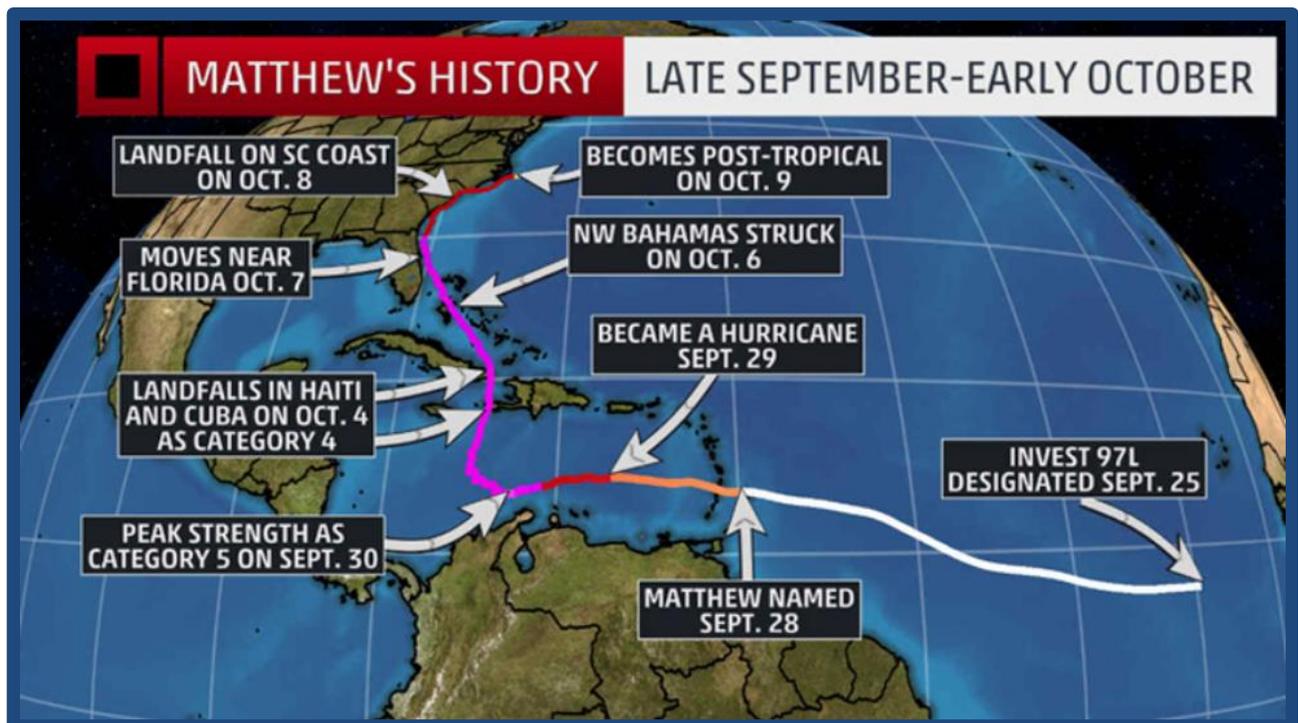


# HURRICANE MATTHEW RESPONSE

## Northeast Florida Healthcare Coalition Members



After-Action Report/Improvement Plan

### Real World Event October 5-10, 2016

The After-Action Report/Improvement Plan (AAR/IP) aligns real world event objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the real world event objectives align with ASPR's National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures.

# Hurricane Matthew Overview

*Source: Hurricane Matthew Recap: Destruction from the Caribbean to the United States (weather.com)*

## **Storm Chronology**

Matthew formed from a tropical wave that pushed off the African coast in late September. That tropical wave was dubbed Invest 97L just southwest of the Cape Verde Islands on Sept. 25. It took a few days for that system to organize as it moved westward in the Atlantic. About three days later, however, the system gained sufficient organization to be named Tropical Storm Matthew near the Windward Islands.

Once Matthew reached the eastern Caribbean, it became a hurricane and rapidly intensified. Its peak intensity was late Sept. 30 into early Oct. 1 when it reached Category 5 strength with 160 mph winds. Matthew then made landfall in Haiti and eastern Cuba on Oct. 4 as a Category 4.

From there, Matthew hammered the Bahamas Oct. 5-6 as a Category 3 and 4 hurricane. The southeastern United States was then hit hard by Hurricane Matthew as it moved very close to the coasts of Florida, Georgia, South Carolina and North Carolina.

## **Storm Surge**

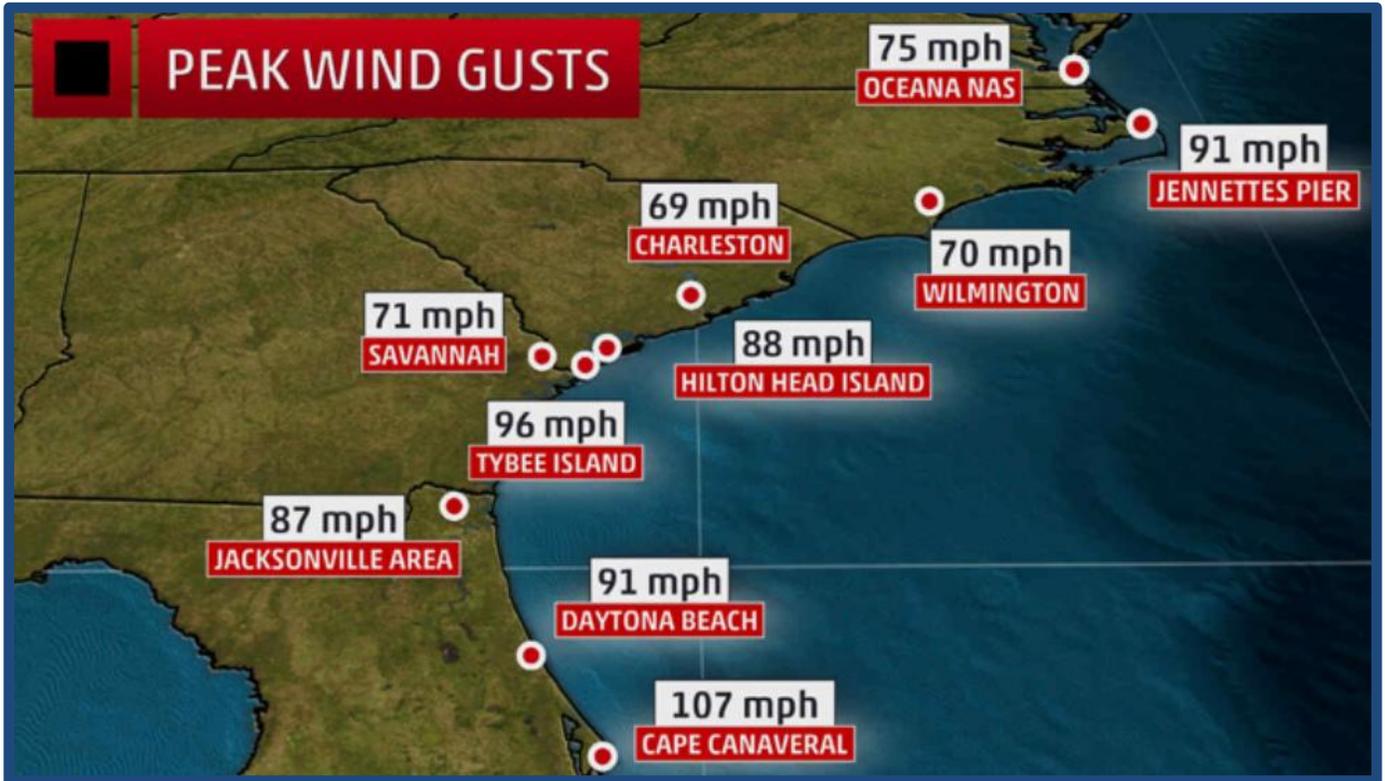
On Oct. 7 in Florida, a peak surge of 9.88 feet above normal was measured at an NOS tide gauge at Fernandina Beach, Florida.

Storm surge flooding affected the St. Augustine area, including major flooding on Anastasia Island where water was reported to be 2.5 feet above ground level. To the south in nearby Flagler Beach, Florida, parts of A1A were washed out by the storm surge.

The NWS-Jacksonville conducted a storm survey and found a new inlet was carved between Marineland and Matanzas Inlet, between Palm Coast and St. Augustine Beach, Florida.

The St. Johns River in northeast Florida reached its highest level on record at Shands Bridge, along with 3 to 4.3 feet of storm surge inundation reported at the Racy Point, Red Bay Point and I-295 bridge tide gauges. Early in the morning on Oct. 8, the St. Johns River was flowing backwards.

### Peak Wind Gusts & Rainfall



## Incident/Event Overview

<b>Event Name</b>	<b>Hurricane Matthew Response: October 2016</b>
<b>Event Date</b>	<b>October 5-10, 2016</b>
<b>Scope</b>	Hurricane Matthew was the largest and most powerful hurricane to impact Northeast Florida in generations.
<b>Mission Area(s) &amp; Healthcare Preparedness Capabilities</b>	Response and Recovery <ul style="list-style-type: none"><li>• Emergency Operations Coordination</li><li>• Information Sharing</li><li>• Medical Surge</li><li>• Healthcare System Recovery</li></ul>
<b>Issue Areas</b>	Real-World Event Issues Areas for Coalition Members: <ul style="list-style-type: none"><li>• Hospital Incident Command &amp; Resource Management</li><li>• Information Sharing &amp; Communications</li><li>• Medical Surge, Transportation Coordination, &amp; Evacuation</li><li>• Continuity of Care</li></ul>
<b>Threat/ Hazard</b>	Hurricane, Storm Surge, Wind & Rain
<b>Real World Event</b>	<p>Hurricane Matthew originated from a tropical wave off of Africa on September 22. It developed into a tropical storm on September 28 and experienced intensification and became a hurricane on September 29. It became the first Category 5 Atlantic Hurricane since 2007. Matthew was a Category 3/4 storm as it paralleled the east coast of Florida, and proceeded up the southeast coast of the United States.</p> <p>The approaching hurricane caused evacuations in Nassau, Duval, St. Johns, Flagler, Putnam and Clay counties. This included the evacuation of two hospitals pre-landfall – Baptist Beaches and Baptist Nassau. Other hospitals had vertical evacuations and evacuated patients post storm. Numerous healthcare facilities across Northeast Florida (Assisted Living Facilities, Skilled Nursing Facilities, and Nursing Homes) evacuated due to the storm.</p>
<b>Sponsor</b>	Northeast Florida Healthcare Coalition (NEFLHCC)
<b>Points of Contact</b>	Beth Payne, Emergency Preparedness Director Northeast Florida Regional Council 904-279-0880 <a href="mailto:epayne@nefrc.org">epayne@nefrc.org</a>

## ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<i>HCC Members have an incident coordination structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during a response. (HCCDA # 11)</i>	Emergency Operations Coordination		X		
<i>The HCC Members demonstrate the ability to enhance situational awareness for its members during an event. (HCCDA #12)</i>	Emergency Operations Coordination	X			
<i>HCC Members demonstrated resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of an emergency. (HCCDA #14)</i>	Emergency Operations Coordination	X			
<i>HCC Members demonstrated the capability of redundant means of communication for achieving and sustaining situational awareness. (Continuity Indicator #4)</i>	Information Sharing	X			

### Analysis of Core Capabilities

Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<i>Report Essential Elements of Information (Joint Measure 6.1)</i>	Information Sharing		X		
<i>HCC Members demonstrated through exercise or real incident, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate bed availability of staffed members' beds, within 4 hours of a disaster. (MS Indicator #4)</i>	Medical Surge	X			
<i>HCC Members has demonstrated the ability to do the following during an incident, exercise, or event; 1) Monitor patient acuity and staffed bed availability in real time, 2) Off-load patients, 3) On-load patients, 4) track and document patient movement. (MS Indicator #5)</i>	Medical Surge	X			

**Analysis of Core Capabilities**

<p><i>HCC Members have a process to enhance its member's situational awareness to support activation of immediate bed availability through continuous monitoring. (Continuity Indicator #3)</i></p>	<p>Medical Surge</p>	<p>X</p>			
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Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p><i>HCC Members demonstrate an ability to identify the needs of at-risk individuals during response. Objective Target: HCC members implement processes to manage surge operations and provide continuity of healthcare operations while ensuring that the needs of medically at-risk individuals are met.</i></p>	<p>Medical Surge/Continuity of Operations</p>	<p>X</p>			
<p><i>HCC Members have prioritized and integrated essential healthcare recovery needs in its Emergency Operations Plan. (Continuity Indicator #6)</i></p>	<p>Recovery/Continuity of Operations</p>	<p>X</p>			



**Analysis of Core Capabilities**

**Ratings Definitions:**

- Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s).

**Table 1. Summary of Healthcare Preparedness Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

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## Capability: Emergency Operations Coordination

Definition: Healthcare Coalition Members engage with local/regional/state incident management during exercise.

### Strengths

The partial capability level can be attributed to the following strengths:

**Strength 1:** A majority of the staffing at ESF 8 throughout the region are experienced and well trained. The planning documents and Standard Operating Procedures for ESF 8 are well established and comprehensive.

**Strength 2:** There was good coordination/communication between state ESF 8 and local ESF 8. This is also true with the Region 3 RERA. This aided in providing information and problem solving during the activation.

**Strength 3:** Coordination of resources internally, within hospital systems, worked very well. Many hospital vendors were onsite during the incident, which provided an invaluable service.

**Strength 4:** HICS Leadership made effective decisions under difficult and stressful operating conditions. They were well-managed throughout all phases of the storm.

**Strength 5:** The Baptist Hospital network activated a command position known as the "Ground Truth Unit Leader." They collected and validated information/rumor control, which worked well in vetting information that could have negatively impacted hospital decision making.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Lack of access to fuel by private medical transportation providers in the region.

**Analysis:** Liberty Ambulance noted that there was difficulty post-storm to access fuel needed to transport patients. Commercial service stations were without power or generators to provide fuel. This issue should be coordinated with the County EOC's, for possible MOU's for use of fuel from local government supply depots (public works, schools, etc.)

**Area for Improvement 2:** It was observed that there was a greater need for pharmacy services due to traditional providers such as Walgreens and CVS being closed.

**Analysis:** Hospitals noted issues with pharmacy services because they couldn't give a script to fill at Walgreens or VCS because they were closed. People came to hospitals to have prescriptions filled, and hospitals must have an appropriate license to dispense

### Analysis of Core Capabilities

directly. Additionally, the ability to compound medicine onsite was reduced. Hospitals should revisit their emergency plans to address this problem.

## **Capability: Information Sharing**

Definition: Identify, disseminate, collect, coordinate and manage public health and medical related information and situational awareness between the healthcare coalition members, healthcare organizations and the state health authority.

### **Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** The hospitals coordinated well among themselves, setting up their own conference call to facilitate information exchange.

### **Areas for Improvement**

**The following areas require improvement to achieve the full capability level:**

**Area for Improvement 1:** Communication methods and schedule should be standardized between hospitals, including transportation entities, and the EOC to facilitate the exchange of pertinent information both prior to, during and post storm.

**Analysis:** Hospital leadership did not receive the level of communication with the EOC that was needed to make effective and efficient decisions. A coordinated effort of communication will be established, including a conference call schedule for any future events. Also, transportation companies also felt an information gap, which affected the transfer of clients to the proper locations. Potentially designate a Hospital Group Supervisor within the Health and Medical Branch to coordinate directly with healthcare facilities.

**Area for Improvement 2:** Back up communication systems, in the form of radios and ARES operators need to be strengthened, through an increase in volunteers and additional training.

**Analysis:** The ARES volunteers were not available to staff the hospital positions; consequently, there was no back-up communication system at hospitals. The radios that all hospitals have were also not utilized. Suggestions were made to resolve the issue internally in two ways: (1) identify any current staff in each hospital who may already be qualified Ham radio operators; and/or (2) Identify current staff in each hospital who would be willing to take the online training to become Ham radio operators and assign them to that role within their hospital during incidents. They could be supplemental to other Ham radio volunteers, but more than likely would be the primary radio operator.

**Area for Improvement 3:** General situational awareness was lacking from the EOC.

**Analysis:** Situational updates were not provided from all counties to hospitals, which left the hospitals without consistent, reliable information during the storm. Critical information items included road and bridge closures and evacuation orders. Rumors were rampant

### **Analysis of Core Capabilities**

and hard to confirm/deny during the event. WebEOC is a potential solution in a few counties, but the use of REGIONAL WebEOC boards might also be a possible solution.

**Area for Improvement 4:** Rumor Control was a big issue during this event, in part due to the prevalence of social media and the 24 hour news cycle.

**Analysis:** Without a robust system of information exchange among County EOC's and healthcare facilities, it was hard to determine the factual information from the rumors. The media should not be the source of all information for healthcare facilities. A few hospitals created a position in their command structure to handle rumor management.

**Area for Improvement 5:** There were gaps in information about available bed space

**Analysis:** Lack of communication/coordination between the EOC, hospitals and transportation companies resulted in an information gap related to available bed space.

## **Capability: Medical Surge**

**Definition:** The healthcare coalition members demonstrate the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community.

### **Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** Each facility had effective and efficient plans and procedures and a well trained staff to handle the potential medical surge issues.

**Strength 2:** Two (2) hospitals closed in the region and reopened post-storm. This required transportation to other area hospitals, and without noticeable negative impacts on patients and staff.

### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Depopulation of hospital facilities in advance of storm impacts.

**Analysis:** Area hospital facilities began depopulation protocols to reduce census numbers in advance of storm impacts. An unfortunate side effect of the storm was a ramped up surgery schedule that actually brought more people into the hospitals. This had a negative impact on facilities doing their best to depopulate facilities in advance of the storm.

**Area for Improvement 2:** Delayed decision making to stay, leave, or vertically evacuate.

**Analysis:** While hospitals generally made timely decisions, many discussed that they were behind their pre-determine timeline plans for decision making. Many ALFs, nursing homes, etc. waited too long. While as an individual facility it may not be that bad, in aggregate it over-taxes the system (shelters, transit, and coordination).

### **Analysis of Core Capabilities**

**Area for Improvement 3:** Delayed decision making to stay, leave, or vertically evacuate by non-hospital medical facilities resulted in severe impacts to medical transportation throughout the region.

**Analysis:** Medical transportation services have a small window to successfully manage all of the medical transportation needs in advance of storm impacts. Delays in decision making to evacuate hamper the ability of medical transportation providers to provide services. This is particularly important for those facilities that are not located in Duval County.

To operate in a County and within the State, the providers must have both a CON, Certificate of Need, and a medical transport license issued from the State Department of Health. During a disaster, Duval County's CON addresses the use of medical transport resources. The other counties within the region lack this type of language requiring the use of medical transport resources during times of disaster. Once Duval County pulls those transportation resources, they are no longer available to other counties in the region. Hence, a delayed decision to evacuate may leave a facility without medical transportation options.

**Area for Improvement 4:** There was an unsustainable cycle of people being transported between hospitals and special needs shelters.

**Analysis:** 911 in various counties had numerous calls from Special Needs clients, due to lack of power & oxygen, which ultimately ended up at local hospitals. The Hospital would then try to discharge patients to the special needs shelter. This difficult cycle was hard to manage and also used up transportation resources.

## **Capability: Recovery/Continuity of Operations**

Definition: HCC Members maintains operations and expedites the return to normalcy or a new standard of normalcy for the provision of healthcare service delivery to the community.

### **Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** Hospitals noted no continuity of care issues during the event, despite large-scale patient movement to other hospitals and within hospitals, other than possible limited access to pharmaceuticals and higher demand from individuals reporting to the hospitals with medication needs that could not be filled at commercial pharmacies.

**Strength 2:** Hospitals felt they maintained safety for their employees, which had a positive effect on meeting the emergency needs of the community.

### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

#### **Analysis of Core Capabilities**

**Area for Improvement 1:** Hospitals had adequate staffing for the operational period required for this event, which was fairly short, but some had not identified personnel for back-up shifts.

**Analysis:** Hospitals acknowledged that their staffing plans need more depth to ensure that there were adequate resources available for an event that requires multiple operational periods and additional command positions. Scheduling flexibility and utilization of shift teams should be evaluated and adapted to specific needs within certain departments.

**Area for Improvement 2:** Staff training should include communication of realistic expectations related to flexibility of schedule and assignments during a disaster.

**Analysis:** Several facilities pointed out that, while the staffing level was adequate in this event, and personnel performed their tasks as assigned, some had unrealistic expectations related to the schedule and how they would be utilized that could have hindered efficient and effective operations.

**Area for Improvement 3:** There were varying levels of patient acuity in special needs shelters across the region, some that may not have been appropriately placed in a shelter.

**Analysis:** Several special needs shelters had patients with severe ailments, many of which could not be adequately addressed by shelter staff. This may be prevented in the future by reviewing the types of patients that can realistically be taken care of in a special needs shelter and to ensure there is the proper level of healthcare staff in the special needs shelter.

## APPENDIX A: IMPROVEMENT PLAN

Healthcare Preparedness Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Medical Surge	1. Understanding the State Ambulance Deployment Plan & Statewide Patient Movement Plan	Conduct a workshop on the contents of the plans, and their application within our region.	Training	NEFLHCC	6/1/2016	6/1/2017
	2. Regional coordination on transportation resources and patient movement in advance of an evacuation notice	Development of a Regional Evacuation Plan is in its initial stages. HCC staff will continue to participate, so as to assist in the development of a healthcare annex to the Regional Evacuation Plan.	Planning	NEFLHCC	6/1/2016	Ongoing
	3. Many healthcare facilities had evacuation plans that were ineffective and portions failed during Hurricane Matthew.	1. HCC can provide training and education opportunities updating plans and procedures in coordination with Emergency Management.	Training	NEFLHCC	6/1/2016	Ongoing

**After-Action Report/  
Improvement Plan (AAR/IP)**

**Real-World Response  
Hurricane Matthew**

		2. Continued outreach to healthcare facilities for inclusion as members in the Coalition.	Planning	NEFLHCC	6/1/2016	Ongoing
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<b>Healthcare Preparedness Capability</b>	<b>Issue/Area for Improvement</b>	<b>Corrective Action</b>	<b>Capability Element</b>	<b>Primary Responsible Organization</b>	<b>Start Date</b>	<b>Completion Date</b>
Information Sharing & Communication	The need for direct communication between hospitals, medical transportation providers, and County EOCs	Establish a standardized time and conference call number for hospitals, medical transportation providers and County EOCs to discuss & exchange health and medical specific information.	Planning	Hospitals, Medical Transportation Providers, and Emergency Mgmt.	2/1/2017	7/1/2017
	Need for more ARES operators	Each hospital should develop a cadre of ARES operators that can be used during emergency situations. Query current staff or identify people to get certified online.	Planning	Hospitals	2/1/2017	2/1/2018

**After-Action Report/  
Improvement Plan (AAR/IP)**

**Real-World Response  
Hurricane Matthew**

	Increase Regional Situational Awareness during an event	1. Review the use of WebEOC in counties that utilize this, including the use of regional boards, if developed.	Planning	NEFLHCC	6/1/2016	Ongoing
		2. Provide training on EMResource (or the new system once released) for use during an event	Training	NEFLHCC	6/1/2016	Ongoing
Medical Surge, Transportation Coordination, & Evacuation	Impacts of delayed decision making by medical facilities (non-hospital) on medical transportation providers	Evacuation plans for healthcare facilities (non-hospital) should be re-evaluated. Any facility that will be evacuating outside of the region should have the receiving facility send transportation services to pick people up, therefore keeping the regions medical transportation services working locally.	Planning	Healthcare Facilities (non-hospital) & Emergency Mgmt.	2/1/2017	7/1/2017

## **APPENDIX B: Post Matthew Survey Responses**



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 07, 2016 12:10:41 PM  
**Last Modified:** Monday, November 07, 2016 12:17:59 PM  
**Time Spent:** 00:07:17  
**IP Address:** 167.78.4.20

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

- Strength 1 CMS was able to proactively contact families of children with special health care needs and help them plan for evacuation or sheltering in place
- Strength 2 ServFL worked well for CMS employees and was primary source of contact for employees

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

- Area for Improvement 1 Local CMS was not contacted by any of the surrounding counties, including Duval for any assistance with pediatric special needs clients.
- Area for Improvement 2 Orange Park Medical Center now has a pediatric ER, ICU and general pediatrics floor, as does Memorial, and may need to consider these locations for sheltering complex children on ventilators/dialysis. There were available beds and staff, but not included in the requests or bed counts.
- Area for Improvement 3 Competing missions, requests to send staff into the storm, instead of waiting until storm had passes, no other information coming with Mission requests beyond "go to West Palm". Very confusing, didn't follow protocols that have worked well in the past.

**Q3: Please provide one lesson learned you would like to share.**

Children's Medical Services needs to be more integrated with the local county health departments who have lost many nurses. CMS also has lost many nurses, but still has resources available through the Jacksonville CMS office when special needs shelters are open.

**Q4: What agency/organization do you represent?**

Florida Department of Health, Children's Medical Services North Central Region which covers Jacksonville, Gainesville, Ocala and Daytona Beach

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

POC for CMS throughout North Central Region. Attempted to staff mission requests as they came down.



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 07, 2016 12:31:48 PM  
**Last Modified:** Monday, November 07, 2016 12:34:35 PM  
**Time Spent:** 00:02:47  
**IP Address:** 12.111.139.130

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Teamwork
Strength 2	Leadership present
Strength 3	Communication

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	ABC Staffing - being told we shouldn't use the ABC, we should tell staff on Thursday they were staying until Sat, then not paying Thursday Day Hurricane pay when the Hurricane Warning went out @ 2300 on Wed.
Area for Improvement 2	Policy Clarity - whole policy should be reviewed and adjusted.
Area for Improvement 3	Overall Education for front line staff, supplies, process, workflow, expectations, compensation start and stop.

**Q3: Please provide one lesson learned you would like to share.**

Staffing Pattern

**Q4: What agency/organization do you represent?**

SVSS

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

n/a

#3



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Monday, November 07, 2016 12:47:26 PM

**Last Modified:** Monday, November 07, 2016 12:53:19 PM

**Time Spent:** 00:05:53

**IP Address:** 167.78.4.20

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Team Work
Strength 2	Strong Problem Solving Skills
Strength 3	Flexibility

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Preparation
Area for Improvement 2	Better use of staffs strengths
Area for Improvement 3	Communication

**Q3: Please provide one lesson learned you would like to share.**

Promoting Team Work and put communication at the top of the list to develop that.

**Q4: What agency/organization do you represent?**

DOH

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

ESF8 staff in shelter



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 07, 2016 12:57:19 PM  
**Last Modified:** Monday, November 07, 2016 1:20:01 PM  
**Time Spent:** 00:22:41  
**IP Address:** 66.162.29.102

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

- |            |  |
|------------|--|
| Strength 1 | Supportive and efficient emergency management team and communication with staff when decisions were made |
| Strength 2 | Executing a smooth evacuation and re-entry of four inpatient facilities                                  |
| Strength 3 | Having a plan, executing the plan from preparedness, through response and recovery.                      |

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

- |                        |   |
|------------------------|---|
| Area for Improvement 1 | Redundancy in vendor agreements   |
| Area for Improvement 2 | Emergency Preparedness information packet for critical staff to identify expectations                     |
| Area for Improvement 3 | Maintaining extra hospital beds for patient's that are evacuated inland to our other inpatient facilities |

**Q3: Please provide one lesson learned you would like to share.**

In reality that an evacuation of patients can and did occur. Double occupancy is a real possibility during a disaster and not just something written into our plan that will never occur. This will definitely be an area that we will build on forward from Matthew. It can and did happen.

**Q4: What agency/organization do you represent?**

Community Hospice of Northeast Florida, Inc.

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Safety, Security and Emergency Preparedness Manager

#5



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 07, 2016 2:43:39 PM  
**Last Modified:** Monday, November 07, 2016 2:51:32 PM  
**Time Spent:** 00:07:53  
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**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Hospital Staff and Hospital Administration working as one
Strength 2	Preparedness of infrastructure
Strength 3	Communication with the organization and with the community partners

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	A working plan for evacuation of secondary building
Area for Improvement 2	Staff sleeping quarters plan
Area for Improvement 3	A working plan for Special Needs within the hospital

**Q3: Please provide one lesson learned you would like to share.**

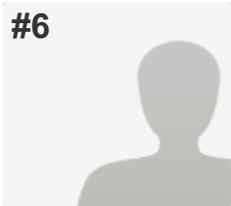
*Respondent skipped this question*

**Q4: What agency/organization do you represent?**

UF HEALTH JACKSONVILLE

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

EMERGENCY PREP COORD / LIASION OFFICER



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
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**Last Modified:** Monday, November 07, 2016 3:53:42 PM  
**Time Spent:** 00:04:43  
**IP Address:** 167.78.4.20

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	staff cooperation
Strength 2	long term employees

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	small staff
Area for Improvement 2	Communications

**Q3: Please provide one lesson learned you would like to share.**

Discharge Planning for special needs shelters from state needs improvement
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**Q4: What agency/organization do you represent?**

FDOH Baker County
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**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

ESF8 Incident Commander
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#7



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Tuesday, November 08, 2016 11:54:30 AM

**Last Modified:** Tuesday, November 08, 2016 11:58:11 AM

**Time Spent:** 00:03:41

**IP Address:** 107.0.201.200

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Took care of our employees and families.
Strength 2	Took care of our patients.
Strength 3	Paid our staff for their service.

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Better housing arrangements.
Area for Improvement 2	Better preparation.
Area for Improvement 3	Better communication.

**Q3: Please provide one lesson learned you would like to share.**

Better arrangement of team A and B staff.

**Q4: What agency/organization do you represent?**

Flagler Hospital

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Hospital Staff

#8



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, November 10, 2016 8:08:41 AM  
**Last Modified:** Thursday, November 10, 2016 8:17:33 AM  
**Time Spent:** 00:08:52  
**IP Address:** 209.16.118.34

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Someone recognized the need for, and requested an IMT
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**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Education/training- Little to no knowledge of roles or expectations (from IC as well as those filling ESF roles)
Area for Improvement 2	Public messaging/information- Need for increased coordination between agencies, more timely messaging, and having 1 clear unified message.
Area for Improvement 3	Use ICS structure- People didnt know what they were supposed to be functioning as, and were operating in and out of multiple roles, without clear definition

<b>Q3: Please provide one lesson learned you would like to share.</b>	<i>Respondent skipped this question</i>
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<b>Q4: What agency/organization do you represent?</b>	Flagler County Emergency Management
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<b>Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.</b>	Not sure. See improvement area #3.
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**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 14, 2016 11:07:36 AM  
**Last Modified:** Monday, November 14, 2016 11:14:47 AM  
**Time Spent:** 00:07:10  
**IP Address:** 12.111.139.130

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Staffing levels were adequate to meet all needs
Strength 2	Communications from upper leadership were frequent and complete
Strength 3	Child care and pet care made for more staff availability during the event.

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Communication of staff expectations were lacking, creating confusion, stress and aggravation in early stages.
Area for Improvement 2	The communication from the Duval County EOC was limited and not applicable.
Area for Improvement 3	Communication of pay, OT, PTO and time recording needs to be improved in the incipient stages of the event.

**Q3: Please provide one lesson learned you would like to share.**

The communications from leadership to the staff needs to be improved. The leaders knew what to expect but did not relay it to the staff adequately.

**Q4: What agency/organization do you represent?**

St. Vincent's Southside

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Hospital ICC Liaison and Safety Officer

#10



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 14, 2016 2:51:03 PM  
**Last Modified:** Monday, November 14, 2016 2:59:01 PM  
**Time Spent:** 00:07:57  
**IP Address:** 209.16.118.34

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Can do attitude of county employees
Strength 2	Wealth of knowledge & experience at the "line" level employees
Strength 3	Community was kept alive & safe

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Clearly defined command structure / incident commander
Area for Improvement 2	Employ "Planning P" to establish battle rhythm
Area for Improvement 3	Clearly defined ICS positions / roles for employees

**Q3: Please provide one lesson learned you would like to share.**

Must create a position for an EOC Manager, particularly during large scale events

**Q4: What agency/organization do you represent?**

Flagler

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Plans Support

#11



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 14, 2016 3:09:47 PM  
**Last Modified:** Monday, November 14, 2016 3:12:32 PM  
**Time Spent:** 00:02:45  
**IP Address:** 71.43.183.123

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Communication
Strength 2	Resiliency
Strength 3	Work Ethic

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Lack of Housing; pre-storm
Area for Improvement 2	The need for extra radio batteries
Area for Improvement 3	Lack of food, first 24-48 after the storm

**Q3: Please provide one lesson learned you would like to share.**

Teamwork is the key to success

**Q4: What agency/organization do you represent?**

Flagler Beach Police DEpartment

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Law Enforcement

#12



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 14, 2016 4:58:00 PM  
**Last Modified:** Monday, November 14, 2016 5:02:34 PM  
**Time Spent:** 00:04:34  
**IP Address:** 167.78.4.19

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Awesome DOH team that exhibited great teamwork throughout the event
Strength 2	Collaboration with EOC, law enforcement and school system staff at special needs shelter

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Pre-event communication btw DOH and EOC could be improved
Area for Improvement 2	More manpower to set up special needs shelter and assistance during the event ie. Red Cross
Area for Improvement 3	Oxygen equipment ready to go and at the shelter when needed

**Q3: Please provide one lesson learned you would like to share.**

Importance of collaboration with community partners

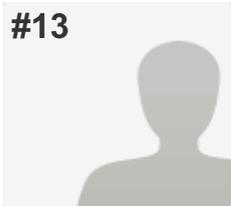
**Q4: What agency/organization do you represent?**

DOH-Flagler

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Incident Commander at the special needs shelter-week 1; ESF 8 staffer during week 2 at the EOC

#13



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Tuesday, November 15, 2016 7:05:02 AM

**Last Modified:** Tuesday, November 15, 2016 7:10:57 AM

**Time Spent:** 00:05:54

**IP Address:** 71.43.183.124

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Ensure public safety
Strength 2	clear roads of debris
Strength 3	assist police and fire departments

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	message boards
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**Q3: Please provide one lesson learned you would like to share.**

	people do not stay out of unsafe areas
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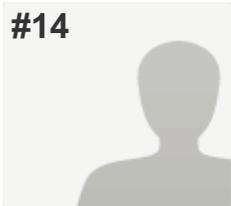
**Q4: What agency/organization do you represent?**

	public works
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**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

	clean up, detour traffic, inspect damage
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#14



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Tuesday, November 15, 2016 8:07:14 AM

**Last Modified:** Tuesday, November 15, 2016 8:15:41 AM

**Time Spent:** 00:08:27

**IP Address:** 71.43.50.10

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Leadership
Strength 2	Communications
Strength 3	Working together

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	FPL communications with the City
Area for Improvement 2	Power restored quicker at the Water Plant and wells

**Q3: Please provide one lesson learned you would like to share.**

Lack of Communications on FPL's part

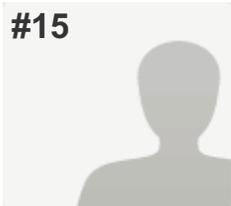
**Q4: What agency/organization do you represent?**

City of Flagler Beach

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Suppling Water to the City of Flagler Beach

#15



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Tuesday, November 15, 2016 9:40:23 AM

**Last Modified:** Tuesday, November 15, 2016 9:46:10 AM

**Time Spent:** 00:05:46

**IP Address:** 70.209.48.106

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Number of staff
Strength 2	Good relationship with city partners
Strength 3	Engaged leadership team

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Communication
Area for Improvement 2	Training
Area for Improvement 3	Preparation for event

**Q3: Please provide one lesson learned you would like to share.**

Need to function better to lead City officials in understanding our roles in the response process.

**Q4: What agency/organization do you represent?**

Dept of Health in Duval County

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

EOC staff



#17



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, November 15, 2016 3:08:55 PM  
**Last Modified:** Tuesday, November 15, 2016 3:17:28 PM  
**Time Spent:** 00:08:33  
**IP Address:** 75.112.73.57

PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Preperation
Strength 2	Knowledge
Strength 3	Experience

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Flexibility
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**Q3: Please provide one lesson learned you would like to share.**

Without effective communications, we all will fail or one party will be tasked with additional work. We must ensure everyone is on the same level and we discuss, as much as we can before hand, what is going to happen with all stakeholders or those affected. We also need to be one, and not include others in discussions or events.

**Q4: What agency/organization do you represent?**

FCSO

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Law Enforcement

#18



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Wednesday, November 16, 2016 7:38:57 AM

**Last Modified:** Wednesday, November 16, 2016 7:47:45 AM

**Time Spent:** 00:08:48

**IP Address:** 107.77.216.199

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Agility
Strength 2	Cooperation
Strength 3	Commitment

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Glass Hurricane Category 2 only at Florida Hospital Flagler
Area for Improvement 2	FHF air conditioning not able to run on the generator (Cathy lab equipment overheated)
Area for Improvement 3	Lack of volunteer caregivers for special needs shelter (we had a patient whose caregiver evacuated that had to stay in the ED throughout the storm because he couldn't go to the shelter without a caregiver)

**Q3: Please provide one lesson learned you would like to share.**

Curfew not applying to those providing medical transport (even non-emergent transport back to SNF/ALF) needs to be made clear to staff

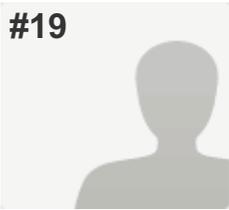
**Q4: What agency/organization do you represent?**

Flagler County EMS, City of Palm Coast EMS, City of Flagler Beach EMS, Florida Hospital Flagler

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Emergency Medicine physician, Hospital Chief of Medical Staff, EMS Medical Director

#19



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Wednesday, November 16, 2016 5:10:12 PM

**Last Modified:** Wednesday, November 16, 2016 5:13:23 PM

**Time Spent:** 00:03:10

**IP Address:** 167.78.4.20

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	Communications (Internal and External)
Strength 2	Special Needs Shelter Operations
Strength 3	Regional ESF-8 / Regional DOH Support - Patricia Frank and Sandi Courson

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	Clients who fall in gap of needing hospital care and being appropriate for a Special Needs Shelter
Area for Improvement 2	Clients who fall in gap of needing hospital care and being appropriate for a Special Needs Shelter
Area for Improvement 3	Clients who fall in gap of needing hospital care and being appropriate for a Special Needs Shelter

**Q3: Please provide one lesson learned you would like to share.** Value of having National Guard support at the Special Needs Shelter

**Q4: What agency/organization do you represent?** DOH - St. Johns

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.** ESF- 8 Staff / DOH Preparedness Planner

#20



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Thursday, November 17, 2016 2:00:19 PM

**Last Modified:** Thursday, November 17, 2016 2:40:35 PM

**Time Spent:** 00:40:16

**IP Address:** 71.43.183.123

**PAGE 1: For the After Action Report on Hurricane Matthew, please provide your observations below.**

**Q1: Based on your experience during Hurricane Matthew, please provide three (3) strengths for your facility/agency.**

Strength 1	early response for damage assessment
Strength 2	communication
Strength 3	teamwork

**Q2: Based on your experience during Hurricane Matthew, please provide three (3) areas for improvement for your facility/agency.**

Area for Improvement 1	special needs evacuation
Area for Improvement 2	more in depth preplanning
Area for Improvement 3	Delayed response from FPL for beachside

**Q3: Please provide one lesson learned you would like to share.**

Fire Department did not have a planned place to evacuate to

**Q4: What agency/organization do you represent?**

Flagler Beach Fire Department

**Q5: What role did you have in Hurricane Matthew? e.g. ESF 8 staff, Hospital staff, etc.**

Fire Chief

