



Florida's Public Health and Medical System
PREPARES & RESPONDS

FLORIDA DEPARTMENT OF HEALTH OFFICES OF PUBLIC HEALTH PREPAREDNESS AND EMERGENCY OPERATIONS

Florida Department of Health

Hospital Preparedness Program

2002-2010

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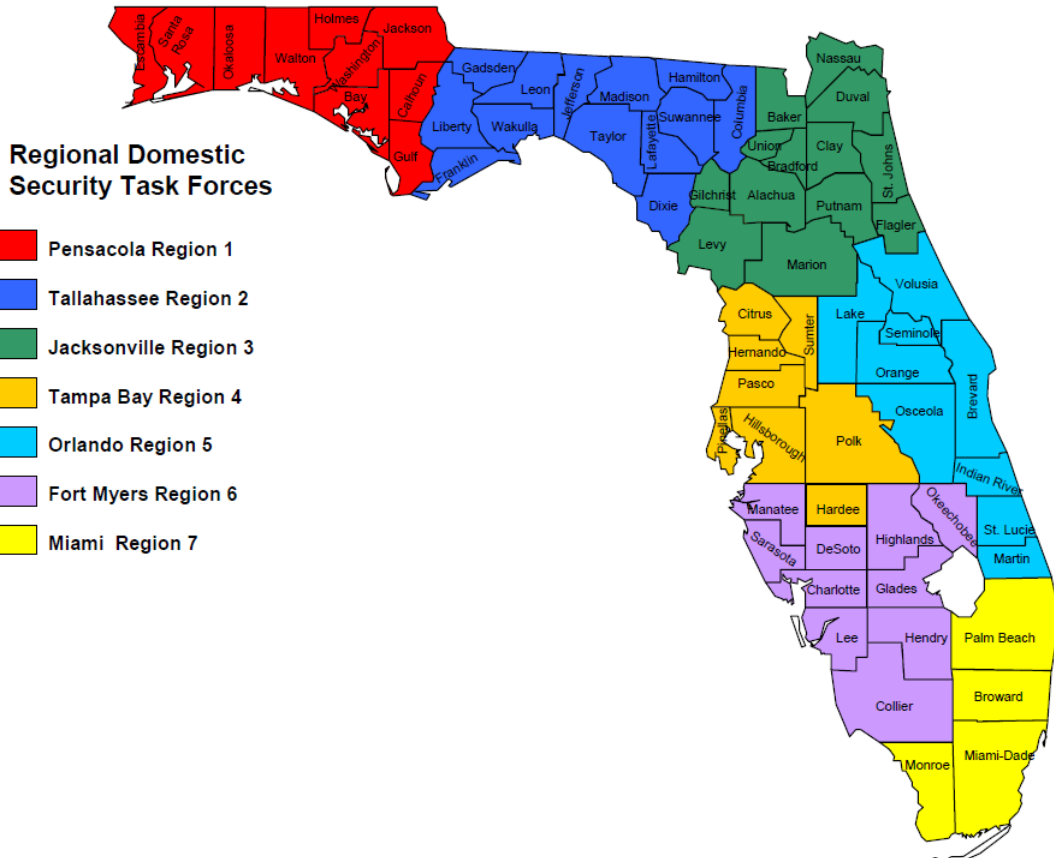
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Florida Department of Health

Hospital Preparedness Program

Statewide Overview

PURPOSE OF THE REPORT

The Florida Department of Health, Hospital Preparedness Program has been working to assist Florida hospitals plan for and become more prepared to respond to all-hazard emergency events. As efforts to assist with the ongoing and continuous development of capabilities and capacity continue with hospital partners, it is important to examine the progress and current status of all hazards preparedness in the hospital setting. Data compiled for this report looks at the partnership from the regional, county, and individual hospital perspective. The purpose of this report is to provide a statewide and regional overview of efforts and progress and to provide information to assist with future planning and preparedness activities.

BACKGROUND

Prior to September 11, 2001, the U.S. Department of Justice (DOJ) funded law enforcement and fire rescue units to increase their capabilities to respond to terrorist incidents involving chemical, biological, and radiological agents. After September 11, DOJ expanded emergency response activities to include health and medical support.

Since 2002, hospitals have been funded by the Florida Department of Health through the U.S. Department of Health and Human Services' (HHS) Hospital Preparedness Program (HPP). In 2007, the HHS Office of the Assistant Secretary of Preparedness and Response (ASPR) assumed responsibility for the program, previously administered by the HHS Health Resources and Services Administration. Initially there were substantial annual increases in funding for equipment, training, and exercises. Over the past three funding cycles, funding has decreased and the program is moving toward sustainment and addressing the need to target clearly defined objectives.

As a result of the changing health care environment, increased attention to hospital disaster response preparedness, and the growing need for effective partnerships, better defined expectations and measures were included in changes to hospital contracts for equipment, training, and exercises. In addition, the creation of Target Capabilities and Universal Task Lists, as part of the U.S. Department of Homeland Security's National Response Framework (NRF), led to cooperative agreement guidance that increasingly asked hospitals to strengthen exercises and evaluate their performance in relation to these target capabilities. Florida

hospitals have been making progress in their preparedness capabilities and objectives in each successive year.

During the last several years, efforts were made to align the ASPR capability based objectives with disaster preparedness requirements of Florida state licensure and Joint Commission emergency management accreditation standards. This has led to a higher level of overall preparedness and aligned the various exercise requirements for hospitals.

PROGRAM OVERVIEW

Recognizing the critical role of hospitals in community preparedness, in 2002, the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) began offering cooperative agreement funds to state health departments to increase hospital preparedness and response to man-made and natural disasters. As a part of the Florida Department of Health (FDOH) efforts to support statewide all hazards preparedness, the department has worked with hospitals to promote increased collaboration, partnerships, and progress toward common goals.

Through funding cycle 2009-2010, more than \$119 million of federal funds have been awarded to hospitals in the state using a contractual process. In 2002, when the HPP began, the emphasis was on engaging hospitals with EDs and offering them contracts based on allocation of resources at the regional and local level. Contracts were focused in three areas; equipment, training, and exercises.

The overall expenditures reflect a high level of funding for equipment. Initially there were specific equipment purchases that were identified as priority items and equipment that was needed to meet a minimum standard or level of preparedness. For the last few years, many hospitals have moved to equipment maintenance and sustainment.

Approximately \$9.5 million of the funding was used by hospitals to conduct training. Almost \$7.35 million more was used for exercises to test, evaluate, and improve response capacity. Early on, awareness training was needed. As the program matured training has shifted to more complex and detailed information. Similar progress is also seen with regard to exercises. In the early years, there were many scenarios and table top exercises, however, hospitals are now moving to drills, functional and full scale exercises. These exercises, along with the training, equipment, and supplies have greatly expanded hospital capacity to respond to actual disasters.

At first the focus was on contracts with individual hospitals. As we have seen the growth of hospital systems, mergers, and buyouts, some hospital systems have requested contracts with the system or with the largest or parent hospital with the smaller hospitals identified as recipients of equipment, training, or exercises. The objective of this approach is to reduce the burden of managing a contract for smaller hospitals and to leverage the purchasing power of hospital systems.

Florida Hospitals

The total number of hospitals in Florida has fluctuated since the beginning of this program. While this report recognizes hospitals without emergency departments and other hospital facilities such as Veteran's Hospitals, the focus of the federal program and this report is on hospitals with emergency departments. For hospital and bed information this report uses the Florida Agency for Health Care Administration (AHCA), January 2010, Florida Hospital Bed Need Projections and Service Utilization by District Report. There are currently 208 hospitals in the state with emergency departments (EDs) with 55,182 licensed beds. An additional four hospitals that participated in the program have closed. According to information from the Florida Hospital Association, 91% percent of the current hospitals with EDs are Joint Commission accredited. The Joint Commission is an independent, not-for-profit organization which accredits and certifies more than 16,000 health care organizations and programs in the United States. The Joint Commission's mission is "to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. Hospitals obtaining this accreditation have an emergency operations plan and all hazard emergency response capabilities.

Florida has 13 hospitals designated by the Center for Medicare and Medicaid Services as critical access hospitals. A critical access hospital, as defined in section 408.07(15), Florida Statutes, is a small rural hospital of 25 beds or less that is reimbursed for 101 percent of the cost of providing services to Medicare patients as a means to stabilize and improve access to hospital care in rural areas. A critical access hospital must provide 24 hour emergency, outpatient, and limited inpatient services, and must meet other requirements to support the services provided.¹ These hospitals and 15 others in Florida are identified as Statutory Rural Hospitals.² A rural hospital, as defined in section 395.602, Florida Statutes, is an acute care hospital licensed under Chapter 395 of the Florida Statutes, having 100 or fewer licensed beds and an emergency room which is:

1. The sole provider within a county with a population density of no greater than 100 persons per square mile;
2. An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

¹ Agency for Health Care Administration Facility/Provider Definitions <http://www.floridahealthfinder.gov/about-ahca/facility-locator-glossary.aspx> Retrieved 4/1/2011

² Agency for Health Care Administration Facility/Provider Locator. <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 4/8/2011

3. A hospital supported by a tax district or sub district whose boundaries encompass a population of 100 persons or fewer per square mile;
4. A hospital in a constitutional charter county with a population of over 1 million persons that has imposed a local option health service tax pursuant to law and in an area that was directly impacted by a catastrophic event on August 24, 1992, for which the Governor of Florida declared a state of emergency pursuant to chapter 125, and has 120 beds or less that serves an agricultural community with an emergency room utilization of no less than 20,000 visits and a Medicaid inpatient utilization rate greater than 15 percent;
5. A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this subparagraph, the term “service area” means the fewest number of zip codes that account for 75 percent of the hospital’s discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Policy Analysis at the Agency for Health Care Administration; or
6. A hospital designated as a critical access hospital, as defined in s. [408.07\(15\)](#).

Program Partnership Advancements

The partnership between the federal program, the state, and hospitals has continued to develop, resulting in closer communications, easier access to information, and advances in hospital all hazard preparedness. Some of the activities and achievements that have contributed to increased preparedness include:

- Distribution of funding for training, exercise, and equipment
- Establishment of a statewide services position to serve as liaison to the hospitals for statewide hospital assessment, information dissemination, and communication support.
- Development of a webpage on the department’s Internet for sharing of information, resources and tools
- Development of a webpage on the department’s Internet for hospital contract forms, instructions, tools, and related information
- Compilation of resources and information to assist hospitals in establishing Mutual Aid Agreements
- Development and updating of Recommended Core Competencies for Hospital Personnel
- Establishment of regular communication opportunities to address questions, concerns and to share best practices

History of Florida Hospital Preparedness Funding and Program Milestones

2001-2002 DOJ/Florida State Domestic Security Working Group

- 9/11 and anthrax attacks spurred funding beyond EMS and police
- Funds limited to bioterrorism hazard
- Included initial purchase and drop-shipment of PPE and decontamination equipment from DOJ to 21 hospitals
- No funding for training
- Initiation of Hospital Emergency Incident Command System (HEICS)

2002-2003 HRSA – Total Available to Hospitals \$6.1M; Total Spent \$4.3M

- Contracts issued from the Office of Public Health Preparedness to individual hospitals
- Limited to bioterrorism hazard
- Funds for equipment, training, exercises, medicines and vaccines, and communication equipment
- Florida Hospital Association provided guidance for hospital needs and priorities

2003-2004 HRSA – Total Available to Hospitals \$15.7M; Total Spent \$11.6M

- Funded more hospitals, including smaller community hospitals to purchase PPE and decontamination equipment
- Funds for increased decon teams' capability and exercise
- Supported equipment, training, exercises, laboratory equipment, burns equipment and supplies, burns education, pediatric triage and treatment equipment and training, and ventilators
- Initiated USF hospital exercise evaluation form

2004-2005 HRSA – Total Available to Hospitals \$26.4M; Total Spent \$19.2M

- Funded replacement of Decon tents to ones that could be setup quickly
- HEICS integrated with Decon exercises
- Hospitals did internal drills and began community exercise participation
- Florida experienced a series of hurricanes
- Supported installation of 57 negative pressure units, ICU equipment, trauma cart equipment, triage equipment, hospital preparedness training, communications equipment, ventilators, PPE and Decontamination equipment, PPE training, exercises, laboratory equipment, burns equipment and supplies, and burns education

2005-2006 HRSA – Total Available to Hospitals \$35.9M; Total Spent \$28.7M ('05-'06 and '06-'07 contracts were combined funding)

- Use of funds for an all-hazards approach allowed

- Hospitals continue to receive funding for ventilators, negative pressure units, burn surge equipment and training, trauma equipment, triage, laboratory equipment, ICU Equipment, and communications equipment
- Piloted a web-based Event Management System in three regions
- Florida again experienced several disaster events

2006-2007 HRSA – (See 2005-2006)

- All-hazards approach integrated into CEMP
- Florida experienced multi-county wildfires

2007-2008 ASPR – Total Available to Hospitals \$19.2M; Total Spent \$16.5M

- Reorganization of HRSA program to HHS's ASPR as part of the Hospital Preparedness Program
- Lessons learned from Katrina were integrated; hospitals asked to exercise and evaluate their evacuation plans, mass fatality plans, interoperable communications with emergency response partners, bed tracking systems, and volunteer registration and management systems
- Medical surge target capability served as the primary focus
- Florida Medical Surge Capability Team formed, including Hospital Surge and Community Surge Team Members
- Hospitals continue to receive funding for PPE equipment, laboratory equipment, triage equipment, negative pressure units, exercises, and ventilators
- Hospitals began receiving funding for Pan Flu equipment and supplies, operating room equipment, and hospital target hardening equipment
- HSEEP information and after-action reports included in exercise evaluations

2008-2009 ASPR – Total Available to Hospitals \$10.3M; Total Spent \$8.9M

- HSEEP compliant exercises required for hospitals
- Hospitals continue to receive funding for PPE and Decontamination equipment, PPE training, OR equipment, negative pressure units, and exercises
- Hospitals began receiving funding for web-based Event Management System and a new Telecommunications Service Priority project (as mandated in the ASPR cooperative agreement)

2009-2010 ASPR – Total Available to Hospitals \$6.5M; Total Spent \$5.5M

- Multi-year Training and Exercise Program required in evaluations
- Hospitals received funding for equipment previously approved from all categories (PPE, labs, triage, etc.), preparedness training, and exercises

CDC – Total Available to Hospitals \$2.5M; Total Spent \$2.5M

- H1N1 funds directed for a state ventilator cache

2010-2011 ASPR – Total Available to Hospitals \$7.8M

- DOH Health and Medical and ASPR Approved Equipment and Supplies List Guiding Principles revised
- Hospital Exercise Tool revised to allow aggregate analysis for trending
- Hospital Equipment list reorganized and prioritized

THE STATE AND REGIONS

Florida's domestic preparedness activities are organized into seven Regional Domestic Security Task Forces.³ The HPP data from the last nine years have been organized by region. There are variations within the regions due to the diversity of the state and different levels of resources. Regions look different due to unique partner relationships, population, geographic locations, and other factors.

The 2010 U.S. Census population for Florida is 18,801,310.⁴ Seventeen percent of the state is age 65 or older. Seventeen percent of persons under 65 years old have no health insurance. Seventeen percent of the population has one or more disabilities.

Florida has urban areas of high density populated by large numbers of retirees, highly populated tourist areas, and large sparsely populated rural and agricultural areas. Thirty-three of Florida's counties are defined by Florida Statutes as being rural with a population density of less than 100 individuals per square mile. In addition numerous areas in other counties are made up of large rural areas. The latest Florida Migrant and Seasonal Farmworker Enumeration Profiles Study commissioned by the Health Resources Services Administration, September, 2000, reports that the state's agricultural industry is second only to tourism in economic importance. According to the study there were an estimated 286,000 farmworkers and family members in the state with 31 counties having at least 1,500 farmworkers. While it may not sound obvious because they are generally thought of as urban areas, the largest populations of farmworkers were found in Palm Beach and Hillsborough counties.⁵

Counties in Florida face a variety of risks and hazards which can challenge hospital preparedness. The large coastal area puts the state at high risk for hurricanes and floods. According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010, 59 of Florida's counties are rated at high risk for hurricanes and 40 counties are rated high risk for flooding. The state has three operating nuclear power plants located in Citrus County, St. Lucie County

³ Florida Department of Law Enforcement RDSTF Organization. <http://www.fdle.state.fl.us/Content/getdoc/949c2698-2ed4-478c-ad98-7f9a6fbb91d7/Domestic-Security-Organization.aspx>

⁴ State population is from the 2010 US Census – Other demographic statistics are from the FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁵ <http://www.ncfh.org/enumeration/PDF3%20Florida.pdf>. Retrieved 7-13-11.

and Miami-Dade County. Additional hazard information and descriptions of each region are included in the regional reports.

Hospital Participation

For the purpose of this report, a participating hospital is defined as one with an emergency department that has been offered, accepted, and executed contract with the Florida Department of Health. Some of the larger hospital systems receive funds for more than one hospital in their system. When this occurs there may be one contract, however, the funds and preparedness resources are provided to other hospitals in the system. This allows the contracting hospital to leverage their purchasing power and expedite the expenditure of funds. In such cases, each hospital receiving funds directly or indirectly is included as participating.

The following table shows the history of statewide hospital participation by funding cycle through 2009-2010. In funding cycle 2010-2011 statewide hospital participation dropped to 159 hospitals or 76% of the current 208 hospitals with EDs. More information on participation for 2010-2011 is included in the regional reports.

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10
# of Participating Hospitals	87	179	164	152	139	141	165
% of Region's Hospitals Represented	41%	85%	78%	72%	66%	68%	80%
# of Licensed Beds in Participating Hospitals	31,037	48,895	46,761	42,911	42,080	41,615	46,151
% of Region's Licensed Beds Represented	56%	89%	85%	78%	76%	75%	84%

Note: The number of participating hospitals in the above table is based on the 211 hospitals in the state with EDs from funding cycle 2002-2003 through 2005-2007. The percentage of hospitals represented for funding cycle 2007-2008 is based on 210 hospitals, for funding cycles 2008-2009 on 208, and for 2009-2010 on 207 hospitals. Whereas participating hospital figures were adjusted based on hospital closures all bed figures are based on AHCA's 2010 bed count.

FUNDING

Participation and expenditure rates vary by hospital, region, and funding cycle. In some cases hospitals participated and had a contract but may not have expended any funds or may not have expended all of the funds. There are a variety of reasons why all of the funds were not expended. Expenditure rates may have been related to a hospital being sold, changes in management, allowable purchases, disallowances, due to an event in which there were higher

priorities, or other unique reason. Specific reasons could be determined with additional individual review.

The following table shows the history of Hospital Preparedness Program funds in dollars allocated and executed to, and spent by hospitals with emergency departments. Of the total funds through 2009-2010, 59% was allocated to hospitals having more than 350 beds. Information is presented by funding cycle. Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	6,078,396	6,075,777	4,310,768	71%
2003 - 2004	15,740,191	15,736,436	11,618,554	74%
2004 - 2005	26,365,474	26,365,474	19,174,395	73%
2005 - 2007	35,949,639	35,057,246	28,681,435	82%
2007 - 2008	19,207,010	19,079,310	16,468,131	86%
2008 - 2009	10,268,480	10,268,480	8,901,982	87%
2009 - 2010	6,515,608	6,514,685	5,506,659	85%
Total All FCs	120,124,798	119,097,408	94,661,924	79%

Additional funding information is included in the regional reports.

Programmatic Funding Categories

Data about funding and participation was gathered in four categories:

- Equipment
- Training
- Exercises
- Other

The “other” category was used to capture the funds spent on personnel, the Web-Based Event Management Software Pilot Project, and the Telecommunications Service Priority initiative.

The following table presents a statewide overview of the types of purchases by category. In most cases, the prioritization of the purchases was based on federal guidance, target capabilities of the department’s plan, and local and regional assessments.

Statewide Items Purchased in the Equipment, Training, Exercise, and other Categories

Funding Categories and Programs	FY 2002-2003	FY 2003-2004	FY 2004-2005	FY 2005-2007	FY 2007-2008	FY 2008-2009	FY 2009-2010
EQUIPMENT							
PPE/Decon	Y	Y	Y	Y	Y	Y	Y
Communications	Y	Y	Y	Y			
Medicine and Vaccines	Y						
Burns Equipment and Supplies		Y	Y	Y			
Laboratory		Y	Y	Y	Y		
Pediatric Triage and Treatment		Y					
Ventilators		Y	Y	Y			
ICU			Y	Y			
Trauma Carts			Y	Y			
Negative Pressure Units			Y	Y	Y	Y	
Triage				Y	Y		
Pan Flu Equipment and Supplies					Y		
Operating Room					Y	Y	
Hospital Critical Infrastructure					Y		
Medical Surge Equipment and Supplies							Y
TRAINING							
PPE/Decon	Y	Y	Y	Y		Y	Y
Biomedical Ventilator Maintenance				Y			
Burns Education		Y	Y	Y			
Pediatric Triage and Treatment		Y					
EXERCISES							
	Y	Y	Y	Y	Y	Y	Y
OTHER							
Personnel	Y						
Web Based Event Mgmt Pilot				Y	Y		
Telecommunications Service Priority					Y		

Note: Training and Exercises funding was combined for FY2009-2010

The following tables present the total amounts spent by funding category through funding cycle 2009-2010. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of these tables they have been separated and equally allocated to each category. In some of the regions additional funding was provided to other hospitals (those without EDs or Veteran’s Administration hospitals) for special projects. The tables include funds spent by other hospitals.

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$76,682,270	\$9,443,116	\$7,267,797	\$1,268,741	\$94,661,924
Other	\$278,003	\$45,348	\$78,324	\$0	\$401,674
ALL	\$76,960,273	\$9,488,464	\$7,346,120	\$1,268,741	\$95,063,598

The table below shows the history of funding for all hospitals (those with EDs and Others) broken out by region and funding category. While there was some fluctuation in the number of hospitals during individual funding cycles, this table represents the total number of hospitals throughout the funding cycles.

Region	Total # of Hospitals	2002-2010 Total Allocated	2002-2010 Total Executed	2002 - 2010 Total Spent	2002 - 2010 % Executed Spent	2002-2010 Equipment \$\$ Spent	2002-2010 Training \$\$ Spent	2002-2010 Exercise \$\$ Spent	2002-2010 Other \$\$ Spent
1	25	\$11,992,042	\$11,988,042	\$9,562,910	79.8%	\$7,896,979	\$890,103	\$701,587	\$74,241
2	15	\$4,909,392	\$4,785,691	\$3,954,199	82.6%	\$3,112,958	\$442,479	\$334,761	\$64,000
3	37	\$14,543,386	\$14,540,886	\$12,205,994	83.9%	\$10,008,387	\$1,213,281	\$826,326	\$158,000
4	56	\$23,954,977	\$23,628,359	\$18,666,223	79.0%	\$15,517,391	\$1,579,517	\$1,474,315	\$95,000
5	53	\$21,771,897	\$21,202,250	\$16,795,353	79.2%	\$13,281,186	\$1,846,971	\$1,363,696	\$303,500
6	31	\$9,844,578	\$9,843,655	\$6,927,710	70.4%	\$4,973,961	\$1,044,833	\$788,917	\$120,000
7	81	\$33,643,826	\$33,643,826	\$26,951,209	80.1%	\$22,169,411	\$2,471,281	\$1,856,517	\$454,000
ALL	298	\$120,660,098	\$119,632,708	\$95,063,598	79.5%	\$76,960,273	\$9,488,464	\$7,346,120	\$1,268,741

CLOSING COMMENTS

The department will continue to support the ongoing and continuing all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional levels as hospitals collaborate, plan, and exercise together. Local and regional level partners have the insights and connections with their hospital counterparts to effectively plan for and respond to events.

This report provides an overview. Review of the data may result in the desire to take a closer look at portions or subsets of the data for specific regions, counties, or hospitals. Regional and local staff may find multiple ways to use this information as they ask themselves:

- What does this mean for my region?
- What lessons can be learned?

- What are the trends?
- Is there follow-up needed to better understand some of the results?
- What future action can be taken to maximize resources and preparedness activities?

Additional questions and recommendations may arise as a result of this initial review and compilation. Specific questions can be directed to the Bureau of Preparedness and Response, Medical Surge Team.

The department will continue to improve the contracting process and provide hospitals with templates to make reporting and documentation less cumbersome. Regional staff will also be provided more information related to timelines, federal requirements, and Department of Financial Services requirements.

Available resources will be maintained, added to, and enhanced to ensure that program staff, contract managers, regional, and local staff all have the same information.

The shared program goal is to ensure healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. Events can be a single emergency temporarily disrupting services or an extended event adversely affecting a hospital's ability to provide care, treatment, and services. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery to achieve this shared goal. It is anticipated that there will continue to be challenges as the program evolves. The department and hospital partners will need to address competing priorities for limited resources as well as gaps in the level of preparedness throughout the healthcare system.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 1

PROGRAM OVERVIEW

This report provides a descriptive analysis of the Hospital Preparedness Program (HPP) participation and programmatic focus for Region 1. The information provides an overview of regional and county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the region and to assist with planning for future activities

THE REGION

Region 1 is made up of ten counties, Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Okaloosa, Santa Rosa, Walton, and Washington. The 2010 U.S. Census population for this Region is 978,765.⁶ The smallest county is Calhoun with a population of 14,625 and the largest county is Escambia with a population of 297,619. Fifteen percent of the region's population is age 65 or older. Fifteen percent of persons under 65 years old have no health insurance. Almost 18% of the population has one or more disabilities.

The region is demographically and economically diverse. Six of the ten counties are defined by Florida Statutes as being rural with a population density of less than 100 individuals per square mile. Eight or 29% of the state's 28 designated rural hospitals⁷ are in this region. Four of these hospitals are also designated as critical access hospitals, accounting for 31% of the state's 13 critical access hospitals.

The region has a significant agricultural industry employing seasonal and resident workers who historically have had limited access to healthcare resources. At the same time, the coastal areas of the counties attract retirees and visitors. The region also has a large military presence with Eglin Air Force Base in Ft. Walton Beach, Tyndall Air Force Base southeast of Panama City, a Coast Guard Station in Destin, the Panama City Naval Surface Warfare Center, the Pensacola Naval Air Station, and Whiting Field Naval Air Station in Milton. Eglin and Tyndall Air Force Bases and the Pensacola Naval air station have their own medical facilities. The region's proximity to the Alabama border can result in persons coming to or leaving Florida to receive

⁶ County population is from the 2010 US Census – Other demographic statistics are from the FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁷ Agency for Health Care Administration Facility/Provider Locator. <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 4/8/2011

healthcare services. The region is also home to a mid-sized university in Escambia County and four community colleges bringing in additional temporary residents.

According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,⁸ the number of counties in the region rated at high risk for hazards is:

Counties Rated High Hazard	Hazards
8	Hurricanes
6	Flooding
5	Wildfires
4	Tornados
3	Severe Storms
2	Drought; Erosion
1	Dam Failure; Landslides; Technological Events, Winter Storms, Terrorism

The large rural geographic area along with the age and diversity of the population, and the risks for hazards present the hospitals in this region a wide range of challenges for all-hazard planning and preparedness.

The region currently has 19 hospitals with emergency departments (EDs), with a total 3,087 licensed beds. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.⁹ There are an additional 6 hospitals without EDs. These are primarily specialty hospitals providing such services as rehabilitation and behavioral health. Among the 19 hospitals one is designated as both a Level 2 and Pediatric Trauma Center with one other is designated as a Level 2 Trauma Center.¹⁰

Seventy-four percent or 14 of the hospitals with emergency departments are Joint Commission accredited which requires an emergency operations plan and all hazards emergency response capabilities. Three of the hospitals without EDs are also Joint Commission accredited.

PARTICIPATING HOSPITALS

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. Information is presented by funding cycle (FC). Funding cycles

⁸ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

⁹ While the numbers did not vary significantly over the seven funding cycles 2002-2003 to 2009-2010 can be considered estimates.

¹⁰ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

- ◆ Nine of the 19 hospitals with EDs, participated in the Hospital Preparedness Program for at least seven funding cycle. Two hospitals participated in all of the eight funding cycles.
- ◆ Six of the 19 hospitals with EDs, participated in three or fewer funding cycles. One hospital, Jay Hospital has never participated.
- ◆ Hospital participation ranged from a low of six in funding cycle 2002-2003 to a high of 15 in funding cycle 2003-2004.
- ◆ In funding cycle 2010-2011, 12 hospitals participated, accounting for 2,374 licensed beds accounting for approximately 77% of the available hospital beds.
- ◆ The three largest hospitals account for 48% of the licensed beds in the region.
- ◆ Fourteen of the 19 hospitals in the region are part of eight hospital corporations or systems, Baptist Healthcare, HCA (Hospital Corporation of America), Sacred Heart Health System, HMA (Health Management Associates, Inc.), Calhoun Liberty Hospital Association, Inc., Healthmark Corporation, Quorum Health Resources, and Community Health Systems.¹¹
- ◆ In addition to hospitals with EDs included in this analysis, HealthSouth Emerald Coast Rehabilitation Hospital received funding during the 2007-2008, 2008-2009, and 2009-2010 funding cycles for the web event management system pilot project, and for equipment and exercises. Total funding allocated and executed during the three funding cycles was \$131,350 with \$105,964 spent. The lower amount spent is related to funds allocated for the web event management system pilot project not being spent.

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the region's licensed beds. The figure illustrates that in the first year 6 of the hospitals participated, representing 57% of the region's licensed beds. Participation increased dramatically for the next funding cycle and then fluctuated during the following two funding cycles. There was a slow decrease in hospitals participating beginning with funding cycle 2007-2008. Participation rose again slightly for 2010-2011.

¹¹ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Figure 1: Region 1 Pattern of Participation by Funding Cycle

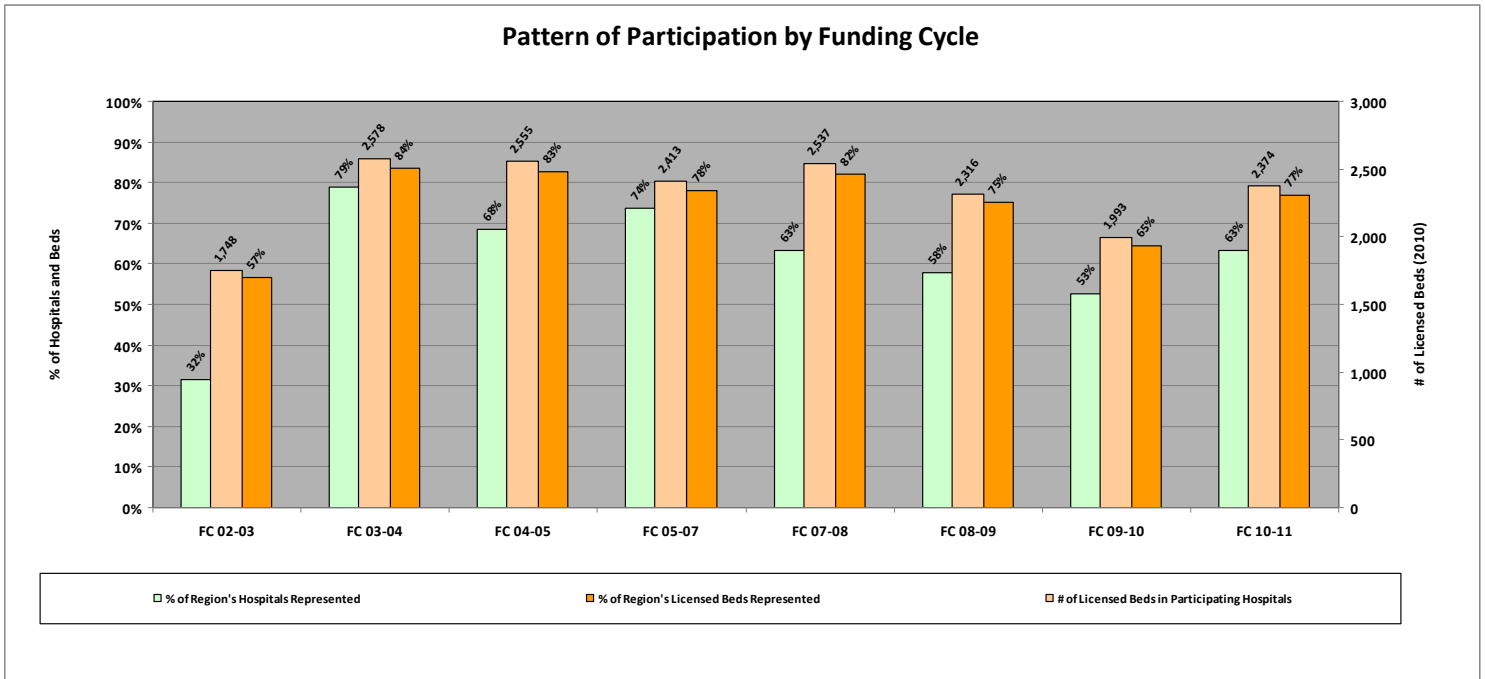


Table 1 provides another way of looking at regional participation trends and includes the total number of hospitals.

Table 1: Region 1 Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	6	15	13	14	12	11	10	12
% of Region's Hospitals Represented	32%	79%	68%	74%	63%	58%	53%	63%
# of Licensed Beds in Participating Hospitals	1,748	2,578	2,555	2,413	2,537	2,316	1,993	2,374
% of Region's Licensed Beds Represented	57%	84%	83%	78%	82%	75%	65%	77%

Table 2 provides a side by side comparison of the hospitals with EDs participating in the HPP.

Table 2: Region 1 Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Holmes	Doctors Memorial Hospital (Bonifay)*	20	3	Yes	Yes	Yes	Yes
Calhoun	Calhoun-Liberty Hospital*	36	3	No	Yes	Yes	Yes
Washington	Northwest Florida Community Hospital*	47	3	No	No	No	No
Jackson	Campbellton-Graceville Hospital*	49	3	Yes	Yes	Yes	Yes
Walton	Healthmark Regional Medical Center	50	1	No	No	No	No
Santa Rosa	Jay Hospital	55	0	No	No	No	No
Walton	Sacred Heart Hospital on the Emerald Coast	58	3	Yes	Yes	Yes	Yes
Gulf	Sacred Heart Hospital on the Gulf (previously closed Gulf Pines Hospital)	58	1	No	No	No	Yes
Santa Rosa	Gulf Breeze Hospital	65	2	Yes	Yes	Yes	Yes
Okaloosa	Twin Cities Hospital	65	1	No	No	No	No
Jackson	Jackson Hospital	100	3	Yes	Yes	Yes	Yes
Okaloosa	North Okaloosa Medical Center	110	1	No	No	No	No
Santa Rosa	Santa Rosa Medical Center	129	3	Yes	No	No	No
Bay	Gulf Coast Medical Center	176	3	Yes	Yes	Yes	Yes
Okaloosa	Ft. Walton Beach Medical Center	257	3	Yes	No	No	No
Bay	Bay Medical Center	323	4	Yes	Yes	No	Yes
Escambia	Sacred Heart Hospital	466	4	Yes	Yes	Yes	Yes
Escambia	Baptist Hospital (Pensacola)	492	4	Yes	Yes	Yes	Yes
Escambia	West Florida Hospital	531	3	Yes	Yes	Yes	Yes
	19	3,087		12	11	10	12

*Indicates designated critical access hospital

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Region 1 hospitals with EDs received a total allocation of \$11,860,692¹² from funding cycles 2002-2003 through 2009-2010. The three largest hospitals, those with greater than 350 beds, were recipients of \$7,303,340 or 62% of the allocated funds. The remaining 16 hospitals, with 1598 beds, received \$4,557,352 or 38% of the allocated funds.

Executed contracts totaled \$11,856,692. Of the total funding in executed contracts, \$9,456,945 was expended. Table 3 displays the region-wide total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further

¹² This does not include the \$131,350 in allocated funds to HealthSouth Emerald Coast Rehab Hospital in Bay County.

individual review may be necessary to determine specific reasons and opportunities for improvement.

Table 3: Region 1 Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	481,850	481,850	227,298	47%
2003 - 2004	1,580,866	1,580,866	897,080	57%
2004 - 2005	2,690,816	2,690,816	2,416,043	90%
2005 - 2007	4,386,990	4,386,990	3,567,515	81%
2007 - 2008	1,650,624	1,646,624	1,434,816	87%
2008 - 2009	538,290	538,290	428,824	80%
2009 - 2010	531,257	531,257	485,370	91%
Total All FCs	11,860,692	11,856,692	9,456,945	80%

This record of spending as well as the growth and subsequent decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

Figure 2: Region 1 Total Allocated, Executed, and Spent Funds by Funding Cycle

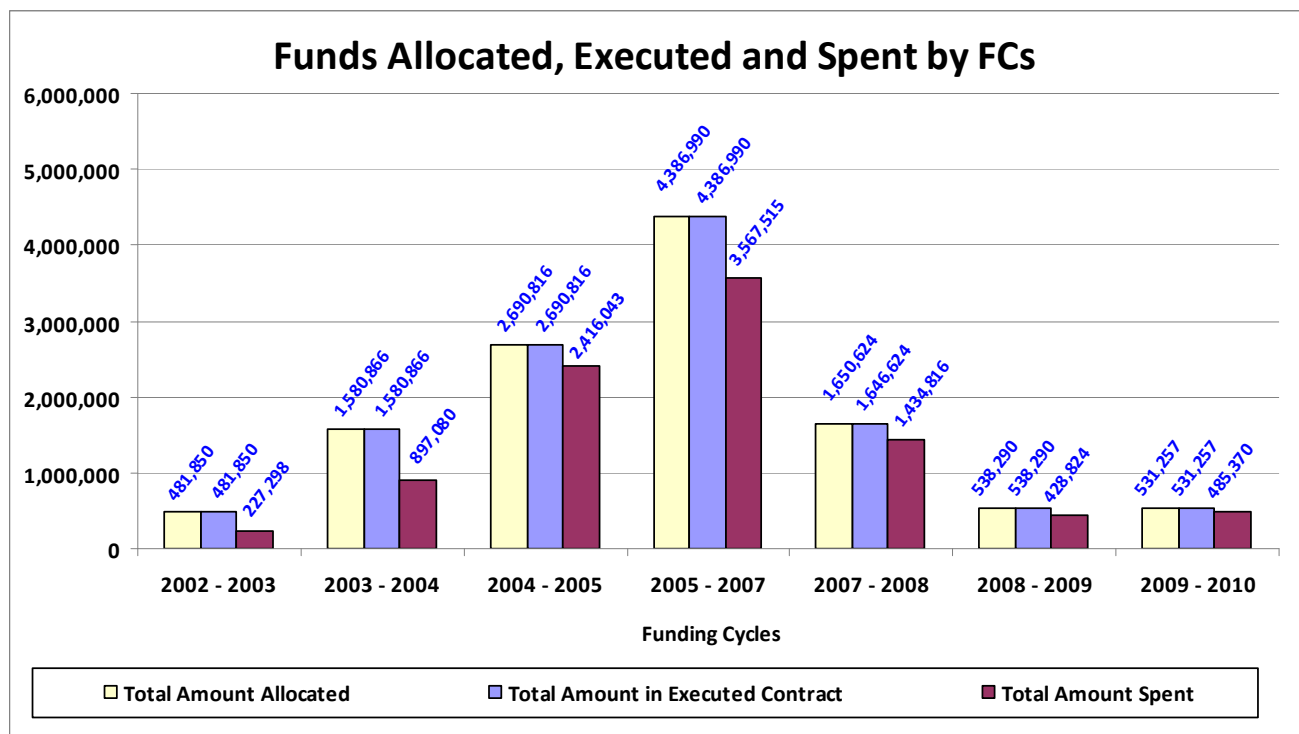


Figure 3: Region 1 Percentage of Executed Funds Spent

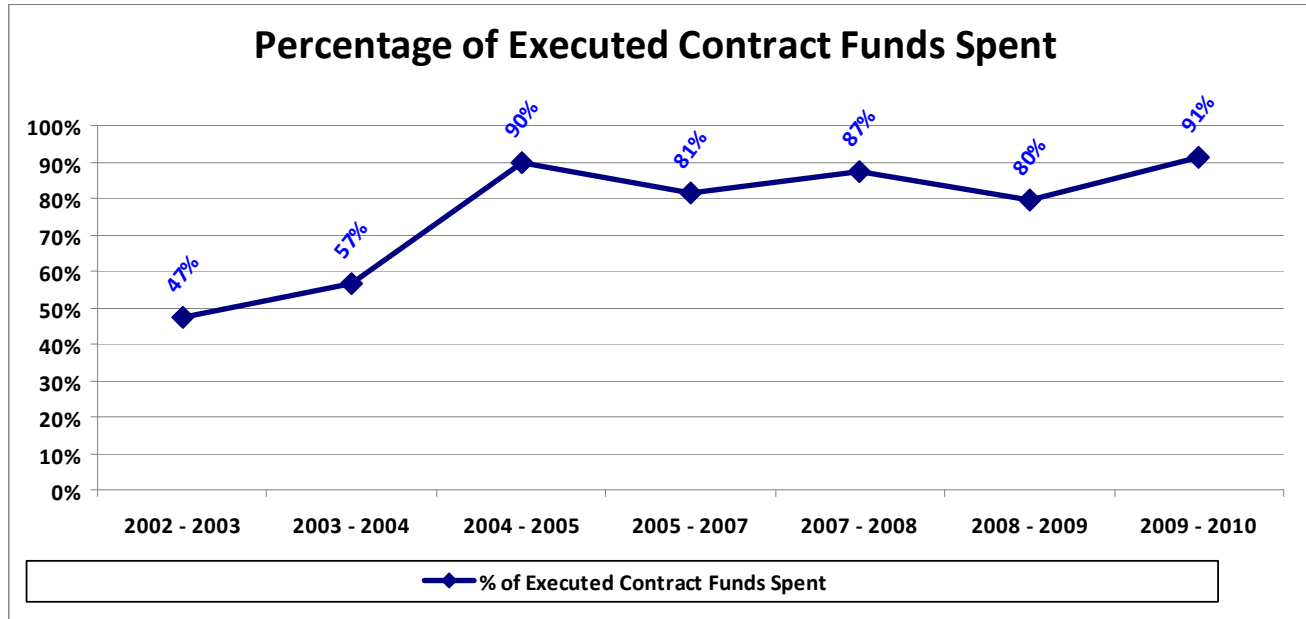


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals have spent \$9,456,945, or 80% of the executed contract amounts.

Table 4: Region 1 Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Holmes	Doctors Memorial Hospital (Bonifay)*	20		73%	100%	53%	0%	61%	38%
Calhoun	Calhoun-Liberty Hospital*	36		50%	100%	69%		99%	100%
Washington	Northwest Florida Community Hospital*	47		0%	100%	0%			
Jackson	Campbellton-Graceville Hospital*	49		100%	100%	27%	0%	100%	96%
Walton	Healthmark Regional Medical Center	50				78%			
Santa Rosa	Jay Hospital	55							
Walton	Sacred Heart Hospital on the Emerald Coast	58		90%	56%	22%	97%	57%	69%
Gulf	Sacred Heart Hospital on the Gulf (previously closed Gulf Pines Hospital)	58		0%					
Santa Rosa	Gulf Breeze Hospital	65		20%		92%	97%	99%	99%
Okaloosa	Twin Cities Hospital	65		85%					
Jackson	Jackson Hospital	100	9%		100%	69%	96%	95%	100%
Okaloosa	North Okaloosa Medical Center	110	88%						
Santa Rosa	Santa Rosa Medical Center	129		100%	100%	99%	98%		
Bay	Gulf Coast Medical Center	176		47%	94%	42%	52%	100%	94%
Okaloosa	Ft. Walton Beach Medical Center	257	20%	2%	100%		0%		
Bay	Bay Medical Center	323	78%	82%	100%	18%	24%	0%	
Escambia	Sacred Heart Hospital	466	40%	51%	94%	98%	99%	99%	99%
Escambia	Baptist Hospital (Pensacola)	492	78%	41%	95%	60%	99%	100%	98%
Escambia	West Florida Hospital	531		64%	76%	84%	94%	95%	99%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

*Indicates designated critical access hospital

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on personnel, Web-Based Event Management Software Pilot Project, and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$7,839,515	\$882,603	\$660,587	\$74,241	\$9,456,945
Other	\$57,464	\$7,500	\$41,000	\$0	\$105,964
ALL	\$7,896,979	\$890,103	\$701,587	\$74,241	\$9,562,910

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Are all of the key partners engaged in the program?
- ◆ Which key hospitals are missing from the local partnership and why?
- ◆ What can be learned from the two hospitals participating in each of the contract cycles?

- ◆ What factors may have lead to the low expenditure rates by some of the participating hospitals?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 2

OVERVIEW

This report provides a descriptive analysis of the Hospital Preparedness Program (HPP) participation and programmatic focus for Region 2. The information provides an overview of regional and county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the region and to assist with planning for future activities.

THE REGION

Region 2 is made up of 13 counties, Columbia, Dixie, Franklin, Gadsden, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor, and Wakulla. The 2010 U.S. Census population for this region is 578,294.¹³ The smallest county is Liberty with a population of 8,365 and the largest county is Leon with a population of 275,487. Twelve percent of the region's population is age 65 or older. Fourteen percent of persons under 65 years old have no health insurance and 16% of the population has one or more disabilities.

The region is demographically and economically diverse. Every county in the region, except Leon, is defined by Florida Statutes as being rural with a population density of less than 100 individuals per square mile. Six of the state's 28 designated rural hospitals¹⁴ are in this region. Three of these hospitals are also designated as critical access hospitals, accounting for 23% of the state's 13 critical access hospitals.

The mostly rural region has a significant agricultural industry employing seasonal and resident workers who historically have had limited access to healthcare resources. The region's close proximity to the Georgia, Alabama borders can result in persons coming to or leaving Florida for healthcare services. Leon, the one non rural county, is home to the State Legislature, two major universities and a community college bringing in a large number of temporary residents. The legislative session and sporting events associated with the universities bring in a large number of visitors throughout the year. Students may have access to healthcare through the universities and Legislators may have the resources to obtain health care. Even so, the large numbers of visitors

¹³ County population is from the 2010 US Census – Other demographic statistics are from the FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

¹⁴ Agency for Health Care Administration Facility/Provider Locator. <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 4/8/2011

and temporary residents may not have an emergency plan in place and could impact hospital surge capacity during an emergency event.

According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,¹⁵ the number of counties in the region rated at high risk for hazards is:

Counties Rated High Hazard	Hazards
10	Hurricanes
9	Flooding
5	Wildfires; Severe Storms
3	Tornados
2	Extreme Heat
1	Terrorism; Landslides; Drought; Erosion; Sinkholes

The region currently has 9 hospitals with emergency departments (EDs), with a total of 1,283 beds. A tenth hospital, Trinity Community Hospital with 42 beds had its license suspended in August 2008. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration (AHCA), January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.¹⁶ Among the 9 hospitals with EDs, Tallahassee Memorial is designated as a Level 2 Trauma Center. There are no designated Level 1 or Pediatric trauma centers and no burn units in the region.¹⁷

There are an additional five hospitals without EDs in the region. Three are small specialty hospitals providing such services as rehabilitation and behavioral health. Another is the Veterans Administration Medical Center in Lake City which provides general and specialized medical, dental, surgical, psychiatric, nursing and ancillary services to veterans residing in Columbia and nearby counties. Procedures or specialty care not provided by this medical center are referred to the VA Medical Center in Gainesville. The fifth hospital is the Florida State Hospital in Gadsden County with 1230 Licensed Adult Psychiatric beds not included in AHCA's total bed count for the region. This represents nearly as many licensed beds as the total for all of the hospitals with EDs in the region.

Fifty-six percent or five of the hospitals with emergency departments are Joint Commission accredited which requires an emergency operations plan and all hazards emergency response capabilities. Three of the hospitals without EDs are also Joint Commission accredited.

The large rural geographic area, diversity of the population, fluctuations in population numbers during the year, risks for hazards, and special issues associated with the potentially large number

¹⁵ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

¹⁶ While the numbers did not vary significantly over the seven funding cycles 2002-2003 to 2009-2010 can be considered estimates.

¹⁷ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

of clients housed in behavioral / mental health facilities could present hospitals in this region a wide range of challenges for all-hazard planning and preparedness. This region could face additional challenges during medical surge as six of the designated rural counties do not currently have a hospital and the others have a very limited number of licensed beds.

PARTICIPATING HOSPITALS

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

- ◆ Six of the 10 hospitals with EDs, participated in the Hospital Preparedness Program for at least six funding cycles.
- ◆ The single largest hospital participated in all of the eight funding cycles and consistently expended a high percentage of allocated funds.
- ◆ The second largest hospital also participated in all eight funding cycles and has dramatically improved its expenditure rate in the last two funding cycles.
- ◆ While only five hospitals participated in funding cycle 2010-2011, they represented 85% of the licensed beds for hospitals with EDs in the region.
- ◆ Tallahassee Memorial Hospital in Leon County, accounted for 58% of the licensed beds and 53% of the funding for hospitals with EDs in the region.
- ◆ In addition to hospitals with EDs included in this analysis, the VA Medical Center in Lake City received \$92,000 in 2005-2007 for equipment (PPE and Ventilators), training, and exercise. Of this amount, \$80,078 was expended.
- ◆ Six of the current nine hospitals in the region are part of three hospital corporations or systems, HCA (Hospital Corporation of America), HMA (Health Management Associates, Inc.), and Tallahassee Memorial Healthcare, Inc.¹⁸

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the region's licensed beds. The figure illustrates that in the first year 40% of the hospitals participated, representing 84% of the beds. The following funding cycle, all hospitals participated in the program. Participation declined the following funding cycle and remained somewhat consistent until 2010-2011 when participation dropped to five of the nine hospitals in the region. Two additional hospitals executed contracts for 2010-2011 but terminated their contracts early enough in the funding cycle that their funds were reallocated to other hospitals.

¹⁸ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Figure 1: Region 2 Pattern of Participation by Funding Cycle

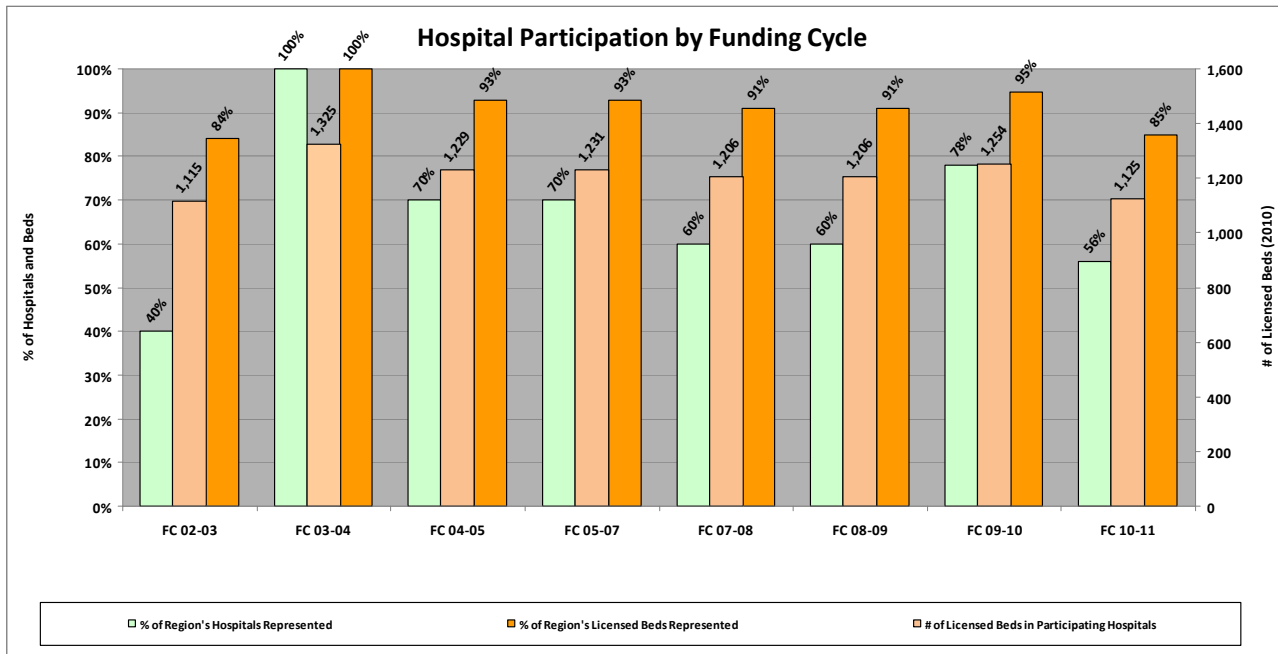


Table 1 provides another way of looking at regional participation trends and includes the total number of hospitals.

Table 1: Region 2 Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	4	10	7	7	6	6	7	5
% of Region's Hospitals Represented	40%	100%	70%	70%	60%	60%	78%	56%
# of Licensed Beds in Participating Hospitals	1,115	1,325	1,229	1,231	1,206	1,206	1,254	1,125
% of Region's Licensed Beds Represented	84%	100%	93%	93%	91%	91%	95%	85%

Note: The percentage of participating hospitals in Figure 1 and Table 1 are based on the ten hospitals with EDs in the region from funding cycles 2002-2003 through 2008-2009. The percentage of hospitals represented for funding cycles 2009-2010 and 2010-2011 are based on nine hospitals in the region with EDs. Whereas participating hospital figures were adjusted based on hospital closures all bed figures are based on AHCA's 2010 bed count.

Table 2 provides a side by side comparison of the hospitals with EDs participating in the HPP.

Table 2: Region 2 Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Gadsden	Capital Regional Medical Center, Gadsden (formerly Gadsden Community Hospital)	4	1	No	No	No	
Franklin	George E. Weems Memorial Hospital*	25	2	No	No	No	
Suwannee	Shands at Live Oak*	30	3	Yes	Yes	Yes	
Madison	Madison County Memorial Hospital*	42	3	Yes	Yes	Yes	Yes
Hamilton	Trinity Community Hospital (closed August 08)	42	2	No	No	No	
Taylor	Doctors Memorial Hospital (Perry)	48	3	No	No	Yes	Yes
Columbia	Lake City Medical Center	67	2	Yes	Yes	Yes	Yes
Columbia	Shands at Lake Shore	99	4	Yes	Yes	Yes	
Leon	Capital Regional Medical Center (formerly Tallahassee Community Hospital)	198	4	Yes	Yes	Yes	Yes
Leon	Tallahassee Memorial Hospital	770	4	Yes	Yes	Yes	Yes
	10	1,325		6	6	7	5

*Indicates designated critical access hospital.

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level and distribution of funding, it is important to keep in mind that a number of factors can impact participation. Region 2 hospitals with EDs received a total allocation of 4,817,392¹⁹ through funding cycle 2009-2010. Tallahassee Memorial Hospital, the only one with greater than 350 beds, was recipient of \$2,550,304 or 53% of the allocated funds. The remaining nine hospitals, with 555 beds, received \$2,267,088 or 47% of the allocated funds.

Executed contracts with hospitals with EDs totaled \$4,693,691. Of the total funding in executed contracts, \$3,874,121 was expended. Table 3 displays the region-wide total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further individual review may be necessary to determine specific reasons and opportunities for improvement.

¹⁹ This does not include the \$92,000 in allocated funds to the VA Medical Center in Lake City.

Table 3: Region 2 Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	289,387	289,387	272,492	94%
2003 - 2004	633,279	633,279	505,516	80%
2004 - 2005	1,002,087	1,002,087	813,549	81%
2005 - 2007	1,323,251	1,323,250	1,060,055	80%
2007 - 2008	699,451	575,751	475,147	83%
2008 - 2009	615,522	615,522	532,747	87%
2009 - 2010	254,415	254,415	214,616	84%
Total All FCs	4,817,392	4,693,691	3,874,121	83%

This record of spending as well as the growth and subsequent decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

Figure 2: Region 2 Total Allocated, Executed, and Spent Funds by Funding Cycle

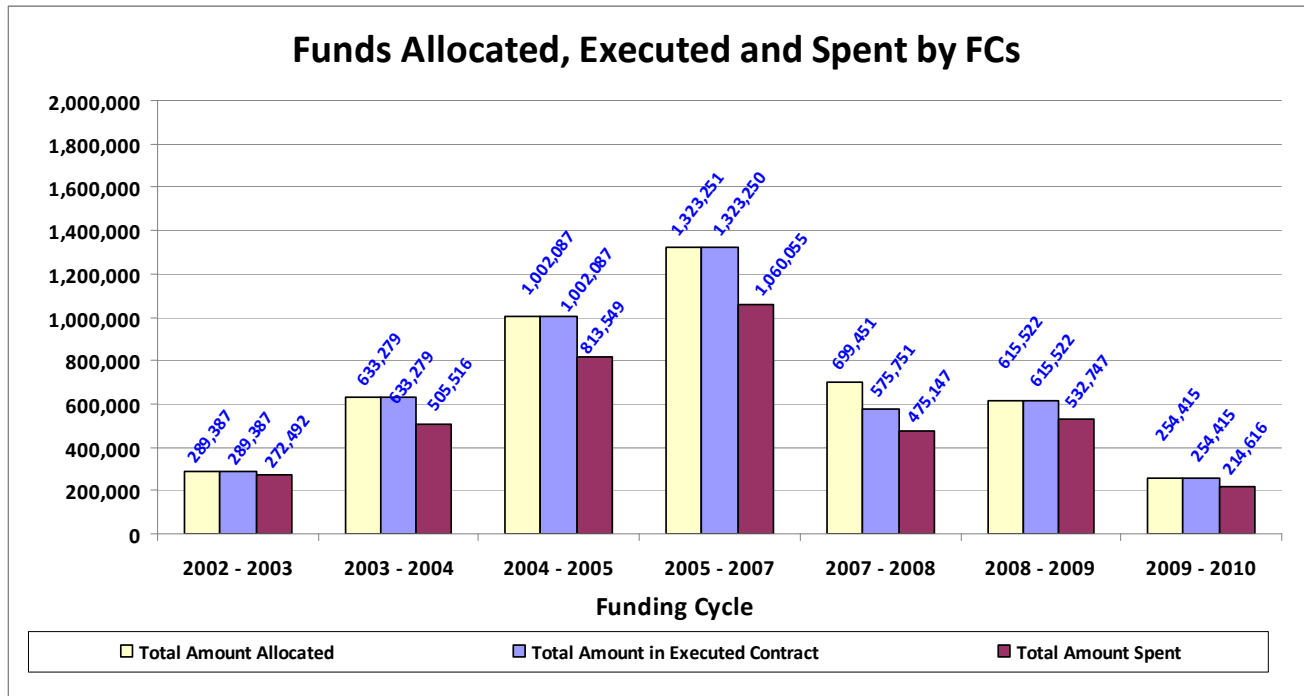


Figure 3: Region 2 Percentage of Executed Funds Spent

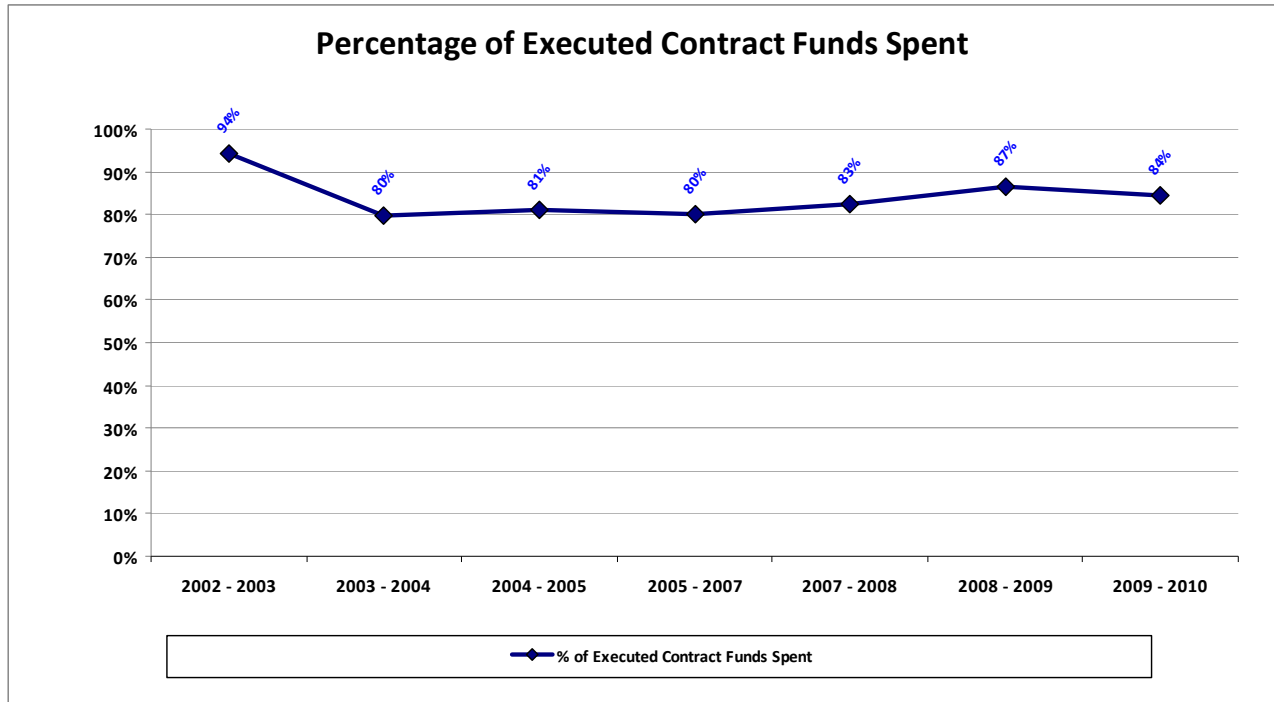


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals have spent 83% of the executed contract amounts.

Table 4: Region 2 Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Gadsden	Capital Regional Medical Center, Gadsden (formerly Gadsden Community Hospital)	4		77%					
Franklin	George E. Weems Memorial Hospital*	25		57%		0%			
Suwannee	Shands at Live Oak*	30		100%	100%	68%	45%	100%	40%
Madison	Madison County Memorial Hospital*	42		95%	100%	100%	81%	23%	95%
Hamilton	Trinity Community Hospital (closed August 08)	42		69%	95%				
Taylor	Doctors Memorial Hospital (Perry)	48	93%	100%	67%				91%
Columbia	Lake City Medical Center	67		98%		98%	90%	72%	68%
Columbia	Shands at Lake Shore	99	87%	100%	88%	75%	90%	100%	40%
Leon	Capital Regional Medical Center (formerly Tallahassee Community Hospital)	198	51%	42%	56%	22%	33%	93%	100%
Leon	Tallahassee Memorial Hospital	770	100%	87%	87%	85%	92%	91%	100%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

*Indicates designated critical access hospital.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training

- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on Web-Based Event Management Software Pilot Project, and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$3,042,380	\$437,979	\$329,761	\$64,000	\$3,874,121
Other	\$70,578	\$4,500	\$5,000	\$0	\$80,078
ALL	\$3,112,958	\$442,479	\$334,761	\$64,000	\$3,954,199

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Which hospitals are missing from the local partnership and why?
- ◆ What can be learned from the two hospitals that participated in every funding cycle?
- ◆ What factors may have led to the decline in participating hospital since funding cycle 2003-2004?
- ◆ What are the barriers or constraints to participation of smaller and rural facilities?
- ◆ Are there strategies to be considered to further engage the smaller and critical access hospitals?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 3

PROGRAM OVERVIEW

This report provides a descriptive analysis of the Hospital Preparedness Program (HPP) participation and programmatic focus for Region 3. The information provides an overview of regional and county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the region and to assist with planning for future activities.

THE REGION

Region 3 is made up of 13 counties, Alachua, Baker, Bradford, Clay, Duval, Flagler, Gilchrist, Levy, Marion, Nassau, Putnam, St. Johns, and Union. The 2010 U.S. Census population for this region is 2,196,085.²⁰ The smallest county is Union with a population of 15,535 and the largest county is Duval with a population of 864,263. Fifteen percent of the region's population is age 65 or older. Thirteen percent of persons under 65 years old have no health insurance. Sixteen percent of the population has one or more disabilities.

The region is demographically and economically diverse. Seven of the 13 counties are defined by Florida Statutes as being rural with a population density of less than 100 individuals per square mile. In addition, other counties in the region are made up of large rural areas. Seven of the state's 28 designated rural hospitals²¹ are in this region. Two of these hospitals are also designated as critical access hospitals, accounting for 15% of the state's 13 critical access hospitals.

The region has a significant manufacturing and agricultural and manufacturing industry. Agricultural activity employs seasonal and resident workers who historically have had limited access to healthcare resources. The region has a large coastline and barrier islands which pose challenges if evacuation is necessary. Jacksonville, in Duval County is the largest urban center with a mix of industrial, transportation, financial services, health care, and military employment. Land-wise, Jacksonville is the largest city in the U.S.²² The region is considered a transportation hub with seaports in Fernandina Beach and Jacksonville, an international airport, railroad, and the

²⁰ County population is from the 2010 US Census – Other demographic statistics are from the FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

²¹ Agency for Health Care Administration Facility/Provider Locator. <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 4/8/2011

²² Northeast Florida Regional Planning Council, <http://www.nefrpc.org/aboutSub/region.htm>. 5-25-2011.

junction of major interstates. Jacksonville also has multiple chemical storage sites. The military has a large impact on the region with the Jacksonville and Mayport naval air stations. The region's proximity to the Georgia border can result in persons coming to or leaving Florida for healthcare services.

The region is home to two major public universities, three private colleges/universities, and three community colleges bringing in a large number of temporary residents. The University of Florida has a large campus with multiple health science programs, and research centers that are home to sensitive biological research. Sporting events associated with the universities bring in a large number of visitors throughout the year. The stadium at the University of Florida is the largest in the state with an average attendance in excess of 90,000 for football games last season. Visitors and temporary residents may not have an emergency plan in place and could impact hospital surge capacity during an emergency event.

According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,²³ the number of counties in the region rated at high risk for hazards is:

Counties Rated High Hazard	Hazards
11	Hurricanes
9	Wildfires
8	Flooding
6	Tornadoes
4	Severe Storms
1	Drought, Winter Storms, Freezes, Erosion, Terrorism

The region has a diverse and well-developed health care system. Gilchrist is the only county in the region without a hospital. There are currently 22 hospitals with emergency departments (EDs), with 6,003 total licensed beds. A twenty-third hospital, Shands at AGH in Alachua County, closed in November 2009 with the majority of services, patients, staff, and volunteers moved to Shands at the University of Florida. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.²⁴ Hospitals include academic hospitals, the Baptist Hospital system, and the Mayo Hospital which attracts patients from other regions and states. Among the 22 hospitals two are designated as Level 1 Trauma Centers. One of these, Shands Hospital at the University of Florida also has a burn unit. There are no designated Level 2 or Pediatric Trauma Centers in the region.²⁵

²³ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

²⁴ While the numbers did not vary significantly over the seven funding cycles 2002-2003 to 2009-2010 can be considered estimates.

²⁵ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

There are an additional 14 hospitals without EDs in the region. These are primarily specialty hospitals providing such services as rehabilitation and behavioral health. One of these is the Florida State Hospital in Baker County with 1136 Licensed Adult Psychiatric beds, more licensed beds than any other hospital in the region. Another is the Malcolm Randall VA Medical Center in Alachua County with 254 licensed beds. There are also statewide Pediatric Referral Centers for Children's Medical Services at Shands in Gainesville and Jacksonville.

Eighteen or 82% of the 22 hospitals with emergency departments are Joint Commission accredited which requires an emergency operations plan and a substantial level of all hazards emergency response capability. Seven of the hospitals without EDs are also Joint Commission accredited.

The large rural geographic area, diversity of the population, fluctuations in the population numbers during the year, risks for hazards, and special issues associated with the potentially large number of clients housed in behavioral / mental health facilities could present hospitals in this region a wide range of challenges for all-hazard planning and preparedness.

PARTICIPATING HOSPITALS

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. Information is presented by funding cycle. Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

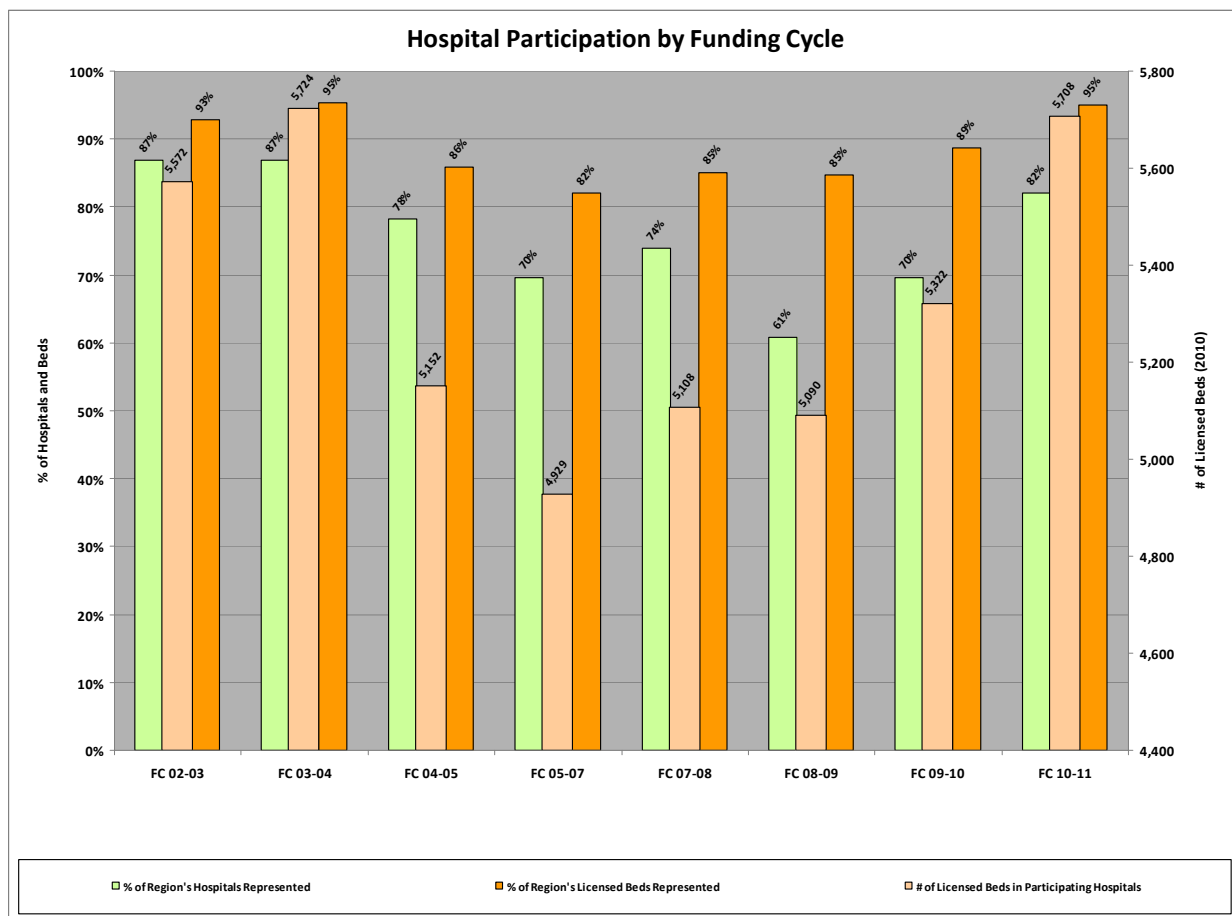
- ◆ Ten of the 23 hospitals with EDs, participated in all of the eight funding cycles.
- ◆ The six largest hospitals, accounting for 59% of the licensed beds in the region, participated in all of the eight funding cycles.
- ◆ Hospital participation ranged from a high of 20 in the first two funding cycles to a low of 14 in funding cycle 2008-2009.
- ◆ In funding cycle 2010-2011, 18 hospitals participated, accounting for 95% of the licensed beds in the region.
- ◆ In addition to hospitals with EDs included in this analysis, Shands Duval received funding during the 2003-2004 and 2008-2009 funding cycles for Equipment, Training and Exercise. Total funding allocated and executed during those funding cycles was \$30,279 with \$26,835 spent.
- ◆ In addition to hospitals with EDs included in this analysis, Specialty Hospital Jacksonville received funding during the 2003-2004, 2004-2005 and 2005-2007 funding cycles for Equipment, Training and Exercise. Total funding allocated and executed during those funding cycles was \$29,073 with \$21,601 spent. None of the \$4,003 allocated in 2005-2007 was spent.
- ◆ In addition to hospitals with EDs included in this analysis, Malcolm Randall VA Medical Center received funding during the 2004-2005, 2005-2007, and 2007-2008 funding cycles

for Equipment, Training and Exercise. Total funding allocated and executed during those funding cycles was \$112,298 with \$86,408 spent. The contract in 2007-2008 for \$20,519 was terminated with no funds expended.

- ◆ Eighteen of the current 22 hospitals in the region are part of nine hospital corporations or systems, Baptist Health, Flagler Health Care System, Adventist Health System, HCA (Hospital Corporation of America), Munroe Regional Health System, Inc., LifePoint Hospitals Inc., Shands Health Care, HMA (Health Management Associates, Inc.), and St. Vincent's HealthCare.²⁶

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the region's licensed beds. The figure illustrates that in the first year 20 of the hospitals participated, representing 93% of the beds. After the second funding cycle, the number of hospitals participating began to drop, fluctuating through the next several cycles. Participation increased again for 2010-2011 representing 95% of licensed beds for hospitals with EDs.

Figure 1: Region 3 Pattern of Participation by Funding Cycle



²⁶ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Table 1 provides another way of looking at regional participation trends and includes the total number of hospitals.

Table 1: Region 3 Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	20	20	18	16	17	14	16	18
% of Region's Hospitals Represented	87%	87%	78%	70%	74%	61%	70%	82%
# of Licensed Beds in Participating Hospitals	5,572	5,724	5,152	4,929	5,108	5,090	5,322	5,708
% of Region's Licensed Beds Represented	93%	95%	86%	82%	85%	85%	89%	95%

Note: The number of participating hospitals in Figure 1 and Table 1 are based on the 23 hospitals with EDs in the region through funding cycle 2009-2010. The percentage of hospitals represented for funding cycle 2010-2011 is based on 22 hospitals in the region with EDs. Whereas participating hospital figures were adjusted based on hospital closures all bed figures are based on AHCA's 2010 bed count.

Table 2 provides a side by side comparison of the hospitals with EDs participating in the HPP.

Table 2: Region 3 Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Alachua	Shands at AGH (closed 11-09)	-	4	Yes	No	No	No
Baker	Ed Fraser Memorial Hospital	25	0	No	No	No	No
Union	Lake Butler Hospital Hand Surgery Center*	27	4	Yes	Yes	Yes	Yes
Levy	Nature Coast Regional Hospital (Tri-County Hospital)	40	3	Yes	No	Yes	Yes
Bradford	Shands Starke*	49	4	Yes	Yes	Yes	Yes
Nassau	Baptist Medical Center Nassau	54	3	Yes	Yes	Yes	No
Marion	West Marion Community Hospital	70	3	No	No	No	No
Flagler	Florida Hospital Flagler (formerly Memorial Hospital Flagler)	99	4	Yes	No	No	Yes
Putnam	Putnam Community Hospital	141	2	No	No	No	Yes
Duval	Baptist Medical Center Beaches	146	2	No	No	No	No
Duval	Baptist Medical Center South	192	3	Yes	No	Yes	Yes
Marion	Ocala Regional Medical Center	200	4	No	No	No	Yes
Duval	Mayo Hospital	214	1	Yes	Yes	Yes	Yes
Clay	Orange Park Medical Center	252	4	Yes	Yes	Yes	Yes
Duval	St. Luke's Hospital	313	3	No	Yes	Yes	Yes
St. Johns	Flagler Hospital	316	4	Yes	Yes	Yes	Yes
Alachua	North Florida Regional Medical Center	325	2	Yes	Yes	Yes	Yes
Marion	Munroe Regional Medical Center	421	4	Yes	Yes	Yes	Yes
Duval	Memorial Hospital Jacksonville	425	4	Yes	Yes	Yes	Yes
Duval	St. Vincent's Medical Center	528	4	Yes	Yes	Yes	Yes
Duval	Baptist Medical Center (Jacksonville)	619	4	Yes	Yes	Yes	Yes
Duval	Shands Jacksonville	695	4	Yes	Yes	Yes	Yes
Alachua	Shands UF	852	4	Yes	Yes	Yes	Yes
	23	6,003		17	14	16	18

*Indicates designated critical access hospital

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Region 3 hospitals with EDs received a total allocation of \$14,371,737²⁷ through funding cycle 2009-2010. The six largest hospitals, those with greater than 350 beds, were recipients of 70% or \$10,011,719 of the allocated funds. The remaining 17 hospitals, with 2,463 beds, received \$4,360,018 or 30% of the allocated funds.

Executed contracts totaled \$14,369,237. Of the total funding in executed contracts, 84% was expended. Table 3 displays the region-wide total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further individual review may be necessary to determine specific reasons and opportunities for improvement.

Table 3: Region 3 Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	740,386	737,886	519,056	70%
2003 - 2004	1,856,386	1,856,386	1,524,584	82%
2004 - 2005	4,292,495	4,292,495	3,519,672	82%
2005 - 2007	3,644,942	3,644,942	3,153,096	87%
2007 - 2008	2,515,346	2,515,346	2,156,818	86%
2008 - 2009	588,603	588,603	547,897	93%
2009 - 2010	733,579	733,579	650,027	89%
Total All FCs	14,371,737	14,369,237	12,071,149	84%

This record of spending as well as the growth and subsequent decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

²⁷ This does not include the \$171,650 in allocated funds to Shands and Specialty Hospitals in Duval County and the Malcolm Randall VA Medical Center in Alachua County.

Figure 2: Region 3 Total Allocated, Executed, and Spent Funds by Funding Cycle

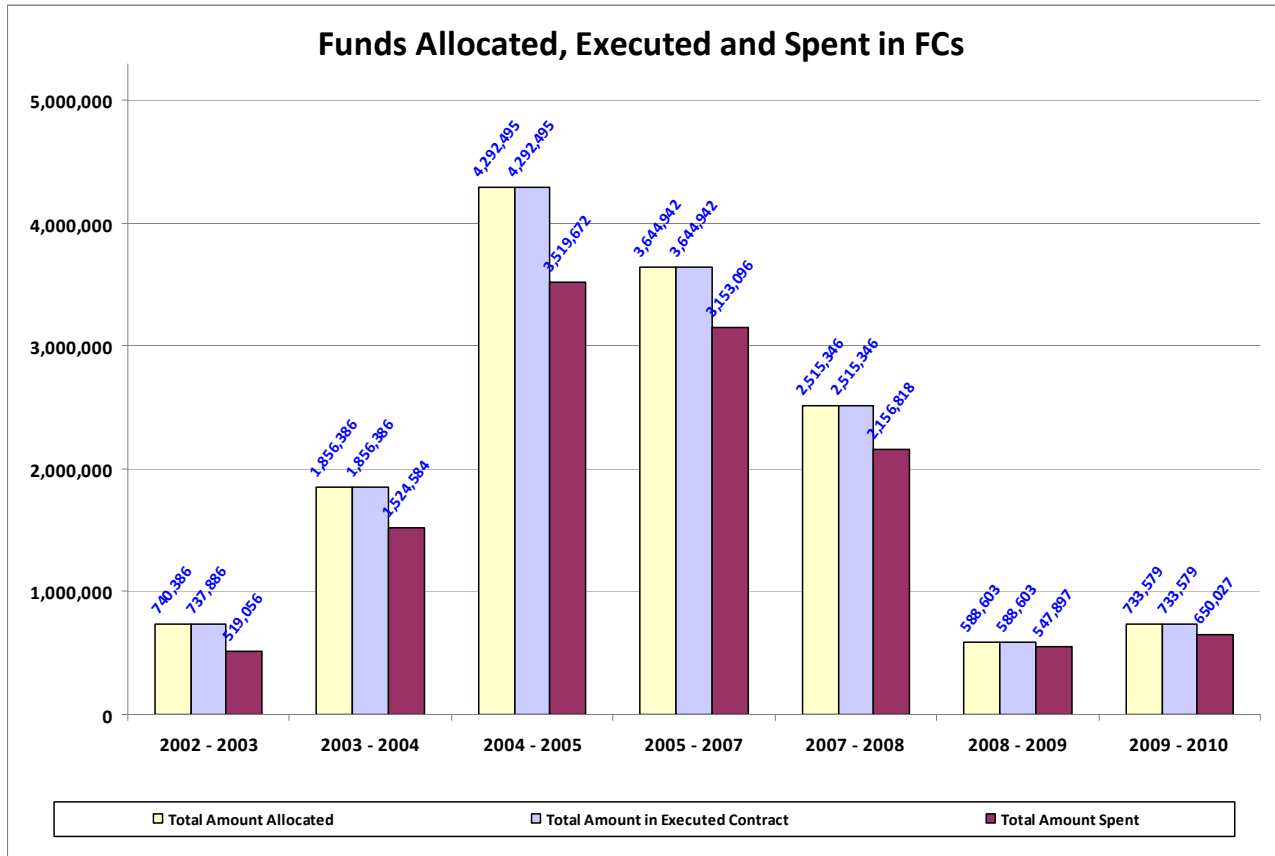


Figure 3: Region 3 Percentage of Executed Funds Spent

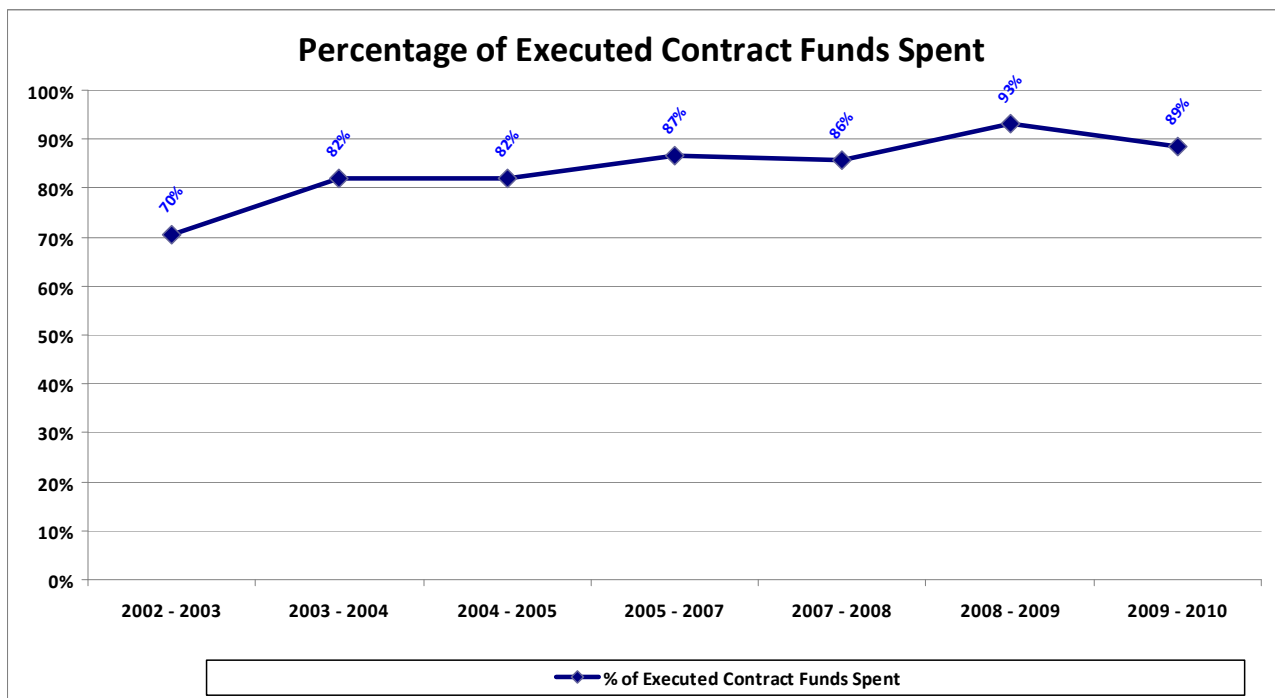


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals have spent \$12,071,149 or 84% of the executed contract amounts.

Table 4: Region 3 Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Alachua	Shands at AGH (closed 11-09)	-	100%	76%	90%	67%	61%		
Baker	Ed Fraser Memorial Hospital	25							
Union	Lake Butler Hospital Hand Surgery Center*	27	12%	76%	100%	99%	100%	100%	100%
Levy	Nature Coast Regional Hospital (Tri-County Hospital)	40	100%	0%	97%	99%	75%		100%
Bradford	Shands Starke*	49	12%	97%	94%	100%	34%	100%	99%
Nassau	Baptist Medical Center Nassau	54	12%	75%	69%		8%	100%	0%
Marion	West Marion Community Hospital	70	0%	90%	100%				
Flagler	Florida Hospital Flagler (formerly Memorial Hospital Flagler)	99	98%	100%	100%	100%	72%		
Putnam	Putnam Community Hospital	141	60%	64%					
Duval	Baptist Medical Center Beaches	146	72%	100%					
Duval	Baptist Medical Center South	192		70%	93%	82%	5%		0%
Marion	Ocala Regional Medical Center	200	0%	76%	100%	81%			
Duval	Mayo Hospital	214				100%	85%	99%	100%
Clay	Orange Park Medical Center	252	0%	96%	13%	46%	100%	100%	96%
Duval	St. Luke's Hospital	313	100%	76%	66%			91%	67%
St. Johns	Flagler Hospital	316	100%	96%	99%	99%	100%	100%	100%
Alachua	North Florida Regional Medical Center	325	57%	0%			41%	95%	64%
Marion	Munroe Regional Medical Center	421	100%	99%	93%	52%	99%	92%	100%
Duval	Memorial Hospital Jacksonville	425	97%	90%	79%	66%	89%	100%	97%
Duval	St. Vincent's Medical Center	528	100%	80%	67%	65%	92%	69%	99%
Duval	Baptist Medical Center (Jacksonville)	619	86%	76%	53%	38%	18%	70%	91%
Duval	Shands Jacksonville	695	83%	95%	98%	95%	99%	100%	100%
Alachua	Shands UF	852	100%	80%	79%	98%	97%	99%	100%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

*Indicates designated critical access hospital.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Web-Based Event Management Software Pilot Project, and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$9,919,213	\$1,184,933	\$809,003	\$158,000	\$12,071,149
Other	\$89,174	\$28,348	\$17,324	\$0	\$134,845
ALL	\$10,008,387	\$1,213,281	\$826,326	\$158,000	\$12,205,994

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Are there any key hospitals missing from the local partnership and why?
- ◆ What can be learned from the six largest hospitals that participated in each of the contract cycles?
- ◆ What can be learned from the two largest hospitals high expenditure rates throughout the funding cycles?
- ◆ What factors may have contributed to the low expenditure rates by some of the participating hospitals?
- ◆ Are there actions that could better support hospitals and help them maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 4

PROGRAM OVERVIEW

This report provides a descriptive analysis of the Hospital Preparedness Program (HPP) participation and programmatic focus for Region 4. The information provides an overview of regional and county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the region and to assist with planning for future activities.

THE REGION

Region 4 is made up of eight counties, Citrus, Hardee, Hernando, Hillsborough, Pasco, Pinellas, Polk, and Sumter. The 2010 U.S. Census population for this region is 3,647,725. The smallest county is Hardee with a population of 27,731 and the largest county is Hillsborough with a population of 1,229,226.²⁸ Nineteen percent of the region's population is age 65 or older. More than 15% of the region's residents under 65 years of age have no health insurance. Nineteen percent of the population have one or more disabilities.

The region is demographically and economically diverse. Two of the eight counties are defined by Florida Statutes as being rural with a population density of less than 100 individuals per square mile. In addition, other counties in the region include rural areas. Florida Hospital Wauchula in Hardee County is one of the state's 13 designated critical access hospitals.²⁹

The region has a significant agricultural sector employing a large number of farm workers who historically have had limited access to healthcare services. At the same time the region attracts a large number of retirees. According to the Florida Department of Elder Affairs 2010 County Profiles, five of the counties have a population age 65 or older greater than 20%, with nearly one-third of the population in Citrus and Sumter counties age 65 and older.

The region also has two major urban areas, St Petersburg and Tampa that have numerous sporting and cultural events. The St. Petersburg area has many retirees and high rise housing. Most recently there has been an influx of young upwardly mobile professionals and significant urban renewal of downtown areas. Tampa is home to a large performing arts center hosting many events. Ybor City hosts many cultural events such as Gasparilla Day. The area is dependent on bridges and causeways to connect the highly populated beaches to the cities. These factors along

²⁸ County population is from the 2010 US Census - Other demographic statistics are from FDOH Vulnerable Population profiles. <http://www.floridashhealth.com/prepare/VulnerablePopulations.html>.

²⁹ Agency for Health Care Administration Facility/Provider Locator. <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 4/8/2011

with the heavily traveled major traffic corridor between Tampa and Orlando could place additional burdens on the area if evacuations are necessary.

The region is home to a public university, eight private colleges and three community colleges bringing in temporary residents who may not have an emergency plan in place. The region also has a significant military presence with a Coast Guard Air Station in Pinellas County and MacDill Air Force Base in Hillsborough County. The air force base is home to mission partners with all branches of services represented. The base has a medical clinic and provides primary care but there are no on-base emergency medical services available. The region has an operating nuclear power plant located in Citrus County.

This region is at high risk for hurricanes and severe storms. The large coastal area, and the high hurricane risk puts the area at risk for storm surge. According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,³⁰ the number of counties in the region rated at high risk for hazards is:

Counties Rated High Hazard	Hazards
7	Hurricanes
6	Severe Storms
4	Flooding, Tornadoes, Wildfires
3	Freezes, Sinkholes
2	Drought, Winter Storms
1	Extreme Heat, Erosion,

The age and diversity of the population and risks for hazards present the hospitals in this region a wide range of challenges for all-hazard preparedness.

The region currently has 43 hospitals with emergency departments (EDs). These hospitals have a reported 11,266 licensed beds. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.³¹ Among the 43 hospitals with EDs, there is one designated as a Level I Trauma Center with a burn unit, and three Level II Trauma Centers, one of which is also a designated as a Pediatric Trauma Center.³²

There are an additional 11 hospitals in the region without EDs. These are primarily specialty hospitals providing such services as long-term acute care, rehabilitation, cancer treatment, behavioral health, and children’s services. The region also has a Veteran’s Administration hospital in Tampa (Hillsborough) and in St. Petersburg (Pinellas).

³⁰ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

³¹ While the number of hospitals beds did not vary significantly over the seven funding cycles, 2002-2003 to 2009-2010 can be considered estimates.

³² Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

Ninety-one percent or 39 of the hospitals with emergency departments are Joint Commission accredited which requires an emergency operations plan and all hazards emergency response capabilities. Ten of the hospitals without EDs are also Joint Commission accredited.

PARTICIPATING HOSPITALS

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. Some of the larger hospital systems receive funds for more than one hospital in their system. When this occurs there may be one contract, however, the funds and preparedness resources are provided to other hospitals in the system. This allows the contracting hospital to leverage their purchasing power and expedite the expenditure of funds. In such cases, each hospital receiving funds directly or indirectly has been counted as participating.

Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

- ◆ Each of the 42 hospitals with EDs participated in the Hospital Preparedness Program for at least one funding cycle. The 43rd hospital did not open until February 2010.
- ◆ Hospital participation ranged from a low of 13 in funding cycle 2002-2003 to a high of 39 in funding cycles 2003-2004.
- ◆ In funding cycle 2010-2011, 27 hospitals participated, accounting for 7,760 beds.
- ◆ The 10 largest hospitals, those with more than 350 beds, constitute 54% of the licensed beds for the region.
- ◆ Five of the six largest hospitals participated in each funding cycle.
- ◆ In addition to hospitals with EDs included in this analysis, during the funding cycles of 2005-2007 and 2007-2008, the James Haley Veteran's Administration Medical Center, in Tampa, received executed contracts totaling \$85,000 for equipment, training, and exercises as part of a special project. However, only \$44,214 of the funding was expended.
- ◆ Forty-one of the 43 hospitals in the region are part of 15 hospital corporations or systems, All Children's Health System, Bayfront Health System, HCA (Hospital Corporation of America), Hernando HealthCare, Citrus Memorial Health System, Adventist Health System, Community Health Systems, Bay Care/Morton Plant Mease Healthcare, Bay Care/St Joseph's/Baptist Healthcare; Bay Care/St Anthony's Healthcare, Iasis Healthcare, HMA (Health Management Associates, Inc.), Mid Florida Medical Services, Hernando Health Care, and Central Florida Health Alliance³³

³³ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the region's licensed beds. The figure illustrates that in the first year, 13% of the hospitals represented 53% of the beds. Participation sharply increased the next funding cycle and then slowly decreased until funding cycle 2009-2010 when it increased again. Funding cycle 2010-2011 reflects another large decrease in participation to the lowest level since the first funding cycle.

Figure 1: Region 4 Pattern of Participation by Funding Cycle

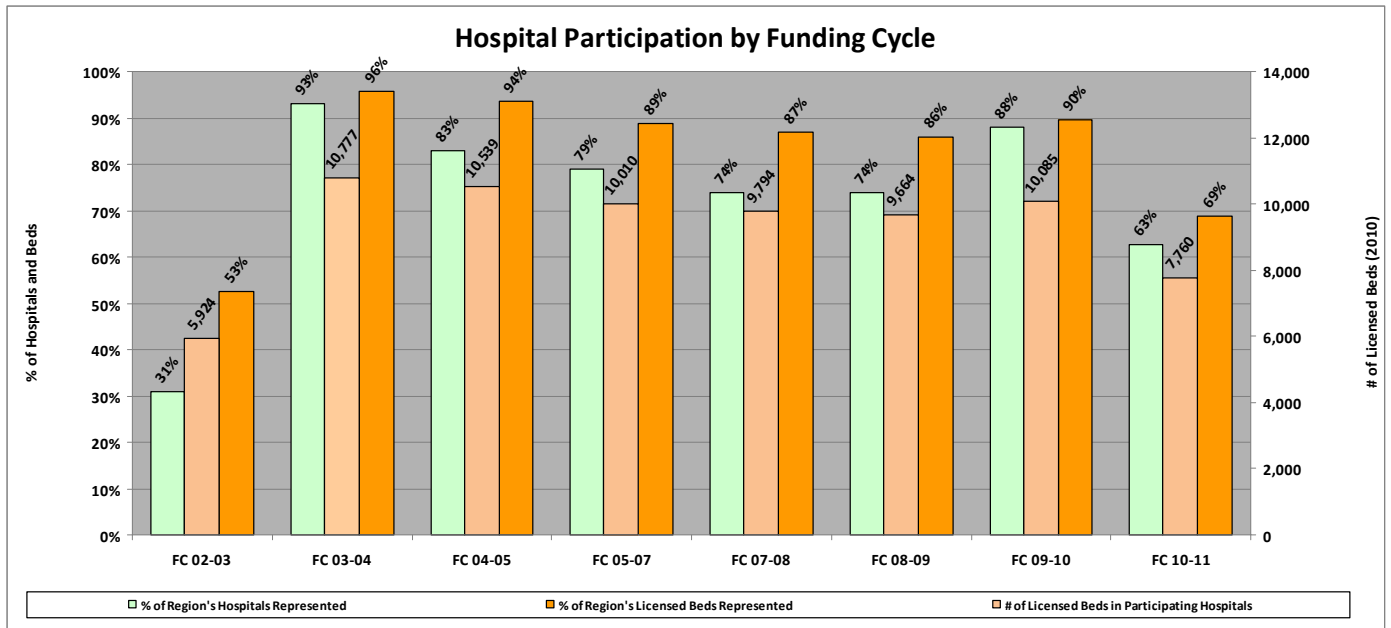


Table 1 provides another way of looking at regional participation trends and includes the total number of participating hospitals.

Table 1: Region 4 Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	13	39	35	33	31	31	37	27
% of Region's Hospitals Represented	31%	93%	83%	79%	74%	74%	88%	63%
# of Licensed Beds in Participating Hospitals	5,924	10,777	10,539	10,010	9,794	9,664	10,085	7,760
% of Region's Licensed Beds Represented	53%	96%	94%	89%	87%	86%	90%	69%

Note the percentage of participating hospitals in Figure 1 and Table 1 is based on the 42 hospitals with EDs in the region from funding cycles 2002-2003 through 2009-2010. The percentage of hospitals for funding cycle 2010-2011 is based on the 43 hospitals with EDs currently in the region. Whereas participating hospital figures were adjusted based on hospital openings all bed figures are based on AHCA's 2010 bed count.

Table 2, on the next page, provides a side by side comparison of the hospitals with EDs participating in the HPP. Hospitals marked "yes" participated either through an individual contract or as part of a system or master contract.

Table 2: Region 4 Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Hillsborough	St. Joseph's Children's Hospital (formerly Tampa Children's Hospital)	-	1	No	No	Yes	No
Hillsborough	St. Joseph's Hospital North (Opened 2-15-10)	-	0	No	No	No	No
Hillsborough	St. Joseph's Womens Hospital	-	1	No	No	Yes	No
Hardee	Florida Hospital Wachula*	44	4	Yes	Yes	Yes	No
Polk	Regency Medical Center	61	1	No	No	No	No
Polk	Bartow Memorial Hospital (Bartow Regional Medical Center)	72	2	Yes	Yes	Yes	Yes
Hillsborough	South Bay Hospital	112	3	No	Yes	Yes	Yes
Hernando	Brooksville Regional Hospital	120	3	Yes	Yes	Yes	Yes
Pasco	Pasco Regional Medical Center	120	3	Yes	Yes	Yes	No
Hillsborough	University Community Hospital - Carrollwood	120	3	Yes	Yes	Yes	Yes
Pasco	North Bay Medical Center (Morton Plant North Bay Hospital)	122	2	No	No	Yes	Yes
Hernando	Spring Hill Regional Hospital	124	1	No	No	Yes	Yes
Citrus	Seven Rivers Regional Medical Center	128	4	Yes	Yes	Yes	No
Pinellas	Mease Hospital Dunedin	143	1	No	No	Yes	Yes
Hillsborough	South Florida Baptist Hospital	147	3	Yes	Yes	Yes	Yes
Pasco	Florida Hospital Zephyrhills (formerly East Pasco Medical Center)	154	3	Yes	Yes	Yes	Yes
Polk	Lake Wales Medical Center	160	3	Yes	Yes	Yes	Yes
Pinellas	Edward White Hospital	167	3	Yes	Yes	Yes	No
Pinellas	Helen Ellis Memorial Hospital	168	3	Yes	Yes	Yes	Yes
Hillsborough	Memorial Hospital Tampa	180	3	Yes	Yes	Yes	Yes
Polk	Heart of Florida Regional Medical Center	194	3	Yes	Yes	Yes	Yes
Citrus	Citrus Memorial Hospital	198	3	No	No	No	Yes
Sumter	The Villages Regional Hospital	198	2	No	No	Yes	No
Pinellas	Largo - Indian Rocks (formerly Sun Coast Hospital)	200	3	Yes	No	No	No
Hillsborough	Town & Country Hospital	201	1	Yes	Yes	Yes	Yes
Hernando	Oak Hill Hospital	214	4	No	Yes	Yes	Yes
Pinellas	All Children's Hospital	216	3	Yes	Yes	Yes	Yes
Pinellas	St. Petersburg General Hospital	219	2	Yes	Yes	Yes	No
Pinellas	Largo Medical Center	256	3	Yes	No	No	No
Pinellas	Northside Hospital and Heart Institute	288	3	Yes	Yes	Yes	Yes
Pasco	Regional Medical Center Bayonet Point	290	4	Yes	Yes	Yes	Yes
Pinellas	Mease Hospital Countryside	300	3	No	No	Yes	Yes
Pinellas	Palms of Pasadena Hospital	307	3	Yes	Yes	Yes	Yes
Pasco	Community Hospital of New Port Richey	389	3	Yes	Yes	Yes	No
Pinellas	St. Anthony's Hospital	395	3	Yes	Yes	Yes	Yes
Hillsborough	Brandon Regional Hospital	407	2	Yes	Yes	Yes	No
Polk	Winter Haven Hospital	466	4	Yes	Yes	No	No
Hillsborough	University Community Hospital	475	4	Yes	Yes	Yes	Yes
Pinellas	Bayfront Medical Center	502	4	Yes	Yes	Yes	Yes
Pinellas	Morton Plant Hospital	687	4	Yes	Yes	Yes	Yes
Polk	Lakeland Regional Medical Center	851	4	Yes	Yes	Yes	No
Hillsborough	St. Joseph's Hospital	883	4	Yes	Yes	Yes	Yes
Hillsborough	Tampa General Hospital	988	4	Yes	Yes	Yes	Yes
	43	11,266		31	31	37	27

*Indicates designated critical access hospital

Information regarding participation is important but it is only one part of the picture. It is necessary to look at levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Region 4 hospitals with EDs received a total allocation of \$23,869,977 through funding cycle 2009-2010.³⁴ The ten largest hospitals, those with greater than 350 beds, were recipients of \$13,585,518 or 57% of the allocated funds. The remaining 33 hospitals received \$10,284,459 or 43% of the allocated funds.

Executed contracts totaled \$23,543,359. Of the total funding in executed contracts, \$18,622,010 was expended. Table 3 displays the region-wide total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further individual review may be necessary to determine specific reasons and opportunities for improvement.

Table 3: Region 4 Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	1,186,375	1,186,256	864,988	73%
2003 - 2004	3,179,392	3,179,392	2,297,664	72%
2004 - 2005	5,604,093	5,604,093	4,149,906	74%
2005 - 2007	7,334,572	7,008,072	5,896,291	84%
2007 - 2008	3,183,785	3,183,785	2,830,622	89%
2008 - 2009	2,140,905	2,140,905	1,784,373	83%
2009 - 2010	1,240,856	1,240,856	798,165	64%
Total All FCs	23,869,977	23,543,359	18,622,010	79%

The record of spending as well as the growth and subsequent decline in funding over the seven funding cycles is illustrated in Figures 2 and 3.

³⁴ This does not include the \$85,000 in allocated funds during FYs 05-07 and 07-08 to the James Haley VA Medical Center.

Figure 2: Region 4 Total Allocated, Executed, and Spent Funds by Funding Cycle

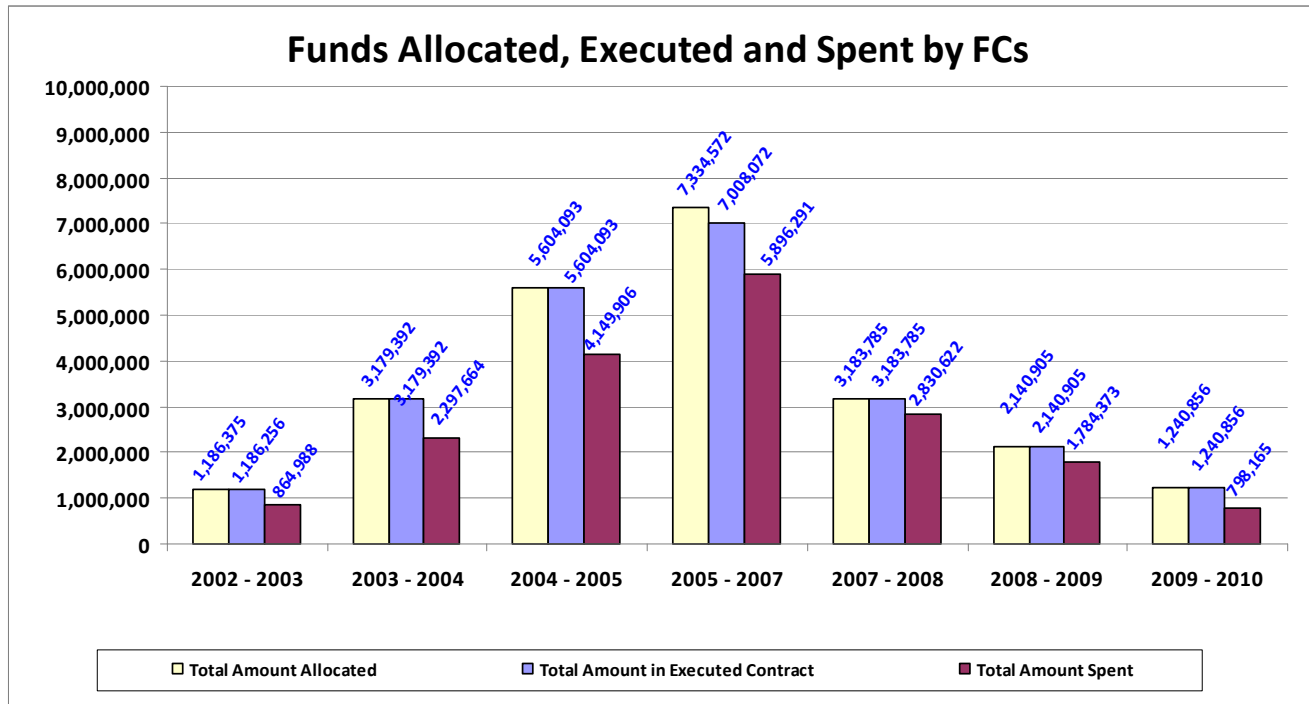


Figure 3: Region 4 Percentage of Executed Funds Spent by Funding Cycle

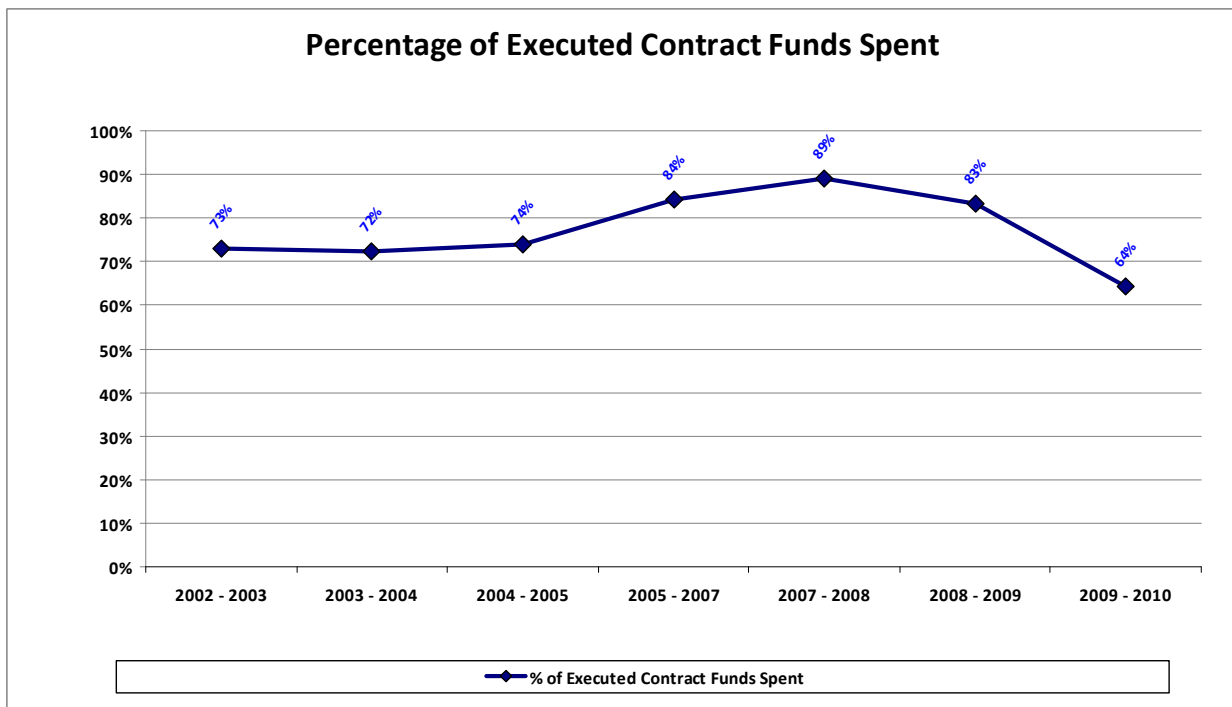


Table 4 on the next page illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals have spent 79% of the executed contract amounts.

In funding cycle 2009-2010 three hospital systems elected to take one contract for its hospital partners in Region 4. Table 4 notes which hospitals participated by receiving funds and preparedness resources through a hospital with a master contract. The expenditure rate for the hospital receiving the contract reflects the overall expenditure for all participating hospitals.

System partner hospitals that participated in a master contract are noted as follows:

- ◆ SJH = St Josephs Hospital
- ◆ MPH = Morton Plant Hospital
- ◆ LRMC = Funded through a Region 5 contract with Leesburg Regional Medical Center

Table 4: Region 4 Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Hillsborough	St. Joseph's Children's Hospital (formerly Tampa Children's Hospital)	-		0%					SJH
Hillsborough	St. Joseph's Hospital North (Opened 2-15-10)	-							
Hillsborough	St. Joseph's Womens Hospital	-		0%					SJH
Hardee	Florida Hospital Wachula*	44	74%	83%	100%	82%	86%	100%	0%
Polk	Regency Medical Center	61		40%					
Polk	Bartow Memorial Hospital (Bartow Regional Medical Center)	72			100%	100%	100%	100%	
Hillsborough	South Bay Hospital	112		88%	74%	77%		99%	100%
Hernando	Brooksville Regional Hospital	120		100%	84%	95%	85%	98%	0%
Pasco	Pasco Regional Medical Center	120		78%	100%	63%	100%	100%	100%
Hillsborough	University Community Hospital - Carrollwood	120		47%	96%	100%	98%	44%	100%
Pasco	North Bay Medical Center (Morton Plant North Bay Hospital)	122		65%	95%				MPH
Hernando	Spring Hill Regional Hospital	124		100%					0%
Citrus	Seven Rivers Regional Medical Center	128	97%	89%	29%	95%	99%	0%	82%
Pinellas	Mease Hospital Dunedin	143		71%					MPH
Hillsborough	South Florida Baptist Hospital	147		86%	100%	94%	93%	69%	91%
Pasco	Florida Hospital Zephyrhills (formerly East Pasco Medical Center)	154		100%	80%	84%	98%	12%	0%
Polk	Lake Wales Medical Center	160		86%	48%	21%	28%	74%	48%
Pinellas	Edward White Hospital	167		67%	97%	96%	98%	100%	0%
Pinellas	Helen Ellis Memorial Hospital	168		0%	0%	58%	53%	40%	99%
Hillsborough	Memorial Hospital Tampa	180		0%	77%	72%	93%	100%	99%
Polk	Heart of Florida Regional Medical Center	194		86%	78%	75%	88%	100%	51%
Citrus	Citrus Memorial Hospital	198	0%		73%	41%			
Sumter	The Villages Regional Hospital	198	100%	0%					LRMC
Pinellas	Largo - Indian Rocks (formerly Sun Coast Hospital)	200		0%	93%	28%	74%		
Hillsborough	Town & Country Hospital	201		0%			97%		92%
Hernando	Oak Hill Hospital	214	18%	0%	99%	38%		27%	0%
Pinellas	All Children's Hospital	216		94%	100%	92%	96%	56%	100%
Pinellas	St. Petersburg General Hospital	219			99%	100%	87%	100%	36%
Pinellas	Largo Medical Center	256		78%	57%	68%	92%		
Pinellas	Northside Hospital and Heart Institute	288		79%	47%	89%	97%	100%	0%
Pasco	Regional Medical Center Bayonet Point	290	88%	62%	28%	50%	19%	100%	95%
Pinellas	Mease Hospital Countryside	300		75%	90%	44%			MPH
Pinellas	Palms of Pasadena Hospital	307		73%	70%	58%	53%	0%	100%
Pasco	Community Hospital of New Port Richey	389		95%	98%	63%	53%	100%	98%
Pinellas	St. Anthony's Hospital	395		94%	32%	98%	82%	66%	62%
Hillsborough	Brandon Regional Hospital	407		25%	48%		97%	100%	97%
Polk	Winter Haven Hospital	466	100%	45%	60%	93%	60%	69%	
Hillsborough	University Community Hospital	475	53%	37%	30%	21%	98%	67%	100%
Pinellas	Bayfront Medical Center	502	100%	74%	87%	94%	85%	99%	0%
Pinellas	Morton Plant Hospital	687	84%	71%	66%	36%	87%	61%	65%
Polk	Lakeland Regional Medical Center	851	100%	26%	94%	91%	74%	96%	89%
Hillsborough	St. Joseph's Hospital	883	22%	99%	67%	98%	99%	88%	80%
Hillsborough	Tampa General Hospital	988	90%	88%	52%	100%	98%	68%	97%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

*Indicates designated critical access hospital

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture funds spent on the Web-Based Event Management Software Pilot Project and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$15,478,178	\$1,579,517	\$1,469,315	\$95,000	\$18,622,010
Other	\$39,214	\$0	\$5,000	\$0	\$44,214
ALL	\$15,517,391	\$1,579,517	\$1,474,315	\$95,000	\$18,666,223

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Are all of the key partners engaged in the program?
- ◆ Which key hospitals are missing from the local partnership and why?
- ◆ What factors or events may have led to a decline in the number of participating hospitals in the region for funding cycle 2010-2011?
- ◆ What factors or events may have led to a decline in the expenditure rate in the region for funding cycle 2009-2010?
- ◆ What can be learned from five of the six largest hospitals that participated in every funding cycle?
- ◆ What actions may be necessary to better support hospitals and impact the maximization of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 5

PROGRAM OVERVIEW

This report provides a descriptive analysis of the Hospital Preparedness Program (HPP) participation and programmatic focus for Region 5. The information provides an overview of regional and county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the region and to assist with planning for future activities.

THE REGION

Region 5 is made up of nine counties, Brevard, Indian River, Lake, Martin, Orange, Osceola, St Lucie, Seminole, and Volusia. The 2010 U.S. Census population for this Region is 3,734,515.³⁵ The smallest county is Martin with a population of 146,318 and the largest county is Orange with a population of 1,145,956. Seventeen percent of the region's population is age 65 or older. Almost 16% of persons under 65 years old have no health insurance. Sixteen percent of the population has one or more disabilities.

The region is demographically and economically diverse. Although none of the counties are defined as rural by Florida Statutes, portions of five counties in the region contain rural areas with agricultural industries that employ seasonal and resident workers. These workers, historically have had limited access to healthcare resources. The Orlando metropolitan areas main economic base is tourism, with multiple major theme parks and numerous other attractions. Orlando has the second largest convention center in the US. Visit Orlando reports more than 51 million visitors in 2010 with nearly 3.7 million being international visitors. To accommodate visitors there are a large number of hotels, restaurants and one of the busiest airports in the US. Port Canaveral is one of the busiest cruise ports in the world. Home to three cruise lines it handles 2,722,751 cruise passengers a year.³⁶ Other coastal communities like Daytona are also host to many special events like bike week and the Daytona 500 bring in a large number of visitors. Historically aerospace businesses around the Kennedy Space Center in Brevard County played a key role and were a significant boost to the economy creating many jobs and attracting tourists. The eminent/impending shut down of the shuttle program will have

³⁵ County population is from the 2010 US Census – Other demographic statistics are from the FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

³⁶ <http://www.portcanaveral.com/index2.php> p 25.

an adverse effect on employment and business. The region also has an operating nuclear power plant located in St. Lucie County.

Hurricanes are the major risk for this region given the extensive Atlantic coastline of over 170 miles and many highly/densely populated communities with manufactured homes. Many of the homes and communities on the A1A corridor do not meet current building codes. In 2004 large segments of the A1A corridor and communities were devastated. According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,³⁷ the number of counties in the region rated at high risk for hazards is:

Counties Rated High Hazard	Hazards
9 (all counties)	Hurricanes
5	Flooding
3	Tornadoes
2	Wildfires, Sinkholes
1	Drought

The diversity of the population, the high risk for hurricanes and flooding, and the large number of visitors, who may or may not have access to health care services, may not know where to go for assistance, and may not use English as their primary language, present hospitals in the region with a wide range of challenges for all-hazard preparedness.

The region currently has 37 hospitals with emergency departments (EDs), with a total 9,320 licensed beds. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.³⁸ There are an additional 16 hospitals without EDs. These are primarily specialty hospitals providing such services as long-term acute care, rehabilitation, and behavioral health. Among the 37 hospitals one is designated as a Level 1 Trauma Center with a burn unit, and three are designated Level II Trauma Centers.³⁹ The region is also home to one Veteran’s Administration Hospital in Orlando.

Thirty-four or 92% of the hospitals are Joint Commission accredited which requires an emergency operations plan and all hazards emergency response capabilities. Five of the hospitals without EDs are also Joint Commission accredited.

³⁷ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

³⁸ While the numbers did not vary significantly over the seven funding cycles 2002-2003 to 2009-2010 can be considered estimates.

³⁹ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

PARTICIPATING HOSPITALS

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. Some of the larger hospital systems receive funds for more than one hospital in their system. When this occurs there may be one contract, however, the funds and preparedness resources are provided to other hospitals in the system. This allows the contracting hospital to leverage their purchasing power and expedite the expenditure of funds. In such cases, each hospital receiving funds directly or indirectly has been counted as participating.

Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

- ◆ Each of the 37 hospitals with EDs participated in the Hospital Preparedness Program for at least one funding cycle.
- ◆ Thirteen of the hospitals, including the four largest hospitals in the region participated in all eight funding cycles.
- ◆ Hospital participation ranged from a low of 14 in funding cycle 2002-2003 to a high of 35 in funding cycles 2003-2004.
- ◆ In funding cycle 2010-2011, 32 hospitals participated, accounting for 8,475 beds.
- ◆ The five largest hospitals, those with more than 350 beds, constitute 35% of the licensed beds for the Region.
- ◆ In addition to hospitals with EDs included in this analysis, during the 2003-2004 funding cycle Lucerne Pavilion part of Orlando Regional, received an executed contract totaling \$10,301 for equipment and exercises as part of a special project. However, only \$6,573 was expended for ventilators.
- ◆ Thirty-three of the 37 hospitals in the region are part of eight hospital corporations or systems, Orlando Health, Health First Inc., HCA (Hospital Corporation of America), Adventist Health System, Halifax Health System, Central Florida Health Alliance, Martin Memorial Health Systems, and HMA (Health Management Associates, Inc.).⁴⁰

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the region's licensed beds. The figure illustrates that in the first year 38% of the hospitals participated, representing 56% of the beds. The second funding cycle

⁴⁰ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

had very high participation. After that, participation began to decline increasing again in funding cycle 2008-2009. Participation declined again slightly for 2010-2011.

*Please note that this table does not reflect the full picture of what occurred in the region during funding cycles 2005-2007 and 2007-2008. During those funding cycles, hospitals within a larger system may have received benefits and participated through sharing of funds provided to a main hospital within that system. Because these hospitals were not specified as participating in contract language they are not reflected in Figure 1, Table 1, and Table 2 as a participating hospital. Regional information reports that 33 hospitals benefited from HPP funding during each of those funding cycles.

Figure 1: Region 5 Pattern of Participation by Funding Cycle*

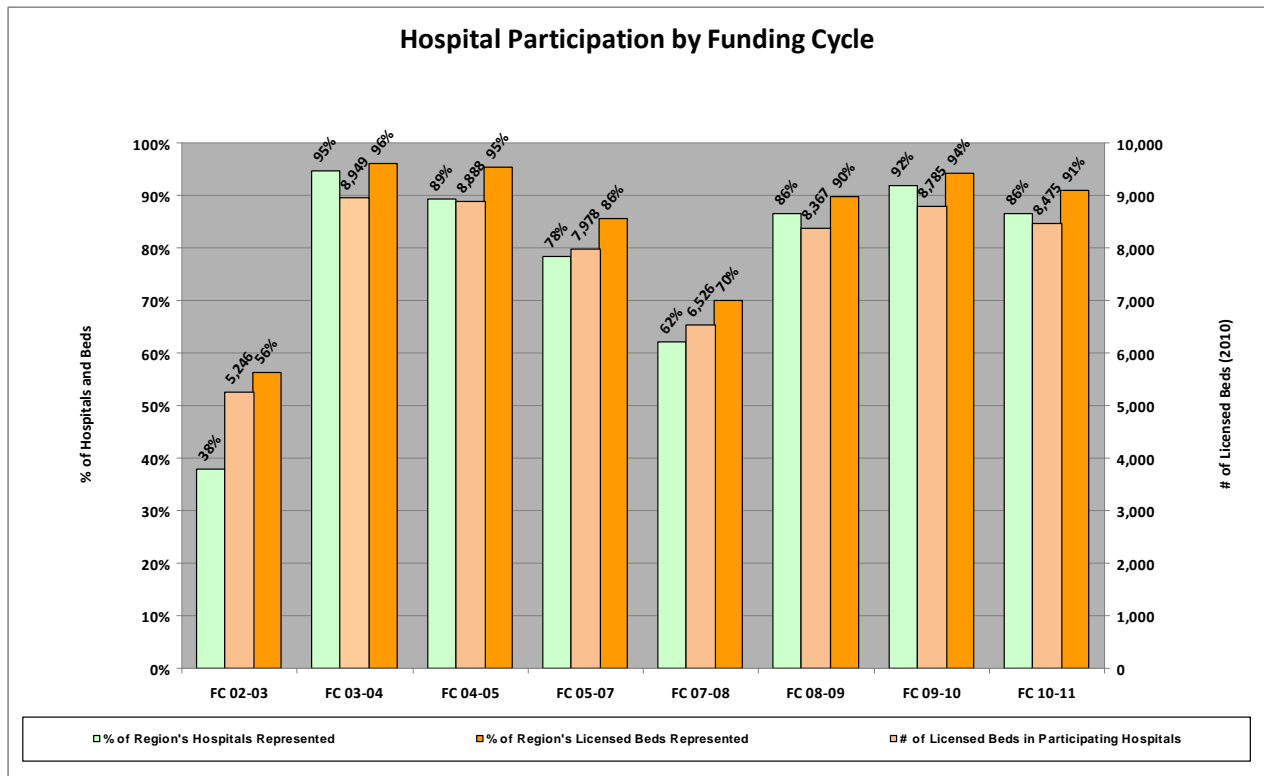


Table 1 provides another way of looking at regional participation trends and includes the total number of hospitals.

Table 1: Region 5 Hospital Participation by Funding Cycle*

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	14	35	33	29	23	32	34	32
% of Region's Hospitals Represented	38%	95%	89%	78%	62%	86%	92%	86%
# of Licensed Beds in Participating Hospitals	5,246	8,949	8,888	7,978	6,526	8,367	8,785	8,475
% of Region's Licensed Beds Represented	56%	96%	95%	86%	70%	90%	94%	91%

Table 2, on the next page, provides a side by side comparison of the hospitals with EDs participating in the HPP. Hospitals marked “yes” participated either through an individual contract or as part of a system or master contract.

Table 2: Region 5 Hospital Participation 07-08 to 10-11 Funding Cycles*

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Orange	Florida Hospital Apopka	50	2	Yes	Yes	Yes	Yes
Volusia	Halifax Medical Center - Port Orange	80	1	No	Yes	Yes	Yes
Osceola	Florida Hospital Kissimmee	83	2	No	Yes	Yes	Yes
Osceola	St. Cloud Regional Medical Center (formerly Orlando Regional St. Cloud)	84	2	Yes	Yes	Yes	Yes
Martin	Martin Memorial Hospital South	100	3	No	Yes	Yes	Yes
Lake	South Lake Hospital	104	3	Yes	No	Yes	No
Volusia	Bert Fish Medical Center	112	3	No	Yes	Yes	Yes
Osceola	Florida Hospital Celebration	112	2	No	Yes	Yes	Yes
Brevard	Wuesthoff Health Systems - Melbourne	115	3	No	No	No	No
Volusia	Florida Hospital Oceanside	119	2	Yes	Yes	Yes	Yes
Indian River	Sebastian River Medical Center	129	2	Yes	Yes	No	No
Volusia	Florida Hospital Fish Memorial	139	2	Yes	Yes	Yes	Yes
Brevard	Cape Canaveral Hospital	150	3	Yes	Yes	Yes	Yes
Brevard	Palm Bay Community Hospital	152	3	No	Yes	Yes	Yes
Volusia	Florida Hospital Deland	156	3	Yes	Yes	Yes	Yes
Orange	Health Central	171	4	Yes	Yes	Yes	Yes
Lake	Florida Hospital Waterman	204	4	Yes	Yes	Yes	Yes
Seminole	South Seminole Hospital	206	3	No	No	Yes	No
Brevard	Parrish Medical Center	210	4	Yes	Yes	Yes	Yes
Orange	Florida Hospital East Orlando	225	2	No	Yes	Yes	Yes
Seminole	Central Florida Regional Hospital	226	4	Yes	Yes	Yes	Yes
St. Lucie	St. Lucie Medical Center	229	3	Yes	Yes	Yes	Yes
Osceola	Osceola Regional Medical Center	235	3	Yes	Yes	Yes	Yes
Orange	Dr. P Philips Hospital (formerly Orlando Regional Sand Lake)	237	3	No	No	Yes	Yes
Martin	Martin Memorial Medical Center	244	4	Yes	Yes	Yes	Yes
Volusia	Florida Hospital Memorial Medical (previously Florida Hospital Ormond, formerly Memorial Ormond Beach)	277	4	Yes	Yes	Yes	Yes
Brevard	Wuesthoff Health Systems - Rockledge	291	2	No	No	No	No
Lake	Leesburg Regional Medical Center	294	4	Yes	Yes	Yes	Yes
Orange	Florida Hospital Winter Park (Winter Park Memorial Hospital)	297	2	No	Yes	Yes	Yes
Indian River	Indian River Memorial Hospital (Indian River Medical Center)	335	4	Yes	Yes	Yes	Yes
Seminole	Florida Hospital Altamonte	341	2	No	Yes	Yes	Yes
St. Lucie	Lawnwood Regional Medical Center	341	4	Yes	Yes	Yes	Yes
Orange	Arnold Palmer Hospital for Children & Women Arnold Palmer Medical Center)	443	3	No	Yes	Yes	Yes
Brevard	Holmes Regional Medical Center	514	4	Yes	Yes	Yes	Yes
Orange	Orlando Health (original allocation to Orlando Regional Medical Center which is part of the Orlando Health System)	581	4	Yes	Yes	Yes	Yes
Volusia	Halifax Medical Center	654	4	Yes	Yes	Yes	Yes
Orange	Florida Hospital Orlando	1,080	4	Yes	Yes	Yes	Yes
-	37	9,320		23	32	34	32

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Region 5 hospitals with EDs received a total allocation of \$21,761,596⁴¹ through funding cycle 2009-2010. The 5 largest hospitals, those with greater than 350 beds, were recipients of \$12,126,519 or 55.7% of the allocated funds. The remaining 32 hospitals, with 6,048 beds, received \$9,983,520 or 44.3% of the allocated funds.

Executed contracts totaled \$21,191,949. Of the total funding in executed contracts, \$16,788,780 was expended. Table 3 displays the region-wide total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further individual review may be necessary to determine specific reasons and opportunities for improvement.

Table 3: Region 5 Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	1,096,958	1,096,958	894,704	82%
2003 - 2004	2,858,610	2,854,855	2,570,095	90%
2004 - 2005	4,358,155	4,358,155	3,374,073	77%
2005 - 2007	7,110,184	6,544,291	4,540,399	69%
2007 - 2008	2,985,158	2,985,158	2,540,696	85%
2008 - 2009	2,111,767	2,111,767	1,797,794	85%
2009 - 2010	1,240,764	1,240,764	1,071,019	86%
Total All FCs	21,761,596	21,191,949	16,788,780	79%

This record of spending as well as the growth and decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

⁴¹ This does not include the \$10,301 in allocated funds during funding cycle 2003-2004 to Lucerne Pavilion part of Orlando Regional

Figure 2: Region 5 Total Allocated, Executed, and Spent Funds by Funding Cycle

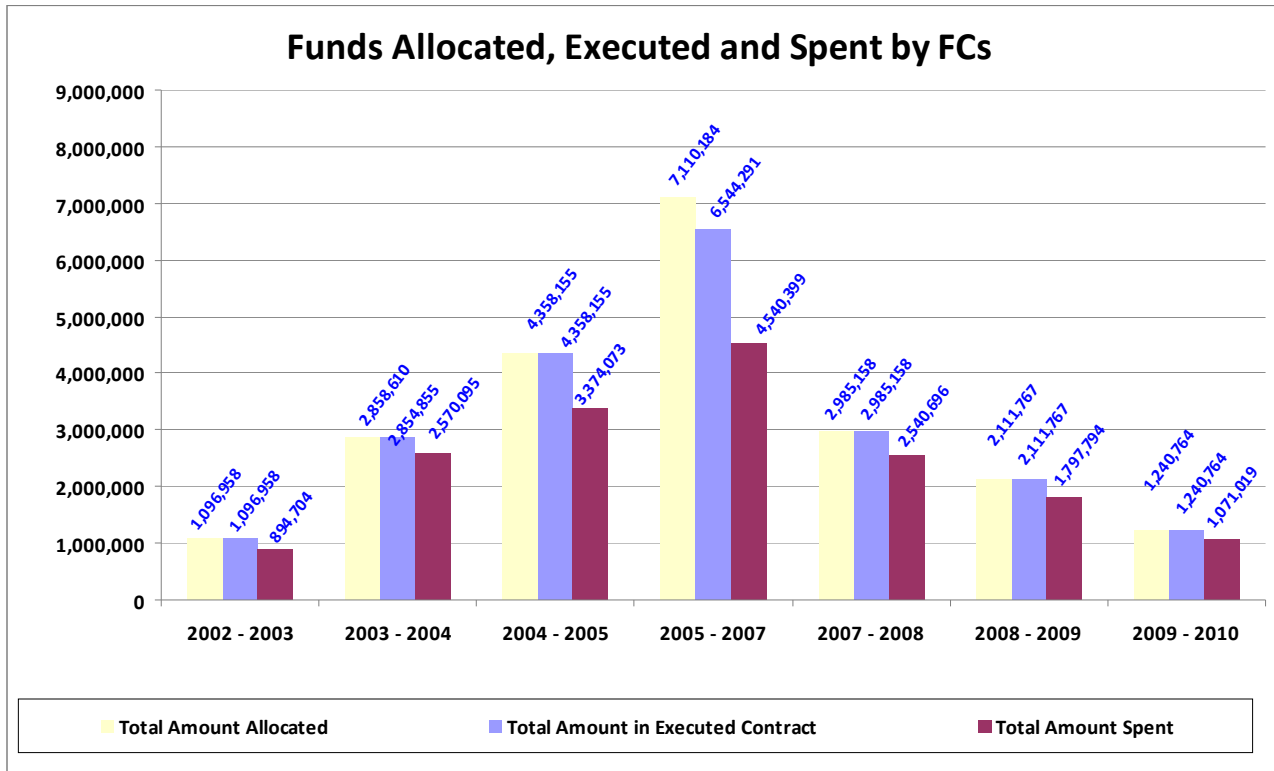


Figure 3: Region 5 Percentage of Executed Funds Spent

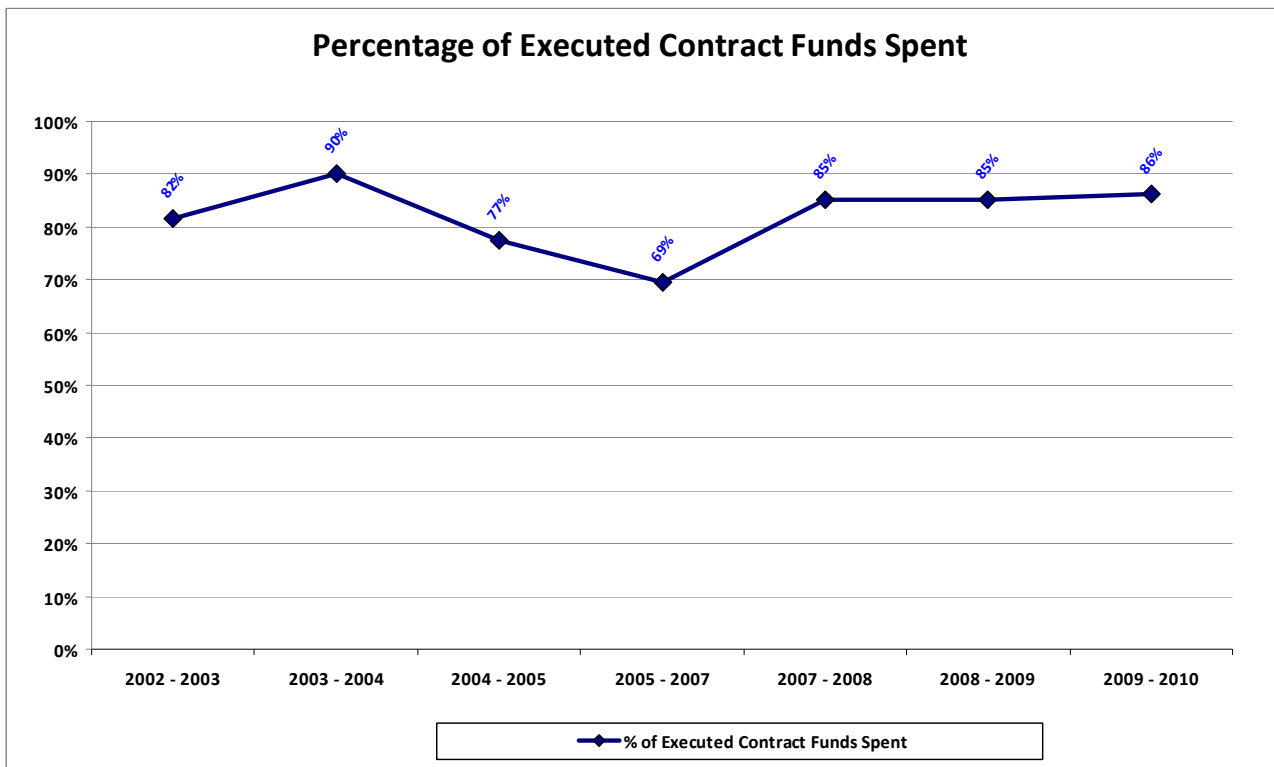


Table 4 on the next page illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals have spent \$16,788,780 or 79% of the executed contract amounts.

In funding cycles 2008-2009 and 2009-2010 several hospital systems elected to take one contract for its hospital partners in Region 5. Table 4 notes which hospitals participated by receiving funds and preparedness resources through a hospital with a master contract. The expenditure rate for the hospital receiving the contract reflects the overall expenditure for all participating hospitals.

System partner hospitals that participated in a master contracted are noted as follows:

- ◆ FHO = Florida Hospital Orlando (Adventist Health System)
- ◆ FHMM = Florida Hospital Memorial Medical
- ◆ HMC = Halifax Medical Center
- ◆ HRMC = Holmes Regional Medical Center
- ◆ MM = Martin Memorial
- ◆ OH = Orlando Health

Table 4: Region 5 Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Orange	Florida Hospital Apopka	50		100%	8%		0%	FHO	FHO
Volusia	Halifax Medical Center - Port Orange	80				100%		HMC	94%
Osceola	Florida Hospital Kissimmee	83		100%	100%			FHO	FHO
Osceola	St. Cloud Regional Medical Center (formerly Orlando Regional St. Cloud)	84		72%		0%	100%	100%	0%
Martin	Martin Memorial Hospital South	100		93%	100%	0%		MM	100%
Lake	South Lake Hospital	104		100%	89%	53%	76%		90%
Volusia	Bert Fish Medical Center	112		94%	100%	0%		98%	82%
Osceola	Florida Hospital Celebration	112		100%	100%			FHO	FHO
Brevard	Wuesthoff Health Systems - Melbourne	115	81%	0%	100%				0%
Volusia	Florida Hospital Oceanside	119		100%	57%		100%	FHMM	FHMM
Indian River	Sebastian River Medical Center	129		89%		12%	70%	0%	0%
Volusia	Florida Hospital Fish Memorial	139		48%		100%	92%	37%	95%
Brevard	Cape Canaveral Hospital	150		90%	69%	38%	100%	HRMC	HRMC
Brevard	Palm Bay Community Hospital	152		48%	93%	31%		HRMC	HRMC
Volusia	Florida Hospital Deland	156		91%	100%	87%	78%	90%	71%
Orange	Health Central	171	0%	92%	100%	95%	80%	100%	100%
Lake	Florida Hospital Waterman	204	99%	88%	0%	24%	100%	0%	100%
Seminole	South Seminole Hospital	206		64%	77%	75%			OH
Brevard	Parrish Medical Center	210	79%	84%	100%	85%	100%	100%	95%
Orange	Florida Hospital East Orlando	225		100%	100%			FHO	FHO
Seminole	Central Florida Regional Hospital	226	80%	32%	31%	100%	100%	100%	0%
St. Lucie	St. Lucie Medical Center	229		98%	100%	0%	0%	97%	0%
Osceola	Osceola Regional Medical Center	235		99%	100%	97%	94%	100%	95%
Orange	Dr. P Philips Hospital (formerly Orlando Regional Sand Lake)	237		96%	100%	100%			OH
Martin	Martin Memorial Medical Center	244	81%	100%	100%	0%	99%	63%	MM
Volusia	Florida Hospital Ormond, formerly Memorial Ormond Beach	277	100%	96%	38%	53%	94%	100%	97%
Brevard	Wuesthoff Health Systems - Rockledge	291			100%	100%			0%
Lake	Leesburg Regional Medical Center	294	84%	72%	100%	59%	76%	100%	78%
Orange	Florida Hospital Winter Park (Winter Park Memorial Hospital)	297		100%	100%			FHO	FHO
Indian River	Indian River Memorial Hospital (Indian River Medical Center)	335	97%	97%	49%	53%	71%	100%	39%
Seminole	Florida Hospital Altamonte	341		100%	55%			FHO	FHO
St. Lucie	Lawnwood Regional Medical Center	341	100%	82%	0%	0%	75%	57%	94%
Orange	Arnold Palmer Hospital for Children & Women Arnold Palmer Medical Center)	443		64%	77%	100%		OH	OH
Brevard	Holmes Regional Medical Center	514	100%	98%	96%	95%	100%	99%	94%
Orange	Orlando Health (original allocation to Orlando Regional Medical Center which is part of the Orlando Health System)	581	69%	88%	60%	97%	97%	99%	100%
Volusia	Halifax Medical Center	654	82%	99%	100%	85%	85%	100%	99%
Orange	Florida Hospital Orlando	1,080	71%	100%	79%	54%	80%	72%	100%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training

- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Web-Based Event Management Software Pilot Project and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$13,274,613	\$1,846,971	\$1,363,696	\$303,500	\$16,788,780
Other	\$6,573	\$0	\$0	\$0	\$6,573
ALL	\$13,281,186	\$1,846,971	\$1,363,696	\$303,500	\$16,795,353

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Are all of the key partners engaged in the program?
- ◆ What factors or events may have led to a decline in the expenditure rate in the region for funding cycle 2005-2007?
- ◆ What factors may have lead to the low expenditure rates by some of the participating hospitals?
- ◆ What can be learned from the 13 hospitals that participated in each of the contract cycles?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 6

PROGRAM OVERVIEW

This report provides a descriptive analysis of the Hospital Preparedness Program (HPP) participation and programmatic focus for Region 6. The information provides an overview of regional and county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the region and to assist with planning for future activities.

THE REGION

Region 6 is made up of 10 counties, Charlotte, Collier, Desoto, Glades, Hendry, Highlands, Lee, Manatee, Okeechobee, and Sarasota. The 2010 U.S. Census population for this Region is 2,028,201.⁴² The smallest county is Glades with a population of 12,884 and the largest county is Lee with a population of 618,754. This region has a large population of elders and retirees. Twenty-six percent of the population is age 65 or older, well above the national average of 13% or the state average of 17%. Four percent of the region's population is age 85 or older, also above the state average of 2.6%. Nineteen percent of persons under 65 years old have no health insurance. Sixteen percent of the population has one or more disabilities.

The region is demographically and economically diverse. Five of the 10 counties are defined by Florida Statutes as being rural with a population density of less than 100 individuals per square mile. In addition, other counties in the region have rural segments. Three of the state's 28 designated rural hospitals are in this region.⁴³ One of these, Hendry Regional Medical Center is also designated as one of the state's 13 critical access hospitals.

Five of the counties border the Gulf of Mexico and account for the largest portion of the region's population and urban area. The region has an international airport in Lee County and one of the largest ports in the state. Port Manatee is the closest US deepwater seaport to the Panama Canal.

⁴² County population is from the 2010 US Census – Other demographic statistics are from the FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁴³ Agency for Health Care Administration Facility/Provider Locator. <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 4/8/2011

The region attracts many tourists and winter residents. According to the Southwest Florida Regional Planning Council, which serves six of the 10 counties in this region, population can grow as much as 30 percent during the winter. The region also has three community colleges, three private colleges, and one public university adding to the potential number of temporary residents. The large number of temporary residents and tourists may not have an emergency plan in place and may or may not have access to healthcare services. The region's non-urban areas have significant agricultural activity with three growing seasons each year. This industry employs seasonal and resident workers who historically have had limited access to healthcare resources.

The region is at high risk for hurricanes. According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,⁴⁴ the number of counties in the region rated at high risk for hazards is:

Counties Rated High Hazard	Hazards
10 (all counties)	Hurricanes
6	Tornadoes; Wildfires
5	Flooding
4	Severe Storms
2	Drought; Freezes, Erosion
1	Extreme Heat, Winter Storms, Sinkholes, Terrorism, Technological Events

Collier county ranks at high risk for 11 of the 17 hazards ranked in the plan, more than any other county in the state.

There are currently 25 hospitals with emergency departments (EDs), with 5,946 total licensed beds. A 26th hospital, Southwest Regional Medical Center in Lee County closed in early 2009. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.⁴⁵ Lee Memorial is designated as Level 2 Trauma Center. There are no designated Level 1 or Pediatric Trauma Centers or Hospitals with burn units in the region.⁴⁶

⁴⁴ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

⁴⁵ While the numbers did not vary significantly over the seven funding cycles 2002-2003 to 2009-2010 can be considered estimates.

⁴⁶ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

There are an additional five hospitals without EDs in the region. These are primarily specialty hospitals providing such services as long-term acute care, rehabilitation, eating and chemical dependency treatment, and behavioral health.

Twenty-four of the 25 hospitals with emergency departments are Joint Commission accredited which requires an emergency operations plan and a substantial level of all hazards emergency response capability. One of the hospitals without EDs is also Joint Commission accredited.

The large rural geographic area, age and diversity of the population, large fluctuations in the population numbers during the year, and high risks for hazards, present hospitals in this region a wide range of challenges for all-hazard planning and preparedness.

PARTICIPATING HOSPITALS

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. Some of the larger hospital systems receive funds for more than one hospital in their system. When this occurs there may be one contract, however, the funds and preparedness resources are provided to other hospitals in the system. This allows the contracting hospitals to leverage their purchasing power and expedite the expenditure of funds. In such cases, each hospital receiving funds directly or indirectly has been counted as participating.

Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

- ◆ Each of the 26 hospitals with EDs participated in the Hospital Preparedness Program for at least two funding cycles.
- ◆ Seven of the hospitals participated in all eight funding cycles.
- ◆ Hospital participation ranged from a low of ten in funding cycle 2002-2003 to a high of 24 in funding cycle 2009-2010.
- ◆ In funding cycle 2010-2011, 21 hospitals participated, accounting for 5,291 beds.
- ◆ The five largest hospitals accounted for 2,392 or 40% of the hospitals with EDs licensed beds in the region.
- ◆ All funds allocated in the region went to hospitals with emergency departments.
- ◆ Twenty-four of the current 25 hospitals in the region are part of seven hospital corporations or systems,⁴⁷ HCA (Hospital Corporation of America), HMA (Health

⁴⁷ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Management Associates, Inc.), Adventist Health System, Lee Memorial Health System, Quorum Health Resources, Universal Health Services, Inc., and NCH Healthcare System.

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the Region's licensed beds. The figure illustrates that in the first year ten of the hospitals participated, representing 2,407 of the beds. Participation fluctuated during the next funding cycles, reaching its highest participation for 2009-2010. Participation decreased again for funding cycle 2010-2011.

Figure 1: Region 6 Pattern of Participation by Funding Cycle

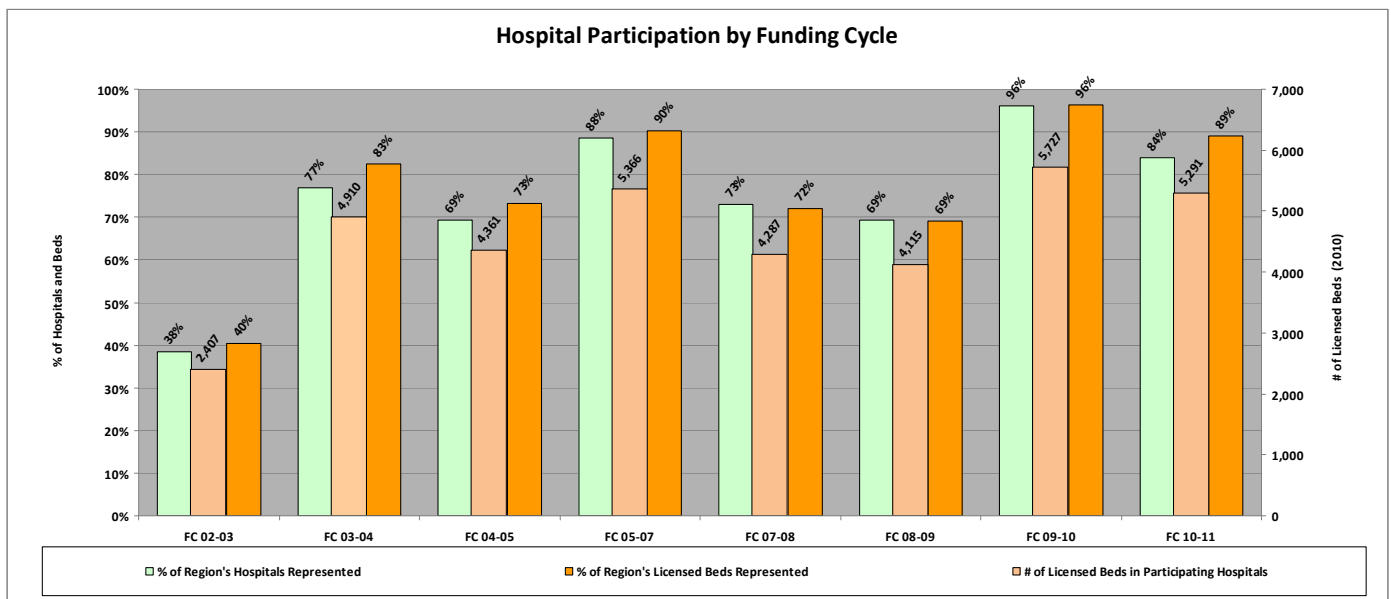


Table 1 provides another way of looking at regional participation trends and includes the total number of hospitals.

Table 1: Region 6 Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	10	20	18	23	19	18	24	21
% of Region's Hospitals Represented	38%	77%	69%	88%	73%	69%	96%	84%
# of Licensed Beds in Participating Hospitals	2,407	4,910	4,361	5,366	4,287	4,115	5,727	5,291
% of Region's Licensed Beds Represented	40%	83%	73%	90%	72%	69%	96%	89%

Note: The percentage of participating hospitals in Figure 1 and Table 1 are based on the 26 hospitals with EDs in the region from funding cycles 2002-2003 through 2008-2009. The percentage of hospitals represented for funding cycles 2009-2010 and 2010-2011 are based on 25 hospitals in the region with EDs. Whereas participating hospital figures were adjusted based on hospital closures all bed figures are based on AHCA's 2010 bed count.

Table 2 provides a side by side comparison of the hospitals with EDs participating in the HPP. Hospitals marked "yes" participated either through an individual contract or as part of a system or master contract.

Table 2: Region 6 Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Lee	Southwest Regional Medical Center (closed early 2009)	-	2	No	No	Closed	Closed
Hendry	Hendry Regional Medical Center*	25	4	Yes	Yes	Yes	Yes
DeSoto	DeSoto Memorial Hospital	49	4	Yes	Yes	Yes	Yes
Highlands	Florida Hospital Lake Placid	50	3	Yes	Yes	Yes	No
Lee	Lehigh Regional Medical Center	88	1	Yes	Yes	Yes	Yes
Sarasota	Englewood Community Hospital	100	3	No	No	Yes	Yes
Collier	Physicians Regional Medical Center - Collier Blvd.	100	0	Yes	No	Yes	Yes
Okeechobee	Raulerson Hospital	100	4	Yes	Yes	Yes	Yes
Collier	Physicians Regional Medical Center - Pine Ridge (formerly Cleveland Clinic - Naples)	101	3	Yes	Yes	Yes	Yes
Highlands	Highlands Regional Medical Center	126	3	Yes	Yes	Yes	Yes
Highlands	Florida Hospital Heartland Medical Center	159	4	Yes	Yes	Yes	No
Sarasota	Doctor's Hospital of Sarasota	168	3	Yes	Yes	Yes	Yes
Charlotte	Charlotte Regional Medical Center	208	2	No	Yes	Yes	No
Charlotte	Peace River Regional Medical Center	219	0	No	Yes	No	Yes
Charlotte	Fawcett Memorial Hospital	238	3	Yes	No	Yes	No
Collier	NCH Healthcare System - North Naples Hospital (formerly North Collier Hospital)	261	1	Yes	No	Yes	Yes
Manatee	Lakewood Ranch Medical Center	291	3	Yes	Yes	Yes	Yes
Lee	Lee Memorial Health System - Cape Coral (Cape Coral Hospital)	291	4	Yes	Yes	Yes	Yes
Sarasota	Venice Regional Medical Center (formerly Bon Secours Venice)	312	3	Yes	Yes	Yes	Yes
Manatee	Manatee Memorial Hospital	319	4	Yes	Yes	Yes	Yes
Lee	Gulf Coast Hospital (Gulf Coast Medical Center Lee Memorial Hospital)	349	2	No	No	Yes	Yes
Lee	Lee Memorial Health System - Healthpark (Healthpark Medical Center)	368	2	No	No	Yes	Yes
Manatee	Blake Medical Center	383	2	Yes	Yes	Yes	Yes
Lee	Lee Memorial Health System (Lee Memorial Hospital)	415	3	No	No	Yes	Yes
Collier	NCH Healthcare System - Downtown Naples Hospital (formerly Naples Community Hospital)	420	4	Yes	Yes	Yes	Yes
Sarasota	Sarasota Memorial Hospital	806	4	Yes	Yes	Yes	Yes
	26	5,946		19	18	24	21

*Indicates designated critical access hospital

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Region 6 hospitals with EDs received a total allocation of \$9,844,578 through funding cycle 2009-2010. The five largest hospitals, those with greater than 350 beds, were recipients of \$3,525,537, or nearly 40% of the allocated funds. The remaining 21 hospitals, with 3,554 beds,⁴⁸ received \$6,319,041 or 64.2% of the allocated funds.

Executed contracts totaled \$9,843,655. Of the total funding in executed contracts, \$6,927,710 was expended. Table 3 displays the region-wide total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further individual review may be necessary to determine specific reasons and opportunities for improvement.

Table 3: Region 6 Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	732,692	732,692	447,681	61%
2003 - 2004	1,346,549	1,346,549	1,019,382	76%
2004 - 2005	2,166,747	2,166,747	923,206	43%
2005 - 2007	1,993,710	1,993,710	1,612,543	81%
2007 - 2008	1,624,166	1,624,166	1,326,391	82%
2008 - 2009	1,152,388	1,152,388	905,557	79%
2009 - 2010	828,327	827,404	692,949	84%
Total All FCs	9,844,578	9,843,655	6,927,710	70%

This record of spending as well as the growth and decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

⁴⁸ This does not include an unknown number of beds for Southwest Regional Medical Center which closed in early 2009.

Figure 2: Region 6 Total Allocated, Executed, and Spent Funds by Funding Cycle

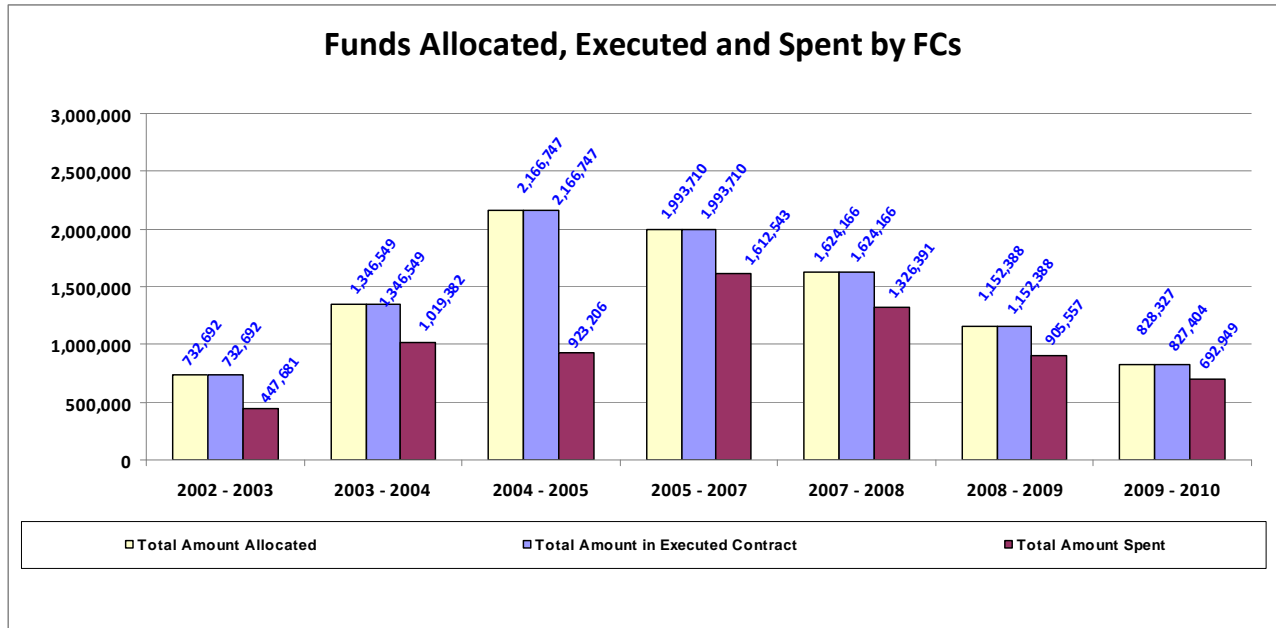


Figure 3: Region 6 Percentage of Executed Funds Spent

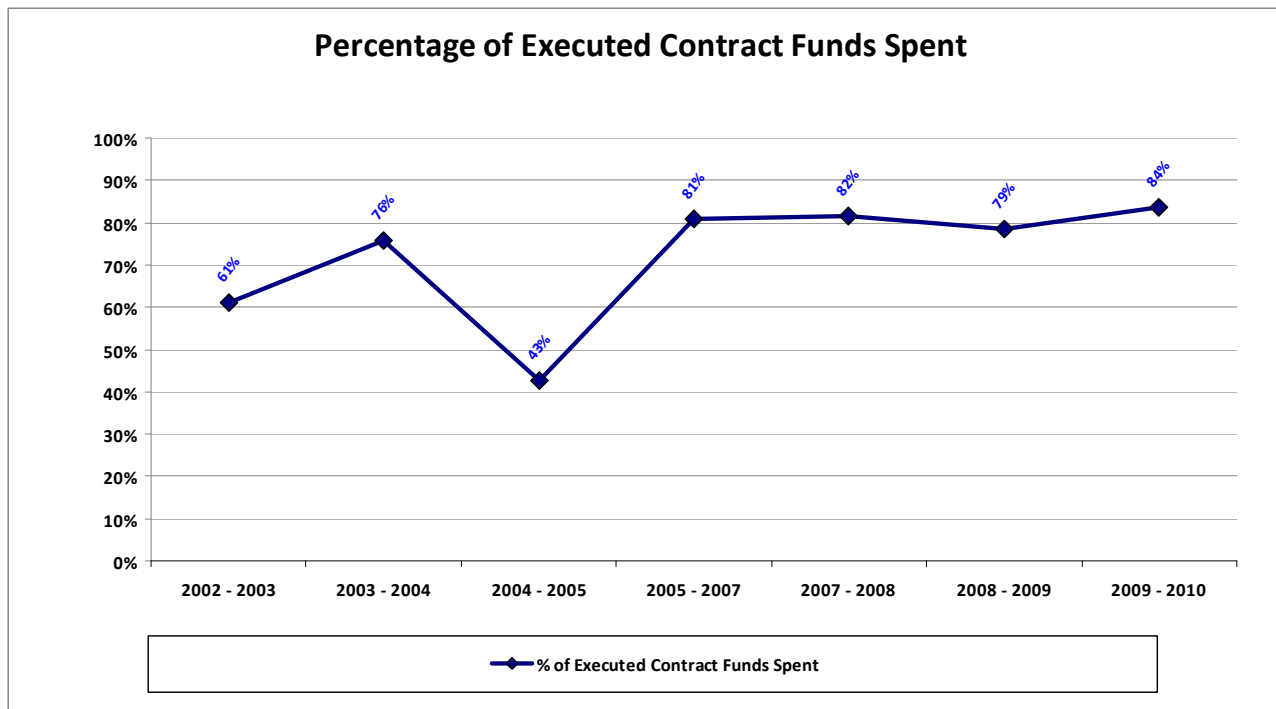


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals spent \$6,927,710 or 70% of the executed contract amounts.

In funding cycle 2009-2010 three hospital systems elected to take one contract for its hospital partners in Region 5. Table 4 notes which hospitals participated by receiving funds and preparedness resources through a hospital with a master contract. The expenditure rate for the hospital receiving the contract reflects the overall expenditure for all participating hospitals.

System partner hospitals that participated in a master contracted are noted as follows:

- ◆ LMHS = Lee Memorial Health System
- ◆ NCH = NCH Health Care System
- ◆ PRMC = Physicians Regional Medical Center (HMA)

Table 4: Region 6 Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Lee	Southwest Regional Medical Center (closed early 2009)	-	0%			41%			
Hendry	Hendry Regional Medical Center*	25	21%	94%	37%	0%		100%	100%
DeSoto	DeSoto Memorial Hospital	49	99%	69%	25%	97%	71%	100%	100%
Highlands	Florida Hospital Lake Placid	50		92%	96%	100%	61%	100%	100%
Lee	Lehigh Regional Medical Center	88				70%	98%	82%	100%
Sarasota	Englewood Community Hospital	100		100%	71%	0%			0%
Collier	Physicians Regional Medical Center - Collier Blvd.	100					66%		PRMC
Okeechobee	Raulerson Hospital	100	69%	91%	0%	100%	72%	92%	100%
Collier	Physicians Regional Medical Center - Pine Ridge (formerly Cleveland Clinic - Naples)	101		100%	67%	100%	26%	100%	0%
Highlands	Highlands Regional Medical Center	126		0%	0%	82%	98%	59%	100%
Highlands	Florida Hospital Heartland Medical Center	159	21%	70%	0%	94%	24%	66%	100%
Sarasota	Doctor's Hospital of Sarasota	168		71%	65%	95%	91%	93%	100%
Charlotte	Charlotte Regional Medical Center	208		0%		91%		0%	0%
Charlotte	Peace River Regional Medical Center	219						0%	
Charlotte	Fawcett Memorial Hospital	238	98%	97%		91%	39%		0%
Collier	NCH Healthcare System - North Naples Hospital (formerly North Collier Hospital)	261			55%		100%		NCH
Manatee	Lakewood Ranch Medical Center	291		0%	93%	90%	97%	97%	76%
Lee	Lee Memorial Health System - Cape Coral (Cape Coral Hospital)	291	94%	100%	86%	96%	100%	73%	LMHS
Sarasota	Venice Regional Medical Center (formerly Bon Secours Venice)	312		100%	7%	100%	96%	100%	99%
Manatee	Manatee Memorial Hospital	319	100%	79%	68%	88%	89%	90%	100%
Lee	Gulf Coast Hospital (Gulf Coast Medical Center Lee Memorial Hospital)	349		100%		32%			LMHS
Lee	Lee Memorial Health System - Healthpark (Healthpark Medical Center)	368			92%	100%			LMHS
Manatee	Blake Medical Center	383		97%		58%	81%	84%	98%
Lee	Lee Memorial Health System (Lee Memorial Hospital)	415		67%	19%	99%			100%
Collier	NCH Healthcare System - Downtown Naples Hospital (formerly Naples Community Hospital)	420	74%	31%	55%	0%	99%	89%	93%
Sarasota	Sarasota Memorial Hospital	806	58%	0%	15%	95%	94%	82%	100%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

*Indicates designated critical access hospital.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training

- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Web-Based Event Management Software Pilot Project and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$4,973,961	\$1,044,833	\$788,917	\$120,000	\$6,927,710
Other	\$0	\$0	\$0	\$0	\$0
ALL	\$4,973,961	\$1,044,833	\$788,917	\$120,000	\$6,927,710

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Are all of the key partners engaged in the program?
- ◆ What factors may have led to the low expenditure rate in funding cycle 2004-2005 and the increased expenditure rate in 2009-2010?
- ◆ What factors may have led to the number of hospitals in the most recent funding cycles with 0% expenditure rates?
- ◆ What can be learned from the two largest hospitals that participated in every funding hospital?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that health care partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force

Region 7

Florida's domestic preparedness activities are organized into seven regions. Region 7 is made up of four counties, Palm Beach, Broward, Miami-Dade, and Monroe.

The 2010 U.S. Census population for this region is 5,637,725.⁴⁹ Sixteen percent of persons in the region are age 65 or older. Twenty-two percent of persons under age 65 have no health insurance and eighteen percent have one or more disabilities. The region currently has 53 hospitals with emergency departments.

While often considered one major metropolis, the large populations and the diversity of the counties and their response partners make each county unique. It is important to look at the counties individually. The attached reports describe the efforts of each county and the county specific partnerships with local hospitals.

The following table is a summary of overall funding and expenditures for this region.

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	1,550,748	1,550,748	1,084,549	70%
2003 - 2004	4,285,109	4,285,109	2,804,232	65%
2004 - 2005	6,251,082	6,251,082	3,977,946	64%
2005 - 2007	10,155,991	10,155,992	8,851,536	87%
2007 - 2008	6,548,481	6,548,481	5,703,640	87%
2008 - 2009	3,121,005	3,121,005	2,904,791	93%
2009 - 2010	1,686,410	1,686,410	1,594,514	95%
Total All FCs	33,598,826	33,598,826	26,921,209	80%

Counties will continue to work toward enhancing regional partnerships in their all-hazards approach to preparedness, response, and recovery.

See attached reports for Palm Beach, Broward, Miami-Dade and Monroe Counties.

⁴⁹ County population is from the 2010 US Census - Other demographic statistics are from FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

Hospital Preparedness Program

Regional Domestic Security Task Force Region 7

Palm Beach County

PROGRAM OVERVIEW

This report provides a descriptive analysis of the participation and programmatic focus of the Hospital Preparedness Program (HPP) in Palm Beach County. The information provides an overview of county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the county and to assist with planning for future activities.

THE COUNTY

Palm Beach County is bordered on the east by 45 miles of Atlantic Ocean coastline, north by Martin County, south by Broward County and west by Hendry County and Lake Okeechobee. It is made up of urban, suburban, and rural environments. Urban and suburban areas are arrayed along the coast, with rural, primarily agricultural sections, in the western part of the county. The coastal barrier communities tend to be more affluent and English speaking. The western areas of the county includes the agricultural Glades area and farms along State Road 7 containing extensive Spanish and Creole speaking populations. Agricultural industries employ seasonal and resident workers. The farm worker population can peak at over 10,000 persons during the harvest season. Historically, these workers have been medically underserved with limited access to healthcare resources.

The 2010 U.S. Census population for this county is 1,320,134.⁵⁰ It is the 3rd most populous county in the state. Twenty-one percent of the population is age 65 or older. This is considerably higher than the state average of 17%. Persons age 85 or older make up almost 4% of the population. This is also higher than the statewide average of 2.6%.

The population is ethnically diverse. Twenty-one percent of the population is foreign born. Almost 25% speak a language other than English at home. Although Palm Beach is considered a highly educated and wealthy county, with more than 31% of the population having a Bachelor's degree or higher and the mean income being higher than the national average, 11.5% of the population lives below poverty level.⁵¹

⁵⁰ County population is from the 2010 US Census - Other demographic statistics are from FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁵¹ Language and Income data from US Census Bureau Fact Sheet <http://factfinder.census.gov/home/saff/main.html?lang=en> Retrieved 7-21-11.

In addition to the diversity of the economy and population, Palm Beach County is subject to unique threats which could present hospitals with a wide range of challenges for all-hazard preparedness.

- According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,⁵² Palm Beach County is rated at high risk for hurricanes.
- Although Palm Beach County and the Treasure Coast have limited vulnerability to storm surge, even a minimal hurricane would put the barrier islands and the immediate coastline under water.⁵³
- The Herbert Hoover Dike, a 140 mile perimeter around Lake Okeechobee (720 sq miles), has been classified as a high-risk dam (1 of 6 high-risk dams of a total of 202 dams in the United States). A threat could lead to potential evacuation of up to 40,000 persons from South Bay, Pahokee, and Belle Glade, including 3,000 inmates from a correctional facility, staff and patients from Lakeside Hospital (70 beds), and other healthcare providers (clinics and long term care facilities) in the area.
- The Port of Palm Beach is the 4th largest container port in Florida and the 18th busiest in the U.S., in addition to serving as a terminal for a cruise ship line.
- Palm Beach County would serve as a host county for evacuees in case of a St. Lucie Nuclear Power Plant radiological emergency, or weather emergency in other regions of the state.
- The county has an international airport and has a large influx of visitors, who may not have an emergency plan in place. In 2009, more than 3.6 million visitors came to Palm Beach County.⁵⁴ To accommodate these visitors there are a large number of hotels, restaurants, and a convention center.
- The county has a large number of temporary residents during the winter and throughout the year, attending the universities and colleges.
- There are 146 mobile home parks in the county. During the winter months, more than 50% are occupied by senior citizens.
- The county is well known for tourism and agriculture, but in recent years there has been significant development in manufacturing and technology businesses.⁵⁵ Two major biotechnology groups conduct research in the northern part of the county.

⁵² Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

⁵³ <http://www.palmbeachpost.com/storm/content/storm/about/history/qa.html>

⁵⁴ Report on Palm Beach County Tourism, p.4. http://www.pbcgov.com/touristdevelopment/pdf/FYTD08_09-5_Year_Average.pdf Accessed 3/14/11.

⁵⁵ p. 4, "In Motion – Comprehensive Economic Development Strategy 2007 – 2012", Treasure Coast Regional Planning Council <http://www.tcrpc.org/departments/CEDS%202007-2012.pdf>

The county currently has 13 hospitals with emergency departments (EDs), with a total 3,760 licensed beds. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.⁵⁶

Lakeside Medical Center in Belle Glade is designated as a rural hospital. Palm Beach County is also fortunate to have two Level II Trauma Centers. Both are also designated as Pediatric Trauma Hospitals.⁵⁷ There are four additional hospitals without EDs and other healthcare facilities such as a Veterans Administration Medical Center. The additional hospitals are primarily specialty hospitals including A.G. Holley Hospital that cares for difficult-to-treat tuberculosis patients for the entire state and long-term acute care, rehabilitation, and behavioral health facilities. All of the hospitals with EDs are Joint Commission accredited which requires an emergency operations plan and all hazards emergency response capabilities. Two of the hospitals without EDs are also Joint Commission accredited.

Palm Beach County has a model disaster health care coalition, the Healthcare Emergency Response Coalition of Palm Beach County (HERC).⁵⁸ The HERC is focused on hospital preparedness, response, and recovery within the context of a continuum of care healthcare system. The coalition has a diverse membership of emergency response partners including the county health department, county emergency management, law enforcement, fire-rescue, blood banks, kidney dialysis coalition, mental health and crisis intervention support, school health, and others. The coalition has developed mutual aid agreements and common response protocols and purchased common communication devices and disaster equipment. It continues to conduct shared disaster training and exercise opportunities. The coalition supports for-profit and not-for profit corporate hospitals, community rural and urban facilities, and a federal level hospital. HERC has been recognized as a model program by the Centers for Disease Control and Prevention and the National Association of County and City Health Officials. The coalition has also published a resource book entitled “Establishing a Healthcare Emergency Response Coalition.”

Participating Hospitals

For the purpose of this report, participation is defined as a hospital, with an ED, that has been offered, accepted, and executed a contract with the Florida Department of Health. Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years and one funding cycle encompassed two fiscal years (2005 – 2007).

⁵⁶ While the number of hospitals beds did not vary significantly over the seven funding cycles, 2002-2003 to 2009-2010 can be considered estimates.

⁵⁷ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

⁵⁸ <http://www.pbcms.org/herc>

Preliminary observations based on the data indicate:

- ◆ Of the 13 hospitals with EDs, all participated in the Hospital Preparedness Program for at least one funding cycle.
- ◆ Nine, or 69% of the hospitals, participated in five or more of the funding cycles.
- ◆ Three hospitals participated in each of the funding cycles
- ◆ In funding cycle 2010-2011, nine hospitals participated, accounting for 2,757 beds.
- ◆ The size of facilities range from five hospitals with more than 400 beds to one small 70 bed facility.
- ◆ County-wide, participating hospitals have expended more than 90% of allocated funds from funding cycles 2005-2007 through funding cycle 2009-2010.
- ◆ Nine of the 13 hospitals in the county are part of four hospital corporations or systems, HCA (Hospital Corporation of America), Tenet Health System, Glades General Holding Inc., and Universal Health Services, Inc.⁵⁹ There were no joint or master participation contracts in the county.

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the county's licensed beds. The figure illustrates that in the first year 46% of the hospitals participated, representing 57% of the beds. After a high point the following funding cycle there was a decline in participation for funding cycles 2004-2002 through 2007-2008. There has been relatively stable participation the last three funding cycles with good participation by four of the five hospitals with 400 or more beds.

⁵⁹ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Figure 1: Palm Beach County Pattern of Participation by Funding Cycle

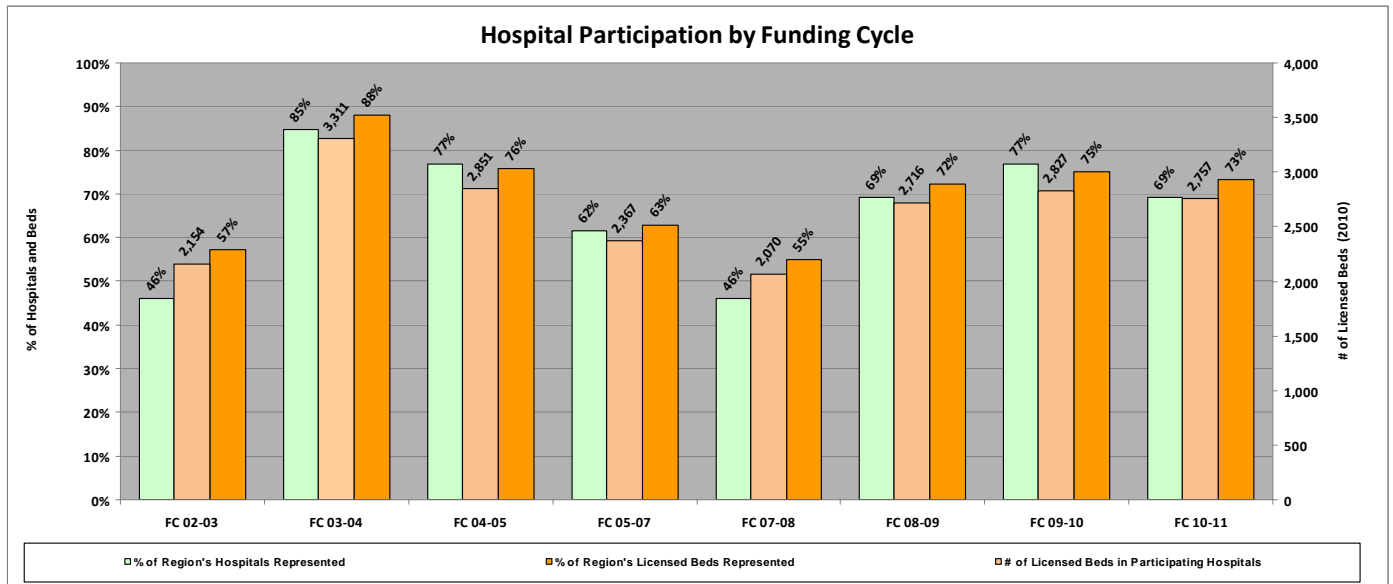


Table 1 provides another way of looking at the county participation over time and includes the number of hospitals.

Table 1: Palm Beach County Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	6	11	10	8	6	9	10	9
% of Region's Hospitals Represented	46%	85%	77%	62%	46%	69%	77%	69%
# of Licensed Beds in Participating Hospitals	2,154	3,311	2,851	2,367	2,070	2,716	2,827	2,757
% of Region's Licensed Beds Represented	57%	88%	76%	63%	55%	72%	75%	73%

Table 2 provides a side by side comparison of the hospitals with EDs participating in the HPP.

Table 2: Palm Beach County Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Palm Beach	Lakeside Medical Center (formerly Glades General Hospital)	70	3	No	Yes	Yes	No
Palm Beach	Wellington Regional Medical Center	158	2	Yes	Yes	Yes	Yes
Palm Beach	Jupiter Medical Center	163	4	Yes	Yes	Yes	Yes
Palm Beach	Palms West Hospital	175	2	No	Yes	Yes	Yes
Palm Beach	West Boca Medical Center	195	3	No	No	Yes	Yes
Palm Beach	Palm Beach Gardens Medical Center	199	1	No	No	No	No
Palm Beach	Columbia Hospital	250	2	No	No	Yes	Yes
Palm Beach	Good Samaritan Medical Center	333	2	Yes	Yes	No	No
Palm Beach	Boca Raton Community Hospital (Boca Raton Regional Hospital)	400	4	No	No	Yes	Yes
Palm Beach	Bethesda Hospital	401	1	No	Yes	No	No
Palm Beach	JFK Medical Center	460	3	Yes	Yes	Yes	Yes
Palm Beach	St. Mary's Medical Center	463	4	Yes	Yes	Yes	Yes
Palm Beach	Delray Medical Center	493	4	Yes	Yes	Yes	Yes
	13	3,760		6	9	10	9

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Palm Beach County hospitals with EDs received a total allocation and executed contracts of \$7,185,163 through funding cycle 2009-2010. The five largest hospitals, with 2,217 beds, accounted for \$5,551,160, or 77.3% of the allocated funds. The remaining eight hospitals, with 1,543 beds received \$1,634,003 or almost 22.7% of the allocated funds. Of the total funding in executed contracts \$5,978,116 was expended.

Table 3 displays the total funds allocated, executed in contracts, and spent for each funding cycle. Individual levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners and other factors. Beginning with funding cycle 2005-2007, Palm Beach County has had an excellent record of expenditure. Further individual review may be desired to determine specific opportunities for improvement and best practices.

Table 3: Palm Beach County Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	462,500	462,500	400,741	87%
2003 - 2004	996,948	996,948	619,291	62%
2004 - 2005	1,477,295	1,477,295	960,396	65%
2005 - 2007	1,857,496	1,857,496	1,711,351	92%
2007 - 2008	1,219,582	1,219,582	1,180,413	97%
2008 - 2009	700,285	700,285	649,360	93%
2009 - 2010	471,057	471,057	456,564	97%
Total All FCs	7,185,163	7,185,163	5,978,116	83%

This record of spending as well as the growth and decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

Figure 2: Palm Beach County Total Allocated, Executed, and Spent Funds by Funding Cycle

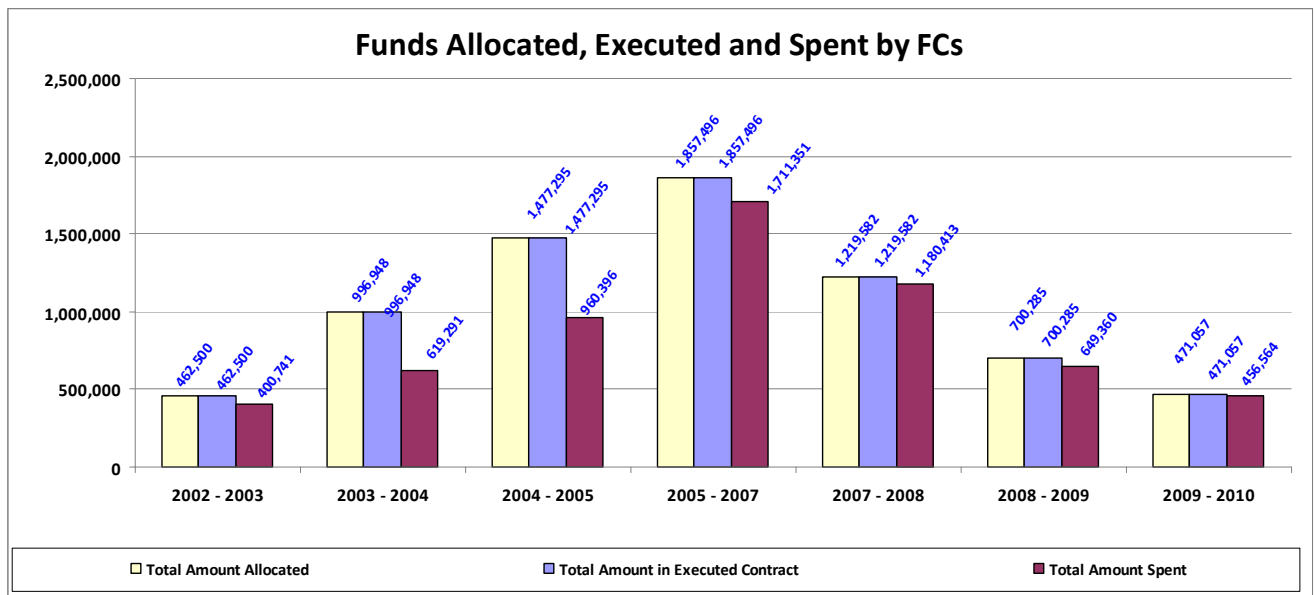


Figure 3: Palm Beach County Percentage of Executed Funds Spent

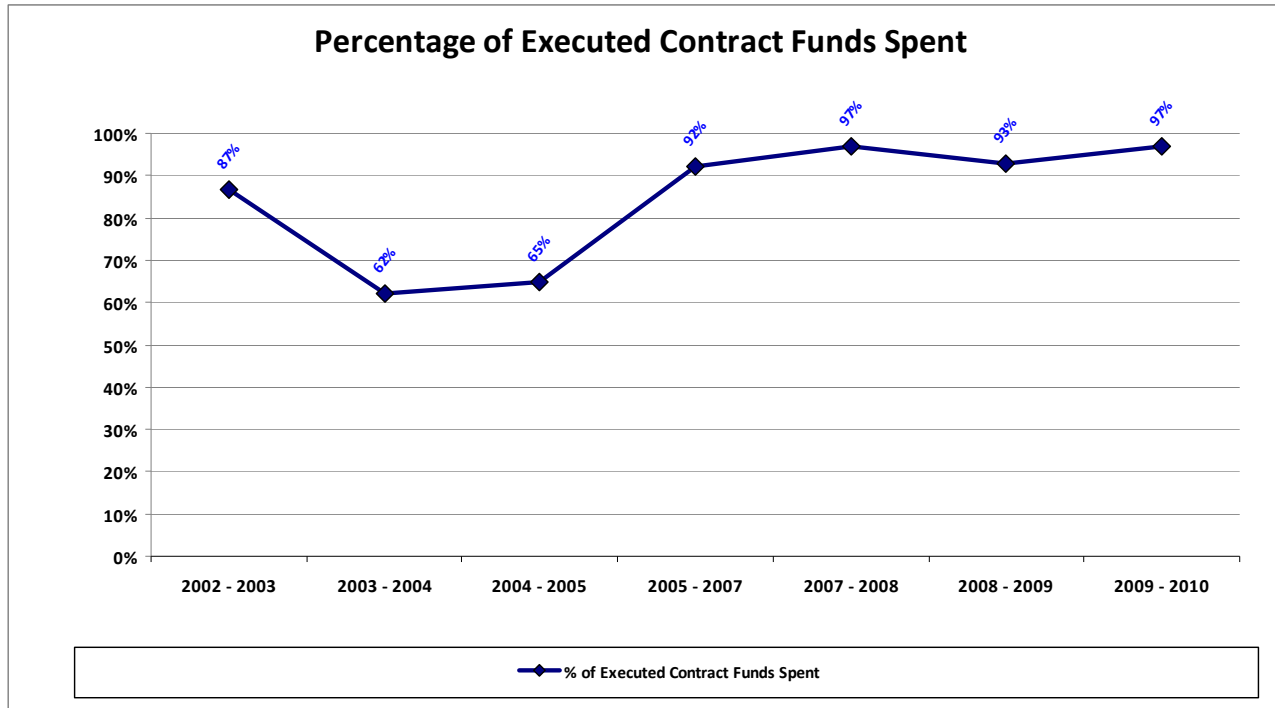


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals spent \$5,978,116 or 83% of the executed contract amounts. It is important to note the progress reflected in the last funding cycles.

Table 4: Palm Beach Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Palm Beach	Lakeside Medical Center (formerly Glades General Hospital)	70		97%	29%	43%		100%	70%
Palm Beach	Wellington Regional Medical Center	158		93%	0%		100%	84%	87%
Palm Beach	Jupiter Medical Center	163	90%	100%	0%	100%	98%	83%	100%
Palm Beach	Palms West Hospital	175	84%	0%				100%	99%
Palm Beach	West Boca Medical Center	195		75%	80%	100%			100%
Palm Beach	Palm Beach Gardens Medical Center	199			100%				
Palm Beach	Columbia Hospital	250			90%	100%			99%
Palm Beach	Good Samaritan Medical Center	333		0%		0%	95%	83%	
Palm Beach	Boca Raton Community Hospital (Boca Raton Regional Hospital)	400	100%	99%	61%	59%			95%
Palm Beach	Bethesda Hospital	401		91%				76%	
Palm Beach	JFK Medical Center	460	57%	92%	44%		100%	85%	100%
Palm Beach	St. Mary's Medical Center	463	100%	27%	77%	95%	98%	90%	100%
Palm Beach	Delray Medical Center	493	100%	76%	59%	94%	89%	98%	100%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010 training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$4,819,840	\$678,741	\$479,535	\$0	\$5,978,116
Other	\$0	\$0	\$0	\$0	\$0
ALL	\$4,819,840	\$678,741	\$479,535	\$0	\$5,978,116

CLOSING COMMENTS

The diversity of the county will continue to require multiple strategies to address the needs of the visitors and residents of Palm Beach. The anthrax incident in 2001 and the 2004-2005 hurricanes have contributed to the county, HERC, and local partners maintaining interest and efforts in disaster readiness. As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Based on the current level of participation and expenditures, what are the next steps for the hospital partners in the county?

- ◆ How can the critical level of response and commitment be sustained especially in the face of reduced allocations?
- ◆ What can be learned from the recent history of high expenditure rates?
- ◆ Are there gaps to be addressed during the next funding cycle?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force Region 7

Broward County

PROGRAM OVERVIEW

This report provides a descriptive analysis of the participation and programmatic focus of the Hospital Preparedness Program (HPP) in Broward County. The information provides an overview of county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the county and to assist with planning for future activities.

BROWARD COUNTY

Broward County stretches west, from the 24 miles of Atlantic beaches, 45 miles to the center of the Everglades. The coastline is made up of high density urban and suburban environments. Although comprised of 1,197 square miles of land, 787 square miles of Broward County lie within the Everglades Conservation Area. The Seminole Tribe of Florida is headquartered in the county and the Miccosukee Indian reservation has land in western Broward County and in Miami-Dade County.

The 2010 U.S. Census population for this county is 1,748,066.⁶⁰ It is the second most populous county in the state. Fourteen percent of the population is age 65 or older. While this is considerably lower than the state average of 17%, persons age 85 or older make up almost 2.7% of the population. This is just slightly higher than the statewide average of 2.6%. Seventeen percent of persons under 65 years old have no health insurance. Seventeen percent of the population has one or more disabilities.

The population is ethnically diverse. Greater than 29% of the population is foreign born. Almost Thirty-five percent speak a language other than English at home. Twenty-three percent of the county population is Hispanic or Latino. Although Broward County is considered an educated and wealthy county, with more than 29% of the population having a Bachelor's degree or higher and the per capita income being higher than the national average, 11.7% of the population lives below poverty level.⁶¹

⁶⁰ County population is from the 2010 US Census - Other demographic statistics are from FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁶¹ Language and Income data from US Census Bureau Fact Sheet <http://factfinder.census.gov/home/saff/main.html?lang=en> Retrieved 7-22-11.

Broward County faces multiple threats. According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,⁶² Broward County is rated at high risk for hurricanes, flooding, severe storms, and tornados. A 2010 report by the Weather Channel lists Miami/Ft Lauderdale as the number one top hurricane vulnerable and overdue cities in the nation.⁶³ The county is in the 50 miles Emergency Planning Zone for Turkey Point Nuclear Power facility in Miami-Dade County. There are 45 facilities in the county that use or produce toxic chemicals above thresholds that can be a threat to the population. There are three underground petroleum pipelines. Hazardous materials are transported through the county by two major rail lines, I-95, the Florida Turnpike, and marine pathways. In addition to the 17 cruise lines that currently embark from Port Everglades, the port is one of the United States' top container ports. More than 5,300 ships call at the port annually and waterborne commerce exceeds 23 million tons.⁶⁴ The port has 264 storage tanks of petroleum with a storage capacity of 10 million barrels.

In 2009, 10.6 million visitors came to Broward County; 2,270,000 were from outside the US. There were 3.2 million cruise ship embarkations and nearly 22.7 million passenger arrivals at the international airport.⁶⁵ To accommodate these visitors there are a large number of hotels, restaurants and a convention center. The county has a large number of temporary residents during the winter and an accredited private university, college, and community college that bring in temporary residents throughout the year. The large number of visitors may not have an emergency plan in place, may not have access to health care services, may not know where to go for assistance, and may not use English as their primary language.

The diversity of the economy and population, high risk factors, and large number of high-rises along the coastline, present hospitals in the county with a wide range of challenges for all-hazard preparedness.

The county currently has 16 hospitals with emergency departments (EDs), with a total 5,510 licensed beds. An additional hospital closed in 2008. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.⁶⁶

⁶² Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

⁶³ The weather channel. Top 5 Hurricane Vulnerable & Overdue Cities. Updated September 24, 2010. http://www.weather.com/outlook/weather-news/news/articles/top5-most-vulnerable-overdue-hurricane-cities_2010-07-14?page=6

⁶⁴ About Port Everglades. www.porteverglades.org Retrieved 7-22-11.

⁶⁵ Greater Fort Lauderdale Convention and Visitors Bureau <http://www.sunny.org/articles/index.cfm?action=view&articleID=942&menuID=110> . Retrieved 7-22-11.

⁶⁶ While the number of hospitals beds did not vary significantly over the seven funding cycles, 2002-2003 to 2009-2010 can be considered estimates.

Broward County is fortunate to have one Level II Trauma Center and two Level I Trauma Centers.⁶⁷ There are eight additional hospitals without EDs. The additional hospitals are primarily specialty hospitals providing such services as rehabilitation behavioral health. All of the hospitals with EDs are Joint Commission accredited which requires an emergency operations plan and all hazards emergency response capabilities. Six of the hospitals without EDs are also Joint Commission accredited. The county also has an active disaster health care coalition, Broward County Healthcare Coalition (BCHC)⁶⁸.

Participating Hospitals

For the purpose of this report, participation is defined as a hospital, with an ED, that has been offered, accepted, and executed a contract with the Florida Department of Health. Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years and one funding cycle encompassed two fiscal years (2005 – 2007).

Preliminary observations based on the data indicate:

- ◆ Three hospitals including the two largest hospitals in the county participated in each of the funding cycles.
- ◆ In funding cycle 2010-2011, all hospitals with EDs participated in the program.
- ◆ Five hospitals have more than 400 beds with two of the hospitals having more than 700 beds.
- ◆ All funds in the county were allocated to hospitals with Emergency Departments.
- ◆ County-wide, participating hospitals expended 96% of allocated funds during funding cycles 2008-2009 and 2009-2010.
- ◆ Fourteen of the current 16 hospitals in the county are part of four hospital corporations or systems, North Broward Hospital District, South Broward Hospital District, Tenet, and HCA (Hospital Corporation of America)⁶⁹ There were no joint or master participation contracts in the county.

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the county's licensed beds. The figure illustrates that in the first year 35% of the hospitals participated, representing 53% of the beds. Participation reached a

⁶⁷ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

⁶⁸ <http://browardchd.org/BCHC.aspx>

⁶⁹ Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

high point in funding cycle 2004-2005. Participation dropped slightly but remained relatively stable through 2009-2010. For 2010-2011 all hospitals in the county with EDs participated.

Figure 1: Broward County Pattern of Participation by Funding Cycle

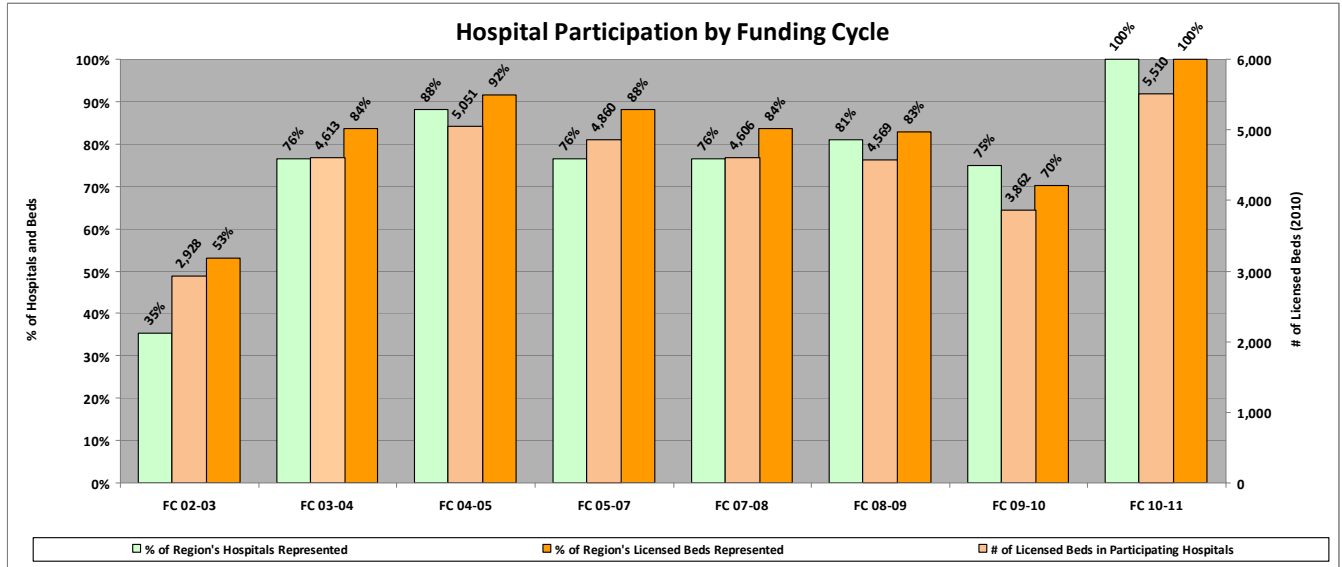


Table 1 provides another way of looking at the county participation over time and includes the number of hospitals.

Table 1: Broward County Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	6	13	15	13	13	13	12	16
% of Region's Hospitals Represented	35%	76%	88%	76%	76%	81%	75%	100%
# of Licensed Beds in Participating Hospitals	2,928	4,613	5,051	4,860	4,606	4,569	3,862	5,510
% of Region's Licensed Beds Represented	53%	84%	92%	88%	84%	83%	70%	100%

Note: The number of participating hospitals in Figure 1 and Table 1 are based on the 17 hospitals with EDs in the region through funding cycle 2007-2008. The percentage of hospitals represented for funding cycles 2008-2009 through 2010-2011 is based on 16 hospitals in the region with EDs. Whereas participating hospital figures were adjusted based on hospital closures all bed figures are based on AHCA's 2010 bed count.

Table 2 provides a side by side comparison of the hospitals with EDs participating in the HPP.

Table 2: Broward County Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Broward	North Ridge Medical Center (closed 5-08)	-	1	No	Closed	Closed	Closed
Broward	Cleveland Clinic Hospital	155	2	No	Yes	Yes	Yes
Broward	Memorial Hospital Miramar	178	2	No	No	Yes	Yes
Broward	Coral Springs Medical Center	200	3	Yes	Yes	Yes	Yes
Broward	Imperial Point Medical Center	204	3	Yes	Yes	Yes	Yes
Broward	Northwest Medical Center	215	2	Yes	Yes	Yes	Yes
Broward	Westside Regional Medical Center	224	2	Yes	Yes	Yes	Yes
Broward	Plantation General Hospital	264	3	Yes	Yes	Yes	Yes
Broward	Memorial Regional Hospital South (previously Hollywood Medical Center)	280	1	Yes	Yes	Yes	Yes
Broward	Memorial Hospital Pembroke	301	3	Yes	Yes	No	Yes
Broward	Memorial Hospital West	304	4	Yes	No	Yes	Yes
Broward	University Hospital and Medical Center	317	3	Yes	Yes	No	Yes
Broward	North Broward Medical Center	409	4	Yes	Yes	Yes	Yes
Broward	North Shore Medical Center - FMC Campus (previously Florida Medical Center until 6/1/09)	459	2	Yes	No	No	Yes
Broward	Holy Cross Hospital	571	4	No	Yes	No	Yes
Broward	Memorial Regional Hospital	713	4	Yes	Yes	Yes	Yes
Broward	Broward General Medical Center	716	4	Yes	Yes	Yes	Yes
	17	5,510		13	13	12	16

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Broward County hospitals with EDs received a total allocation and executed contracts of \$15,238,780 through funding cycle 2009-2010. The five largest hospitals, with 2,868 beds, accounted for \$8,907,359, or 58.5% of the allocated funds. The remaining twelve hospitals, with 2,642 beds⁷⁰ received \$6,331,421 41.5% of the allocated funds. Of the total funding in executed contracts \$12,595,058 was expended.

Table 3 displays the total funds allocated, executed in contracts, and spent for each funding cycle. Individual levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners and other factors. Broward County had an excellent

⁷⁰ This does not include an unknown number of beds for North Ridge Medical Center which closed in early 2008.

record of expenditure during the most recent funding cycles. Further individual review may be desired to determine specific opportunities for improvement and best practices.

Table 3: Broward County Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	462,500	462,500	343,468	74%
2003 - 2004	1,525,196	1,525,196	986,071	65%
2004 - 2005	2,077,153	2,077,153	1,555,588	75%
2005 - 2007	5,122,394	5,122,394	4,243,545	83%
2007 - 2008	3,509,427	3,509,427	3,024,535	86%
2008 - 2009	1,897,757	1,897,757	1,825,037	96%
2009 - 2010	644,353	644,353	616,813	96%
Total All FCs	15,238,780	15,238,780	12,595,058	83%

This record of spending as well as the growth and decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

Figure 2: Broward County Total Allocated, Executed, and Spent Funds by Funding Cycle

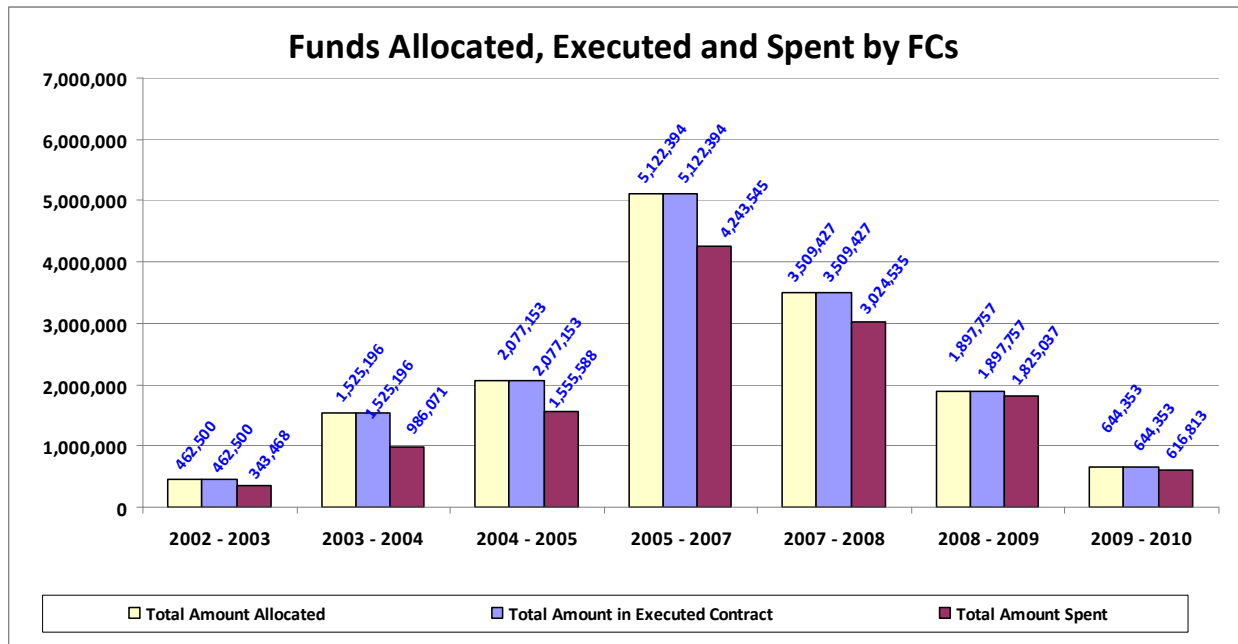


Figure 3: Broward County Percentage of Executed Funds Spent

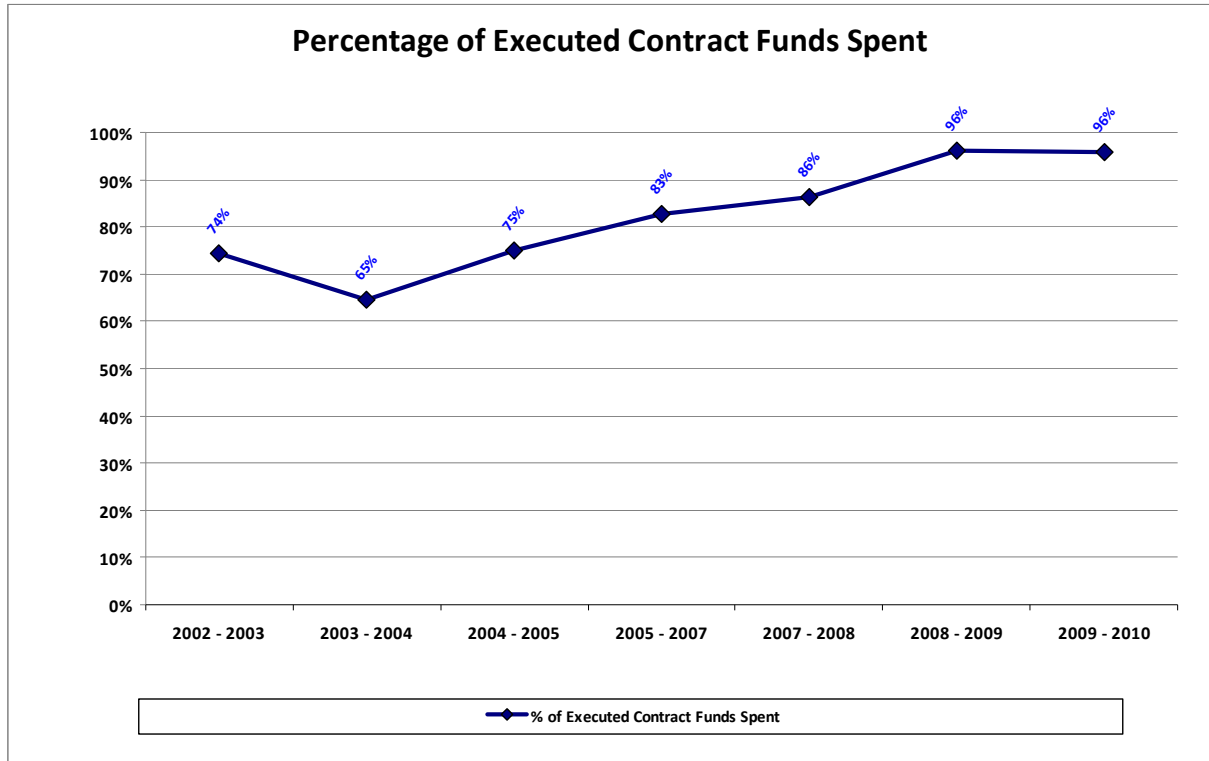


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals spent \$12,595,058 or 83% of the executed contract amounts. It is important to note the progress reflected in the last funding cycles.

Table 4: Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Broward	North Ridge Medical Center (closed 5-08)	-		72%					
Broward	Cleveland Clinic Hospital	155		98%	0%			79%	100%
Broward	Memorial Hospital Miramar	178			64%	44%			84%
Broward	Coral Springs Medical Center	200		25%	100%	84%	97%	93%	100%
Broward	Imperial Point Medical Center	204		23%	0%	100%	70%	100%	99%
Broward	Northwest Medical Center	215	99%		97%		98%	85%	97%
Broward	Westside Regional Medical Center	224			99%	78%	98%	100%	100%
Broward	Plantation General Hospital	264		100%	75%	85%	99%	88%	100%
Broward	Memorial Regional Hospital South (previously Hollywood Medical Center)	280			100%		100%	100%	88%
Broward	Memorial Hospital Pembroke	301		100%	20%	30%	2%	96%	
Broward	Memorial Hospital West	304	93%	98%	20%	29%	98%		95%
Broward	University Hospital and Medical Center	317		92%	90%	66%	99%	85%	
Broward	North Broward Medical Center	409	70%	47%	92%	99%	100%	87%	100%
Broward	North Shore Medical Center - FMC Campus (previously Florida Medical Center until 6/1/09)	459		100%		0%	44%		
Broward	Holy Cross Hospital	571	83%	0%	0%	99%		50%	
Broward	Memorial Regional Hospital	713	21%	95%	93%	100%	75%	100%	82%
Broward	Broward General Medical Center	716	100%	32%	64%	100%	97%	87%	100%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Web-Based Event Management Software Pilot Project and the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010 training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$10,223,016	\$1,095,981	\$824,061	\$452,000	\$12,595,058
Other	\$0	\$0	\$0	\$0	\$0
ALL	\$10,223,016	\$1,095,981	\$824,061	\$452,000	\$12,595,058

CLOSING COMMENTS

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners through funding and other collaborative partnerships. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Based on the current level of participation and expenditures, what are the next steps for the hospital partners in the county?
- ◆ How can the critical level of response and commitment be sustained especially in the face of reduced allocations?

- ◆ What can be learned from the recent history of high expenditure rates?
- ◆ What can be learned from the renewed participation of some of the larger hospitals during the 2010-2011 funding cycle.
- ◆ Are there gaps to be addressed during the next funding cycle?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force Region 7

Miami-Dade County

PROGRAM OVERVIEW

This report provides a descriptive analysis of the participation and programmatic focus of the Hospital Preparedness Program (HPP) in Miami-Dade County. The information provides an overview of county specific partnerships with local hospitals. Information is intended to provide a picture that can be used to confirm and document what is happening in the county and to assist with planning for future activities.

MIAMI-DADE COUNTY

Miami-Dade County is home to 35 incorporated cities and many unincorporated areas. The northern, central, and eastern portions of the county are heavily urbanized with many high rises along the coastline, and downtown Miami. The Redland and Homestead areas in the south are primarily agricultural and sparsely populated. The western portion of the county extends into the Everglades National Park populated only by a Miccosukee Tribal village.

The 2010 U.S. Census population for this county is 2,496,435.⁷¹ Miami-Dade is the most populous county in the state and the 8th most populous in the US.⁷² Fourteen percent of Miami-Dade's residents are age 65 or older, lower than the statewide average of 17%. Almost 18% of the population lives below poverty level and 17% of persons under 65 years old have no health insurance. Nineteen percent of the population has one or more disabilities. The population is ethnically diverse. Forty-nine percent of the population is foreign born.⁷³ Fifty-nine percent speak Spanish as their primary language.⁷⁴

According to the State of Florida Enhanced Hazard Mitigation Plan, August 2010,⁷⁵ Miami-Dade County is rated at high risk for hurricanes, flooding, and severe storms. A 2010 report by the Weather Channel lists Miami/Ft Lauderdale as the number one top hurricane vulnerable and overdue cities in the nation. These hazards could disrupt services and possibly require patient evacuations. During a hurricane, Miami-Dade also needs to be prepared to take in evacuees from Monroe County.

⁷¹ County population and ethnicity data is from the 2010 US Census - Other demographic statistics are from FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁷² <http://www.census.gov/popest/counties/tables/CO-EST2009-07.csv>.

⁷³ US Census Bureau Fact Sheet http://factfinder.census.gov/home/saff/main.html?_lang=en Retrieved 7-18-11.

⁷⁴ http://www.mla.org/map_data, Based on 2000 census data, responses to the question, "Does this person speak a language other than English at home?"

⁷⁵ Enhanced State Hazard Mitigation Plan 2010 <http://www.floridadisaster.org/mitigation/State/Index.htm> . Retrieved 5-18-11

The Turkey Point Nuclear Power Plant south of Miami has a twin reactor and operates five power-generating units. This site is the largest generating station in Florida and is the sixth largest power plant in the United States.

Historically, the two mainstays of Miami-Dade's economy have been tourism and shipping. In recent years there has been continuing development of manufacturing, technology, and service businesses.⁷⁶ The county is also home to a number of corporate headquarters. The Port of Miami is one of the top container ports in the US, with more than 1,706 ship calls annually. It is a major distribution hub and serves as a cruise ship destination with 4,150,000 passengers reported in 2010.⁷⁷ The port could potentially be an entry for infectious diseases, smuggling, terrorism, or marine incidents.

In 2009, 11,935,900 visitors came to Miami-Dade County, 5,684,400 from outside the US.⁷⁸ To accommodate these visitors there are a large number of hotels, restaurants, a convention center, three stadiums, two sports and entertainment arenas, two horse tracks and one speedway. The county is home to five professional sports teams and six universities and colleges.

The diversity of the economy and population, the high risk for hurricanes, flooding, severe storms, the large number of high-rises, and the large number of visitors, who may or may not have access to health care services, may not know where to go for assistance, and may not use English as their primary language, present hospitals in the county with a wide range of challenges for all-hazard preparedness.

The county currently has 21 hospitals with emergency departments (EDs), with a total 8,747 licensed beds. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.⁷⁹

Miami-Dade County is also fortunate to have one Level I Trauma Center with a burn unit and one Pediatric Trauma Center.⁸⁰ There are an additional 14 hospitals without EDs. These are primarily specialty hospitals providing such services as long-term acute care, rehabilitation, and behavioral health. One is a Veterans Administration Medical Center. Twenty of the 21 hospitals with EDs are Joint Commission accredited which requires an emergency operations plan and all

⁷⁶ p. 4, "In Motion – Comprehensive Economic Development Strategy 2007 – 2012", Treasure Coast Regional Planning Council <http://www.tcrpc.org/departments/CEDS%202007-2012.pdf>

⁷⁷ <http://www.miamidade.gov/portofmiami/business-port-statistics.asp> 2009.

⁷⁸ Greater Miami Convention and Visitors Bureau <http://www.gmcvb.com/>, <http://www.miamiandbeaches.com/Pictures/WebRpt/Annual%202009%20Visitor%20Profile.pdf>, p. 5. Retrieved 3/14/11.

⁷⁹ While the number of hospitals beds did not vary significantly over the seven funding cycles, 2002-2003 to 2009-2010 can be considered estimates.

⁸⁰ Agency for Health Care Administration Facility Search, <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> . Retrieved 5-17-11

hazards emergency response capabilities. Ten of the hospitals without EDs are also Joint Commission accredited.

The county has an active disaster health care coalition, Miami-Dade County Hospital Preparedness Consortium (MDCHPC),⁸¹ which provides a forum for sharing information and plans, coordinating training or exercises, and developing mutual aid arrangements.

PARTICIPATION

For the purpose of this report, participation is defined as a hospital with an emergency department that has been offered, accepted, and executed a contract with the Florida Department of Health. For funding cycles 2007-2008, 2008-2009 and 2009-2010 Baptist Health South Florida received funds for more than one hospital in its system. While there was one master contract, funds and preparedness resources were provided to other hospitals in the system. This allows the contracting hospital to leverage purchasing power and expedite the expenditure of funds. In such cases, each hospital receiving funds directly or indirectly has been counted as participating.

Information is presented by funding cycle (FC). Funding cycles correspond with state fiscal years. One funding cycle encompassed two fiscal years (2005-2007).

Preliminary observations based on the data indicate:

- ◆ Participation has been inconsistent ranging from a low of six hospitals in funding cycle 2008-2009 to a high of 16 in funding cycle 2010-2011.
- ◆ In FY 2010-2011, 16 hospitals participated, accounting for 7,107 or 81% of the county's licensed beds.
- ◆ The largest hospital with 1,498 licensed beds has participated in each of the funding cycles.
- ◆ The majority (12) of hospitals in the county have more than 350 beds. Three of these hospitals are very large with more than 600 licensed beds.
- ◆ In addition to hospitals with EDs included in this analysis, during funding cycle 2004-2005, the VA Medical Center in Miami was allocated \$15,000 for PPE equipment and training. None of these funds were spent. In funding cycle 2008-2009 the Miami Jewish Home & Hospital for the Aged was allocated and spent \$20,000 for PPE equipment and training and \$10,000 for exercises.
- ◆ Seventeen of the 21 hospitals in the county are part of seven hospital corporations or systems, HCA East Florida Division (Hospital Corporation of America), Baptist Health South Florida, Tenet Health System, Jackson Health System, Metropolitan Health

⁸¹ <http://www.mdchospitals.org/>

Community Services, Mt. Sinai Health System and University of Miami Specialty Hospitals.⁸²

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of hospitals with EDs that participated. The next two columns indicate the number and percentage of the county's licensed beds. The figure illustrates that in the first year 32% of the hospitals participated, representing 45% of the beds. Participation increased substantially the next year and then fluctuated for the next four funding cycles. Participation increased again during the last two funding cycles.

Figure 1: Miami-Dade County Pattern of Participation by Funding Cycle

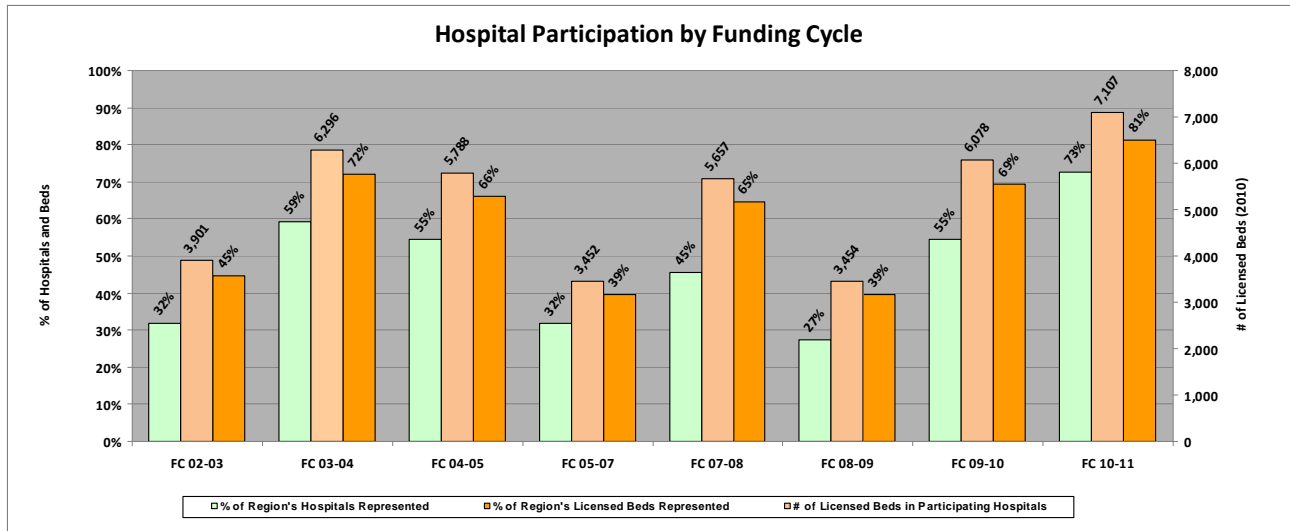


Table 1 provides another way of looking at the county participation over time and includes the number of participating hospitals.

Table 1: Miami-Dade County Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	7	13	12	7	10	6	12	16
% of Region's Hospitals Represented	32%	59%	55%	32%	45%	27%	55%	73%
# of Licensed Beds in Participating Hospitals	3,901	6,296	5,788	3,452	5,657	3,454	6,078	7,107
% of Region's Licensed Beds Represented	45%	72%	66%	39%	65%	39%	69%	81%

⁸² Florida Hospital Association, Hospital Directory, <http://www.fha.org/DirectoryLookupResults>. Retrieved July 1, 2011.

Table 2 provides a side by side comparison of the participation of hospitals with EDs participating in the HPP. Hospitals marked “yes” participated either through an individual contract or as part of a system or master contract.

Table 2: Miami-Dade County Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Miami-Dade	Westchester General Hospital	125	0	No	No	No	No
Miami-Dade	Homestead Hospital	142	2	Yes	Yes	Yes	Yes
Miami-Dade	Larkin Community Hospital	142	1	No	No	No	Yes
Miami-Dade	Metropolitan Hospital of Miami (formerly Pan American Medical Center)	146	2	No	No	No	No
Miami-Dade	Jackson South Community Hospital	199	3	No	No	Yes	Yes
Miami-Dade	Coral Gables Hospital	247	0	No	No	Yes	Yes
Miami-Dade	Palms Springs General Hospital	247	1	No	No	No	No
Miami-Dade	Doctors Hospital (Coral Gables)	281	0	Yes	No	Yes	Yes
Miami-Dade	Miami Children's Hospital	289	4	Yes	Yes	Yes	Yes
Miami-Dade	North Shore Medical Center	357	0	No	No	No	Yes
Miami-Dade	Palmetto General Hospital	360	2	No	No	No	No
Miami-Dade	Hialeah Hospital	378	3	Yes	Yes	Yes	Yes
Miami-Dade	Jackson North Medical Center (formerly Parkway Regional Medical Center)	382	3	No	No	Yes	Yes
Miami-Dade	Aventura Hospital	407	2	Yes	No	No	Yes
Miami-Dade	Kendall Regional Medical Center	412	3	No	No	No	Yes
Miami-Dade	South Miami Hospital	467	2	Yes	Yes	Yes	Yes
Miami-Dade	Mercy	473	1	No	No	No	No
Miami-Dade	University of Miami Hospital (formerly Cedars Medical Center)	560	3	Yes	No	Yes	Yes
Miami-Dade	Baptist Hospital of Miami	680	1	Yes	Yes	Yes	Yes
Miami-Dade	Mt. Sinai Medical Center	955	2	Yes	No	Yes	Yes
Miami-Dade	Jackson Memorial Hospital Ryder Trauma Center	1,498	4	Yes	Yes	Yes	Yes
	21	8,747		10	6	12	16

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Miami-Dade County hospitals with EDs received a total allocation and executed contracts of \$10,436,201 through funding cycle 2009-2010.⁸³ The twelve largest hospitals, those with greater than 350 beds, were recipients of \$7,488,547, or nearly 72% of the allocated funds. The remaining nine hospitals, with a total of

⁸³ This does not include the \$30,000 allocated to the Miami Jewish Home and Hospital for the Aged or the \$15,000 allocated to the VA Medical Center.

1,818 beds, received \$2,947,653 or approximately 28% of the allocated funds. Of the total funding in executed contracts, \$7,881,999 was expended.

Table 3 displays the total funds allocated, executed in contracts, and spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. Low expenditure rates by individual hospitals may be related to a hospital being sold, changes in management, changes in allowable purchases, disallowances, events such as H1N1 resulting in higher priorities, or other factors. Further individual review may be necessary to determine specific reasons and opportunities for improvement.

Table 3: Miami-Dade County Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	551,250	551,250	284,000	52%
2003 - 2004	1,587,756	1,587,756	1,123,085	71%
2004 - 2005	2,404,299	2,404,299	1,259,255	52%
2005 - 2007	3,077,961	3,077,961	2,835,734	92%
2007 - 2008	1,794,972	1,794,972	1,498,691	83%
2008 - 2009	498,963	498,963	406,523	81%
2009 - 2010	521,000	521,000	474,711	91%
Total All FCs	10,436,201	10,436,201	7,881,999	76%

This record of spending as well as the growth and decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

Figure 2: Miami-Dade County Total Allocated, Executed, and Spent by Funding Cycle

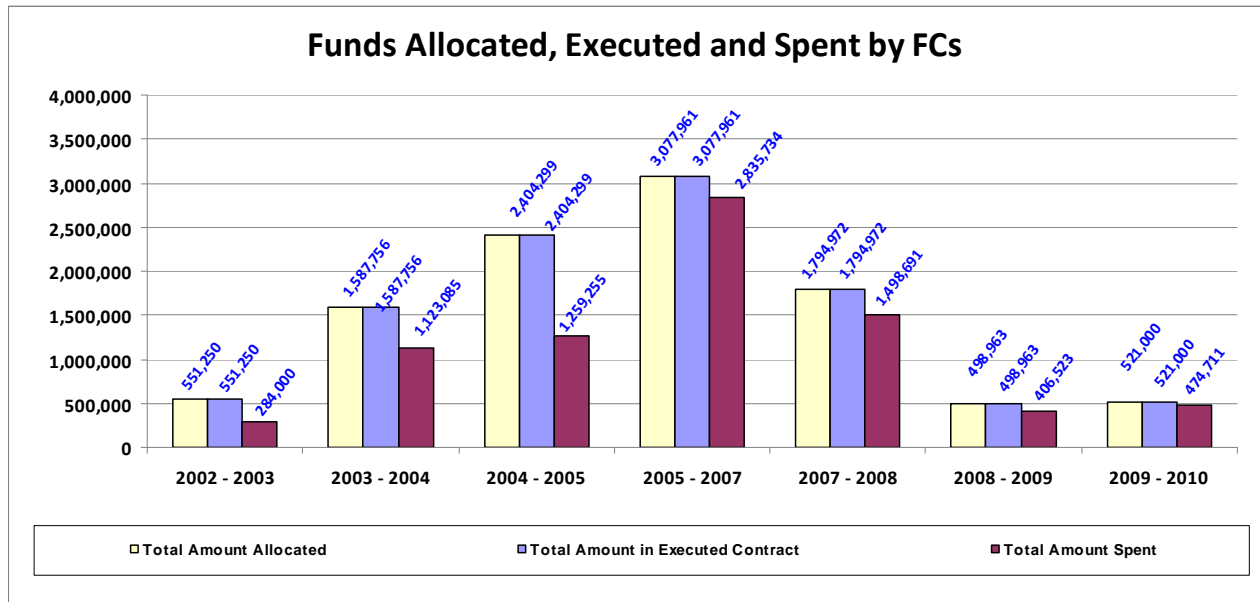


Figure 3: Miami-Dade County Percentage of Executed Funds Spent

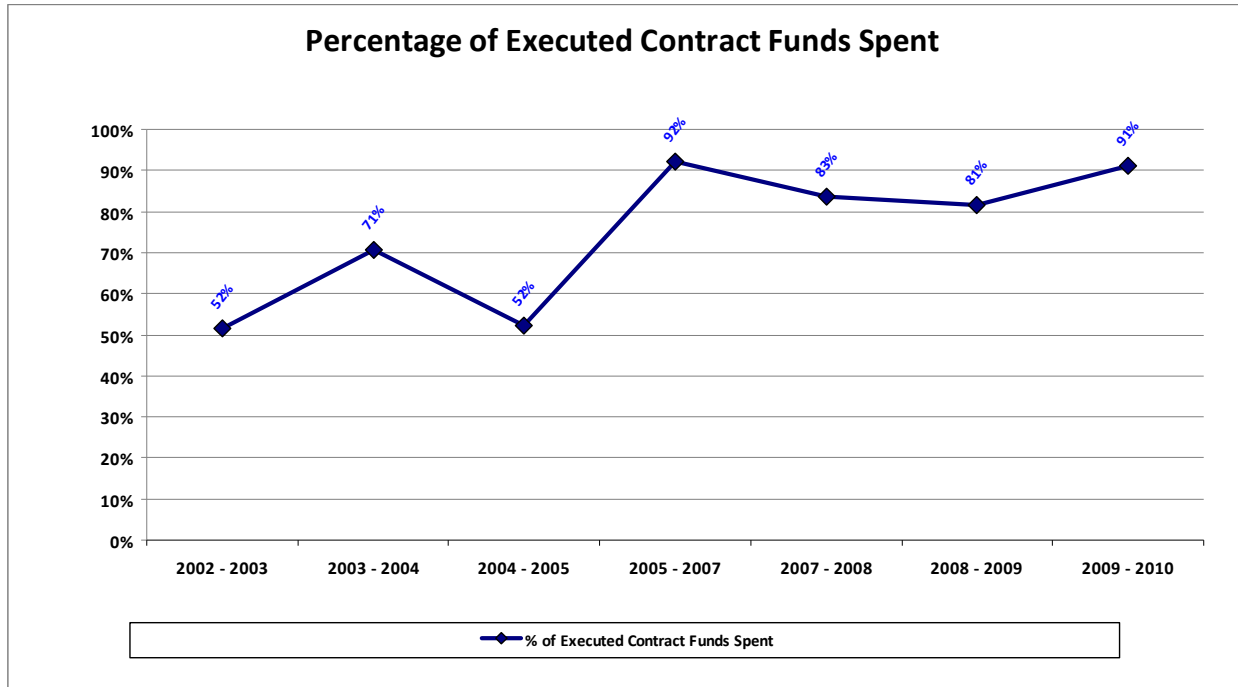


Table 4 illustrates the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals spent \$7,881,999 or 76% of the executed contract amounts.

In funding cycles 2007-2008, 2008-2009 and 2009-2010 Baptist Health South Florida (BHS) elected to take one system contract for its hospital partners. Table 4 notes which hospitals participated by receiving funds and preparedness resources through these master contracts. In 2007-2008 the system contract served Doctors Hospital in Coral Gables and Mariner's Hospital in Monroe County. The expenditure rate for Doctors Hospital reflects expenditures for both hospitals. For funding cycle 2008-2009 and 2009-2010, the expenditure rate listed for Baptist Hospital Miami reflects the overall expenditure for other participating hospitals shown in Table 4 as part BHS.

Table 4: Miami-Dade Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Miami-Dade	Westchester General Hospital	125							
Miami-Dade	Homestead Hospital	142	65%	0%			100%	BHS	BHS
Miami-Dade	Larkin Community Hospital	142			85%				
Miami-Dade	Metropolitan Hospital of Miami (formerly Pan American Medical Center)	146			59%	0%			
Miami-Dade	Jackson South Community Hospital	199		44%	0%	70%			BHS
Miami-Dade	Coral Gables Hospital	247							28%
Miami-Dade	Palms Springs General Hospital	247		75%					
Miami-Dade	Doctors Hospital (Coral Gables)	281					94%		BHS
Miami-Dade	Miami Children's Hospital	289	71%	100%	69%	93%	46%	72%	92%
Miami-Dade	North Shore Medical Center	357							
Miami-Dade	Palmetto General Hospital	360		96%	100%				
Miami-Dade	Hialeah Hospital	378		91%	100%	87%	94%	100%	100%
Miami-Dade	Jackson North Medical Center (formerly Parkway Regional Medical Center)	382		51%	0%	0%			BHS
Miami-Dade	Aventura Hospital	407	93%	0%			94%		
Miami-Dade	Kendall Regional Medical Center	412	69%	98%	98%				
Miami-Dade	South Miami Hospital	467		35%	0%		99%	BHS	BHS
Miami-Dade	Mercy	473	0%						
Miami-Dade	University of Miami Hospital (formerly Cedars Medical Center)	560		10%	0%	0%	0%		98%
Miami-Dade	Baptist Hospital of Miami	680	0%				93%	100%	100%
Miami-Dade	Mt. Sinai Medical Center	955		96%	69%		45%		100%
Miami-Dade	Jackson Memorial Hospital Ryder Trauma Center	1,498	100%	83%	42%	100%	96%	86%	89%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Telecommunications Service Priority initiative.

Table 5 presents the total amounts spent across seven funding cycles. In funding cycle 2009-2010, training and exercise funds were combined. For purposes of this table they have been separated and equally allocated to each category.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$6,811,062	\$570,710	\$499,227	\$1,000	\$7,881,999
Other	\$15,000	\$5,000	\$10,000	\$0	\$30,000
ALL	\$6,826,062	\$575,710	\$509,227	\$1,000	\$7,911,999

CLOSING COMMENTS

Miami-Dade County is the largest urban center in Florida with a sophisticated healthcare system that faces ongoing challenges. Hospital emergency management personnel have been tested by hurricanes and other events and have enhanced their disaster preparedness since 2001 through the Hospital Preparedness Program. This has been demonstrated most recently by preparations for and response to a number large sports events including the Super Bowl, and the coordination of the transfer and care of complex trauma patients after the Haiti earthquake.

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Based on the current level of participation and expenditures, what are the next steps for the hospital partners in the county?
- ◆ How can the critical level of response and commitment be sustained?
- ◆ Are there gaps to be addressed during the next funding cycle?
- ◆ What actions may be necessary to better support hospitals to maximize use of resources?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.

Hospital Preparedness Program

Regional Domestic Security Task Force Region 7

Monroe County

PROGRAM OVERVIEW

This report provides a descriptive analysis of the participation and programmatic focus of the Hospital Preparedness Program (HPP) in Monroe County. The information provides an overview of county specific partnerships with local hospitals. The information is intended to provide a picture that can be used to confirm and document what is happening in the county and to assist with planning for future activities.

THE COUNTY

Monroe County is quite different from the other three counties in RDSTF 7. The County has over 300 miles of coastline with numerous islands and barrier islands which are densely populated. Although the majority of the land is in the SW Everglades, 99% of the population lives in the Florida Keys. While the Keys stretch 220 miles from Key Largo to the Dry Tortugas, the population lives along the 120 mile stretch from North Key Largo to Key West. Geographically the Keys are in a high risk location for hurricanes and storm surge. This is coupled with a very difficult evacuation process due to limitations with the "Overseas Highway," bridges and channels. Hospitals and other health and medical providers are generally instructed to initiate evacuation 72 hours prior to landfall of a Category 3 or greater hurricane.

Monroe County is defined by Florida Statutes as being a rural county with a population density of less than 100 individuals per square mile. The county includes medically underserved areas.⁸⁴ The 2010 U.S. Census population for this county is 73,090⁸⁵. Eighteen percent of the population is age 65 or older. More than 21% of persons under age 65 are uninsured and 22% of the population has one or more disabilities. Although one of the wealthiest counties in the state in per capita income,⁸⁶ it has poorer citizens as well. Over eight thousand or more than 10% of the population have incomes below the poverty level. The population is racially diverse, with 15% foreign born.⁸⁷ Sixteen percent speak Spanish as their primary language.⁸⁸

⁸⁴ Health Council of South Florida, Inc., 2010 District 11 Health Profile.
<http://www.healthcouncil.org/healthprofiles.asp>

⁸⁵ County population is from the 2010 US Census - Other demographic statistics are from FDOH Vulnerable Population profiles. <http://www.floridashealth.com/prepare/VulnerablePopulations.html>.

⁸⁶ Based on 2008 income, <http://www.eflorida.com/profiles/CountyReport.asp?CountyID=25&Display=all>.

⁸⁷ http://www.city-data.com/county/Monroe_County-FL.html.

⁸⁸ http://www.mla.org/map_data, Based on 2000 census data, responses to the question, "Does this person speak a language other than English at home?"

The county's economy is based on tourism.⁸⁹ It is estimated that annual visitors can reach 2,000,000. Residents and visitors are attracted to the beaches and water recreation. This includes world class fishing in Florida Bay, which is protected by the Everglades National Park and contains numerous islets or keys. To accommodate these visitors there are a number of hotels, lodgings and restaurants, as well as, tours. Given the county's isolated geography, population characteristics of residents and visitors, economy and hurricane hazard, hospitals face a wide range of challenges in order to be prepared for all hazard incidents. As a result of the high volume of visitors, it is not uncommon to have large numbers of additional people for whom English is not the primary language. These visitors, may or may not have access to health care services, and may not know where to go for assistance. They may also be unfamiliar with being prepared for hurricanes and may not have the knowledge and resources necessary for evacuation. Monroe County is also susceptible to mass migration of immigrants illegally trying to enter the U.S. There were 28 landings documented in the first 4 months of 2011.⁹⁰

The county currently has 3 hospitals with emergency departments (EDs), with a total 218 licensed beds. Information throughout this report on licensed beds is based on the Florida Agency for Health Care Administration, January 2010, Florida Hospital Bed Need Projections and Service Utilization by District report.⁹¹ All three of the hospitals are Joint Commission accredited which requires an emergency operations plan and a substantial level of all hazards emergency response capability. Mariners and Fisherman's Hospitals are designated as critical access hospitals. There is also one additional small hospital without an emergency department and two small assisted living facilities with a total 24 resident capacity.

PARTICIPATION

For the purpose of this report, participation is defined as a hospital that has been offered, accepted, and executed a contract with the Florida Department of Health.

Information is presented by funding cycle. Funding cycles correspond with state fiscal years and one funding cycle encompassed two fiscal years (2005-2007).

Here are some observations about Monroe County hospitals' participation.

- ◆ All three hospitals participated in at least 4 of the 8 funding years.
- ◆ In funding cycles 2007-2008, 2009-2010, and 2010-2011 Mariners Hospital participated as part of a Baptist Health South Florida master contract.

⁸⁹ <http://www.monroecounty-fl.gov/index.aspx?NID=27>.

⁹⁰ Keynews.com. Summer seas draw migrants to Keys. May 16, 2011.

⁹¹ While the number of hospitals beds did not vary significantly over the seven funding cycles, 2002-2003 to 2009-2010 can be considered estimates.

Figure 1 displays participation over eight funding cycles. The first column for each funding cycle shows the percentage of the 3 hospitals participating, with the next two columns indicating the number and percentage of the county’s licensed beds. The figure illustrates that in the first year 33% of the hospitals participated, representing 19% of the beds. Participation fluctuated in the following years increasing to full participation of hospitals with EDs in funding cycle 2009-2010.

Figure 1: Monroe County Pattern of Participation by Funding Cycle

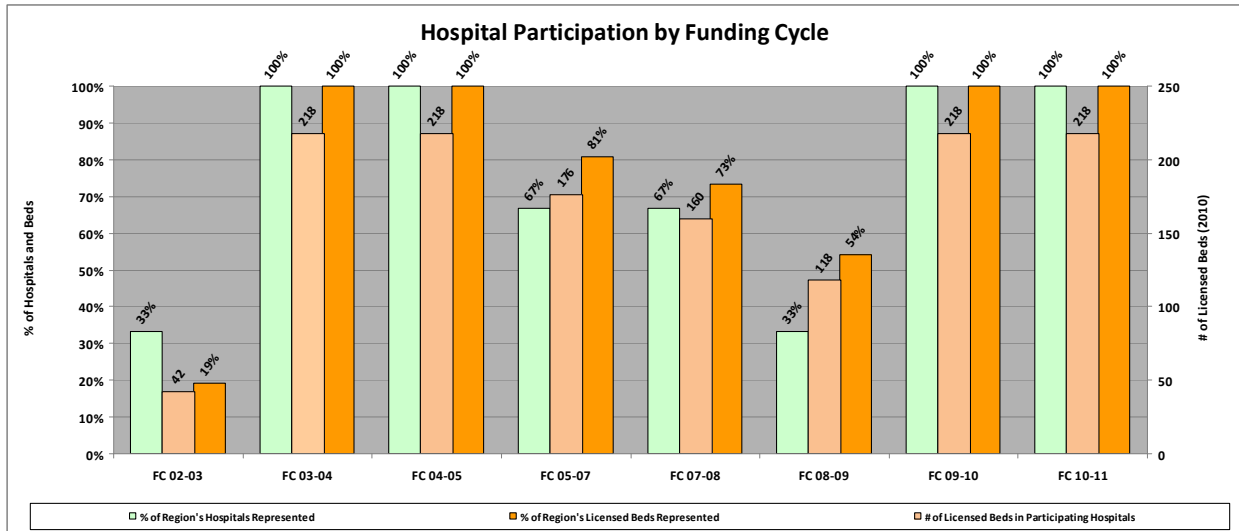


Table 1 provides another way of looking at the regional participation trends and includes the total number of hospitals.

Table 1: Monroe County Hospital Participation by Funding Cycle

Funding Cycle	02-03	03-04	04-05	05-07	07-08	08-09	09-10	10-11
# of Participating Hospitals	1	3	3	2	2	1	3	3
% of Region's Hospitals Represented	33%	100%	100%	67%	67%	33%	100%	100%
# of Licensed Beds in Participating Hospitals	42	218	218	176	160	118	218	218
% of Region's Licensed Beds Represented	19%	100%	100%	81%	73%	54%	100%	100%

Table 2 provides a side by side comparison of the participation of hospitals with EDs participating in the HPP. Hospitals marked “yes” participated either through an individual contract or as part of a system or master contract.

Table 2: Monroe County Hospital Participation 07-08 to 10-11 Funding Cycles

County	Hospital Name	Licensed Beds (2010)	# FCs Participated in 1st Four FCs	07-08 Participated	08-09 Participated	09-10 Participated	10-11 Participated
Monroe	Mariners Hospital*	42	3	Yes	No	Yes	Yes
Monroe	Fishermen's Hospital*	58	3	No	No	Yes	Yes
Monroe	Lower Florida Keys Medical Center	118	3	Yes	Yes	Yes	Yes
	3	218		2	1	3	3

*Indicates designated critical access hospital

Information regarding participation is important but it is only one part of the picture. It is necessary to look at the levels of funding and expenditures. The next part of the data provides additional detail related to funding.

FUNDING

When reviewing the level of funding and the distribution of funding, it is important to keep in mind that a number of factors can impact participation. Monroe County hospitals with EDs received a total allocation of \$738,681 through funding cycle 2009-2010. Of the total funding in executed contracts, \$466,037 was expended. Table 3 displays the county wide total funds allocated, executed in contracts and, spent for each funding cycle. Levels of expenditures can be influenced by the maturation of the level of preparedness of the hospital partners. While expenditure rates increased dramatically during the last two funding cycles, low expenditure rates by individual hospitals earlier in the program may be related to a variety of factors. Further individual review may be necessary to determine specific reasons and additional opportunities for improvement.

Table 3: Monroe County Total Allocated, Executed, Spent Funds by Funding Cycle

Funding Cycle	Total Amount Allocated	Total Amount in Executed Contract	Total Amount Spent	% of Executed Contract Funds Spent
2002 - 2003	74,498	74,498	56,339	76%
2003 - 2004	175,209	175,209	75,786	43%
2004 - 2005	292,334	292,334	202,707	69%
2005 - 2007	98,140	98,140	60,907	62%
2007 - 2008	24,500	24,500	0	0%
2008 - 2009	24,000	24,000	23,872	99%
2009 - 2010	50,000	50,000	46,426	93%
Total All FCs	738,681	738,681	466,037	63%

This record of spending as well as the growth and decline in total funding over seven funding cycles is illustrated in Figures 2 and 3.

Figure 2: Monroe County Total Allocated, Executed, and Spent Funds by Funding Cycle

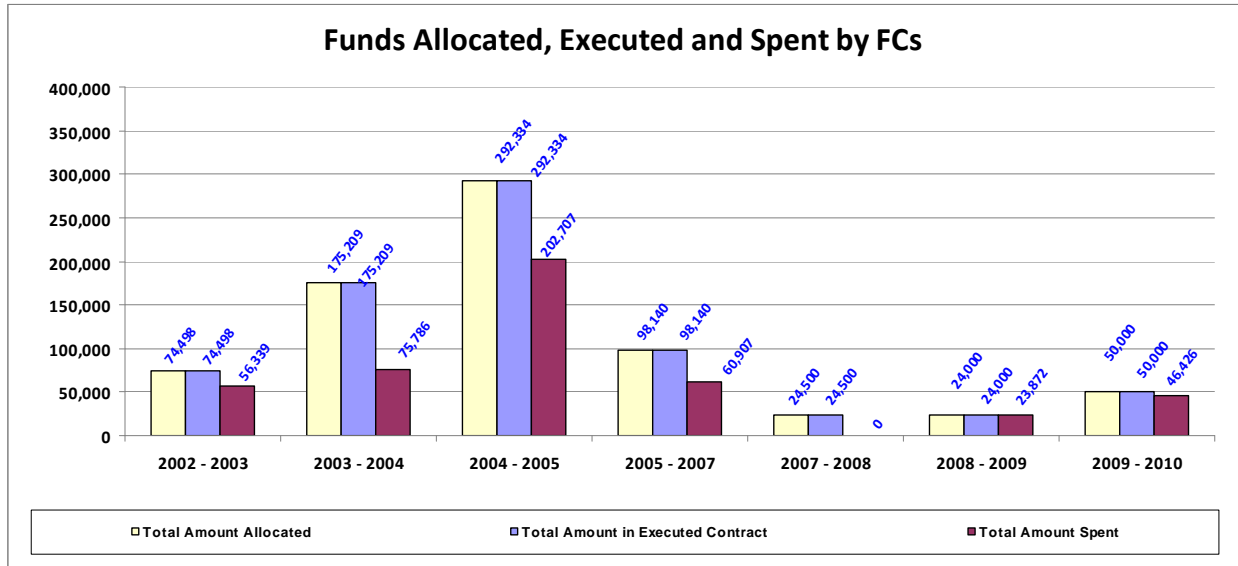


Figure 3: Monroe County Percentage of Allocated, Executed, and Spent Funds by Funding Cycle

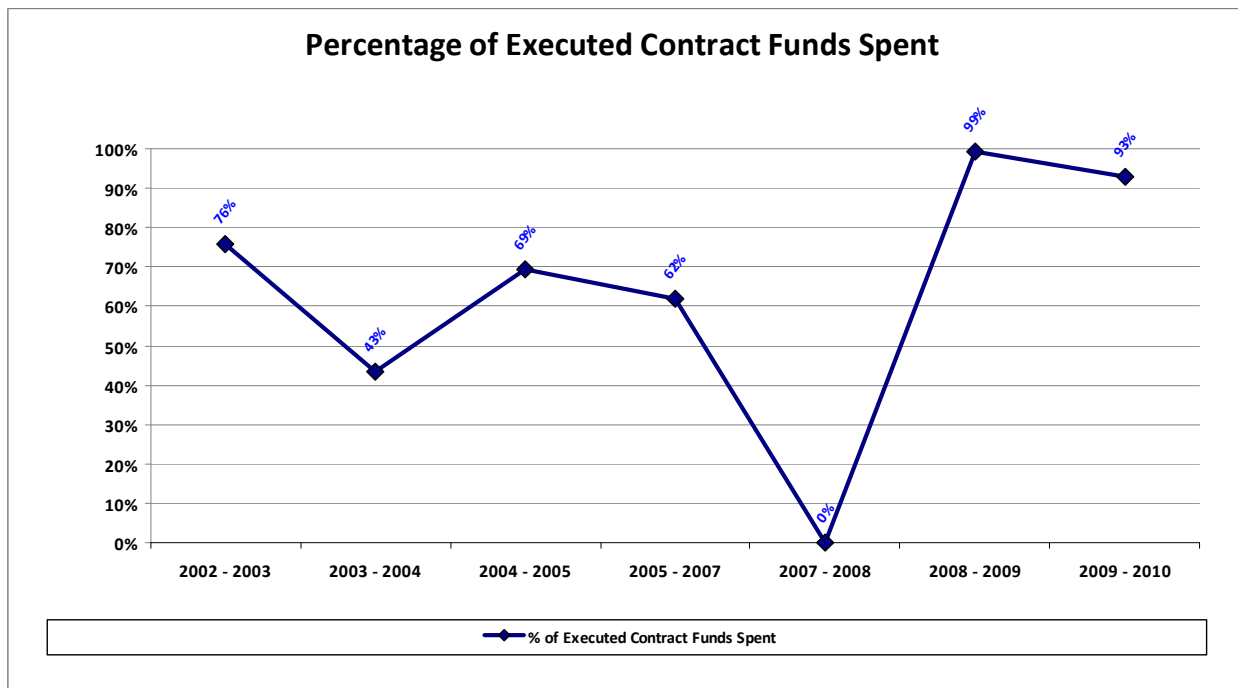


Table 4 shows the percent of executed funds spent by each hospital over the seven funding cycles. Through funding cycle 2009-2010 hospitals spent \$466,037 or 63%. In funding cycles 2007-2008 and 2009-2010 Mariners Hospital received funding through a master contract with Baptist Health South Florida (BHS). For funding cycle 2007-2008, the expenditure rate for

Mariners Hospital is reflected in the rate for Doctors Hospital in Miami-Dade and for 2009-2010 in Baptist Hospital of Miami.

Table 4: Monroe Hospitals' Percentage of Funds Spent from Executed Contracts

County	Hospital Name	Licensed Beds (2010)	02-03 Executed Contract Spent	03-04 Executed Contract Spent	04-05 Executed Contract Spent	05-07 Executed Contract Spent	07-08 Executed Contract Spent	08-09 Executed Contract Spent	09-10 Executed Contract Spent
Monroe	Mariners Hospital*	42	76%	84%	97%		BHS		BHS
Monroe	Fishermen's Hospital*	58		3%	100%	58%			99%
Monroe	Lower Florida Keys Medical Center	118		78%	57%	71%	0%	99%	86%

More detail regarding the amount of funds allocated, executed, and spent by each hospital is available on request.

*Indicates designated critical access hospital

PROGRAMMATIC FUNDING CATEGORIES

Data about funding and participation was gathered in four categories:

- ◆ Equipment
- ◆ Training
- ◆ Exercises
- ◆ Other

The “other” category was used to capture the funds spent on the Telecommunications Service Priority initiative. Table 5 presents the total amounts spent across seven funding cycles.

Table 5: Total Funds Spent by Programmatic Category

Hospital Type	Grand Total Equipment Spent	Grand Total Training Spent	Grand Total Exercises Spent	Grand Total Other Spent	Grand Total SPENT
With EDs	\$300,494	\$120,848	\$43,695	\$1,000	\$466,037
Other	\$0	\$0	\$0	\$0	\$0
ALL	\$300,494	\$120,848	\$43,695	\$1,000	\$466,037

CLOSING COMMENTS

Monroe County is one of the most unique rural counties in the country. Besides the rural quality and geographic layout of the Florida Keys, the annual threat of a land-falling hurricane and potential need for evacuation presents substantial preparedness challenges. Emergency management personnel at the hospitals have been tested by hurricanes and mass migrations in the past and have enhanced their disaster preparedness since 2001 through the Hospital Preparedness Program.

As the Hospital Preparedness Program moves forward an important goal will be to support ongoing and continuous all hazards preparedness capabilities of hospital partners. The most important work and efforts take place at the local and regional level.

Local and regional hospital preparedness planners can apply their insights into local activities to use information in this report to build connections with local hospital partners to work, plan, and exercise together.

Additional questions to ask when reviewing this information can include:

- ◆ Based on the current level of participation and expenditures, what are the next steps for the hospital partners in the county?
- ◆ How can the critical level of response and commitment be sustained?
- ◆ Are there gaps to be addressed during the next funding cycle?

The shared program goal is to ensure that healthcare partners are prepared for, able to respond to, and recover from any threat, natural or man-made. The department will continue to work with hospitals in their all-hazards approach to preparedness, response, and recovery.