

Healthcare Coalition Task Force (HCCTF)

MINUTES

JUNE 18-19, 2015

8:00 A.M. – 5:00 P.M.

FY 2014-2015 Q4 MEETING

MEETING CALLED BY	Florida Department of Health, Bureau of Preparedness and Response
TYPE OF MEETING	Third Quarter Face-to-Face
FACILITATOR	John Wilgis and Jeanine Posey
NOTE TAKER	Sonji Hawkins and Krisie Patterson
TIMEKEEPER	NA
ATTENDEES	Alicia Becena, Miami-Dade County Healthcare Preparedness Coalition; Lynn Drawdy, Central Florida Disaster Medical Coalition; Jamie Gonzalez, Broward County HCC; Sonji Hawkins, Florida Department of Health; April Henkel, Florida Health Care Association; Ann Hill, Emerald Coast HCC; Carol Jeffers, Suncoast Disaster HCC; Victor Johnson, Florida Department of Health; Brandi Keels, Florida Department of Health; Holly Kirsch, Big Bend HCC; Tom Knox, Florida Association of Community Health Centers; Jeanine Posey, Co-Lead; Eve Rainey, Florida Emergency Preparedness Associations; Thomas Robinson, Florida Division of Emergency Management; Terry Schenk, Florida Department of Health; Dr. Jim Shultz, University of Miami, Center for Disaster and Extreme Event Preparedness; Jennifer Sexton, Southwest Florida Healthcare Preparedness Coalition, Ken Smithgall, Coalition for Health and Medical Preparedness; Samantha Cooksey-Stickland, Florida Department of Health; David Theroux, Heartland HCC; Tracey Vause, Emerald Coast HCC; John Wilgis, Co-Lead; Leigh Wilsey, Northeast Florida HCC; Cyna Wright, Keys Health Ready Coalition, Inc.; Adam Yanckowitz, Region 7 RDSTF; Paul Link, ASPR; Dan Johnson, Tampa Bay Health and Medical Preparedness Coalition; Rich Ward, Northeast Florida HCC; Robert Linnens, North Central Florida HCC; Matt Myers, Central Florida Disaster Medical Coalition; Dr. Jennifer Bencie, Region 6 RDSTF; Jennifer Coulter, Florida Department of Health; Dr. Brad Elias, RDSTF Region 3; Dave Freeman, Central Florida Disaster Medical Coalition; Dr. John Lanza, RDSTF Region 1; Kathleen Marr, Collier Healthcare Emergency Preparedness Coalition; Mike McHargue, Florida Department of Health; Paul Myers, RDSTF Region 3; Aaron Otis, Public Health Advisor; Ray Runo, Big Bend HCC; Dan Simpson, Tampa Bay Health and Medical Preparedness Coalition; Leah Colston, Florida Department of Health

Meeting Objectives:

1. Provide and discuss information for fiscal year 2015-2016 National Healthcare Preparedness Program as related to Florida.
2. Provide and discuss information from the Florida Department of Health, Hospital Acquired Infections Council.
3. Provide and discuss information about the Florida Public Health Risk Assessment Tool (FPHRAT) and the Hazard Vulnerability Data Explorer (HVDE).
4. Provide and discuss information about the Florida Kidney Disaster Coalition.
5. Provide information from Community Resilience Unit for HCC activities.
6. Provide federal technical assistance for healthcare coalition development and sustainment.
7. Review fiscal year 2015-2016 meeting information.

Agenda Topics

30 MINUTES

Welcome, Opening Comments and Introductions

GROUP DISCUSSION

DISCUSSION	Mike McHargue opened the meeting and welcomed attendees; explained purpose of the meeting and asked that in the future at least one co-chair attend the HCC meeting. Spoke on the integration of HCCs, State Medical Response Team (SMRT), and Medical Reserve Core (MRC). Asked that the HCC strengthen the ESF8 structure and continue to work together.	
CONCLUSIONS	The meeting began with introductions and an overview of the objectives and agenda.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Coordinate meeting invitations with regional health and medical co-chairs	Jeanine Posey	By next meeting
Determine health and medical co-chair representation at each meeting and conference call	Jeanine Posey and John Wilgis	By July 31

DISCUSSION ITEMS

GROUP DISCUSSION

DISCUSSION	<p><u>June 18, 2015 1:00 pm – 5:00 pm</u></p> <p>Provide and discuss information for fiscal year 2015-2016 National Healthcare Preparedness Program as related to Florida.</p> <p>Jeanine Posey is working with legal and contracts are nearly completed. Goal is to have contracts sent out in July. A draft of tasks and deliverables for fiscal year 2015-2016 was handed out to all members present.</p> <p>Matt Meyers asked if the deliverables are set in stone; spoke about the number of required meetings. Lynne Drawdy spoke on the board meetings and Jeanine indicated that those meetings do count toward the Healthcare Coalition (HCC) meetings. Jeanine reminded the members that she would like to know how they are getting the information to the members. Captain Paul Link explained how the HCC can help the members with understanding their Continuity of Operations Plan (COOP) and how the HCC can assist by helping with the plan. Captain Link asked if the HCC can attest to the plans of the membership; mentioned that they are not trying to change the process but how can the HCC offer support; will share the assessment to help the HCCs meet the deliverables; also how does the taskforce support the coalitions and gave examples on how other states (Georgia and North Carolina HCC Taskforce) help their coalitions by developing templates and other documents; mentioned that the coalitions purpose is to work together not necessarily response to support the membership.</p> <p>There is a need for workgroups based on capabilities, maybe three-five people per workgroup. A needs assessment would need to be completed to determine gaps. John Wilgis mentioned the partnership with the local Emergency Management (EM) because they are required to review the plans for the hospitals; mentioned that the Agency for Health Care Administration (AHCA) is reviewing many of the requirements that the medical and nursing facilities must follow. Ray Runo spoke on the new guidelines for COOP; mentioned a tool that the California health system is using to help with the planning. Carol Jeffers mentioned that the nursing home facilities submit plans but wanted to know who reviews the plans. April Henkel spoke that many of the nursing facilities are doing the review. Eve Rainey mentioned the plans submitted by the nursing facilities are Emergency Operations Plans (EOP) not COOP plans. Leigh Wilsey spoke how the HCCs can develop a tool that all can follow to support the facilities. Alicia Becena (Miami-Dade County Healthcare Preparedness Coalition) spoke on the COOP vs. EOP and suggested educating the members; suggests a Best Practice that other coalitions are doing, attending other coalition meetings, etc. Ken Smithgall suggests that the taskforce support the coalitions by providing documents, templates, assessment, etc.</p> <p>Tom Robinson commented that the coalitions are still evolving. Tom Robinson commented that each member should have emergency plans but not necessary COOP. The taskforce needs to develop a survey for COOP; Kentucky has one that can be used. Jamie Gonzalez (Broward County) asked how do you get the buy-in from the local ESF8 and EM. John Wilgis commented on the purpose of the taskforce and suggest a change with the make-up of the body. Ask for comments on how this change can take place; Ms. Wilsey suggested workgroups that can tackle a specific task and bring it back to the larger group. Cyna Wright suggested a needs assessment be done to determine what the needs are of the coalitions.</p> <p>Community Resilience Information – Victor Johnson spoke about the Florida Children’s Disaster Preparedness survey. Did not get a good response from the hospitals, received a 15 percent response rate. Suggestion was made to possibly do another survey in phases. Seeking additional funding to expand the survey to hospitals; seeking support from the coalitions to work with the hospitals to get a better response rate. Victor also provided an overview of projects Community Resilience has been working on. Functional and Access Needs (FANS) workgroup has about 40 members of public and private</p>
-------------------	---

entities. The workgroup is focused on effective communication for the deaf and hard of hearing community. Every county health department (CHD) has access to interpreters. Florida Crisis Consortium meet quarterly, recruiting volunteers; HAVBed want to get 100 percent participation from acute care hospitals.

Active Bystander training trying to push out across the state; want to make sure everyone is prepared to deal with any kind of issue; three-four hour course; have trained 20 MRCs on Active Bystander training.

Provide and discuss information about the Florida Public Health Risk Assessment Tool (FPHRAT) and Hazard Vulnerability Data Explorer (HVDE)

HVDE provides raw data only, no analysis. Resources available on the DOH website. HVDE is a WIGIT based system that uses GIS data for social vulnerability, medical vulnerability, and hazard and community resilience. There are 14 plus search levels—high, medium or low risk. Very scientific based system data. Hazard—only looks at weather related hazard, this can be done by county or region. Community resilience—ability to respond and recover from disasters by means of its own resources.

FPHRAT provides analysis. Creates jurisdictional risk assessment (jurisdiction is by county level); Centers for Disease Control (CDC) endorsed; all analysis done by the system. Divided by 36 hazards. Impacts one value statewide – social and medical vulnerability is county specific. Information is based on census data and index. Counties report on medical and social vulnerabilities (CHD received assignment—some may have only input the information and not collected from other sources). Critical infrastructure and key resources are new this year—not as vulnerability but as a resource. Information in the system is based on what was input by the CHD assignment. Some counties received the latest survey – not everyone received. Jeanine will share more information when it is received from Samantha Cooksey. Intent of FPHRAT is to look at the residual risk—as we change resources and capabilities we mitigate the impact. Enhancements to system for next year will include the 15 different coalitions on the drop down, so you can get reports by coalition as well. Training webinars in the future for coalition members who have not used the systems. HCCs want to be included on communications when it pertains to data collection, to ensure all possible information is collected and entered into the system. For more information on these tools, contact Sonia McNelis at 850-245-4440 extension 2165 or by email Sonia.McNelis@flhealth.gov.

June 19, 2015 8:30 am – 12:30 pm

Healthcare Coalition Technical Assistance – Captain Paul Link with ASPR/HPP Field Project Office, Region 4 presented on the Florida HCC Assessments. Captain Link gave an overview of the steps and processes necessary to receive assessment grades. Captain Link can meet with the executive leadership of the HCC and assist with the assessment or a Train the Trainer exercise can be done. Should the HCC want assistance from Captain Link, a three month lead time is requested. The HCC should have all information/documents on hand prior to the arrival of Captain Link, this will help move the assessment along without interruption. Also, take out first two deliverables. After assessment Captain Link will input in CPG to get the prioritization report. The HCC must have Adobe Acrobat PDF Portfolio and Adobe Acrobat Reader 11; these programs are needed in order to do the assessment. The assessment participants should only include the executive leadership of the HCC. During the assessment, the HCC will receive a score and a bullet list will be created, the HCC will then go back and expand on those bullets to create the work plan. Captain Link referenced a two and a half page document Georgia prepared, John Wilgis will get this document to pass on to everyone. It takes about four hours to go through the system and get the rating. Captain Link is available after October 2015.

FDH Hospital Acquired Infections (HAI) Council Overview-A.C. Burke from the Bureau of Epidemiology presented the Health Care-Associated Infection Prevention Program update. Grant strategies include health care facility inventory – look at quality assurance activities to increase infectious control. Assess hospital capability to manage a patient with highly infectious disease for up to five days. The CDC does require that guidance tool is used-report back to CDC that all 11 criteria are met or how many hospitals meet the number of criteria – list hospital within each coalition – part of HAI strategy is to work with the coalitions to provide names of hospitals who want to participate in the assessment. In addition to this initial strategy the CDC has also offered to come and do an assessment at two or three hospitals per state – so if there are hospitals that want to participate we would like to include some department staff that CDC team can train and have a working relationship in order to build a Florida team to do assessments in the future. Region 5 participated in the pilot project. Contact A.C. Burke if you have any questions or would like to participate in an assessment (email AC.Burke@flhealth.gov ; phone 850-766-7547).

The Florida End Stage Renal Disease (ESRD) Network (Network 7) – Health Services Advisory Group, Inc.-Helen Rose, Patient Services Director provided a brief overview of the program and discussed emergency preparedness for the dialysis facility; 18 ESRD networks throughout Florida working on quality improvement. Online system where every facility puts in patient information so in the event of an emergency it is known where patients have to be moved. Education and technical assistance to the patient and access to care during emergencies. More facilities going into rural areas. Most patients come to a facility rather than doing dialysis at home – working at getting more patients to do dialysis at home, new portable system making it possible to do so. Home systems require patients and caregiver to participate in a week-long training.

Coalition Updates

Keys Health Ready Coalition, Inc. – favorable response on 501(c)3; area health education committee made contact with additional partners and received five new members

Miami-Dade County Healthcare Preparedness Coalition – started preparing the 501(c)3, good membership, a lot of attendees; fear that hospitals not getting direct funding will stop participation; COOP planning meeting update, not a clear understanding at hospital level of what they should be drafting up as a deliverable; incident command training at the hospital level - still not a good understanding.

Broward County HCC – active shooter training, mass fatality course, upcoming emergency reporting course, moving forward with elections coming up next month.

HERC – coalition on track.

Suncoast Disaster Healthcare Coalition – completed three workshops for transportation and communication, workshop for incident command disaster leadership ICS 100, 200, 700, and 800. COOP workshop with planning, upcoming follow up communication workshop on access needs, emergency communication workshop to identify communication analysis in facility on how we work together during emergencies and find any gaps.

Southwest Florida Healthcare Preparedness Coalition – officially incorporated, applying to be 501(c)3, working on exercise with local airport.

Heartland HCC – working on closing development workshops/exercise; hosting exercise next month with focus on evacuation of nursing homes.

Collier Healthcare Emergency Preparedness Coalition–deliverables complete, three trainings and exercises, advanced PPE training, COOP overview.

Central Florida Disaster Medical Coalition – deliverables complete, strategic planning group, working on administrative plan by end of month, planning for full scale bio-shield, piloting assessment hospital piece.

Tampa Bay Health and Medical Preparedness Coalition -formal name change to Tampa Bay Health and Medical Coalition, process of finish logo and name change, meet next week with RDSTF leadership, sheriff and police chief in region, completed eight projects this year, all deliverables, exercise county based long-term care facilities patient evacuation – breakout groups led by reps from hospitals – thought it was great and want to do more, coalition response plan under development.

North Central Florida HCC– No update given

Northeast Florida HCC – completed deliverables, table top exercise – almost every rep participated – was timely and felt like it was a success, board taking summer off, assessment want to get that done as soon as can to help us get much further along, executive board member boot camp; working on development of submitting funding projects for next budget year.

Coalition for Health and Medical Preparedness – completed deliverables, finalized; training two workshops COOP for members, hazmat first receiver and refresher training for decon team. Finished incorporation.

Region 2 Big Bend HCC– exercise for year, health care system recovery exercise, ACS, continuum care, training on capabilities; did by county – what are your gaps/capabilities – intentionally overwhelming - broke into three groups by discipline and county, engaged six capabilities – 51 out of 81 partners participated, board meeting July 22, establish workgroups.

Emerald Coast – 501(c)3, completed deliverables, trainings 10 counties – a lot more meeting and webinars to get rural agencies involved; upcoming ACS exercise; keeping members active.

Open Discussion – Next meeting October 22-23, 2015 to work with the co-chairs – next monthly call will include TRACIE overview with Shayne Brannman from ASPR.

Lynn inquired about NIMS deliverables – on hospital deliverable and not coalition – it is specific to hospitals – ASPR requires it. Continue encouraging membership in our area – seeing and hearing interest as a result of those efforts – keep it up – its working and thank you.

Goal is to have contracts routed by July; same funding source as last year; Slight increase – special projects went away – Ebola funding but must be spent on infectious disease activities. Funds will only go to coalitions not county health department – can be spent on training and exercise, PPE purchases as long as it is for infectious disease. Release of money – after contract deliverable is decided on- has to go legal. Five year spending plan for Ebola money, spreadsheet with line items of where it is going, this was discussed during SPOT follow-up calls; dispersal of funds is deliverable based. A summary statement will be sent out on SPOT follow up call, a copy will be sent the coalitions.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Provide a summary of SPOT funding determinations to HCCTF.	Mike McHargue, Jennifer Coulter, Jeanine Posey	July 1
Administer contracts to each HCC.	Jeanine Posey	July 31
Provide HCC Development Assessment Tool	Paul Link and Jeanine Posey	July 31
Provide examples from other states of how they share information with their coalitions and coalition members.	Paul Link, Jeanine Posey and John Wilgis	July 31
Provide HCCTF POC information to A.C. Burke from the Bureau of Epidemiology so she can share information about the Healthcare Acquired Infections Council and its activities.	Jeanine Posey	July 31
Invite ASPR representatives to HCCTF Conference Call to provide an overview of the Technical Resources, Assistance Center, and Information Exchange (TRACIE).	John Wilgis	July 31

Develop HCCTF Workgroup to develop projects / programs of common interest to all HCCs.	Jeanine Posey and John Wilgis	Aug 30
Conduct Development Assessment of all HCCs in Florida.	Paul Link, Jeanine Posey, John Wilgis and HCC POCs	On-Going; Complete by February 29, 2016
Inform and request assistance from the HCCTF on any survey distributed to the coalition or its members (e.g., pediatric survey).	Jeanine Posey and John Wilgis	On-Going
Update and inform HCCTF of Community Resilience Unit activity and information.	Victor Johnson and Jeanine Posey	On-Going
Inform HCCTF as it pertains to data collection or either the Florida Public Health Risk Assessment Tool (FPHRAT) or Hazard Vulnerability Data Explorer (HVDE) to ensure all possible information is collected and entered into the system	Sonja McNelis, Samantha Cooksey and Jeanine Posey	On-Going

CONCLUSIONS	A summary of funding allocations for HCCs will be provided to the HCCTF.
HCC contracts are expected to be executed in July.	
HCC Development Assessment information and tools will be provided to the Task Force. Coalitions will work with the department to conduct a self-assessment or schedule a 1-day assessment with Paul Link.	
HAI Council information will be provided to the HCCTF.	
ASPR will be invited to provide an overview of the Technical Resources, Assistance Center, and Information Exchange (TRACIE) to the HCCTF on a scheduled conference call.	
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 Resilience Unit will continue to 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.	
OBSERVERS	None
RESOURCE PERSONS	Jeanine Posey and John Wilgis
SPECIAL NOTES	The co-leads would like to thank everyone for their participation in the HCCTF meeting.