

Statewide Healthcare Coalition Working Group

Meeting Summary

Date(s): March 6-7, 2013

Location: Florida Hospital Association Regional Office, 307 Park Lake Circle, Orlando, FL 32803

Members Present:

- Brenda Atkins, Wellington Regional Medical Center, Palm Beach Healthcare Emergency Response Coalition (HERC); RDSTF 7
- Connie Bowles, Lee Memorial Health System; RDSTF 6
- Paul Ford, Tampa General Hospital; RDSTF 4
- Otis Gatewood, Bay Medical Center; RDSTF 1
- Eric Gilmore, Florida Department of Health, Regional Emergency Response Advisor, RDSTF 1 Point-of-Contact
- April Henkel, Florida Health Care Association; RDSTF 2
- Brandi Keels, Florida Department of Health; Statewide
- Ashley Lee, Florida Hospital Association; RDSTF 7
- Christie Luce, Florida Department of Health; Statewide
- Freda Lyons, Tallahassee Memorial Healthcare; RDSTF 2
- Matt Meyers, RDSTF 5 Regional Point-of-Contact
- Jeanine Posey, Florida Department of Health; Statewide
- Chief Cory Richter, Chair – EMS Advisory Council, Indian River County Fire Department; Statewide
- Mary Russell; Boca Raton Medical Center; RDSTF 7
- Terry Schenck, Florida Department of Health; Statewide
- Sandra Schoenfisch, Florida Department of Health; Statewide
- Tony Suszynski, Shands Jacksonville, First Coast Disaster Council; RDSTF 3
- Wendy Wilderman, DeSoto County Health Department; RDSTF 6
- John Wilgis, Florida Hospital Association; Statewide

Meeting Goal: To bring healthcare system partners together to examine the status of “Healthcare Preparedness Coalitions” in Florida and discuss options for the future.

Meeting Objectives:

- 1) Review the key elements and guidance from the Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP);
- 2) Provide an overview of the status of healthcare system partners preparedness coalitions in Florida;
- 3) Determine areas without ‘preparedness coalitions’;
- 4) Review resource materials and sample documents;
- 5) Identify resources needed to support preparedness coalitions in Florida; and,
- 6) Develop a plan of action and next steps.

Statewide Healthcare Coalition Working Group Recommendations

- 1) Do not require that coalitions adhere to regional or county borders. Let them take shape naturally around healthcare service areas or build on established relationships with community partners.
- 2) Build, operate and sustain healthcare coalitions and networks of coalitions that are efficient, effective, and flexible to change and adaptation.
- 3) Based on programmatic guidelines, state data, and Coalition Working Group Recommendations, implement 2 - 5 pilot projects to evaluate strategies and methods to sustain, expand, and enhance coalition build-out – recognizing that “one size fits all” will not work in Florida.
- 4) Promote and market coalition building to state leadership and local partners.
- 5) Determine if there is a better method or criteria for allocation of HPP funds (current allocations are based on population and licensed hospital beds.).
 - a. Determine how funds for coalitions could be allocated directly to an established coalition.
 - b. Provide a standard funding formula that is documented and transparent.
 - c. Require that HPP funds are only allocated to partners participating in a coalition.
 - d. Coalition membership and participation should be representative of the community served, the existing medical care delivery system, and the health care system partners in the area or community.
- 6) Coalitions should consider establishing a single person / entity to provide for the day-to-day administration of the coalition’s activities.
- 7) Coalitions should have some form of organizational structure.
- 8) Coalitions should determine a method to document the group’s activity and business according to ASPR/HPP performance measures / metrics.
- 9) Coalitions should demonstrate the ability to coordinate training, education and exercises jointly as a means of cost savings.
- 10) Florida state agencies should support coalition development, expansion and sustainment for:
 - a. Resource allocation
 - b. Information and coordination
 - c. Training, education and exercise support
 - d. Coordination with local partners and agencies
 - e. Mentoring
 - f. Program funding; and,
 - g. Program (not group) oversight
- 11) Florida should support a statewide conference centered on coalition development, expansion and sustainment.
- 12) Specific training sessions should be identified for use.
- 13) Over the next 2 years changes to the HPP program as it shifts towards healthcare coalitions, should occur incrementally and be based on needs assessments, gap analyses, and coalition performance.
- 14) Florida agencies should support an electronic repository of information and tools for coalition support.
- 15) Florida, working with ASPR/HPP representatives, should identify and promote specific performance and outcome measures that identify the strengths and weaknesses of healthcare coalitions as part of the state’s medical surge capability.
- 16) Florida agencies should provide and make available specific tools and reference materials for coalition use.

- 17) Florida agencies should consider conducting routine satisfaction surveys to coalitions groups to identify strengths and areas for improvement within the HPP program.

Statewide Healthcare Coalition Working Group Recommended Next Steps for the Working Group

- 1) Identify priority areas within the state based on risk assessments.
- 2) Determine any and all local metrics being used to identify performance and/or outcomes.
- 3) Establish targets of coalition development per ASPR HPP guidelines.
- 4) Continue formal integration with long-term health, behavioral/mental health and EMS representatives.

Action Items

- 1) Attend Strategic Planning and Oversight Team (SPOT) meeting to defend the project supporting coalition development. (John Wilgis and Christie Luce)
- 2) Obtain local feedback. (All)
- 3) Establish a follow-up meeting. (Christie Luce with WG input)
- 4) Define additional key questions. (Jeanine Posey)
- 5) Brief participants unable to attend the first meeting on meeting information and next steps. (Sandra Schoenfisch, Christie Luce and John Wilgis)
- 6) Determine other contacts. (All)

Parking Lot Issues

- 1) Coalition boundaries
- 2) Alternative funding mechanisms
- 3) Private sector, Professional Assoc., University/College, other programs involved in coalition development
- 4) Define long-term care providers
- 5) Define physician groups to be included