



HCCTF Minutes
January 17, 2019

Called to order at 8:35 a.m.

Roll Call

Region 1 – Ann Hill,

Region 2 – Ray Runo, Jessie Shuler, Padraic Juarez

Region 3 – Eric Anderson, Leigh Wilsey

Region 4 – Franklin Riddle, Dan Johnson

Region 5 – Lynne Drawdy

Region 6 – Brandi Newhouse, Peggy Brown, Scott Wiley, Katie Eck, Glamari Carter

Region 7 – Gina Mulkins, John James, Ruth Kallay, Bill Shinyshin, Marilia Van Keeken

FDOH – Dayle Mooney, Terry Schenk, Sonji Hawkins, Christie Luce, Doug Woodlief, Jennifer Coulter, Valerie Beynon, Lela Shepard, Brandi Keels, Brandi Kirkland, Joanna Colburn, Dawn Webb, Aaron Otis, Bobby Bailey, Sue James, Sherry Watt, Lori Roberts, Debbie Kelley,

FHA - John Wilgis

FQHC - Tom Knox

FEPA - Eve Rainey

ASPR - Paul Link, Tom Bowman, Jenny Raspberry

Veteran's Health Administration - Rick Rhodes, Darryl Stephenson

Bureau Chief

We are on the same team to take care of people in disaster. BPR is meeting this afternoon with ASPR.

Guiding Principles

- Requests for amendments/edits were discussed.
- Moved for approval – Marilia Van Keeken, second – Ann Hill.
- Edited document will be posted on the HCC Sharepoint.

Supply Chain Integrity Discussion – Dayle Mooney

The 2018 Supply Chain Assessment and Mitigation Strategy Guidance for Florida Health Care Coalitions draft document was presented and discussed. Leigh Wilsey felt it was a daunting task but, doesn't want to approach the task as a "check the box." She researched different strategies of how to look at this for the top three threats, i.e. infectious disease, natural disaster, mass casualty. Dan Johnson said the guidance must be useful in explaining the state's definition of acceptable. HCCs don't want to be penalized for not doing something properly.

Lynne Drawdy asked that a work group needed to be formed to discuss the minimum output.

Moved – Lynne Drawdy, second - Franklin Riddle to establish a work group with HCC and BPR on supply chain.

Lynne mentioned the final needs to be ready by February since a draft of the task is expected in June. Leigh Wilsey, Franklin Riddle, Ann Hill, Lynne Drawdy, Brandi Newhouse, and Jessie Shuler will work with Valerie Beynon who was asked to develop the document. The body asked that the draft be shared widely with the group.

IRMS Discussion – Lori Roberts/Sherry Watt

IRMS' five-year contract ends 3/31/19. It has gone out for RFP but it is waiting on legal so it hasn't posted. Joanna Colburn in Contracts has filed a six-month extension to give us nine months until we have an end product. The options we are currently facing with IRMS are:

- Option 1 current vendor wins.
- Option 2 we have a new vendor, migrate data from existing product, and retrain the staff on the new system.
- Option 3 we modify the statewide pharmacy system to fit our needs.

Assets to be included in a coalition's IRMS warehouse do not have to be owned by the coalition. Assets can be owned by partners or members of the coalition. According to Jennifer Coulter, if a CHD purchased a product, it is the property of the CHD. If the HCC bought the product, it is their responsibility to track it.

According to Samantha Cooksey, the effort is not to bypass the HCCs but to gain visibility on deployable health and medical assets. The members are not obligated to deploy by including their assets in IRMS.

HCCTF members asked for greater guidance to clarify the type of assets the state would find helpful in IRMS while still meeting their contract deliverable obligations.

Hurricane Michael - Ann Hill

Ann Hill from Emerald Coast Health Care Coalition provided a heartfelt perspective of her team's observations and experiences providing services to the responders and survivors pre- and post-landfall, including the impact to Bay Medical Center. She emphasized the importance of mental health providers for responders and survivors, the need to be flexible in a crisis, and the importance of providing host shelters in unaffected areas.

Hurricane Michael - Ray Runo/Jessie Shuler

Ray Runo and Jessie Shuler of Big Bend Health Care Coalition discussed the effects of the storm on the health care facilities in their region and the activities they undertook as a response coalition. They emphasized the importance of staying engaged with local ESF-8, filling in the gaps when partners are overwhelmed, the gaps identified in surge and sheltering, and the opportunities for local ham radio operators.

Dan Johnson commented that his coalition is working with the Florida Digital Amateur Radio Network like Region 2. Both identified gaps to be addressed including licensing, MOA, and credentialing.

2018 Hurricane Overview – Samantha Cooksey

- ESF-8 was busy this year with three hurricane activations this year – TS Alberto, Florence, Michael – and only four months of the year without response.
- Hurricane Michael by the Numbers – 6300 patients moved, 16 Special Needs Shelters opened, 800 medical wellness checks conducted, 7000 reports received from people to check on people, 504 missions, 260 post health care facility assessments completed, 457 ambulances mobilized, and 125 paratransit mobilized.
- Every response has its own signature.
- Hurricane Michael impacted a mostly rural portion of the state - 74 health care facilities evacuated, 57 were damaged, and 110 lost power.
- One month after the storm, 26 health care facilities comprising 2,065 patient beds remained out of service as a result of the storm.

- Four areas for focus based on the initial after-action were identified. The include:
 - Expansion of Healthcare System Recovery Capabilities
 - Increase Capability to Provide Care for Community-Based Special Needs Clients in Shelter and Non-Shelter Settings
 - Diversification of Response Partnerships
 - Supporting Health and Medical Responders in the Field
- Many calls were received from cancer patients who didn't know their treatment plans because their oncologist's office was destroyed and no electronic records were available.
- Several ideas are being discussed as a result of lessons learned from this storm:
 - Want to develop a health care system plan identifying where local and state differ. We need to learn more about building ownership and reimbursement information. This is the second season we lost an HCF in a community.
 - Want to identify where people go for primary care when it's gone. Emerald Coast HCC helped in this storm.
 - DEM has asked DOH to take on the special needs registry. Would like to link it to state Medicaid data and build an index so they can track it through emergencies.
 - Make sure we have resources for people being discharged to general population shelters so they can connect with services in the system.
 - Combining SpNS - want to provide three places for set up, not get pushed into something that's a bad idea.
 - Try to pull beta teams from impacted hospitals to get staff to work response instead of paying for EMAC out of state assets.
 - Expand partnerships with corporate hospital system EM offices. Hospitals could communicate with corporate and ESF-8 could talk to multiple hospitals at one time.
 - Want liability protection for health care workers – language being proposed in the legislature.
 - Developing responder support kits with GPS trackers - modeling with Florida Fire
 - Continue to build on established SpNS sheltering branch with patient movement.
 - Learned the value of night shift for planning. The Governor's Office provided unlimited opportunities to provide resources where needed.
- Christie Luce asked HCCs to think about the information they would like from ESF-8 during a response.
- Send comments to Samantha.Cooksey@flhealth.gov by 2/1/19 to be included in AAR.

FIDTN, SMERS, and IMC update – Terry Schenk

- FIDTN teams in each region are used in incidents involving multiple infectious diseases. There are ten regional special pathogen treatment centers with the closest in Atlanta.
- A good training resource is the National Ebola Training Center. Other resources include ASPR-TRACIE, EMS infectious disease playbook, and the hospital playbook.
- The statewide plan is currently being updated.
- The 2019 exercise will transport a patient from the hospital to Tampa International Airport, from Alabama to Georgia, and will include local transport practice. HCC assistance is needed when practicing with local hospitals.
- The HCC requirement is evolving to an educational focus as it pertains to FIDTN in their counties and regions. FIDTN is interested in working work with HCCs.
- Phoenix Air is the patient transport for infectious disease. There are no treatment hospitals in Florida for Ebola. Several hospitals are talking but, it's a difficult conversation to have.

State Medical Emergency Response System

Terry provided additional data relevant to the State Medical Emergency Response System.

International Medical Corps

- Worked with the International Medical Corps over the summer to develop an MOU. They worked with us during Hurricane Michael.
- They are currently working in Congo on Ebola. In the past, they have worked in Syria, Puerto Rico, and Hurricane Florence, among others.
- Their equipment is stored at FedEx shipping facilities so they can deploy in 72 hours.
- The nurse strike teams were very congenial and supportive of our efforts and came from UCLA and Massachusetts General Hospital.
- They didn't charge for staffing and DOH paid for the travel. Similar to Doctors Without Borders, their rates are reasonable. They were brought in for a declared, so they are covered under Stafford.

National Disaster Medical System (NDMS)

- Presenters Rick Rhodes, Area Emergency Manager, and Darryl Stephenson, FCC Coordinator from Miami explained the VA's interest in expanding participation in NDMS.
- Activated in the event of a Stafford, it is used for medical response, evacuation, patient reception, and definitive care.
- Federal Coordinating Centers (FCC) are located in Tampa, Jacksonville, and Miami.
- 63 partner hospitals are signed on in Tampa.
- 30 partner hospitals are signed on in Miami.
- Their vision is to market to HCCs to reach out to hospitals to update MOAs since they are out of date from 2005.

VA Resources

National resources in FL

- Mobile Medical Unit and Dual Use Vehicles – These are staged in different cities.
- Mobile Vet Centers – These are available for response and blue sky for a variety of services including mental health, filling out FEMA paperwork, social work, treatment area for doc in a box, etc.
- Assets can be requested.
- Mobile Pharmacy Units and Mobile Emergency Nutrition Units are also available.
- VA will provide care in humanitarian efforts including food trucks.
- All vehicles come staffed with drivers, cooks, etc

Florida Resources in Florida

Florida resources in Florida were reviewed including Western Shelter Units and Zummro Tents. These resources are not to be written into plans as an available asset and their release will be decided upon at the time of the incident. To request for local non-Stafford emergencies, HCCs may call their local VA with no promise the request will be fulfilled. For Stafford (declaration issued), request resources through state and federal ESF-8. Feel free to reach out to Rick and Darryl for assistance.

ESS

Issues and solutions

1. Access issue – whatever programming should be agnostic to browser
2. View issue – HCC access to information, need a regional view
 - a. Some people want data entry access, some don't
3. Want to be able to run reports

- a. What do you need to know and what would you like to know. John has statewide access but can't run a report. Clarify type of reports.
 - b. Wish list – filter by county, type of facility,
4. Training and education – would like more training i.e. how to run filters, how to enter data, training for executives,

Opportunities

- Can we get it to download in something besides Tableau like CSV or Excel?
- Can we have definitions of the fields?
- Don't kick people out of the system if they don't respond to every notification. – Continue or discontinue?
- Does AHCA want to send someone to CST so they could see how ESS helps?
- We are not trying to supersede but being a force multiplier. Like VA.
- We are helping you (AHCA) as an HCC.

Issues

- Need for the surge tool. What's the work around? Can't share with members at this point.
- Gap - HCCs had admin access to Health Stat and EM Resource. Don't have access in ESS
- Once the event ends, the dashboard goes away as do the comments so you have to call your AHCA rep.
- Really liked FL Health Stat – can we have it back?
- ESS communicates everything to the CEO. If she's not there, requests are in limbo and don't cascade to a delegated authority.
- Agency developed ESS by following statute. They won't call EM. They call the executive of the HCF.
- Four to five calls to HCFs from state and fed for the same information - Annoying
- HCCs keep being pushed to call local AHCA reps who are less than helpful in some areas.

Planning Meetings

Will collect information when your board meetings are held so, we can determine when calls are best scheduled.

Other

- Melissa Harvey indicated at National that there will be changes to FOA. Falls into regional response.
- We have funding through end of June for HCCs and BPR despite government shutdown.
- Do we know if we get a new FOA so we will need a new RFP?
- When will project money be released? Ask Dayle and Jennifer.
- Will there be a delay in receivables checks? Ask Dawn and Joanna
- SPOT membership changed two years ago in role just comprised of DOH people per Lela. Can get a list to those interested.