

**CAPABILITY: HEALTHCARE SYSTEM PREPAREDNESS
BUDGET**

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	\$ 285,871	\$ -	\$ 285,871
Fringe	\$ 100,055	\$ -	\$ 100,055
Indirect	\$ 92,237	\$ -	\$ 92,237
Supplies	\$ 5,445	\$ -	\$ 5,445
Travel	\$ 83,625	\$ -	\$ 83,625
Equipment	\$ -	\$ -	\$ -
Contractual	\$ 3,400,800	\$ -	\$ 3,400,800
Other	\$ 9,538	\$ -	\$ 9,538
Collocated	\$ 28,300	\$ -	\$ 28,300
Direct Assistance	\$ -	\$ -	\$ -
TOTAL	\$ 4,005,871	\$ -	\$ 4,005,871

POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs: 5	\$ 285,871	\$ 100,055	\$ 92,237	\$ 28,300
OPS:	\$ -	\$ -	\$ -	\$ -
Contractual:	\$ -	\$ -	\$ -	\$ -
Total:	\$ 285,871	\$ 100,055	\$ 92,237	\$ 28,300

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 5	\$ 1,500	\$ 3,000	\$ 4,540	\$ 1,720
OPS:	\$ -	\$ -	\$ -	\$ -
Contractual:	\$ -	\$ -	\$ -	\$ -
Total	\$ 1,500	\$ 3,000	\$ 4,540	\$ 1,720

HEALTHCARE SYSTEM PREPAREDNESS - Activity 1

Funding Type: HPP

Activity: Develop and distribute 3 table-top, discussion based exercise packages.

Outputs: Training & Exercise staff will build three (3) table-top exercise packages for public health and health care partners (e.g. CHDs and Healthcare Coalitions).

Section Manager: Ben St. John

Activity Description:

Deliver table top exercises identified in the MYTEP to prepare personnel to assume roles in emergency response and sustain capabilities. The tabletop exercises can then be used when needed by public health and healthcare partners.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Healthcare Coalitions are in the beginning phases of training and exercise. These table top exercises can form a framework for coordinated exercises with healthcare and emergency response partners. This will help identify healthcare capability deficiencies observed during exercises.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, the unit has completed several tabletop exercises that have been implemented by counties.

How has this Activity been operationalized in the past year?

Pan Flu, SNS and COOP tabletop exercises for the 2015-16 grant cycle.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

County Health Departments and Healthcare Coalitions would need to build their own table top exercises. They may not have the expertise, manpower or resources to do so.

Are there alternate solutions to filling this gap?

Contracting with a vendor to build table top exercises which is costly.

BUDGET - Activity 1

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel (2 staff X \$275 day X 2 days)	3	\$ 1,100	\$ 3,300		\$ 3,300
Total				\$ 3,300	\$ -	\$ 3,300

HEALTHCARE SYSTEM PREPAREDNESS-Activity 2

Funding Type: HPP

Activity: Sustain Florida's Health Care Coalition Task Force (HCCTF)

Outputs: 1) Sustainment of the Health Care Coalition Task Force through meetings; 2) Sustainment of HCC contacts; 3) Provide technical assistance to HCCs.

Section Manager: Jeanine Posey

Activity Description:

This activity will support the development of relationships and integrate preparedness activities among Florida's Healthcare Coalitions (HCC) and emergency engagement, health care organizations and other community partners. The activity will sustain the HCC Task Force, whose membership consists of representatives from each of Florida's HCCs and other discipline-specific subject matter experts. Face-to-face meetings are held each quarter and conference calls each month. HCCs will be eligible to contract with Bureau of Preparedness and Response (BPR) for funds to support local trainings, local equipment caches, and funding to augment costs for local health and medical partners to participate in exercises, as identified by jurisdictional risk assessments. This funding is specifically for use by local HCC partners including, but not limited to: hospitals, EMS, EM, long term care, etc.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The HCCTF sets policy direction for HCCs; determines goals for upcoming grant years; approves contract language for HCC contracts', and acts as a clearinghouse for best practices.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Previously funded through the cooperative agreement.

How has this Activity been operationalized in the past year?

The HCCs routinely communicate and coordinate activities but are not response entities.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

No stakeholder led policy-setting body for HCCs in Florida.

Are there alternate solutions to filling this gap?

Yes

BUDGET-Activity 2

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Healthcare Coalition Task Force (HCCTF) Sustainment <i>(Travel dollars for members)</i>	4	\$ 15,000	\$ 60,000	\$ -	\$ 60,000
Contractual	Healthcare Coalition Task Force Sustainment <i>(Hotel Conference room fees)</i>	4	\$ 1,500	\$ 6,000	\$ -	\$ 6,000
Total				\$ 66,000	\$ -	\$ 66,000

HEALTHCARE SYSTEM PREPAREDNESS-Activity 3

Funding Type: HPP

Activity: Sustain and manage healthcare coalition contracts.

Outputs: 1) Develop HCC contracts; 2) Execute HCC contracts; 3) Monitor HCC contracts; 4) Evaluate and conduct analysis on completed deliverables.

Section Manager: Jeanine Posey

Activity Description:

This activity will support the development of relationships and integrate preparedness activities among Florida's Healthcare Coalitions and emergency engagement, health care organizations and other community partners. In order to receive funding, each healthcare coalition must sign a contract and complete tasks as outlined by the Bureau of Preparedness and Response. Also this year, the Coalitions will receive the funding previously provided directly to hospitals (via contract) and determine those within their service/membership area that should receive funding for various preparedness related training, exercise and equipment. This funding is specifically for use by local HCC partners including, but not limited to: hospitals, EMS, EM, long term care, etc.

Gap: Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustains existing Healthcare Coalitions

Grant Language: Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

Yes, this deliverable is a major requirement of the HPP grant and sustains current capacity related to healthcare coalitions. HCC contract recipients are also required to participate on monthly HCCTF calls and quarterly face-to-face meetings.

Historical Background: Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Last year, the funding was for individual hospital contracts and base funding for individual HCCs. This year, funding for hospital contracts (about \$1.5 million) will be allocated to Healthcare Coalitions as single contracts that follow the RDSTF structure. There will no longer be individual hospital contracts.

How has this Activity been operationalized in the past year?

Impact: What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Non compliance with the grant resulting in restrictions.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 3

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Sustain Healthcare Coalitions through Contracts	1	\$ 3,200,000.00	\$ 3,200,000	\$ -	\$ 3,200,000
Total				\$ 3,200,000	\$ -	\$ 3,200,000

HEALTHCARE SYSTEM PREPAREDNESS-Activity 4
Funding Type: HPP

Activity:

Sustain contract with the Florida Hospital Association to provide preparedness information and surveys to all Florida hospitals and licensed healthcare facilities.

Outputs:

1) Support the implementation of the HHCs through active participation in the HCCTF; 2) Technical assistance within healthcare system; 3) Hospital surveys; 4) Webinars and newsletters distributed to hospitals and healthcare facilities; 5) Communication with partners during response

Section Manager:

Jeanine Posey

Activity Description:

This is a contract between the Bureau of Preparedness and Response and the Florida Hospital Association for the following: Provider will disseminate Hospital Preparedness information to all Florida hospitals and licensed healthcare facilities through electronic monthly newsletters, lectures, conferences, seminars, webinars and workshops; Provider will conduct and submit HPP surveys, biannual and annually; Provider will attend all Healthcare Coalition Task Force meetings; Provider will review and submit the Joint Commission emergency management standard summary to all Florida hospitals and licensed facilities, as well as the Department of Health.

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

ESF8 partnerships are essential in preparedness and response activities and the Florida Hospital Association is a vital ESF8 partner in these activities.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, a contract with Florida Hospital Association.

How has this Activity been operationalized in the past year?

Ebola

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Loss of valuable communications and technical partner that is tied into Florida's healthcare system.

Are there alternate solutions to filling this gap?

BUDGET-Activity 4

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Statewide Services Contract (with FHA)	1	\$ 135,000.00	\$ 135,000		\$ 135,000
Total				\$ 135,000	\$ -	\$ 135,000

HEALTHCARE SYSTEM PREPAREDNESS-Activity 5

Funding Type: HPP

Activity: Sustain healthcare training & exercise package

Outputs: 1) HERT-B trainings (3); 2) Hospital Decon Training (3); 3) Hospital Emergency Manager Trainings (3); 4) Conduct one ACS exercise; 5) Trauma Training.

Section Manager: Ben St. John

Activity Description:

Hospital Emergency Response Training for Mass Casualty Incidents (HERT) course is designed to provide medical operation guidance to hospitals, emergency medical services (EMS), healthcare facility personnel, and others who may become involved in a mass casualty incident (MCI). Hospital Decon Training is designed to provide recommendations for protecting healthcare providers and managing patients in the event of a hazardous materials exposure. Hospital Emergency Manager Training is designed to develop the knowledge and skills of administrative and medical personnel to prepare health care facilities to respond effectively, to ensure continuous operations during or even after disasters, and to recover from the impacts of disasters. These trainings will be held prior to a full-scale exercise to fulfill our healthcare system capability.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

ESF8 partnerships are essential in preparedness and response activities. Hospitals, County Health Departments, and Healthcare Coalitions are vital partners in these activities. These courses were identified on the MYTEP as a gap in the regions.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

No

How has this Activity been operationalized in the past year?

Staff from the Training and Exercise Unit attended a Train-the-Trainer course at the Center for Disaster Preparedness (CDP). DOH now has trainers that would be able to offer these courses.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Some of the benefits of this training are: Select and use the appropriate level of PPE as hospital first receivers in response to a disaster involving patient contamination; apply the proper techniques for monitoring or surveying patients for chemical, biological, or radiological contamination; and analyzing the need for, composition of, and use of a Hospital Emergency Response Team during an emergency, MCI, or disaster situation.

Are there alternate solutions to filling this gap?

Sending responders to CDP to attend the training

BUDGET - ACTIVITY 5

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	"Live" CME Credits from AHEC	1	\$ 2,499	\$ 2,499		\$ 2,499
Other	"Enduring Presentation" CME Credits from AHEC	1	\$ 2,499	\$ 2,499		\$ 2,499
Travel	Travel (2 instructors X 3 HERT-B trainings X 275.00 X 3 days includes 1/2 day of hands on training)	3	\$ 1,650	\$ 4,950		\$ 4,950
Supplies	Supplies -HERT- B (3 X \$175.00)	3	\$ 175	\$ 525		\$ 525
Contractual	Conduct 1 ACS Exercise	1	\$ 30,000	\$ 30,000		\$ 30,000
Contractual	Conduct 4 Trauma Surgeon Training	4	\$ 7,020	\$ 28,080		\$ 28,080
Travel	Travel (2 instructors X 3 Hospital Decon trainings X 275.00 X 3 days)	3	\$ 1,650	\$ 4,950		\$ 4,950
Travel	Travel (1 instructors X 3 trainings X 275.00 X 3 days)	3	\$ 825	\$ 2,475		\$ 2,475
Total				\$ 75,978	\$ -	\$ 75,978

HEALTHCARE SYSTEM PREPAREDNESS - Activity 6

Funding Type: HPP

Activity: Coordinate with regions to provide Moulage Training

Outputs: Moulage Trainings (3)

Section Manager: Ben St. John

Activity Description:

Moulage training will better prepare responders to respond when realistic injury simulation is used. The military services have historically used injury simulation to train men and women in emergency medical care because it reduces training time and improves performance by reproducing disaster-induced psychological responses. These trainings will be used in exercises to reproduce disaster-induced incidents.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Moulage training is needed at a lower cost than what can be provided by a vendor.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, Vendor provided Moulage Training via contract. It is more cost effective to produce moulage training in-house and instruct stakeholders on methods and techniques thereby reducing the continued need for vendor support. Our training provides inexpensive options to create simulating real-world experience for emergency medical casualties.

How has this Activity been operationalized in the past year?

Moulage training was piloted during the BioShield exercise. Moulage training has been Tier Reviewed and will be available as training in 2016-17

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Studies show that what is realistically experienced is better learned and retained. Hands-on training during an exercise will better prepare our responders for real-world events.

Are there alternate solutions to filling this gap?

Expensive Moulage Training from a vendor.

BUDGET - Activity 6

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel (3 trainings X 2 instructors X \$275 day X 3 days (last day for Train-the Trainer)	3	\$ 1,650	\$ 4,950	\$ -	\$ 4,950
Supplies	Supplies - Materials (\$95.00 X 12 students X 3 sessions)	36	\$ 95	\$ 3,420	\$ -	\$ 3,420
Total				\$ 8,370	\$ -	\$ 8,370