

Health Care Coalition Task Force (HCCTF)

MINUTES

AUGUST 20, 2014

9:00 A.M. – 12:00 P.M.

FY2014-2015 Q1 MEETING

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| MEETING CALLED BY | Florida Department of Health, Bureau of Preparedness and Response |
| TYPE OF MEETING | Face-to-Face |
| FACILITATOR | John Wilgis |
| NOTE TAKER | Jeanine Posey |
| TIMEKEEPER | Jeanine Posey |
| ATTENDEES | <p><u>HCCTF Representatives:</u> Tracey Vause, Emerald Coast Healthcare Coalition; Holly Kirsch, Big Bend Healthcare Coalition; Leigh Wilsey, Northeast Florida Healthcare Coalition; Harold Theus, North Central Florida Healthcare Coalition (for Robert Linnens); Martha Casero, Miami-Dade County Healthcare Coalition; David Freeman, Central Florida Disaster Medical Coalition; Carol Jeffers, Suncoast Disaster Healthcare Coalition (for Ann Pasik); Chief Shari Hall, Coalition for Health and Medical Preparedness (for Randy Ming); Dan Simpson, Florida Department of Health; Region 4 Health and Medical Coalition; Ben Abes, Southwest Florida Healthcare Preparedness Coalition; Cyna Wright, Keys Health Ready Coalition; Kathleen Marr, Collier Healthcare Emergency Preparedness Coalition; David Theroux, Heartland Healthcare Coalition; John Wilgis, Florida Hospital Association; HCCTF Co-Lead, Interim HCCTF Kay Croy, Chief, Bureau for Preparedness and Response; Dr. Brad Elias, Florida Department of Health Liaison; Terry Schenk, Florida Department of Health Liaison; and Jeanine Posey, Florida Department of Health Liaison.</p> <p><u>HCCTF Guests:</u> Tom Knox, Florida Association of Community Health Centers; Eve Rainey, Florida Emergency Preparedness Association; Gary Kruschke, Emerald Coast Healthcare Coalition; Lynne Drawdy, Central Florida Disaster Medical Coalition; Eric Alberts, Central Florida Disaster Medical Coalition; Connie Bowles, Southwest Florida Healthcare Preparedness Coalition; Ann Hill, Emerald Coast Healthcare Coalition; Ray Runo, Big Bend Healthcare Coalition; Frank Koutnik, Big Bend Healthcare Coalition; Ken Smithgall, Coalition for Health and Medical Preparedness (CHAMP); Paul Myers, North Central Florida Healthcare Coalition; Victor Johnson, Bureau of Preparedness and Response-Community Resilience; and, Christie Mathison, Bureau of Preparedness and Response-Medical Surge Unit.</p> <p><u>Coalitions Not Represented:</u> Palm Beach County Healthcare Emergency Response Coalition; Broward County Healthcare Coalition.</p> |

Meeting Objectives:

1. Determine operating principles of the HCCTF for FY2014-2015.
2. Review FY2014-2015 coalition tasks and deliverables.
3. Consider tasks and deliverables for FY2015-2016.
4. Review special projects submitted for consideration of funding in FY2014-2015.
5. Review hospital allocation information submitted for consideration of funding in FY2014-2015.
6. Review and discuss coalition risks and their prioritization.
7. Discuss collective risk across coalition boundaries and mitigation options.
8. Discuss coalition gaps and solutions for improvement.
9. Understand member activity and needs for engagement (e.g., long-term health, behavioral health professionals, etc.).

Agenda Topics

10 MINUTES

Welcome, Opening Comments and Introductions

GROUP DISCUSSION

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| DISCUSSION | The meeting began with introductions from new guests in attendance. | |
| | The agenda was reviewed for remaining business and meeting objectives. The facilitator indicated the meeting would end by mid-day. | |
| CONCLUSIONS | The meeting began with introductions from new guests. | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |

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| NA | NA | NA |
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DISCUSSION ITEMS

GROUP DISCUSSION

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| DISCUSSION | <p>Discuss collective risk across coalition boundaries and mitigation options (Group Discussion; 3 hours) - Each healthcare coalition (HCC) shared how they used a local hazard vulnerability assessment, risk assessment and prioritized threats within their community. Common threats and hazards across all coalitions and regions included flooding (flood prone geographic areas), evacuation and resource allocation / logistics for evacuation or patient movement; and, the vast network of critical infrastructure protection and support needed. Terrorism and biologic threats are also a widespread issue. Common among all HCC's is population and demographic characteristics. It was noted by many that each area is impacted by visitors that may impact local capacity and capability to respond adequately.</p> <p>The group noted that there is a lot of shared risk at the local level with law enforcement and emergency management agencies. Based on this shared risk, it is important to work together to identify the collective risk areas as a means to determine the appropriate role of a coalition with planning, response and recovery. The HCCTF agreed HCCs, in coordination with local organizations, should coordinate plans for resources and assist with essential services during a response. There was discussion about the response role of a coalition as a supporting group of partners. The task force agreed that more could be done to provide information about how coalitions may serve in support of a response to an incident or event.</p> <p>Issues and risks surrounding 'people' were discussed by all. This includes issues like tourism and seasonal population increases; support of pediatric populations during disasters; elder care and the surround support organizations (e.g., nursing homes, long-term care providers, etc.); supporting the needs of chronically ill patients (e.g., dialysis, cancer treatment, etc.); and, special and functional needs of people and the impacts of changing regulation and laws defining shelter requirements and developing plans for safe harboring of patients.</p> <p>Healthcare coalitions are meant to augment response, share resources and guidance that support the value of and integrated health and medical system as a component of disaster response and recovery. The HCCTF discussed the need to continue working to coordinate plans for resources assistance. The group discussed opportunities to strengthen supply chains. Collaboration may strengthen coalitions at the local level. There may be an opportunity to strengthen mutual aid across coalitions and across Florida.</p> <p>Result: The group agreed to work on an information and resource tool to assist coalitions with resource requests from the local level and how a coalition may help meet that request.</p> <p>Result: Jeanine will send out a HCCTF member contact list to each task force member allowing people an opportunity to work across coalition boundaries and support one another.</p> |
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Healthcare Coalition Updates (Kay Croy and Coalition Representatives; 1 hour, 30 minutes) -

- **Miami-Dade Healthcare Coalition** – Moving away from hospital centric, engaging more partners with more involvement, conducting training and more workshops. *Concern*-hospitals are discouraged due to reduced funding.
- **Collier Healthcare Emergency Preparedness Coalition** - Essential partners engaged; *concern*-avalanche of work.
- **Heartland Healthcare Coalition** - In the beginning stages of development, having hard time getting people involved, and by-laws have been written and quarterly meeting set. *Concern*-consistent partner engagement.
- **Southwest Florida Healthcare Preparedness Coalition** - Formally became HCC in April, moving forward with partner engagement. *Concern*-lagging behind due to late formation. Currently in the process of educating partner involvement.
- **Suncoast Disaster Healthcare Coalition** - Appointed board members, finalized by-laws, and engaging partners.
- **Region 4 Health and Medical Coalition** - Progressing forward with new partner engagement, all board membership filled except one position, nine standing subcommittees, currently working to complete version 4 of by-laws. *Concern*-currently under DFS audit.
- **Central Florida Disaster Medical Coalition** - Going strong, 501 C (3) transferred to HCC name, (501 submitted to IRS three months ago), board of directors consist of 21 members-some vacancies with cross representation, all deliverables complete for 2013-2014. The HCC website is live, would like to have a share point to share information with other HCC's.
- **Coalition for Health and Medical Preparedness (CHAMP)** - Currently consists of 30 members, executive board up and going. *Concern*-funding.
- **North Central Florida Healthcare Coalition** - Progressing forward, elected officers, disaster exercise planned for November 5 & 6 with the state.
- **Northeast Florida Healthcare Coalition** - Currently have 10 members to their executive board, need to actively recruit other disciplines to their HCC.
- **Big Bend Healthcare Coalition** - Recently sent out a survey to all participating members and had positive feedback, currently planning a workshop for all HCC members, explaining what is a HCC and providing resources to the

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| community, working on a work plan for the upcoming year 2014-2015 HCC specific, also planning capabilities training and utilizing planners in the area. Definitely moving forward with HCC. | | |
| <ul style="list-style-type: none"> • Emerald Coast Healthcare Coalition - Tracey Vause has taken over as the HCC task force representative; filed with IRS for 501 C (3), status is pending due to back log at IRS. By-laws written, deliverables met for 2013-14, has exercise and six specialty trainings planned. <i>Concern</i>-reduced funding for hospitals and engaging rural communities. | | |
| Result: Coalitions will continue to have the opportunity to provide on-going updates of their work and progress. | | |
| CONCLUSION | The HCCTF will work on a information and a resource tool to assist coalitions with resource requests from the local level and how a coalition may help meet that request | |
| Jeanine will send out a HCCTF member contact list to each task force member. | | |
| Coalitions will continue to have the opportunity to provide on-going updates of their work and progress. | | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
| Identify and develop an information resource for coalitions on the subject of resource request and allocation during a disaster | HCCTF members; TBD | Pending |
| Distribute HCCTF member contact list | Jeanine Posey | 9/15/14 |

30 MINUTES

AD HOC DISCUSSION & NEW BUSINESS

GROUP DISCUSSION

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| DISCUSSION | The face-to-face meetings prove to be a valuable part of this Healthcare Coalition Task Force. Result: The HCCTF decided that future meetings would be a workshop format. | |
| | The task force will be asking for volunteers to form sub-committees as we move forward, funding, risk assessment and ESF 8 integration. | |
| | The next HCC teleconference is scheduled for September 16, 2014 at 9:00 a.m. EST. | |
| CONCLUSIONS | Future meetings will include a workshop format. | |
| The task force will be asking for volunteers to form sub-committees. | | |
| The next HCC teleconference is scheduled for September 16, 2014 at 9:00 a.m. EST. | | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
| Determine conference call and meeting agendas | John Wilgis and Mike McHargue | 9/15/14 |
| Distribute conference call and meeting materials | Jeanine Posey | 9/15/14 and on-going |
| OBSERVERS | None | |
| RESOURCE PERSONS | Kay Croy, Chief, Bureau for Preparedness and Response | |
| SPECIAL NOTES | None | |