Health Care Coalition (HCC) Task Force Face-to-Face Meeting

MINUTES

SEPTEMBER 21 – 22, 2016

AT BREVARD COUNTY HEALTH DEPARTMENT

MEETING CALLED BY	Florida Department of Health, Bureau of Preparedness and Response, Health Care Coalition Unit
TYPE OF MEETING	Health Care Coalition Task Force Face-to-Face meeting
FACILITATOR	John Wilgis and Jeanine Posey
NOTE TAKER	Lela M. Shepard
ATTENDEES	Gary Kruschke, Ken Smithgall, Mike Alsup, Elizabeth Payne, Leigh Wilsey Kendra Siler-Marsiglio, Dan Johnson, Lynne Drawdy, Dave Freeman, Bruce Gottschalk, Bob Kosiba, Connie Bowles, John James, Cyna Wright, April Henkel, John Wilgis, Jeanine Posey, Valerie Beynon, Lela Shepard, Caitlyn Eck, Eve Rainey, Tom Knox, Holly Kirsch, Stacy Brock, Todd Stalbaum, Katie McDeavitt, Linda Carter, John Lazna, Jacqueline Douek, Jennifer Smith, Angus McPhaul, Daniel Simpson, Desiree Lopez, Victor Johnson, Ray Runo, Christie Luce, Brad Elias, Paul Myers, John James, Linda Landry.
HCCTF MEMBERS NOT IN ATTENDANCE	

Agenda Topics

60 MINUTES

DISCUSSION	**September 21, 2016** from 1 pm to 5 pm

Welcome/Introductions/Announcements: John Wilgis explained the structure of the two days: today is the information day and tomorrow is a working day.

Department Updates: Christie Luce: The Bureau is re-aligning the various units. Samantha Cooksey and Emily Wilson have been added to the Community Preparedness Unit where the Bureau's county health department and health care coalition work will be combined to provide technical assistance to the counties. There are also new Healthcare Preparedness Program (HPP) Capabilities and Centers for Medicare & Medicaid Services (CMS) rules which will impact the Florida Health Care Coalitions.

Jeanine Posey: Sonia McNelis will also be added to the new unit and will be over the measurement and analysis section. FEMA Region 4 Summit is being held in April 19-21, 2017 in Savanah, Georgia. Jeanine encourages the health care coalitions to participate. It will be a good opportunity to share information and best practices. They are wanting abstracts, and if it is chosen, your attendance fees and travel costs will be waived. The Governor's Hurricane Conference abstracts are due September 30. Florida Emergency Preparedness Association (FEPA) also wants abstracts for their conference which will be January 30-Feburary 4 in Orlando (near Universal).

John Wilgis: John mentioned the CMS rules (Jeanine said p. 556 mentions health care coalitions). According to John, Agency for Health Care Administration (AHCA) has already had some hearings about the CMS rule and it is likely they will come out with a response. John also said this may create an opportunity to share information instead of re-creating the wheel.

Presentation on Sheltering those COPD: Linda Carter, executive director of No Person Left Behind, provided a presentation (see PowerPoint).

Florida Status, Tracking and Availability Tool (FLSTAT): Victor Johnson provided an overview presentation about the new FLSTAT and the process the Bureau went through to pick a new system to replace EMResource. Christie Luce discussed how expensive it is to modify something off the shelf (we have spent a lot of money on EMResource). We should be able to have our new system talk to other systems. There was some discussion about making sure folks are trained on the new system BEFORE it is launched and released.

Pulse Nightclub Incident Overview: Todd Stalbaum provided a PowerPoint about the health and medical response to the Pulse Night Club shooting in June (see PowerPoint). He mentioned how invaluable the Region 5 Regional Emergency Response Advisor (RERA) was and how this person helped with many state ESF8 issues. Many health care coalition members participated and assisted with mass fatality operations. Big take away: Family Assistance Teams are very important. Initially thought the Red Cross would do it; then thought the airlines might help do it, but they (local and state) ESF8 did it. This is a major need and a regional problem that maybe the coalitions can help with. There was a question about communications/Public Information Officers. Mr. Stalbaum mentioned that ESF8 was working out of the city of Orlando Emergency Operations Center (EOC). Mostly fire/rescue and some Department of Health staff helped in EOC.

September 22, 2016, 8:30 am to 3:00 pm

HCC End of Year Survey: John Wilgis presented information on the Health Care Coalition (HCC) End of Year survey. Key points:

- 70% no Crisis Standards of Care
- 31% no adopted mass fatality management plans
- 87% said there was a strategic plan for HCC
- Med Surge there is room for improvement in training, planning and exercises
- Nearly 50% said they had no recovery plan
- Data reported by HCCs varies with regards to having a process to enhance situational awareness to support activation of immediate bed availability
- Room for improvement in Resource Management Plans
- Variation in whether recovery is integrated due to formal self-governing and geographical boundaries
- Continue to improve process for resource and information management with members
- 100% said you have information and communication processes in place
    - But 1/3 said there a missing components to the plan
    - And 1/3 say the regularly update and test the plan.

Audience Comments: There was a discussion about the federal language/guidance about HCCs integrating incident management structure. John, Jeanine and Christie emphasized that the new federal capabilities which are due to come out are guidance, not requirements, and they are to cover 50 states. In Florida we have various statutes that make it clear HCCs are not response entities. But HCCs are part of ESF8 (which is the response entity). HCCs are supporting ESF8. Lynne said she has formal agreements in her region (Region 5) that their regional health care coalition is the official ESF8 response entity (which is different than Dan's Region (Region 4). Ray said depending on each capability, the HCCs may support official EM and ESF8 in different capacities. Challenge is to go from plans to operationalizing the role. Dan Simpson said he wants the survey to be conducted at a lower level, not the 5,000 foot level. John said the survey is to provide the federal government this high level perspective. John said that if the HCCs want to tailor the questions and use real world examples, we can move back to that (and not just use standard federal questions). John Wilgis has been asked to be part of an ASPR working group to develop reporting measures.

Discussion of New Capabilities: John provided an overview of the new ASPR capabilities (there are four). There was some discussion about Capability 3 and Recovery. Emergency Management efforts on recovery have stalled but Miami has moved forward on some of that work. It was also noted that health facilities use business continuity planning not Continuity of Operations Planning (COOP). The suggestion was made by John that the HCCs take back all this new data (CMS Rule, capabilities, survey, Captain Paul Link's site visit reports) and discuss the general assessment questions (from handout) with your HCC members.

Report Out After Workgroup Discussions: Meeting participants were split into four groups and discussed each capability and their understanding of Florida's gaps in these areas.

Group 1 (Capability 1):

- Biggest strength: Established health care coalitions with regional boundaries; nonprofits; retainment and sustainment. Buy-in of members is challenging; being able to articulate HCC value.
- Need for improvement: information sharing; lack of standardized tools and tools in general; quality improvement and strategic planning training; even a volunteer management piece would be good (for example, how to get buy-in and keep volunteers engaged). Sharing best practices. Communication and standardizing sharing.

Group 2 (Capability 2):

- General comment: For some HCCs, the resources are not as robust. For example, the Big Bend area does not have a large metro area. They have large rural patches which requires a lot of collaboration and coordination. Smaller areas

may need to rely on larger areas for some of their resources needs. There are different roles for each of the health care coalitions, depending on where they are located. There are 67 versions of ESF8 in Florida. Information sharing and coordination may be the main role for some health care coalitions that do not have many resources in their communities.

- Improvement: Need more information about how to leverage volunteers and partners. They could be a resource and seems to be a gap right now. Miami-Dade is making some strides in this area. Information helps decision makers. HCCs need to support ESF8 and decision makers. Some Emergency Management (EM) managers still view Health Care Coalitions as a threat. Need to make clear to EMs that the HCCs are to help them, not supplant or replace them. Dan Simpson again mentioned that we need to make things more Florida specific. Lynne said HCCs should determine what they can do for members day-to-day, not just during an incident.

Group 3 (Capability 3):

- Improvement: HCCs need to reach out more to their members and other organizations (e.g. rural preparedness councils, home health care). Need to engage with the various associations for these groups, so that way HCCs are not cold calling them. Maybe at one of our next meetings we provide an introduction letter and invite them to the meeting so we can engage them. These associations all have training budgets. The new CMS rule is a new opportunity for us to touch base and coordinate. A one day CMS rule training (maybe in various regions).

Group 4 (Capability 4):

- Improvements: need a list a resources and determine what is missing. Need to have more enhanced marketing to increase membership and more membership participation. Need more state level dissemination of information, so it is not just the local folks trying to do it on their own. Dan Simpson mentioned how they organize their HCC efforts via each county. Dan Simpson shared that one Houston, Texas health care coalition mentioned that coalition partners saw their liability insurance costs go down once they had preparedness and response plans in place. This may have also involved a top down effort as well (it is possible the state insurance commissioner may have been part of it and enforced some statute or policy)? HCCs need to promote community benefit (need to show this as part of the Affordable Care Act), executives need to demonstrate that. There is an IRS change for nonprofits as well. HCC need to be part of the community health improvement plan. John Wilgis said a lot of that is about population health, but preparedness can feed into population health.

Closing Comments:
John Wilgis will send this information to the HCCTF members and share with Bureau program managers and leadership and programs/projects are developed over the next grant year. He also mentioned the grant was up for reauthorization and there are questions about whether $225 million is an appropriate amount. There will be more discussions in the coming year.

The next face-to-face meeting is January 19, 2017 in Viera at the Melbourne Department of Health. The Training and Exercise Preparedness Workshop (TEPW) is the day before (January 18) at the same location.

CONCLUSION	

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

OBSERVERS	NA
RESOURCE PERSONS	NA
SPECIAL NOTES	For additional questions, please contact Jeanine Posey or John Wilgis.