency Triage and EMS Report-Terry Schenk and Dr. Brad Elias

This is a sub-committee chaired by Dr. Brad Elias, Terry Schenk and Catherine Exendine, with several supporting members that work with the EMS providers within the communities. They are actively looking at the EMS component and how that fits into the HCC at a local level. They have a list of licensed EMS providers in Florida and the list is extensive. Christie and John have been traveling and

presenting to this group, to make them aware of the importance of integrating EMS into the HCC. The benefits can assist the EMS community as their funding continues to downsize significantly. As they become engaged in the HCC's, they will be more of an asset and may be able to apply for funding, depending upon the needs assessed in the community. EMS will also need to train and exercise with their local HCC's. The EMS community has come up with a list of needs and they may wish to present them as projects to their local HCC to fund depending on the risks within their community. The Disaster Protocols have been completed as of November 2013 by Dr. Nelson. This will serve as a backstop in case of disaster and the medical director is not present, this will be available. The protocols will also be available to the Co-chairs, on the DOH web site, as well as on EMS website. Discussed Ambubuses and kits that will (convert a school bus). In the case of large surge of patients needing to be moved, local EMS would be overwhelmed and this is a way to move large volumes of patients efficiently and quickly. This project will be brought before SPOT, March 2014. Region 1 has already ordered one for their use. Tom Belcoure completed a needs assessment for Florida and determined Florida needed 22 buses for patient movement. Tom Blakeney and John Bixler are both on board with engaging EMS into coalitions. Next EMS Advisory Meeting will be held in January 2014.

Regional Updates: Gap Areas, Concerns or Needs

- **Region 1**-now called Emerald Coast Healthcare Coalition as of September 4, 2013. Held regional meeting for executive group and Christie Luce made presentation. Currently working with DMAT-1 and will now be working to become 501 (C) (3). Held a meeting with the DMAT team and the board and have discussed how this would begin to work. Looking to meet in early January to establish more of a direction and plan now engaging essential partners. Liberty County is part of Region 1 and Gulf is Region 2. **The map needs to be updated.**
- **Region 2**-Has hired DSI to facilitate HCC development. Scheduled first planning meeting. One issue several regions have run into is: *who has the authority to decide county HCC affiliations.* They plan on sending a letter to reach out to their prospective partners to engage them into the HCC. Looking at the referral patterns to see where people are going for care and direct their focus on that for setting geographical area.
- **Region 3**-They have 3 HCC's in Region 3, Marion County received \$20,000. They are soliciting an agency to help them get the necessary documents started. They have been a HCC for 2 years. Alachua received \$20,000 and hired an OPS employee to assist them. First Coast is having issues on how to receive their funds. They have been solicited by several contracting agencies to work with engaging essential members, but have found them to be very expensive. The plan going forward will be to encourage First Coast Disaster Council to have money transferred to Duval County Health Department and hire an OPS employee to move them forward. Putnam County is going with Alachua Coalition. First Coast is primarily a hospital centric HCC, and it is expected over the next year it will either gain strength or dissolve and become more of a healthcare centric coalition with the essential members included.
- **Region 4**-Dan Simpson states he has been working on HCC development. They are not creating anything new, and not reinventing the wheel. They are taking what they had in place and making it more formal. As of October 31, they have formal by-laws in place. Organizing under existing structures, (RDSTF model) and under what is the health and medical committee. With permission granted from FDLE, they will be using the logo on their by-laws. Their official name is Region 4 Health & Medical Coalition (R4-HMC). Manatee County works with R4-HMC and attends their meetings. They however, will not be getting any funds. Hardee County was giving the option to join with R4-HMC or be a lone rural HCC; they have decided to join Region 4. There have been subcommittees developed to begin work on specific projects. There has been

executive board established with Dr. Choe serving as the Co-lead with Dan. This group consists of the Planners in Region 4. Currently there are 8 county subcommittees; they consist of ESF 8 members in all of the counties. The subcommittees to add an exercise and training committee. The board consists of 2 hospital members, veterinary representative, SMRT representative, 2 long-term-care representatives, regional EMS representative, Public Health representative. Still looking to recruit a representative for patient services such as dialysis or pharmacy. Leadership, Dan and Dr. Choe when it comes to executive board votes they have only one vote, and only vote to break a tie. The organization chart of board members is county specific, ESF 8 group members. There is a strong influence on getting behavioral health involved. Medical examiners are very difficult to get engaged. It was suggested leaving them up to FEMORS to manage. Needs expressed for Region 4, would like a copy of the deliverables and exhibits, spending guidelines (this is in the grant guidance), and currently have a Plan A, finance/receptionist/secretary process but need a Plan B possibly hiring an OPS person to do the work.

- **Region 5**-Hired OPS Lynn Drawdy to help with getting started with HCC work. Beginning to draft by-laws, establishing the board members (*not yet named*), working to become 501 (C) (3). Have had lots of meetings with partners, but no decision makers as of yet. The goal is to establish primary members into the HCC and then establish other members and engage them together. Lots of discussion about Mission request and the role the HCC will play during a response.. Many people understand the flow of request within the response world, but many that are new to response may need to be educated. *Discussed sending a one page instruction sheet for review.* Matt states they are at a Stage 1 now but will be at Stage 3 within the year.
- **Region 6**-Contracted with the Health Planning Council to set up healthcare coalitions. First meeting in Lee County with a group that regularly meets during hurricane season has the essential partners and they have engaged Jennifer Sexton to get organized. Connie gave John's presentation and had engagement right away from Red Cross, EMS, mental health, and some others. Their needs are being met with the help of Ashley Lee. . Some of the region is at Stage 1 and others are going to move to Stage 3 quickly. Next Sarasota/ Charlotte have scheduled a meeting to get them involved and December will have the Manatee County meeting. John and Ashley will be present for questions. EM champion, Don Hermy is willing to help in Manatee County. Rural areas concerned about traveling to meetings and exercises. .
- **Region 7**-There are four groups that represent Region 7. We are currently working on trying to get proper representation from this area to attend quarterly meetings. Three HCC are at Stage 3. Christie, Ashley and Kay Croy went to Monroe and made presentation to them. They currently function under the ESF 8 work group. They currently exercise together, meet every other month and are excited to becoming a more fully functional HCC. Currently considered Stage 1 in development.
- **Ashley Lee is available to assist any region with HCC development; she is able and willing to travel.**

The next HCCTF meeting will be held on February 5th & 6th, 2014. This meeting will also be held in Orlando at the Florida Hospital Association building. This meeting will be extremely important, we want to be able to defend and articulate to SPOT what we are doing and the exact money amount will need to continue to move forward.

HCCs must develop strategies to become self-sufficient and not dependent on federal or state funding. The HCCTF hear some discussion on "social entrepreneurship"-a concept that may assist HCC's in developing these strategies, The HCCTF sees this as priority, and will work with developing HCCs to ensure this is part of their plan going forward.