

NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, October 15, 2014

St. Johns County EOC

AGENDA

I. Call to Order

- Introductions
- Validation of voting members present [accept designees, if required]
- Approval of minutes from 9/22 meeting

II. Budget Update

- Expenditures
- Review and approve (if required)

III. HCC Deliverables Updates

- Contract update with new deliverable schedule

IV. Old Business

- Statewide Working Group volunteers
- Training and Exercise Plan documents
- National HCC conference, December in Denver
- Date of General Membership Meeting – tentatively scheduled for January 2015
- Final NEFLHCC Logo

V. New Business

- Overview of State Taskforce call
- Maximum number of votes per County on the Executive Board
- Information sharing with the HCC

VII. Next Steps

- FY 2014-2015 funding
- Management and Administration
- Recruit partners in each county

VIII. Other Topics

EXECUTIVE COMMITTEE MEETING		
10.15.2014	1:30-4:00pm	St. Johns County EOC
Meeting called by	Executive Board	
Type of meeting	Board Meeting	
Facilitator	Leigh Wilsey	
Note Taker(s)	Beth Payne	
Timekeeper	N/A	
Attendees- Total 14 7 Voting members (quorum met); 7 non-voting members and guests	<p>Jeff Alexander (EM-St. Johns), Michael Godwin (Nassau-PH), Rich Ward (via phone, Hospital-OPMC), Leigh Wilsey, (PH-Clay), Dr. Saad Zaheer (FDOH, Duval), David Motes (EMS – Clay), David Kovacs (Flagler – Florida Hospital), James Davis (FDOH – Flagler (alternate))</p> <p>See attached sign in sheet for additional members and guests.</p>	
I. Validation of Voting Members Present		
Designees:	Dr. Zaheer representing Duval County; James Davis for Patrick Johnson	
APPROVAL OF MINUTES FROM THE LAST MEETING – July 24, 2014		
Minutes were disseminated to members; no changes noted. Motion by Alexander, seconded by Godwin. Approved as presented.		
II. Budget Update		
	Presenter: Leigh Wilsey	
Discussion	<p>There are no expenditures before the Board at this time.</p> <p>There was discussion on future needs of the Coalition and potential expenditures. Chair Wilsey briefed the Board on the standing of the State Taskforce, in that money could not be expended on the purchase of equipment. This is new guidance and is being debated around the State. There was discussion that if equipment is identified as a need based on our Coalition's gap analysis, there is a potential that equipment could be purchased.</p> <p>An update was given on the Hospital's ASPR contracts, which are now working through the Coalition. It was indicated that the hospitals are receiving the contracts, but potentially with a different dollar amount than was previously requested.</p>	
Conclusions/Action Items		
III. HCC Deliverables Updates		
	Presenter: Leigh Wilsey	
Discussion	<p>The contract for the NEFLHCC is currently being routed, as all required documents have been submitted. The contract is now a 3 quarter contract, as the original first quarter of the contract has passed. The funding remains the same. However, a few of the contract deliverable dates have changed.</p> <p>The contractors (Nancy Freeman and Tim Devin) will meet with NEFLHCC staff to determine a work plan to accomplish the contract deliverables and bring before the Board at the November meeting.</p>	
Conclusions/Action Items	Add item to the November agenda for discussion of the work plan to address contract deliverables.	

IV: Old Business	
	Presenter: Leigh Wilsey
Discussion	<p>(1) Statewide Working Groups –After numerous NEFLHCC members expressed an interest and volunteered for the Statewide Work Groups, Chair Wilsey was told that only State Taskforce members could be on the committees. While the Chair is opposed to this decision and communicated that to the State Taskforce, it was discussed that Chair Wilsey would volunteer for each workgroup in an effort to give the NEFLHCC members a chance to comment on each of the issues. Since the last meeting, another Working Group has been developed to address the issue of Equipment. Once the schedule for the State Workgroup conference calls is agreed upon, it will be discussed the best way to man these calls.</p> <p>(2) Training and Exercise Plan documents – Chair Wilsey reminded the Board that she is in need of each County’s TEP documents, in the template provided. These are the training and exercise priorities (with a public health focus) for the years 2016-2020. This information is need quickly by the State DOH (11/03/14), so it needs to be compiled with the Regional TEP and sent to the State DOH. A further discussion was had on the State DOH TEP requirements and that of the Division of Emergency Management (DEM)’s TEP requirements. This issue surfaced in Tallahassee at the Current Issues in Emergency Management (CIEM) meeting. Both agencies have separate federal guidance they must follow, and while there is an effort towards better communication regarding these processes, many feel that the processes should coincide and provide greater consistency across the two agencies. There is more discussion to be had at the State level on this issue.</p> <p>(3) National HCC Conference Based on the September NEFLHCC Board meeting, several members expressed interest in attending the National HCC Conference in Denver, Colorado in December 10-12, 2014. There was much discussion on the relevance and value the conference could provide to the NEFLHCC and overall it was decided that this was a valuable conference to attend. As it stands, Chair Wilsey, Secretary Ward and Courtney Obi of Duval Health expressed interest in attending, with Vice Chair Alexander indicating that while interested, it is not immediately relevant to his position or discipline. A motion “to allow the officers of the Executive Board to make the final determination in the consideration of allowing up to 4 NEFLHCC members, based on interest, to attend the National HCC Conference in Denver. This is based on funding availability.” This motion was made by Vice Chair Alexander and seconded by Dr. Zaheer. Discussed ensued on the cost of the conference. It is estimated that based on registration, hotel, airfare, and per diem the cost would be around \$1,600 per person. It was determined that while this is considered training, it would take further discussion and voting for this to be a project to submit for the designated project money allocated as there is a process for prioritization and voting on these projects in the NEFLHCC Bylaws. Most likely, the funds would come from the designated Operations pool and it will be further investigated if the money could be re-allocated from the project money.</p>

	<p>Additionally, for those that do attend the conference, there is an expectation for a report and/or presentation on all aspects of the Conference to the Board. This exact requirement will be further discussed and decided upon at the November meeting.</p> <p>Once discussion on the motion ended, a vote was called with the seven voting members present voting in favor of the motion. None opposed. Motion approved.</p> <p>(4) General Meeting As discussed previously, a tentative date of January 15th, 2015 was held for the first general meeting of the NEFLHCC. It was decided that a ‘Save the Date’ would be created by staff (Beth Payne) and distributed to Board members for dissemination through their contact lists. This is the best way to reach the most people for the first attempt to identify the membership. It was determined that Clay County and St. Johns County are the most centrally located, so Chair Wilsey (Clay) and Vice Chair Alexander (St. Johns) would research potential locations in their counties for the meeting. Staff will follow up on the availability of the FDLE Training Room in Duval County for a back-up location.</p> <p>(5)Final NEFLHCC Logo The updated logo was shown, with the change in the color green, to the Board. All expressed their satisfaction with the change.</p> <p>(6) CIEM wrap up Vice Chair Alexander provided an overview of CIEM (held 10/7-10/9 in Tallahassee) as it pertained to the HCC’s. Ms. Posey (State DOH) gave a presentation at CIEM on the Healthcare Coalitions. There were a few concerns expressed by the audience, including the TEP process and the oversight of the HCCs. Vice Chair Alexander indicated he spoke with Ms. Posey after the presentation and provided her with a few edits to her slides that indicated that the HCC’s were under the RDSTF. This is not the case, as HCC’s are not governed by the DSOC or the RDSTF process. Also, the coordination with Emergency Management was discussed, as some EM’s across the State feel as if they have limited coordination with their HCC’s and potentially having overlap in certain functional areas. It was reinforced that the HCC’s are not a response entity.</p>
Conclusions/Action Items	<p>(1) TEP documents are to be sent to Chair Wilsey ASAP.</p> <p>(2) Staff will create a ‘Save the Date’ for the general membership meeting and send to all Board Members.</p>
V: New Business	
	Presenter: Leigh Wilsey
Discussion	<p>(1) Overview of State Taskforce Call Chair Wilsey provided an update on several items from the call. The first is the use of Everbridge as a communication means for our Coalition. It would be free to use, NEFLHCC would need to set up the users. This would also satisfy the communications deliverable in the contract. Chair Wilsey will get additional information and report back next month.</p> <p>(2) Terry Schenk of the DOH offered to hold Alternate Care Site exercises for the HCC’s. Chair Wilsey expressed interest in this, but for a tabletop exercise, not a functional or full scale. This is a timely offer, in the face of the current Ebola preparedness initiatives. More information to come on this opportunity.</p>

	<p>(3) Maximum number of votes per County on Ex. Board Vice Chair Alexander provided a handout (attached) regarding a proposed change to the bylaws for limitations of the Executive Board membership. As presented, members by a county shall be limited to 21% of the total Executive Board membership. This percentage is effective with the current membership number of 10 and will also work as the Board grows (as more disciplines are added), as illustrated in his handout. There was a great deal of discussion on this item. One main question involved the County of representation of each discipline, as they should be voting for their discipline as a whole (the six county region) not in alliance with one particular County.</p> <p>A motion was made by Vice Chair Alexander to amend the bylaws with the attached language, as included in his handout. There was a second by member Kovacs. Further discussion on the motion included several alternatives, which did not include a percentage of the vote, but limited the number of votes each County could have, regardless of the number of seats they had on the Board. After much discussion, the item was tabled until the November meeting.</p> <p>(3) Information sharing with the HCC With the Ebola events preparedness efforts taking place across the Nation, Chair Wilsey wanted to reach out to ensure that everyone was receiving pertinent information and guidance. A bevy of information is on EM Constellation, which can be accessed with only read only privileges. There is an IMT in place and the JIC is operational. There are twice daily conference calls. It was stressed that each member should reach out to their partner agencies to ensure that information is being shared to all agencies.</p>
Conclusions/Action Items	<p>(1) Chair Wilsey to follow up and provide additional information on Everbridge and the Alternate Care Site exercise at the November Board meeting.</p> <p>(2) Add the 'Maximum Number of Voting Members' to the November meeting agenda.</p>
VII: Next Steps	
	Presenter: Leigh Wilsey
Discussion	<p>(1) FY 2014-2015 – The contract is routing through the DOH system, with the expectation the contract will be in place by the next board meeting.</p> <p>(2) Management and Administrative items – there were no items to report.</p> <p>(3) Recruit partners in each County – As there is no contract yet place, this will be further discussed when funding is available.</p>
Conclusions/Action Items	

Meeting Handouts –		Presented by
Agenda Draft Minutes from 9/24/14 Executive Board Meeting Limitations on Executive Board Membership		Vice Chair Alexander
NEXT MEETING – DATE/TIME*		LOCATION
November 19 th , 2014 @ 1:30 pm		St. Johns County EOC
[TENTATIVE] January 2015 – General Membership		TBD

Limitations on Executive Board Membership:

In order to ensure that representation on the Executive Board remains distributed among the member Counties; membership shall be limited to 21% of the total Executive Board Membership established, rounded up a whole number. Subject to the following limitations and definitions:

- A) A minimum number of representatives shall be from each County and shall be no less than 2 below the most available from any County.
- B) No county shall have more that 27.5% of the total membership.
- C) County of representation is linked to place of employment creating eligibility, and primary business address for daily operations.
- D) With the exception of health and medical no discipline shall have more that 30% representation on the Executive Board.
- E) Unfilled minimum county representation allocations may not be redistributed.

Executive Board Membership Total	Minimum per County	Maximum Per County	Per County At Even Split
10	1	3	2
11	1	3	2.2
12	1	3	2.4
13	1	3	2.6
14	1	3	2.8
15	2	4	3
16	2	4	3.2
17	2	4	3.4
18	2	4	3.6
19	2	4	3.8
20	3	5	4
21	3	5	4.2
22	3	5	4.4
23	3	5	4.6
24	4	6	4.8
25	4	6	5
26	4	6	5.2
27	4	6	5.4
28	4	6	5.6
29	5	7	5.8
30	5	7	6
31	5	7	6.2
32	5	7	6.4
33	5	7	6.6
34	6	8	6.8
35	6	8	7