

PHHP Capability Assessment and Planning Tool

Exhibit 11

| Capability | |
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| Capability | Medical Surge |
| Capability Definition | Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. |

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| Capability 10 – Medical Surge Function 1 | |
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| Function | 1: Assess the nature and scope of the incident |
| Function Description | In conjunction with jurisdictional partners, coordinate with the jurisdiction’s healthcare response through the collection and analysis of health data (e.g., from emergency medical services, fire service, law enforcement, public health, medical, public works, utilization of incident command system, mutual aid agreements, and activation of Emergency Management Assistance Compact agreements) to define the needs of the incident and the available healthcare staffing and resources. |
| 1. Function Importance | |
| Based upon an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this Function is to your jurisdiction’s overall preparedness and response mission. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 1. Not relevant <input type="checkbox"/> 2. Limited importance <input type="checkbox"/> 3. Important <input type="checkbox"/> 4. Highly important <input type="checkbox"/> 5. Critical | |
| 1. Function Importance narrative: A robust Medical Surge/Medical Monitoring system is critical to Florida’s ability to treat patients during an event and ensure continuity of care for those already in a healthcare facility setting. | |
| 2. Function Current Status | |
| Please indicate your CURRENT ability to perform this Function. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 1. No ability / capacity <input type="checkbox"/> 2. Limited ability / capacity <input type="checkbox"/> 3. Some ability / capability <input type="checkbox"/> 4. Significant ability / capability <input type="checkbox"/> 5. Full ability / capability | |
| 2. Function Current Status narrative: Florida has significant capacity in this area. The capacity was tested during the Republican National Convention. | |
| 3. Function Challenges/Barriers | |
| Please indicate the primary challenges or barriers from the list below if this Function is not fully in place (for example, top three or top five options). | |
| <input type="checkbox"/> 1. Lack of personnel due to funding issues <input type="checkbox"/> 2. Lack of personnel due to hiring issues <input type="checkbox"/> 3. Lack of trained personnel <input type="checkbox"/> 4. Lack of subject matter experts <input type="checkbox"/> 5. Lack of plans / incomplete plans <input type="checkbox"/> 6. Legal barriers <input type="checkbox"/> 7. Administrative barriers <input type="checkbox"/> 8. Issues with procurement / contracting process <input type="checkbox"/> 9. Lack of equipment <input type="checkbox"/> 10. Lack of IT system <input type="checkbox"/> 11. Lower priority Function <input type="checkbox"/> 12. Lack of supporting infrastructure <input type="checkbox"/> 13. Corrective actions and/or exercising is required <input type="checkbox"/> 14. Other – please explain below | |
| Other: | |
| 3. Function Challenges / Barriers narrative: This function would benefit from integrated systems for assessments from all agencies to form a common operating system picture. | |

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| 4. Task Gap Assessment | |
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| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. | |
| <input type="checkbox"/> | Task 1: At the time of an incident, participate in a unified incident management structure. |
| <input type="checkbox"/> | Task 2: At the time of an incident, complete a preliminary assessment of the incident and document initial resource needs and availability (e.g., personnel, facilities, logistics, and other healthcare resources). |
| <input type="checkbox"/> | Task 3: At the time of an incident, provide health-related data to healthcare organizations or healthcare coalitions that will assist the healthcare organizations or healthcare coalitions in activating their pre-existing plans to maximize scarce resources and prepare for any necessary shifts into and out of conventional, contingency, and crisis standards of care. |
| 4. Task Gap Assessment narrative: The lack of integrated assessment systems and a statewide communications system create gaps in this Function. | |
| 5. Resource Element Gap Assessment | |
| Please indicate any Resource Elements that have gaps. CHECK ALL THAT APPLY. | |
| <input type="checkbox"/> | P1. (Priority) Written plans should include documentation of staff assigned and trained in advance to fill public health incident management roles as applicable to a given response. Health departments must be prepared to staff emergency operations centers at agency, local, and state levels as necessary. |
| <input type="checkbox"/> | P2. (Priority) Written plans should include documentation that all joint (e.g., healthcare organizations, public health, and emergency management) emergency incidents, exercises, and preplanned (i.e., recurring or special) events operate in accordance with Incident Command Structure organizational structures, doctrine, and procedures, as defined in the National Incident Management System. |
| <input type="checkbox"/> | P3. (Priority) Written plans should include process to ensure access into the jurisdiction's bed-tracking system to maintain visibility of bed availability across the jurisdiction. Suggested resources —Hospital Preparedness Program, Office of the Assistant Secretary of Preparedness and Response: http://www.phe.gov/preparedness/planning/hpp —Hospital Preparedness Program Guidance FY10: http://www.phe.gov/preparedness/planning/hpp/Documents/fy10_hpp_guidance.pdf |
| <input type="checkbox"/> | P4. (Priority) Written plans should include processes to engage in healthcare coalitions and understand the role that each coalition partner will play to obtain and provide situational awareness. Coalitions are not expected to replace or relieve healthcare systems of their institutional responsibilities during an emergency, or to subvert the authority and responsibility of the state or local jurisdiction. The purpose of jurisdictional healthcare coalitions is as follows: – Integrate plan and activities of all participating healthcare systems into the jurisdictional response plan and the state response plan – Increase medical response capabilities in the community, region and state <ul style="list-style-type: none"> <input type="checkbox"/> Prepare for the needs of at-risk individuals and the general population in their communities in the event of a public health emergency <input type="checkbox"/> Coordinate activities to minimize duplication of effort and ensure coordination among federal, state, local and tribal planning, preparedness, response, and de-escalation activities <input type="checkbox"/> Maintain continuity of operations in the community vertically with the local jurisdictional emergency management organizations <input type="checkbox"/> Unify the management capability of the healthcare system to a level that will be necessary if the normal day-to-day operations and standard operating procedures of the health system are overwhelmed, and disaster operations become necessary <input type="checkbox"/> Support sufficient jurisdiction-wide situational awareness to ensure that the maximum number of people requiring care receive safe and appropriate care, which may involve, but is not limited to, facilitating the triage and/or distribution of people requiring care to appropriate facilities throughout the jurisdiction and providing appropriate support to these facilities to support the provision of optimal and safe care to those individuals Suggested resource – Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During |

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| <p>Large-Scale Emergencies: http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx</p> <p><input type="checkbox"/> P5. (Priority) Written plans should include processes (e.g., MOUs or other written agreements) to work in conjunction with emergency management, healthcare organizations, coalitions, and other partners to develop written strategies that clearly define the processes and indicators as to when the jurisdiction's healthcare organizations and health care coalitions transition into and out of conventional, contingency, and crisis standards of care. Jurisdiction should utilize the risk assessment to build jurisdiction-specific strategies and triggers. <i>(For additional or supporting detail, see Capability 1: Community Preparedness)</i></p> <p>Suggested resources</p> <ul style="list-style-type: none">– Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report, Institute of Medicine, 2009. Examples of triggers for action identified (by the Institute of Medicine in 2009) include:<ul style="list-style-type: none"><input type="checkbox"/> Critical infrastructure disruption<input type="checkbox"/> Disruption of facility or community infrastructure and function (e.g., utility or system failure in healthcare organization, more than one hospital affected in the region, and more than five hospitals affected or critical-access hospital affected in the state)<input type="checkbox"/> Failure of 'contingency' surge capacity (i.e., resource-sparing strategies overwhelmed)<input type="checkbox"/> Human resource/staffing availability<input type="checkbox"/> Emergency medical services call volume twice the usual amount<input type="checkbox"/> Emergency department wait time more than 12 hours<input type="checkbox"/> Staff illness rate more than 10%<input type="checkbox"/> Material resource availability<input type="checkbox"/> Less than 5% ventilators available in healthcare organization<input type="checkbox"/> Patient care space availability<input type="checkbox"/> Overall hospital bed availability less than 5% available or no available beds or less than 12 beds in healthcare organization<input type="checkbox"/> No intensive care unit bed availability in healthcare Organization<input type="checkbox"/> Disaster declaration in more than one area hospital in the region or more than two major hospitals in the state– Mass Medical Care with Scarce Resources: A Community Planning Guide http://www.ahrq.gov/research/mce/– Abbreviated version, The Essentials http://www.ahrq.gov/prep/mmcessentials/ |
| <p><input type="checkbox"/> P6. Written plans should include documentation that public health has participated in/collaborated in the development of jurisdictional healthcare organizations emergency operations plans and standard operating procedures, incorporating National Incident Management System and National Response Framework components, principles, and policies in their planning, training, response, exercises, equipment, evaluation, and corrective actions.</p> <p>Suggested resources</p> <ul style="list-style-type: none">– Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies: http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx– Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery: http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/Pages/default.aspx– National Health Security Strategy: http://www.phe.gov/Preparedness/planning/authority/nhss/strategy/Documents/nhss-final.pdf– Homeland Security Presidential Directive 5: http://www.dhs.gov/xabout/laws/gc_1214592333605.shtm– Hospital Preparedness Exercise Pocket Guide: http://www.ahrq.gov/prep/hospocketgd/hospocketgd.pdf |
| <p><input type="checkbox"/> P7. Written plans should include lists and points of contact for potential surge operation partners, including, but not limited to the following elements:</p> <ul style="list-style-type: none">– Emergency medical services– Fire service– Law enforcement– Healthcare organizations |
| <p><input type="checkbox"/> P8. Written plans should include a process for ongoing communications and data sharing with 911 and emergency medical services. This may include requesting and utilizing National Emergency Medical Services Information System interoperable emergency medical services response data such as the following:</p> <ul style="list-style-type: none">– Incident street address– Complaint reported by dispatch– Provider's primary impression– Mass casualty incident– Destination/transferred to, name– Type of destination– Reason for choosing destination |

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| | <ul style="list-style-type: none"> – Hospital disposition Suggested resources – National Emergency Medical Services Information System Data Dictionary Version 3.0 (www.nemsis.org) – Emergency Medical Services: www.ems.gov – National 911 Program: www.911.gov |
| <input type="checkbox"/> | S1. Public health personnel who may participate in medical surge operations should be aware of how to use local and state National Emergency Medical Services Information System and 911 data. |
| <input type="checkbox"/> | S2. Public health staff who may participate in medical surge operations should be trained to use the jurisdictional bed-tracking system to obtain data for jurisdictional situational awareness activities. |
| <input type="checkbox"/> | <p>S3. Staff should understand the role of the public health department in incident management as described in the following resources:</p> <ul style="list-style-type: none"> – Emergency Support Function #8 – Public Health and Medical Services (IS-808) – Introduction to Incident Command System (IS-100.b) – Incident Command System for Single Resources and Initial Action Incidents (IS-200.b) – National Incident Management System, An Introduction (IS-700.a) – National Response Framework, An Introduction (IS-800.b) |
| <input type="checkbox"/> | E1. Have or have access to a computer with primary and back-up internet connection to access local and state National Emergency Medical Services Information System, 911 data, or access bed-tracking data. |
| <input type="checkbox"/> | E2 Have or have access to the jurisdictional bed-tracking system that complies with current Hospital Preparedness Program standards. |
| <input type="checkbox"/> | <p>E3 Bed-tracking data are to be reported in aggregate by the state, therefore the state must have a system that collects bed-tracking data from the participating healthcare systems, or states may use existing systems to automatically transfer required data to the HAvBED server using the HAvBED EDXL Communication Schema, found at https://havbed.hhs.gov/v2/</p> <p>Suggested resources</p> <ul style="list-style-type: none"> – Further information on the HAvBED system can be found at www.ahrq.gov/prep/havbed/ – HAvBED Communications Schema: https://havbed.hhs.gov/v2/ |
| <p>5. Resource Element Gap Assessment narrative: The entire state is not currently covered by fully-developed coalitions. Plans to implement coalition development and sustainment will be completed this year. EMResource (Information Sharing project) is not capable of providing bed availability data and other data at the state level and across regions/jurisdictions.</p> | |

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| Capability 10 – Medical Surge Function 2 | |
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| Function | 2: Support activation of medical surge |
| Function Description | Support healthcare coalitions and response partners in the expansion of the jurisdiction’s healthcare system (includes additional staff, beds and equipment) to provide access to additional healthcare services (e.g., call centers, alternate care systems, emergency medical services, emergency department services, and inpatient services) in response to the incident. |
| 1. Function Importance | |
| Based upon an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this Function is to your jurisdiction’s overall preparedness and response mission. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 1. Not relevant <input type="checkbox"/> 2. Limited importance <input type="checkbox"/> 3. Important <input type="checkbox"/> 4. Highly important <input type="checkbox"/> 5. Critical | |
| 1. Function Importance narrative: Healthcare coalitions are highly important when considering the capacity of a community to react, respond and recover from a medical surge event. | |
| 2. Function Current Status | |
| Please indicate your CURRENT ability to perform this Function. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 1. No ability / capacity <input type="checkbox"/> 2. Limited ability / capacity <input type="checkbox"/> 3. Some ability / capability <input type="checkbox"/> 4. Significant ability / capability <input type="checkbox"/> 5. Full ability / capability | |
| 2. Function Current Status narrative: There are several fully developed healthcare coalitions that cover densely populated urban areas (Palm Beach, Broward, Miami-Dade). There are also large portions of the state where healthcare coalitions are in development stages or non-existent. | |
| 3. Function Challenges/Barriers | |
| Please indicate the primary challenges or barriers from the list below if this Function is not fully in place (for example, top three or top five options). | |
| <input type="checkbox"/> 1. Lack of personnel due to funding issues <input type="checkbox"/> 2. Lack of personnel due to hiring issues <input type="checkbox"/> 3. Lack of trained personnel <input type="checkbox"/> 4. Lack of subject matter experts <input type="checkbox"/> 5. Lack of plans / incomplete plans <input type="checkbox"/> 6. Legal barriers <input type="checkbox"/> 7. Administrative barriers <input type="checkbox"/> 8. Issues with procurement / contracting process <input type="checkbox"/> 9. Lack of equipment <input type="checkbox"/> 10. Lack of IT system <input type="checkbox"/> 11. Lower priority Function <input type="checkbox"/> 12. Lack of supporting infrastructure <input type="checkbox"/> 13. Corrective actions and/or exercising is required <input type="checkbox"/> 14. Other – please explain below | |
| Other: | |
| 3. Function Challenges / Barriers narrative: Local partners report that they need resources (funding, positions, equipment) to support coalition development and sustainment. Currently, there is no infrastructure to support these resources. | |

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| 4. Task Gap Assessment | |
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| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. | |
| <input type="checkbox"/> | Task 1: If indicated, support the mobilization of incident-specific medical treatment personnel, public health personnel, and non-medical support personnel to increase capacity (e.g., healthcare organizations and alternate care facilities). |
| <input type="checkbox"/> | Task 2: During an incident, assist healthcare organizations and healthcare coalitions in the activation of alternate care facilities if requested. |
| <input type="checkbox"/> | Task 3: During an incident, assist in the expansion of the healthcare system (inclusive of healthcare coalitions), which includes hospitals and non-hospital entities (e.g., call centers, 911/emergency medical services, home health, ambulatory care providers, long-term care, and poison control centers). |
| <input type="checkbox"/> | Task 4: At the time of an incident, support situational awareness by utilizing the ongoing real-time exchange of information among response partners and coalitions (e.g., emergency medical services, fire, law enforcement, public health, and public works). |
| <input type="checkbox"/> | Task 5: During an incident, provide information to educate the public, paying special attention to the needs of at-risk individuals (e.g., information is linguistically appropriate, culturally sensitive, and sensitive to varied literacy levels) regarding changes to the availability of healthcare services. |
| 4. Task Gap Assessment narrative: Information is not real-time. | |
| 5. Resource Element Gap Assessment | |
| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. | |
| <input type="checkbox"/> | <p>P1. (Priority) Written plans should include the following elements:</p> <ul style="list-style-type: none"> – Documentation of process or protocol for how the health agency will access volunteer resources through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps program of credentialed personnel available for assistance during an incident. – Documentation of processes for coordinating with health professional volunteer entities (e.g., MRC) and other personnel resources from various levels. (ESAR-VHP Compliance Requirements) |
| <input type="checkbox"/> | <p>P2. (Priority) Written plans should include documentation of the process for how the public health agency will engage in healthcare coalitions and other response partners regarding the activation of alternate care systems. Documentation should also include the following elements:</p> <ul style="list-style-type: none"> – Written list of healthcare organizations with alternate care system plans – Written list of home health networks and types of resources available that are able to assist in incident response – List of pre-identified site(s) that have undergone an initial assessment to determine their adequacy to serve as an alternate care facility <p><i>(For additional or supporting detail, see Capability 7: Mass Care)</i></p> <p>Suggested resource</p> <ul style="list-style-type: none"> – Disaster Alternate Care Facility Selection Tool: http://www.ahrq.gov/prep/acfselection/index.html |
| <input type="checkbox"/> | <p>P3. (Priority) Written plans should include processes and protocols to identify essential situational awareness information for federal, state, local, and non-governmental agencies; private sector agencies; and other Emergency Support Function # 8 partners. Jurisdictional processes to identify essential situational awareness requirements should consider the following elements:</p> <ul style="list-style-type: none"> – Identifying essential information – Defining required information – Establishing requirements – Determining common operational picture elements – Identifying data owners – Validating data with stakeholders |
| <input type="checkbox"/> | <p>P4. (Priority) Written plans should include documentation of participation from jurisdictional and regional pediatric providers and leaders from a variety of settings (e.g., maternal and child health programs, clinic-based, hospital-based, home healthcare, and rehabilitation) in jurisdictional response planning. Plans should include but are not limited to the following elements:</p> <ul style="list-style-type: none"> – Process to identify gaps in the provision of pediatric care |

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| | <p>– Process to access pediatric providers or pediatric medical liaisons for consultation related to clinical care. In order to access the appropriate level of care or consultation, plans should include lists of healthcare organizations that can stabilize and/or manage pediatric traumatic and medical emergencies and that have written inter-facility transfer agreements that cover pediatric patients.</p> |
| <input type="checkbox"/> | <p>P5. Written plans should include process to connect healthcare organizations and providers with additional volunteers or other personnel (through ESAR-VHP, the Medical Reserve Corps, or the National Disaster Medical System) resources if necessary.</p> |
| <input type="checkbox"/> | <p>P6. Written plans should include a process to support the integration of Medical Reserve Corps units with local, regional, and statewide infrastructure. Considerations should include the following elements:</p> <ul style="list-style-type: none"> – Supporting Medical Reserve Corps personnel/coordinators for the primary purpose of integrating the Medical Reserve Corps structure with the state ESAR-VHP program – Including Medical Reserve Corps volunteers in trainings that are integrated with that of other local, state, and regional assets, healthcare systems, or volunteers through the ESAR-VHP program and/or include Medical Reserve Corps volunteers in exercises that integrate the Medical Reserve Corps volunteers with other local, state, and regional assets such as healthcare system workers or volunteers that participate in the ESAR-VHP program |
| <input type="checkbox"/> | <p>P7. Written plans should include formal and informal partnerships with jurisdictional volunteer sources (may include memoranda of understanding, memoranda of agreement, or letters of agreement with partner agencies, if needed).</p> |
| <input type="checkbox"/> | <p>P8. Written plans should include process to coordinate with the applicable U.S. Department of Health and Human Services Regional Emergency Coordinator to assess these sites and environmental suitability and pre-identify potential federal medical station sites.</p> <p>Suggested resource</p> <ul style="list-style-type: none"> – Federal Medical Station Site Selection Criteria: https://www.orau.gov/snsnet |
| <input type="checkbox"/> | <p>P9. Written plans should include process to coordinate with the applicable U.S. Department of Health and Human Services Regional Emergency Coordinator to address the need for wrap around services (e.g., biomedical waste and medical waste disposal) or provide information regarding accessing other services (e.g., food service and waste disposal) at potential federal medical stations.</p> |
| <input type="checkbox"/> | <p>P10. Written plans should include processes to disseminate volunteer resources to healthcare organizations and healthcare coalitions for the establishment of call centers to respond to call volumes. <i>(For additional or supporting detail, see Capability 15: Volunteer Management)</i></p> <p>Suggested resources</p> <ul style="list-style-type: none"> – Adapting Community Call Centers for Crisis Support: Adapt existing community call centers to allow callers to retrieve critical information during a hurricane: http://www.ahrq.gov/prep/callcenters/ – CDC, Coordinating Call Centers for Responding to Pandemic Influenza and Other Public Health Emergencies: A Workbook for State and Local Planners: http://www.airs.org/files/public/Disaster_CallCenterPandemicWorkbook.pdf |
| <input type="checkbox"/> | <p>P11. Written plan should include a process to communicate medical surge information to the public. Plans should include a process for message clearance and approval.</p> <p>Plans should also take the following into consideration:</p> <ul style="list-style-type: none"> – Translation of materials/resources for populations with limited language proficiency – Development of materials/resources for population with low literacy – Development of materials/resources that are easy-to-read for population with impaired vision – Development of materials/resources for the hearing-impaired |
| <input type="checkbox"/> | <p>P12. Written plans should include a process for the local emergency medical services system to request additional resources (e.g., pediatric equipment and staffing) for the needs of pediatric cases as part of the jurisdictional Emergency Support Function #8 annex or other documentation.</p> |
| <input type="checkbox"/> | <p>S1. Training for staff involved in personnel management</p> <p>Suggested resource</p> <ul style="list-style-type: none"> – Developing and Managing Volunteers (Federal Emergency Management Agency: IS-244): http://training.fema.gov/EMIWEB/is/is244.asp |
| <input type="checkbox"/> | <p>S2. Competency identified in jurisdiction to recognize sick infants and children (either through telemedicine arrangements, neighboring partnerships, or other mechanism). Identify the appropriate personnel to complete training for pediatric care.</p> <p>Suggested resources</p> <ul style="list-style-type: none"> – American Heart Association, Pediatric Advanced Life Support (comprehensive course): http://www.heart.org/HEARTORG/CPRECC/HealthcareTraining/Pediatrics/Pediatric-Advanced-Life-Support-PALS_UCM_303705_Article.jsp – American Heart Association, Pediatric Emergency Assessment, Recognition, and Stabilization (for those who do not routinely perform pediatric care): http://www.americanheart.org/presenter.jhtml?identifier=3052085 – National Association of Children’s Hospitals and Related Institutions: www.nachri.org – http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1807v1 |

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| <input type="checkbox"/> E1. Promote and assure that equipment, communication, and data interoperability are incorporated into the healthcare organizations' acquisition programs. |
| 5. Resource Element Gap Assessment narrative: Written documentation of the process to support healthcare coalitions is under development. Volunteer resources have not been addressed because of legal issues in any existing healthcare coalitions. Pediatric care training has been addressed, but remains a gap in many parts of the state. |

| Capability 10 – Medical Surge Function 3 | |
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| Function | 3: Support jurisdictional medical surge operations |
| Function Description | In conjunction with health care coalitions and response partners, coordinate healthcare resources in conjunction with response partners, including access to care and medical service, and the tracking of patients, medical staff, equipment and supplies (from intra or interstate and federal partners, if necessary) in quantities necessary to support medical response operations. |
| 1. Function Importance | |
| Based upon an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this Function is to your jurisdiction's overall preparedness and response mission. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 1. Not relevant <input type="checkbox"/> 2. Limited importance <input type="checkbox"/> 3. Important <input type="checkbox"/> 4. Highly important <input type="checkbox"/> 5. Critical | |
| 1. Function Importance narrative: Healthcare coalitions are highly important to ensuring communities are able to respond to and recover from medical surge events. | |
| 2. Function Current Status | |
| Please indicate your CURRENT ability to perform this Function. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 1. No ability / capacity <input type="checkbox"/> 2. Limited ability / capacity <input type="checkbox"/> 3. Some ability / capability <input type="checkbox"/> 4. Significant ability / capability <input type="checkbox"/> 5. Full ability / capability | |
| 2. Function Current Status narrative: Not all parts of the state are covered by fully-functional healthcare coalitions at this time. | |
| 3. Function Challenges/Barriers | |
| Please indicate the primary challenges or barriers from the list below if this Function is not fully in place (for example, top three or top five options). | |
| <input type="checkbox"/> 1. Lack of personnel due to funding issues <input type="checkbox"/> 2. Lack of personnel due to hiring issues <input type="checkbox"/> 3. Lack of trained personnel <input type="checkbox"/> 4. Lack of subject matter experts <input type="checkbox"/> 5. Lack of plans / incomplete plans <input type="checkbox"/> 6. Legal barriers <input type="checkbox"/> 7. Administrative barriers <input type="checkbox"/> 8. Issues with procurement / contracting process <input type="checkbox"/> 9. Lack of equipment <input type="checkbox"/> 10. Lack of IT system <input type="checkbox"/> 11. Lower priority Function <input type="checkbox"/> 12. Lack of supporting infrastructure <input type="checkbox"/> 13. Corrective actions and/or exercising is required <input type="checkbox"/> 14. Other – please explain below | |

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| Other: |
| 3. Function Challenges / Barriers narrative: Local partners indicated that resources (funding and personnel) are imperative to their development and sustainment. Patient tracking is not implemented statewide. |

4. Task Gap Assessment

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| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. |
| <input type="checkbox"/> Task 1: Conduct initial inventory and update inventory management system with incoming and outgoing medical materiel, and materiel that is recovered, returned, or disposed of. |
| <input type="checkbox"/> Task 2: During an incident, assess resource requirements during each operational period based on the evolving situation and coordinate with partners, including those able to provide mental/behavioral health services for the community, to obtain necessary resources (e.g., personnel, facilities, logistics, and other healthcare resources) to support the augmentation of services during surge operations. |
| <input type="checkbox"/> Task 3: During an incident, coordinate with jurisdictional partners and healthcare coalitions to facilitate patient tracking during all phases of the incident. |

4. Task Gap Assessment narrative: Lack of an integrated data collection system. Most healthcare coalitions do not include behavioral health partners.

5. Resource Element Gap Assessment

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| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. |
| <input type="checkbox"/> P1. (Priority) Written plans should include processes and protocols to communicate situational awareness information to federal, state, local, and non-governmental agencies; private sector agencies; and other Emergency Support Function #8 partners at least weekly, but potentially more frequently (e.g., as often as once per operational period). |
| <input type="checkbox"/> P2. (Priority) Written plans should include documentation that public health participates in the development and execution of healthcare coalition plans to address the functional needs of at-risk individuals. Plans should include a written list of healthcare organizations and community providers that are able to address the functional needs for at-risk individuals and a process to communicate with healthcare organizations and community providers to maintain a current list of available services that support the functional needs of at-risk individuals. |
| <input type="checkbox"/> P3. (Priority) Written plans should include processes to support or implement family reunification. Considerations should include the following elements: – Capturing and transferring the following known identification information throughout the transport continuum: <ul style="list-style-type: none"> <input type="checkbox"/> Pickup location (e.g., cross streets, latitude & longitude, and/or facility/school) <input type="checkbox"/> Gender and name (if possible) <input type="checkbox"/> For nonverbal or critically ill children, collect descriptive identifying information about the physical characteristics or other identifiers of the child. <input type="checkbox"/> Keep the primary caregiver (e.g., parents, guardians, and foster parents) with the patient to the extent possible |
| <input type="checkbox"/> P4. Written public health and healthcare coalition documentation should include processes to coordinate the inventory and requests for resources from jurisdictional, state, federal, and other Emergency Support Function #8 partners, based on the evolving situation. |
| <input type="checkbox"/> P5. Written plans should include protocols to participate in or coordinate with the jurisdiction’s patient tracking system. |
| <input type="checkbox"/> P6. Written plans should include a process to coordinate their patient tracking efforts with local and state emergency medical services and 911 authorities. |
| <input type="checkbox"/> P7. Written plans should include process to establish a jurisdictional patient-tracking system in conjunction with state and local emergency management, emergency medical services, healthcare organizations, and other jurisdictional |

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| <p>partners.</p> <ul style="list-style-type: none">– Jurisdictional patient tracking system should be (1) closely coordinated with state government systems, (2) interoperable with relevant state and national patient-tracking systems, and (3) consistent with federal and state-approved privacy protection, regulations and standards for patient tracking systems. |
| <p><input type="checkbox"/> E1. Have or have access to electronic or other data storage systems that will be utilized to maintain situational awareness such as the Joint Patient Assessment and Tracking System. Electronic or other data storage systems must be consistent with national standards for communication. <i>(For additional or supporting detail, see Capability 6: Information Sharing)</i></p> <p>Suggested resource</p> <ul style="list-style-type: none">– Recommendations for a National Mass Patient and Evacuee Movement, Regulating, and Tracking System: http://www.ahrq.gov/prep/natlsystem/natlsys.pdf |
| <p>5. Resource Element Gap Assessment narrative: Plans to address the process of developing and sustaining healthcare coalitions are under development.</p> |

**PHHP Capability Assessment and Planning Tool
Exhibit 11**

| Capability 10 – Medical Surge Function 4 | |
|--|---|
| Function | 4: Support demobilization of medical surge operations |
| Function Description | In conjunction with other jurisdictional partners, return healthcare system to pre-incident operations by incrementally decreasing surge staffing, equipment needs, alternate care facilities, and other systems, and transition patients from acute care services into their pre-incident medical environment or other applicable medical setting. |
| 1. Function Importance | |
| Based upon an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this Function is to your jurisdiction’s overall preparedness and response mission. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 6. Not relevant <input type="checkbox"/> 7. Limited importance <input type="checkbox"/> 8. Important <input type="checkbox"/> 9. Highly important <input type="checkbox"/> 10. Critical | |
| 1. Function Importance narrative: | |
| 2. Function Current Status | |
| Please indicate your CURRENT ability to perform this Function. PLEASE CHECK THE OPTION THAT IS MOST APPLICABLE. PLEASE CHECK ONLY ONE OPTION. | |
| <input type="checkbox"/> 6. No ability / capacity <input type="checkbox"/> 7. Limited ability / capacity <input type="checkbox"/> 8. Some ability / capability <input type="checkbox"/> 9. Significant ability / capability <input type="checkbox"/> 10. Full ability / capability | |
| 2. Function Current Status narrative: Florida has significant capability related to this Function. | |
| 3. Function Challenges/Barriers | |
| Please indicate the primary challenges or barriers from the list below if this Function is not fully in place (for example, top three or top five options). | |
| <input type="checkbox"/> 15. Lack of personnel due to funding issues <input type="checkbox"/> 16. Lack of personnel due to hiring issues <input type="checkbox"/> 17. Lack of trained personnel <input type="checkbox"/> 18. Lack of subject matter experts <input type="checkbox"/> 19. Lack of plans / incomplete plans <input type="checkbox"/> 20. Legal barriers <input type="checkbox"/> 21. Administrative barriers <input type="checkbox"/> 22. Issues with procurement / contracting process <input type="checkbox"/> 23. Lack of equipment <input type="checkbox"/> 24. Lack of IT system <input type="checkbox"/> 25. Lower priority Function <input type="checkbox"/> 26. Lack of supporting infrastructure <input type="checkbox"/> 27. Corrective actions and/or exercising is required <input type="checkbox"/> 28. Other – please explain below | |
| Other: | |
| 3. Function Challenges / Barriers narrative: Patient tracking system for return of patients is not implemented statewide. | |

**PHHP Capability Assessment and Planning Tool
Exhibit 11**

| 4. Task Gap Assessment | |
|---|--|
| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. | |
| <input type="checkbox"/> | Task 1: During and after an incident, assist in the return movement of patients, to include the following: —Assist or coordinate with medical facilities; emergency medical services; local, state, tribal, and federal health agencies; emergency management agencies; state hospital associations; social services; and participating non-governmental organizations to assure the return of patients to their pre-incident medical environment (e.g., prior medical care provider, skilled nursing facility, or place of residence) or other applicable medical setting. —Facilitate the linkage of patients to healthcare services as requested. |
| <input type="checkbox"/> | Task 2: After an incident, coordinate with partners to demobilize all healthcare resources. |
| <input type="checkbox"/> | Task 3: After an incident, coordinate with partners to demobilize alternate care facilities, resources obtained through mutual aid mechanisms, Emergency Management Assistance Compact, and/or federal assistance. |
| 4. Task Gap Assessment narrative: EMTrack system is not fully implemented statewide. | |
| 5. Resource Element Gap Assessment | |
| Please indicate any Tasks that have gaps. CHECK ALL THAT APPLY. | |
| <input type="checkbox"/> | P1. (Priority) Written plans should include a process for the jurisdiction to coordinate with state emergency medical services to demobilize transportation assets used in the incident. |
| <input type="checkbox"/> | P2. (Priority) Written plans should include a process to demobilize surge staff to include other state (e.g., MRC) and federal medical resources (e.g., NDMS). Process should include identification of triggers that would identify the need for demobilization. |
| <input type="checkbox"/> | P3. Written plans should include processes to assist the lead agency with the facilitation or coordination of medical transportation for patients requiring assistance. |
| <input type="checkbox"/> | P4. Written plans should include process to communicate with healthcare organizations and community providers to maintain a current list of healthcare services that are available to provide information to patients if requested. |
| <input type="checkbox"/> | P5. Written plans should include process to coordinate, if requested by healthcare organizations, case management or other support to assist the transition to pre-incident medical environment or other applicable medical setting. |
| <input type="checkbox"/> | P6. Written plan should include processes to communicate with U.S. Department of Health and Human Services Regional Health Administrators, Regional Emergency Managers, and Regional Emergency Coordinators to address the functional needs of patients. |
| <input type="checkbox"/> | P7. Written plans should include a process to coordinate with jurisdictional authorities and partner groups to support volunteer and other personnel post-deployment medical screening, stress, and well-being assessment and, when requested or indicated, referral to medical and mental/behavioral health services. |
| <input type="checkbox"/> | P8. Written plans should include a process for releasing volunteers and other personnel, to be used when the health department has the lead role in volunteer or other personnel coordination. Plans should include steps to achieve the following: – Demobilize volunteers and other personnel in accordance with the incident action plan – Assure all assigned activities are completed, and/or replacement volunteers are informed of the activities' status – Determine whether additional assistance is needed from the volunteer or other personnel – Assure all equipment is returned by volunteer or other personnel – Confirm the volunteer and other personnel's follow-up contact information |
| <input type="checkbox"/> | P9. Written plans should include a protocol for conducting exit screening during out-processing, to include collection of the following: – Any injuries and illnesses acquired during the response – Mental/behavioral health needs due to participation in the response – When requested or indicated, referral of volunteer to medical and mental/behavioral health services. |
| 5. Resource Element Gap Assessment narrative: Patient Movement plan is under development. Processes involving volunteers has not been addressed. | |