

# Healthcare Coalition Task Force (HCCTF)

## MINUTES

OCTOBER 14 - 15, 2015

8:00 A.M. – 5:00 P.M.

FY 2015-16 Q1 MEETING

<b>MEETING CALLED BY</b>	Florida Department of Health, Bureau of Preparedness and Response
<b>TYPE OF MEETING</b>	First Quarter Face-to-Face
<b>FACILITATOR</b>	John Wilgis and Jeanine Posey
<b>NOTE TAKER</b>	Lela Shepard
<b>TIMEKEEPER</b>	N/A
<b>ATTENDEES</b>	Adam Yanckowitz, Region 7 RDSTF; Benjamin Abes, Southwest Florida Healthcare Preparedness Coalition; Dr. Brad Elias, RDSTF Region 3; Christie Luce, Bureau of Preparedness and Response (BPR); Cindy Dick, Division of Emergency Preparedness and Community Support; Cyna Wright, Keys Health Ready Coalition, Inc.; Dan Simpson, Tampa Bay Health and Medical Preparedness Coalition; Dave Freeman, Central Florida Disaster Medical Coalition; Eve Rainey, Florida Emergency Preparedness Associations; Holly Kirsch, Big Bend HCC; Dr. John Lanza, RDSTF Region 1; John Wilgis, Co-Lead; Kim Bowman, BPR; Leah Colston, Bureau of Emergency Medical Operations; Leigh Wilsey, Northeast Florida HCC; Lela Shepard, BPR; Mary Kay Burns, RDSTF Region 6; Randy Ming, Coalition for Health and Medical Preparedness; <b>Robert Kosiba</b> ; Ronnie Fetzko, BPR; Terry Schenk, Florida Department of Health; Tom Knox, Florida Association of Community Health Centers; Valerie Beynon, BPR; Dr. Celeste Philip, Florida Department of Health; <b>Dorothy Elliot</b> ; Dan Johnson, RDSTF Region 4; Ray Runo, Region 2 Big Bend HCC; Sonia McNelis, BPR; Gary Kruschke, ECHCC Region 1; Ann Hill, ECHCC Region 1; Lindsey K. Redding, NCFHCC; Tony McLaurin, NCFHCC; Kendra Siter-Marsiglio, NCFHCC; Harold Theus, NCFHCC.

### Meeting Objectives:

1. Provide and discuss information about the Florida Trauma System.
2. Provide and discuss information about the Ebola Supplemental Funding.
3. Provide and discuss information about the realignment of the Bureau of Preparedness and Response (BPR) and the upcoming Strategic Planning Oversight Team (SPOT) activities.
4. Provide and discuss information about the Rural Health Working group, Functional Access Needs, Children's Preparedness Coalition and Continuity of Operations (COOP) planning.
5. Provide and discuss Updates from the Coalitions.

### Agenda

Welcome, Opening Comments and Introductions

GROUP DISCUSSION

<b>DISCUSSION</b>	John Wilgis opened the meeting and welcomed attendees; explained purpose of the meeting and introduced Christie Luce, Acting Director for BPR. Christie provided an update on Mike McHargue who is recovering from a massive stroke which occurred at the State Working Group (SWG) meeting a few weeks ago.
<b>CONCLUSIONS</b>	The meeting began with introductions, an update on Mike McHargue and an overview of the objectives and agenda.

DISCUSSION OF OBJECTIVES

GROUP DISCUSSION

<b>DISCUSSION</b>	<p><b><u>October 14, 2015 9:00 am – 5:00 pm</u></b></p> <p><b>Provide and discuss information about the realignment of the Bureau of Preparedness and Response (BPR) and the upcoming Strategic Planning Oversight Team (SPOT) activities (Christie Luce, Acting Chief for Bureau of Preparedness and Response).</b></p> <p>Christie Luce explained the Bureau recently went through a new restructuring so the units/sections will better align to the preparedness cycle. The sections include: ESF8 Planning and Operations; Community</p>
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Preparedness; Training and Exercise; ESF8 Planning and Operations; Resource Management; and Systems Integration.

Christie recently sent out the template BPR will use this year for the annual SPOT meeting. She asked for feedback and whether it includes info to make decisions on projects. The template is an Excel document with three tabs. When they are completed by program managers (in November and December), it will also have historical data on the spending for each project (to the extent we can give; things have been lumped and split over the years). BPR will also provide details on salaries and trainings. Please look at the template and let us know what you think. SPOT members will get the templates a 3 to four weeks before SPOT meeting (scheduled for Feb 10 and 11 in Orlando).

Christie also provided an update from yesterday's RDSTF (Regional Domestic Security Task Force) Health and Medical Co-Chair meeting. They discussed hospital contracts and the BPR reorg. Additional materials will be sent out by Aaron Otis. The Co-Chairs are very interested in the HCCs and HCCTF.

**Provide and discuss information about the Florida Trauma System (Leah Colston, Chief of the Bureau of Emergency Medical Operations)**

Leah Colston talked about the recent effort to set-up the trauma agencies similar to how the HCCs have been set up. Leah wanted input and feedback on how to set up a successful system (like how they've done with the HCCs). Same partners are needed at the table for both. There is a Jan 1 deadline regarding registry info. She mentioned that the Trauma system is bigger than the trauma hospitals. We want to reduce number of trauma injuries. This includes injury prevention. Also includes the impact of the injury on the family. Each region has different needs and populations. There is a directive (statutory mandate) that requires the trauma agencies be aligned with RDSTF regions. We don't want to dismantle what already exists, we want to integrate the current structures with what is required under the mandate and pilot the regional trauma agency idea. Dave Freeman (Region 5) and Holly Kirsch (with Ray Runo) (Region 2) are our willing pilot the regional trauma concept. With the pilot will be able to collect the data we will need to move forward. The goal is to try and create a model that will help move forward a regionalized trauma system in Florida. The pilot project should last about 1 year. The first 3 months would be an education initiative – educating the various partners about what the goal is – then receive feedback about what will work and not work. This will also help us determine gaps and additional partners who might need to be included. Questions: What are the statues: Florida statues? A: 395.401 and .4015. Comment: The idea of regionalized trauma agencies is a good idea because sharing protocols regarding transport and doing business. Separate funding for trauma and HCCs should be good. There are disparities on who pays what. Hospitals pay flat fees based on hospital beds etc.... Trauma agency usually just pays for itself and there is very little money left over. A: If we are still trying to get the HCCs to be self-sustaining, the movement with the trauma centers is going in the same direction. Comment: not really sure if trauma centers know what is going on with the preparedness folks – public health, BEMO, or the HCCs. How BPR integrates with the various partners – including HCCS, trauma centers, etc.... We need them to buy into the big picture. We've not had a big event in about 10 years, so preparedness is not on folks' mind. Comment: would the trauma system include acute care facilities? A: Yes. What about clinics where folks come into their local doctor's office with a trauma? Hospital administrators understand "return on investment" so we need to be thinking in those terms. A: Leah will email folks some documentation after this meeting, including a timeline for the pilot project, maps which show the current trauma center system and acute hospital system and HCCs. Recommends we reach out to the Florida fire chiefs. Dr. Philip: It is early, but do we have any results which demonstrate what the collaboration has produced? A: Leah is working with Kendra to develop this. Kendra (North Central Florida HCC in Region 3): we've been around since 1990, so we have a strong org structure so I'm sure we could pull out some data. Wilgis recommends/requests that we get regular updates on this project at the monthly, quarterly and other updates.

Christie Luce made an announcement: South Carolina will likely submit an EMAC request for nurses who can provide tetanus shots.

**Provide and discuss information about the Ebola Supplemental Funding (Jeanine Posey, Healthcare Coalition unit lead).**

Jeanine Posey said the HCCs will be getting additional funding related to Ebola. This is in addition to current funding. Deliverables are based on the work plans and the funding opportunity we received from ASPR. Training, exercise and planning for suspected Ebola (or highly infectious disease). The table top exercise we did last year does not count. You can't count a deliverable until you sign the contract. Q: does it have to be infectious disease related? A: Yes. The timeframe for the funding is longer than a year. Question: has the PPE cache been distributed? A: Yes, they have been released to the local level. Q: Can we (CHDs) give it to EMS? A: Yes, there are two caches. One for hospitals and one for EMS. Wilgis: folks can enter their equipment into our statewide system (IRMS). You can also access the system to see what is in your area. Bobby Baily and Sherry Watts are the DOH BPR contacts on the PPE cache.

\*\* Break \*\*

**Provide and discuss information about the realignment of the Bureau of Preparedness and Response (BPR) and the upcoming Strategic Planning Oversight Team (SPOT) activities (continued)**

After the break, Christie Luce shared the draft project template (an Excel document with three tabs) to be used at SPOT. She received the following comments from HCCTF members: Regarding Capability TAB: Please put FTEs on the template. Regarding the Activity TAB: John Wilgis mentioned that DHS has new domains. Are we going to use them? Christie said we will likely stick with the public health preparedness cycle and CDC/ASPR capabilities. Christie mentioned that the grant requires that we have (OR have access to) something. We don't always have to have it. Leigh Woolsey would like to ask the question (in the template) of whether a particular project has been operationalized in the last year, and when. She also suggested we provide a breakdown of the sustainability cost to sustain certain assets that are not operationalized regularly. Christie: we could try and capture the sustainability piece in the budget detail. There was more discussion around when do we know when we've gotten to where we need to be? How many pharmaceuticals are enough? Example: ventilators (787 vents) but maintenance is very expensive. Question: who fills out the templates? Christie: the project managers with stakeholders; in the past they did it with Goal Teams. We got rid of Goal Teams, but this year we may need to bring them back. Question: who is going to vet the templates to make sure folks are not exaggerating claims? Christie: we will have a vetting process and ask those hard questions before we get to SPOT. Question: are there any Performance Measures attached to these? Christie: we do an Annual Capability Analysis (ACA) each year before the templates are done. Question: what about adding the Performance Measures to the template too? Christie said we could. Wilgis asked if we could add the FPHRAT (Florida Public Health Risk Assessment Tool) to the ACA. Christie: the idea this year was to have the program managers use the FPHRAT to do their ACAs. Budget TAB: No comments on the budget tab. Leigh Woolsey said thank you for providing the template now, so we can provide feedback. Jeanine: we have our HCCTF meeting in January, so we can continue to get feedback then. John Wilgis emphasized the importance of the January meeting scheduled for January 19 and 20 in Viera, Florida. It is being held in conjunction with the TEPW (Training and Exercise Planning Workshop). Sonia McNelis mentioned that the FPHRAT is available for everyone. Christie: HCCs should use it to determine gaps.

Discussion on various conferences: John Wilgis provided an update on the Governor's Hurricane Conference. Now is the time they are planning the program. If you would like to do a workshop at the conference, please see John Wilgis. He has several spots people can use. Comment: the hospitals have assumptions that EM, fire chiefs and others will come in and save the day, and don't realize how the system works in Florida. Many don't have anything like COOP plan. Maybe we can develop a training session around this. They also need to know how to develop a CEMP (Comprehensive Emergency Management Plan), particularly home health care and long-term care folks. John Wilgis: Nov 12 is the deadline for the proposals (training and who is going to teach). Ray Runo has done a proposal for a long-term care project. Terry Schenk: there are a whole lot of people who don't have experience; maybe have a workshop that focuses on Lessons Learned (e.g. Hurricane Sandy). Comment: Catastrophic planning in south Florida area (Ray and others did this) this is very eye-opening. Maybe we can update that workshop. Wilgis: "Reboot Readiness" is the theme this year. There are a lot of new people out there who don't know what is required of them (by statute). Someone mentioned the need for HR training (they don't know what they don't know). Wilgis also mentioned the Florida Emergency Preparedness Association (FEPA) Conference which is Feb 1-5. It was mentioned that Florida now has a truly certified Health Care EM course. The course will be offered at the conference. They may also do a train-the-trainer session so HCC members can provide it to their members.

\*\* Lunch Break \*\*

**Provide and discuss information about the Rural Health Working group, Functional Access Needs, Children's Preparedness Coalition and Continuity of Operations (COOP) planning.**

Rural Health Working group: John Wilgis introduced Ronnie Fetzko, rural healthcare preparedness coordinator, with the Bureau of Preparedness and Response (BPR) (see her PowerPoint). Various comments centered on making sure we do not re-invent the wheel when others like ESF15 (Volunteers) and EM have already done some work on this issue. John Wilgis wants to make sure we plug the issue into the HCCs goals and such. Share the work that has been done with the coalitions. Ronnie will be the BPR contact on this issue. Ray Runo said Gadsden county's issue is that they are a dependent population, so from the HCC perspective many of the services are coming out of Tallahassee and Leon Co because there is not a large presence of healthcare in Gadsden. Right now, we are just trying to get the representatives to the table.

Access Needs Working Group: John Wilgis introduced Valerie Beynon, functional access needs coordinator with BPR (see her PowerPoint). She mentioned just in time training; TTY is old technology; they now they have video remote interpreters; Florida's Talking Library (with the Department of Education's Division of Blind Services) can translate your documents for free into brail. She also mentioned work on Alzheimer's with Division of Elder Affairs; PSAs in various languages and sign language; and ESF8's role with and ESF6 (Mass Care).

A draft of the latest Ebola Contract was handed out to HCCTF members.

Additional Comments/Questions from HCCTF members: A discussion began around statewide assessments of individual HCC members. Tom (FQHC): what about using the Red Cross Ready Assessment? Its web based. Dave Freeman: we did a survey in our HCC and got a 34% response rate. Several people mentioned the need to have a uniform assessment for each hospital, a universal assessment, so they can see what the state looks like. Dan Simpson: need to be aware of the fact that hospitals are private industry and HCCTF works in the sunshine. Some hospitals are not going to share that info. Surveys should be done anonymously. John Wilgis said to send him and Jeanine the questions you have developed, and he will create one document and share with the group. Dan Simpson: long-term care facility in his area expects that state/local EM will evacuate them. When they talked to them about using their own buses, they realized they already had enough buses and resources to transport and evacuate their folks. Many folks don't know what they don't know.

John Wilgis will follow-up with ASPR about whether HCCTF can have portal on the TRACIE system to share our documents and such among the group. Question: Is information in EMResource protected and confidential information? Christie Luce said she would double-check on whether it is shielded from sunshine law. She mentioned that at one point BPR got a legal opinion that said the info is not protected as confidential info (therefore in sunshine). Follow-up: Trauma System info that Leah mentioned will be sent to them; Val and Ronnie will send out their PP and other info; Develop/distribute list of all the relevant conferences, meetings and workshops; New Members need a Guidebook for all the acronyms.

#### **October 15, 2015 9:00 am – 12:00 pm**

John Wilgis made a few announcements regarding travel reimbursement and the sign-in sheet.

#### **Provide and discuss information about the Rural Health Working group, Functional Access Needs, Children's Preparedness Coalition and Continuity of Operations (COOP) planning.**

Coalition and Continuity of Operations (COOP) planning: John Wilgis introduced Kim Bowman, COOP Coordinator for DOH and BPR. COOP can be seen as the "things we do to restore our own ability and operations" and emergency operations can be seen as "what we do for others." Identifying the mission essential functions are the base of your emergency planning. Not everyone has life-safety issues. Once you identify mission essential functions you want to identify who does it. ASPR has a template for this process. All HCCs need to submit a COOP plan to Jeanine and Kim by Dec 30 (it is one of your deliverables in your contract). Kim handed out a one-pager with some tips. Tom Knox, Federally Qualified Health Centers (FQHC), mentioned he also has some templates. Tom also mentioned that for him, COOP is a foundation to help his folks get involved in emergency management planning. He uses a private program called BOLD Planning and talks to his partners about COOP as a business continuity planning thing. BOLD seems to integrate community planning as well. John Lanza said one of his regional CHDs had to evacuate numerous times in the last 15 years. Leigh Woosley had a question about why HCCs need a COOP plan. Dan Simpson mentioned a conversation he had with Paul Link (of ASPR) where Paul said don't let these COOP guidelines have you violate state law/statutes. The larger intent is to engage with your members. Five years ago feds wanted us to operationalize HCCs.

Children's Preparedness Coalition: John Wilgis provided an update on the coalition's activities for Jackie McCullough, CDC assignee at BPR. The following have been working with Jackie on the working group: Mike Haney, Russ Eggert, Debra Mulligan, and Andrew Ruck. This is not about pediatric hospitals (12), it is about whether the other 211 hospitals are prepared. Jim Schultz had the idea of starting with what you need to know and then move on to what you want to know. We want to identify what your needs are in this area. There was a big regional exercise with Dr. Ruck's group. Ray said he is flailing around trying to figure out the children's needs in his area. Thinks he has a gap. Ray needs to contact Jeanine who can get her a local contact. At a minimum give them a list of CMS providers. Steve McCoy is standing in for John Bixler right now (Department EMS). Mary Kay Burns: USF did a resilience survey in 2005 after Charlie, so I'm sure we could get that from USF (Dr. Barnet did it; John Wilgis will reach out). The coalition's previous survey did not get a good response, so they are now doing a new survey by hospital size and then Dr. McMullen's interns can extrapolate the data and provide real info/data about where we are. Lynn Drawdy also provided an update on the Faith-based Symposium where the Champion of Hope Award was given by DOE and DOH to a church that provides a "cold weather" shelter.

**Coalition Updates**

Keys Health Ready Coalition – They are developing MOUs for each member and identifying who is who. They are also pushing conferences and trainings. They plan to participate with EM on their water loss exercise. They are struggling a little bit on the strategic planning piece – it is a little bit overwhelming. They’ve taken a staged approach – org development, coop – a year by year approach.

Miami-Dade Coalition – SMRT team is our administrative and financial agent (SMRT commander). Everything is great.

Region 6 (Mary Kay Burns reporting for several Coalitions) – They are working on communication issues. They are also in the process of meeting their deliverables. Sun Coast Coalition is having issues with the revolving membership. Collier Coalition is doing well.

Southwest Coalition – Received their IRS 501 C3 Status - so they are official. It only took them 12 weeks. They use BOLD Planning software. FQHCs have been identified to do COOP plans. They are offering BOLD to members and have a waiting list of those who want seats on BOLD. They are working with local EM. At each meeting, they provide something educational for members and at the last meeting they completed the first six deliverables of the contract.

Hartland Coalition – It has been difficult to get everyone to the table. They have lost staff and their chairperson is out. They plan to work with the local planning council to see what kind of resources they have.

Region 4 Health and Medical Coalition– Projects have been modeled after the State Homeland Security grant process.

There have been some questions about logos and branding. They will be working next week with some grant writers. Dan Simpson also had questions about why the HCC contract deliverables are the same even if the HCC is smaller.

Cindy Dick responded to Region 4 Coalition’s concerns. She mentioned that next year, the Department will go to regional contracts, so that there are only 7 contracts. She emphasized that we are regional based system. We have a 160 hospital contracts, which is unmanageable. If we go to only 7 contracts, it will be difficult for some regions, but easier for others. Leigh Woolsey asked, who will get the funding? Cindy said that it is likely a regional board would be created, much like the HHCTF board with the Health and Medical Co-Chairs. This regional board would oversee the other HCCs in the region (based on RDSTF regions). Cindy said we have not figured out all the kinks. For example, what about those coalitions that cross regions? Again, co-chairs need to be involved. We’d like to introduce this concept at the next SPOT meeting. Some regions that have multiple coalitions need to be brought to the table. Ray Runo said feds seem to be going in this direction, there are economies of scale. Ben Abes and Leigh Woolsey expressed concerns about the timing, and the need to nail down what the process will be to make this transition. Cindy said she wants to meet with each coalition and their regional co-chairs to discuss. John Wilgis asked how it will impact coalitions that just created their own 501c3. Mary Kay Burns said there may be opportunities in this structure. For example, regional HCCs with all the regional MRCs, Trauma, SMRTs etc. under that. There was some discussion among Dan Simpson and Leigh Woolsey about funding, grants and membership dues, particularly if coalitions could charge membership dues. Christie Luce said she would follow-up to make sure we all have the same understanding about membership dues.

Central Florida Disaster Medical Coalition – They have a lot of pilot projects in the works (infectious disease assessments). Six hospitals are getting assessments. Also have a sensitive trauma center project /assessment. Lynn has a strategic plan and Paul Link is coming soon. First week of November is a regional Bioshield exercise. They also have a full scale hospital exercise planned in March. They have a good relationship with Disney and participate in their marathons (to exercise their skills). They are also working on MRC and SMRT activities. They recently hit 200 members and have 500 people on their mailing list. The ability to use Everbridge is a draw for members.

North Central Florida Healthcare Coalition - They have the foundation of their HCC in place. They have meet their 1<sup>st</sup> Q deliverables.

Coalition for Health and Medical Preparedness - They have a very strong core. They will have a March functional exercise.

Northeast Healthcare Coalition – They challenge each member to bring a different discipline to the membership table. They have met their 1<sup>st</sup> Quarter deliverables.

Region 2 Big Bend HCC – During their September meeting, they came up with a 2 year action plan, but decided that they needed a longer time frame to get the action plan done. They developed three different workgroups from the process based on capabilities. They are developing a communications plan that outlines all their information systems and how we use them. They are also trying to identify the trainings they need. The Health and Human Services (HHS) portal recommended several plans. They are also working with partners on a Web EOC, which is a good info sharing platform. Ray will send to Jeanine so we can send to all HCCTF members.

Emerald Coast Coalition – They are working on the deliverables and establishing committees. Membership is growing. They often go to their rural counties – since they have a hard time coming to them. They are using Survey monkey successfully. Some of her members are concerned about cyber security and patient information. John Wilgis shared with the group that he has a contact with the Global Institute of Cyber Security, which he can share with the group. Maybe the contact can talk with the HCCTF about these issues. John will discuss with the contact and share with the group.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Provide HCCTF members documentation on the Trauma project, including a timeline for the pilot project, maps which show the current trauma center system (and acute hospital system) in relation to HCCs.	Leah Colston	By next monthly meeting/call.
Regular updates on the Trauma project.	Leah Colston	At monthly and quarterly meetings.
Collect all the questions each HCC has developed for their individual member assessments and send out to the whole group to share.	John Wilgis	My next monthly meeting/call
Contact ASPR about whether the HCCTF can have a portal on the TRACIE	John Wilgis	My next monthly meeting/call

system to share documents and among the group.		
Send Power Points to the HCCTF members.	Jeanine Posey	My next monthly meeting/call
Develop a list of all relevant conferences, meetings and workshops and share with HCCTF.	Jeanine Posey and John Wilgis	My next monthly meeting/call
Develop and send COOP plans to the Bureau (per the contract deliverables)	<b>ALL HCCTF members</b>	<b>Dec 30, 2015</b>
Provide Ray Runo with a local contact for children's issues (Jeanine) and provide him with a copy of USF resilience survey (2005) (John).	Jeanine Posey and John Wilgis	My next monthly meeting/call
Send WebEOC information to all HCCTF members	Ray Runo and Jeanine Posey	My next monthly meeting/call
Contact Global Institute of Cyber Security and share information with HCCTF members.	John Wilgis	My next monthly meeting/call
Determine whether information in EMResource is protected and confidential information (and not in the sunshine).	Christie Luce	Next face-to-face meeting in January.

<b>CONCLUSIONS</b>	
The HCCTF will develop a work group to determine projects or programs of common interest to HCCs.	
The HCCTF will be informed of surveys being conducted by the department that require or request HCC member participation.	
The Community Preparedness Unit will provide updated information to the HCCTF.	
The HCCTF will be notified with data collection is being requested by the department for the Florida Public Health Risk Assessment Tool (FPHRAT) or Hazard Vulnerability Data Explorer (HVDE) systems.	
Deadline for Governor's Hurricane Conference workshop proposals is <b>November 12</b> .	
Next face-to-face HCCTF meeting will be held in conjunction with the TEPW (Training and Exercise Planning Workshop) in Viera, Florida) on <b>January 19 and 20</b> .	
Florida Emergency Preparedness Association (FEPA) Conference is <b>February 1 – 5</b> .	
Strategic Planning Oversight Team (SPOT) meeting will be held <b>February 10 and 11</b> in Orlando.	
<b>OBSERVERS</b>	None
<b>RESOURCE PERSONS</b>	Jeanine Posey and John Wilgis
<b>SPECIAL NOTES</b>	The co-leads would like to thank everyone for their participation in the HCCTF meeting.