Executive Committee Meeting Agenda

I. Call to Order
   • Validation of voting members present [accept designees, if required]
   • Introductions
   • *Approval of minutes from 6/19/19 quarterly general membership meeting

II. Financial
   • *Budget Report (June 2019)
   • Expenditure Requests
   • Management and Administration
     o Active Assailant Plan Development Workshops
     o COOP Plan Development Workshops
     o Stop-the-Bleed Program Update
     o Project Close-out

III. Business
   • *Approval of General Membership Requests (as if July 12) – via forms
   • Resolution – Michael Godwin and Jeff Alexander
   • Marketing/Outreach – 2018/2019 Review
   • Annual Workplan 2019/2020
   • HCC Bylaws – Annual Review
   • HCC Annual Training Summit
   • Training and Exercise Planning (TEP)
   • Upcoming Events
     o Americasres – Health Center Resiliency Bootcamp (2-day)

IV. Member Reports
   • Board Member Reports
   • Open Discussion

VII. Adjourn

Next Executive Board Meeting – August 21 @ 1:00pm
St. Vincent’s Southside (Bryan Auditorium) - 4201 Belfort Rd, Jacksonville, FL 32216
Executive Board

A quorum is 50% of the total voting membership (Executive Board)

(Membership by County - Total of 12 Votes)

- Baker - 1
- Clay - 2
- Duval - 2
- Flagler - 2
- Nassau - 1
- St. Johns - 2
- At Large - 2

TOTAL = 12

Tiebreak Vote

Regional Emergency Response Advisor

Executive Board

One representative per County, one representative per discipline, two at-large members (TOTAL 12 Votes)

- 6 County Reps
  - Baker County
    - Jose Morales
  - Clay County
    - Sonny Rogers
  - Duval County
    - Richard Ward
  - Flagler County
    - Edwin Baltzley
  - Nassau County
    - Ronnie Nessler
  - St. Johns County
    - Noreen Nickola-Williams

- 4 Discipline Reps
  - Emergency Management
    - Jose Morales
  - EMS
    - Joe Stores
  - Hospital
    - Rich Ward
  - Public Health
    - Robert Snyder

- 2 At-Large Reps
  - Long Term Care
    - Jeff Markulik
  - Home Health
    - Kristy Siebert
Northeast Florida Healthcare Coalition Voting Members & Designated Alternates

As of 7/15/19 – Six Voting Members = Quorum

<table>
<thead>
<tr>
<th>Representation</th>
<th>Voting Member</th>
<th>Alternate Name</th>
<th>Alternate’s Agency</th>
<th>Appointing Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker County</td>
<td>Jose Morales</td>
<td>Bek Parker</td>
<td>Baker County Sheriff’s Office</td>
<td>ESF 8 Partners</td>
</tr>
<tr>
<td>Clay County</td>
<td>Sonny Rogers</td>
<td>Luis Herrera</td>
<td>FDOH - Clay</td>
<td>ESF 8 Partners</td>
</tr>
<tr>
<td>Duval County</td>
<td>Richard Ward</td>
<td>Winston Gibbs</td>
<td>FDOH – Duval</td>
<td>ESF 8 Partners</td>
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<tr>
<td>Flagler County</td>
<td>Edwin Baltzley</td>
<td>Bob Pickering</td>
<td>Flagler County EM</td>
<td>ESF 8 Partners</td>
</tr>
<tr>
<td>Nassau County</td>
<td>Ronnie Nessler</td>
<td>Mike Godwin</td>
<td>FDOH - Nassau</td>
<td>ESF 8 Partners</td>
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<tr>
<td>St. John County</td>
<td>Noreen Nickola-Williams</td>
<td>Greta Hall</td>
<td>St. Johns County Fire/Rescue</td>
<td>ESF 8 Partners</td>
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<tr>
<td>Emergency Management</td>
<td>Tim Connor</td>
<td>Jim Schaudel</td>
<td>COJ EPD</td>
<td>Regional Emergency Managers</td>
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<tr>
<td>EMS</td>
<td>Joe Stores</td>
<td>Tim Devin</td>
<td>Orange Park Medical Center</td>
<td>First Coast EMS Advisory Council</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Rich Ward</td>
<td>Dave Chapman</td>
<td>St. Vincent’s</td>
<td>First Coast Disaster Council</td>
</tr>
<tr>
<td>Public Health</td>
<td>Robert Snyder</td>
<td>Alternate Needed</td>
<td></td>
<td>Regional Public Health Officers</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>Jeff Markulik</td>
<td>Micah Barth</td>
<td>River Garden Hebrew Home</td>
<td>Florida Healthcare - District</td>
</tr>
<tr>
<td>Home Health</td>
<td>Kristy Siebert</td>
<td>Lori Tipton or Teresa Gates</td>
<td>Allegiant Home Care</td>
<td>Beyond Home Health Care Services</td>
</tr>
</tbody>
</table>

Chair: Rich Ward, Hospitals
Vice-Chair: Tim Connor, Emergency Management
Secretary/Treasurer: Kristy Siebert, Home Health
The quarterly general membership meeting of the Northeast Florida Healthcare Coalition was held at FDOH – State Laboratory and Vital Statistics Complex in Jacksonville, Florida at 1:00pm on Wednesday, June 19, 2019.

**CALL TO ORDER**

The meeting was called to order by Chair Rich Ward with a validation of a quorum, with the following Board members present:

Baker County – Jose Morales  
Clay County – Luis Herrera (alternate)  
Duval County – Winston Gibbs (alternate)  
Flagler County – Ed Baltzley  
Nassau County – Ronnie Nessler & Mike Godwin (alternate)  
St. Johns County – Greta Hall (alternate)  
Hospitals – Rich Ward & Dave Chapman (alternate)  
EMS – Tim Devin (alternate)  
Long Term Care – Micah Barth (alternate)  
Home Health – Kristy Siebert  

Absent  
Public Health – Robert Snyder  

A sign in sheet is attached for all other attendees.

**Introductions**  
Mr. Ward called for introductions.

**Approval of Minutes**  
The minutes from the April 24, 2019 meeting were made available online and provided at the start of the meeting.

*Mr. Ward called for a motion for approval of the April 24, 2019 meeting minutes. Mike Godwin moved approval; second by Tim Connor. Motion carried.*

**FINANCIAL**

*Budget Report*  
The finance report for April and May 2019 was presented by Mike Godwin.

With no questions, *Mr. Ward called for a motion to accept the April and May 2019 budget report. Kristy Siebert moved approval; second by Tim Connor. Motion carried.*
Management and Administration Update

- Project Funding Update – Coalition staff provided an update on the status of the annual project funding. The Coalition has one week to close out any remaining projects. All invoices must be submitted for final payment this next week.

- Finalized Schedule – Coalition staff has set the 2019-2020 schedule. All quarterly general membership meetings will be conducted at FDOH – State Lab and Vital Statistics Complex in Jacksonville during the months of September, December, March, and June. All Executive Committee meetings will be conducted in the Bryan Auditorium at St. Vincent’s Southside during all other months of the year.

- Active Assailant Plan Development Workshops – The Coalition hosted two planning workshops to assist facilities with the development of active assailant plans. The workshops were designed to give participants concepts and guidance for the development of a successful plan, as well as techniques to train and exercise their facility staff. Plan templates were provided to assist facilities in the creation of their own plan.

- Continuity of Operations Plan Development Workshops - The Coalition hosted two COOP workshops to assist facilities with the development of COOP plans. The workshops were designed to give participants an understanding of the issues they must consider to maintain business operations during any emergency. Plan templates and reference information was provided to attendees. COOP Technical Assistance days have been scheduled for the end of June.

**BUSINESS**

*Approval of General Membership Requests*
As required by the bylaws, the Board must approve all membership requests. There have been 26 membership requests since the last meeting. The list was provided in the meeting packet.

A motion was made by Kristy Siebert and seconded by Mike Godwin to approve the membership list as presented. Motion carried.

Year-End Review to Include Plans for Approval

- Operations Plan*
- Outreach Plan*
- Project Approval Process*
- Year-End Report*

Coalition staff provided an update on the above listed contract deliverables. All of these deliverables were provided for reviewed by the executive committee prior to this meeting.

A motion was made by Tim Devin and seconded by Ti Connor to approve of the Operations Plan,
Outreach Plan, Project Approval Process, and Year-End Report. Motion carried.

- Supply Chain Assessment Update
  The Coalition distributed a supply chain assessment survey that targeted inpatient facilities. Coalition staff provided an overview of the survey results and presented the meeting attendees with documents related to the survey results.

- Coalitions Surge Test (CST) Exercise: After-Action Review
  Coalition staff gave an overview of the 2019 CST Exercise. The NE Coalition had the following participation. Strengths and Areas for Improvement were provided to the attendees.

  - 4 Hospitals in the NE FL Coalition
  - 2 County EOCs as support
  - By the Numbers
    - 1,204 = Total Census of Hospitals
    - 473 = Patients Discharged
    - 731 = Patients Requiring Evacuation

- Officer Elections
  Coalition bylaws state that elections are to be held in the June of odd years. Three positions were up for elections. They were Chair, Vice-Chair, and Treasurer/Secretary. Ballots were handed out to voting members. The results of the elections are:

  Chair – Rich Ward – Hospitals
  Vice-Chair – Tim Connor – Emergency Management
  Treas/Sec – Kristy Siebert – Home Health

- Coalition Spotlight – Home Health with Kristy Siebert
  This was the inaugural coalition spotlight. This will be done on a quarterly bases to provide membership with insights to the various healthcare disciplines represented by the Coalition. Kristy Siebert provided an overview of the home health sector.

- Florida Infectious Disease Transportation Network (FIDTN)
  Terry Schenk with FIDTN gave a presentation on the statewide program and local resources.

 Florida Department of Health, in partnership with public health, private healthcare providers, hospitals, and emergency response teams such as Jacksonville Fire Rescue has developed the FIDTN. The purpose of the FIDTN is to send specially trained Emergency Medical Services units to conduct transport of highly infectious disease patients from a hospital to a local airport, a designated treatment hospital, or to the Regional Treatment Center in Atlanta, Georgia.

- Upcoming Events
  The Coalition will be conducting multiple training and exercise opportunities in the coming months. Training and exercise opportunities will be posted on the “Training and Exercise” tab of the Coalition’s website (http://www.neflhcc.org/Training_Exercises.html), as well as distributed through our newsletters and direct emails from staff.
***Preparedness Health Center Resiliency Bootcamp***

Offered by Americares and hosted by the Healthcare Coalition

August 22-23, 2019
FDOH – State Laboratory and Vital Statistics Complex
1217 N. Pearl Street, Jacksonville, FL 32202

Registration link: https://preparedness_health_center_resiliency_bootcamp_jax.eventbrite.com

**Member Reports**

Board Member Reports
None at this time.

Open Discussion
None at this time.

*Next Executive Board Meeting – July 17 @ 1:00pm*
St. Vincent’s Southside (Bryan Auditorium) - 4201 Belfort Rd, Jacksonville, FL 32216

*Next General Membership Meeting – September 18 @ 1:00pm*
State Laboratory and Vital Statistics Complex - 1217 N. Pearl Street, Jacksonville, FL 32202
Northeast Florida Health Care Coalition
Financial Report
As of June 2019

### NEFHCC 18/19

<table>
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<tr>
<th>Revenues</th>
<th>Budget</th>
<th>June 2019</th>
<th>Project To Date</th>
<th>% of Funds</th>
<th>Funds Available</th>
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<td>State Contract</td>
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<td>$71,775.38</td>
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<th>Expenses</th>
<th>Budget</th>
<th>June 2019</th>
<th>Project To Date</th>
<th>% of Funds</th>
<th>Funds Available</th>
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<tbody>
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<td>Staffing Cost</td>
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<td>Office Supplies</td>
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<td>D&amp;O Insurance</td>
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<td>Meeting Expenses</td>
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<td>Marketing</td>
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<td>Professional Services</td>
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<td>$56,015.12</td>
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<td>State Corporation Fee</td>
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<td>(70.00)</td>
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<table>
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<th>PROJECTS FY 18/19</th>
<th>Budget</th>
<th>June 2019</th>
<th>Project To Date</th>
<th>% of Funds</th>
<th>Funds Available</th>
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</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>State Contract</td>
<td>$86,000.00</td>
<td>$96,518.93</td>
<td>$120,808.70</td>
<td>140%</td>
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</tbody>
</table>

<p>| Expenses | Contractual Services | $86,000.00 | $96,518.93 | $120,808.70 | 140% | (34,808.70) |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Facility Name</th>
<th>Facility Type</th>
<th>County</th>
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</thead>
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<tr>
<td>1</td>
<td>Bosh</td>
<td>Stephanie</td>
<td>River Region Human Services, Inc.</td>
<td>Behavioral Health Services &amp; Organizations</td>
<td>Duval</td>
</tr>
<tr>
<td>2</td>
<td>Davis</td>
<td>Anne</td>
<td>FKC First Coast Dialysis Center</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
<td>Duval</td>
</tr>
<tr>
<td>3</td>
<td>Devine</td>
<td>John</td>
<td>Consulate Healthcare of Orange Park</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
<td>Clay</td>
</tr>
<tr>
<td>4</td>
<td>Frady</td>
<td>Julie</td>
<td>Homecare Dimensions</td>
<td>Home Health Agency (including home and community-based services)</td>
<td>Duval</td>
</tr>
<tr>
<td>5</td>
<td>Francis Jubert</td>
<td>Carol</td>
<td>First Coast Dialysis</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
<td>Duval</td>
</tr>
<tr>
<td>6</td>
<td>Horner</td>
<td>Jennifer</td>
<td>Florida Dept of Health</td>
<td>Public Health Agency</td>
<td>Alachua</td>
</tr>
<tr>
<td>7</td>
<td>Webb</td>
<td>Aletha</td>
<td>First Coast Dialysis</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
<td>Duval</td>
</tr>
</tbody>
</table>
Resolution

Northeast Florida Healthcare Coalition
2019-01
Honoring
Michael Godwin

WHEREAS, Michael Godwin joined the Northeast Florida Healthcare Coalition as an original member; and

WHEREAS, Mr. Godwin served as the Secretary/Treasurer of the Healthcare Coalition from July 1, 2017 until June 30, 2019; and

WHEREAS, Mr. Godwin served the Healthcare Coalition and associated members with distinction, devotion, and dedication.

NOW, THEREFORE, BE IT RESOLVED that the Executive Board of the Northeast Florida Healthcare Coalition hereby commends Mr. Godwin for his efforts and contributions during his tenure as an elected officer of the Healthcare Coalition.

Adopted by the Northeast Florida Healthcare Coalition Executive Board in a meeting assembled in the City of Jacksonville, on the 17th day of July 2019.

Rich Ward
Chairperson

Eric Anderson
Coordinator
Resolution

Northeast Florida Healthcare Coalition

2019-02

Honoring

Jeff Alexander

WHEREAS, Jeff Alexander conceived of the development and formation of the Northeast Florida Healthcare Coalition; and

WHEREAS, Mr. Alexander provided guidance and leadership in the development of the Healthcare Coalition’s Charter, Mission Statement, and Bylaws; and

WHEREAS, Mr. Alexander served as the Vice-Chairperson of the Healthcare Coalition until June 30, 2019; and

WHEREAS, Mr. Alexander served the Healthcare Coalition and associated members with distinction, devotion, and dedication.

NOW, THEREFORE, BE IT RESOLVED that the Executive Board of the Northeast Florida Healthcare Coalition hereby commends Mr. Alexander for his efforts and contributions during his tenure as an elected officer and member of the Healthcare Coalition.

Adopted by the Northeast Florida Healthcare Coalition Executive Board in a meeting assembled in the City of Jacksonville, on the 17th day of July 2019.

Rich Ward
Chairperson

Eric Anderson
Coordinator
REGION 3: HEALTH CARE COALITION

2018 – 2019 Year in Review | 2019 – 2020 Project plan

CONTACT FOR CONTRACT ADMINISTRATION:
Fabiola Fleuranvil
Chief Marketing Officer
Fabiola@BlueprintCreativeGroup.com | (305) 741-0378

990 Biscayne Blvd, Suite 503
Miami, FL 33132
Blueprint Creative executed four quarterly public relations campaigns throughout the year to bring public awareness to the mission and purpose of the Coalitions while also highlighting the work of Coalition members.

**Campaign: Stop the Bleed**  
Period: September 2018

-WGFL CBS: Bleeding control kits on school campuses in Alachua County could save lives (9/11/18)  

-Clay Today: Teachers trained, schools stocked with Stop the Bleed kits (9/29/18)  

-Gainesville Sun: New initiative gives schools access to bleeding control kits (8/29/18)  

-Action News Jax: 3,000 'Stop the Bleed' kits purchased for Jacksonville area schools (8/23/18)  

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**Campaign: Alachua County Fire Department body vest grant**  
Period: December 2018

-WCJB ABC: ACFR receives grants for body armor vests (12/26/18) - 3 airings: 5am, 12, 6pm  

-Firehouse: FL Fire Department Lands Body Armor Grants (12/27/18)  
Campaign: Gainesville Rescue Paramedicine program
Period: January 2019

Gainesville Sun: Community Resource Paramedic program helps with health issues (1/16/19)

Campaign: Jacksonville Fire Rescue AeroClave unit and Florida Transportation Network
Period: April 2019

Florida Times Union: Jacksonville joins regional transport system to handle infectious patient transport to Emory (5/2/19)

EMS1: Fla. FD joins regional transport system to handle infectious patient transport (5/9/19)

FireChief.com: Fla. FD joins regional transport system to handle infectious patient transport (5/9/19)
Throughout the year, Blueprint Creative used a number of approaches to engage current members, recruit new members, and expand the types of facilities that make up membership. Content was developed to distribute twelve newsletters throughout the year each with the goal of reinforcing the role of the Coalitions as a central source of information. New members were also recruited through direct outreach to grow membership.

336 Members in 2018

584 Members in 2019 (14 Pending Approval)

Most Clicked-thru Newsletters

NE: Stop the Bleed feature (September 2018)
34.4% opens; 8.4% clicks

NC: Industry news (March 2019)
30.4% opens; 7.6% clicks
Newsletter Links – North East


11/6/18 - https://mailchi.mp/efbe6b93402c/licensed-radio-operators-were-a-big-need-after-hurricane-michael-1450337

12/20/18 - https://mailchi.mp/bf31eb45b881/the-coalition-reviewed-project-funding-requests-heres-2-members-who-were-awarded

1/14/19 - https://mailchi.mp/cf28c8fd8bd0/meet-safety-officer-dave-chapman-also-generator-requirement-may-get-extension-1475585

1/14/19 - https://mailchi.mp/b5fbed3e1c3/meet-safety-officer-dave-chapman-also-generator-requirement-may-get-extension-1487157

2/19/19 - https://mailchi.mp/12492ee11235/the-rankings-are-out-heres-where-florida-ranks-in-healthcare-preparedness

3/4/19 - https://mailchi.mp/e8196d524b0a/reminder-rsvp-for-these-upcoming-coalition-trainings-exercises


4/24/19 - https://mailchi.mp/00a655511a6d/heres-what-weve-been-up-to

5/10/19 - https://mailchi.mp/63e3acd60c16/statewide-hurricane-exercise-in-effect-infection-diseases-are-spreading-heres-a-measles-simulator


Annual Workplan 2019/2020

Contract Deliverables

- Jurisdictional Risk Assessment (JRA)
- Coalition Continuity of Operation Plan (COOP Plan)
- Infectious Diseases Best Practices
- Strategic Plan
- Evacuation and Transportation Alternative Plan
- Coalition Surge Test Exercise – Inpatient Facility Evacuation Exercise
  - March 11, 2020
- Active Assailant Tabletop Exercise
  - Develop into CMS Tabletop Exercises for healthcare facilities
SECTION 1.0 – BYLAWS

1.1 ADDRESS

The mailing address of the Northeast Florida Healthcare Coalition (NEFLHCC), hereafter referred to as “the Coalition”, is:

Northeast Florida Healthcare Coalition
100 Festival Park Avenue
Jacksonville, FL 32202

1.2 GEOGRAPHIC AREA

The region served by the Northeast Florida Healthcare Coalition includes the following Northeast Florida counties:

- Baker
- Clay
- Duval
- Flagler
- Nassau
- St. Johns

1.3 MEMBERSHIP

1.3.1 Composition

In addition to the core members of county Public Health Departments, hospitals, Emergency Management (EM) and Emergency Medical Services (EMS), many community partners collaborate in the Coalition including, but not limited to, long term care (LTC), home healthcare, durable medical equipment providers, surgical centers, dialysis centers, rehabilitation centers, volunteer organizations, law enforcement, senior citizen and elder interest groups, other existing strategic health planning initiatives and other partners from every county participating in the Coalition. Any organization that has a healthcare connection during a public health emergency in the geographic region of the Coalition is a potential member.
1.3.2 Voting Membership-Executive Board

The voting membership shall be known as the Executive Board. At a minimum, the Executive Board consists of the following:

- Each County (one vote per county; total of six votes)
- Each discipline** (one vote per discipline; total of four votes)
- Two ‘At Large’ Members representing the follow groups within the six County Coalition region
  - Long Term Care (one vote)
  - Home Healthcare (one vote)
- One of the Regional Emergency Response Advisors (one vote only to break a tie vote)

**The four discipline groups having voting privileges at the formation of the organization are public health, emergency management, hospitals, and emergency medical services. Other entities or individuals may be added to the Executive Board through a majority vote of the Executive Board members.

Further description of the voting process and group votes is provided under Section 3.5.4 - Voting Procedures.

1.3.3 Admission as a Member

The Executive Board approves Coalition membership applications by general consensus (General Membership) or simple majority vote (Voting Membership/Executive Board).

1.3.4 Conflict of Interest

A member who has a direct agency or personal interest in any matter before the Coalition shall disclose his/her interest prior to any discussion of that matter by the Coalition. The disclosure shall become a part of the official record of the Coalition proceedings. The conflicted member shall refrain from further participation in any action relating to the matter, including funding requests on the matter.

1.4 COALITION MEETINGS

General Membership meetings of the Coalition will be held quarterly, on a schedule determined by the Executive Board. General members and the public are invited to attend.
1.5 EXECUTIVE BOARD

1.5.1 Schedule of Meetings

1. The Executive Board shall meet at least once each quarter, but often meet monthly. At a minimum, two face-to-face meetings must be held in a calendar year.

2. All Executive Board members will be required to respond via email five (5) days prior to any Executive Board meeting to assure a quorum will be present at the designated time/place and prevent unnecessary travel costs to the Coalition and loss of valuable time of the other committee members.

3. A quorum is fifty percent (50%) of the total voting membership (Executive Board).

4. The NEFLHCC Leadership will coordinate the schedule of meetings.

5. Regular quarterly meetings should have a fifteen (15) business day notice.

6. Special meetings shall have at least a seven (7) business day notice.

7. Executive Board members will attend at least fifty percent (50%) of all meetings.

8. The most current Roberts Rules of Order will govern meetings, where not inconsistent with these bylaws.

9. The meeting agenda will be developed and distributed by the NEFLHCC Coordinator or Secretary/Treasurer at least five (5) business days prior to each meeting. Any member (voting or non-voting) may request items be added to meeting agendas. Each agency/representative on the agenda will be given adequate time (as determined by the Executive Board) to present information or proposals at the scheduled meeting for which they appear on the agenda. Agenda items not addressed at their scheduled meeting will be added to the agenda of the following meeting. Meeting agenda item requests are to be submitted to the Coordinator no later than fifteen (15) business days prior to the scheduled meeting date. Minutes of all meetings shall be prepared and made available to the membership.
10. Public comment at Coalition meetings is welcome; however, speakers on general topics will fill out a speaker card and will be limited to three (3) minutes, unless exempted by the Committee Chair.

11. Prior to the adjournment of any meeting, attendees from the general public will be provided an opportunity for input.

1.5.2 Strategic Plan

The Executive Board is responsible for approving/updating a Strategic Plan every other year.

1. The Strategic Plan shall include requirements from the Florida Department of Health contract.

2. The plan shall consider all individual county resources.

3. The plan shall seek to engage every sector of the Coalition area.

4. The plan shall reference existing Coalition documents that provide an assessment of needs, available services, and potential gaps in resources and services.

5. The plan shall reflect the mission, goals and objectives of the Coalition.

1.5.3 General Powers

The Executive Board shall administer the affairs of the Coalition in accordance with the vision and mission statement, objectives and purpose outlined in the charter and further defined in these bylaws. The Executive Board is responsible for the business and affairs of the Coalition and is governed by these bylaws and State and Federal regulations as set forth by the Florida Department of Health and the U.S. Department of Health and Human Services, Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

If called upon to play a response role by any Coalition member, the Coalition will align itself with the appropriate incident management structure in place following National Incident Management System (NIMS) principles including, Hospital Incident Management System (HICS) and/or Nursing Home Incident Management System (NHICS).
1.5.4 Voting Procedures

Voting on NEFLHCC issues and plans, and for all expenditures, excluding expenditures on projects will be accomplished as follows:

Votes are compiled as group votes, for a total of twelve (12) votes. A group vote is determined by compiling the votes from that group’s membership (County-level Healthcare Coalition, or discipline group such as EM representatives, Hospital representatives, EMS representatives, Public Health Representatives, At Large Members and the Regional Health Advisors). The Regional Emergency Response Advisor will cast one vote only in the event of a tie vote. Other entities approved as a voting member by the Executive Board in the future will add to the total votes of the Executive Board. Prior to calling for any Board vote, discussion will be opened for public comment, which will be limited to three (3) minutes per speaker.

Annually, the Board will review and adopt by standing rule to set forth the project funding guidelines and procedures.

1.5.5 Committees

The Executive Board can appoint committees or work groups as warranted to expedite appropriate research and information gathering on relevant items. Examples of likely committees or work groups include, but are not limited to:

- Training Review and Development
- Exercise Planning
- Risk Assessment and Gap Analysis

The Executive Board shall encourage the use of Subject Matter Experts (SME’s) in committees, work groups and decisions whenever possible.

1.5.6 Officers of the Executive Board (“Leadership”)

The officers of the Executive Board shall be elected by the Executive Board and shall consist of a Chair, a Vice-Chair and a Secretary/Treasurer.
Chair

The Chair shall be the operational officer of the Executive Board and may from time to time delegate all or any part of his/her duties to the Vice-Chair. The Chair shall preside at all meetings of the Executive Board and shall perform all the duties of the office as provided by the Charter or these bylaws.

Vice-Chair

The Vice-Chair may execute the same duties as the Chair in the latter's absence.

Secretary/Treasurer

1. The Secretary/Treasurer shall attend all meetings of the Executive Board: recording all votes and the minutes of all proceedings. These will be disseminated to all members within seven (7) business days of the meeting and remain available for review at any time requested.

2. This position may be delegated to available members within the region and may be the NEFLHCC Coordinator

In the absence of any officer of the Executive Board, or for any other reasons that the Executive Board may deem sufficient, the Executive Board may delegate the powers or duties of such officer to any other officer, provided a majority of the members of the Executive Board concur. If an officer resigns or is unable to serve, the Executive Board will elect a replacement.

1.5.7 Election of Officers

Election of officers will take place every two years (odd years) prior to the start of the new fiscal year.

1.5.8 Terms of Office

Terms of Office start at the beginning of the fiscal year (July 1). Officers shall be elected for a term of two years. Officers may serve one additional consecutive term upon re-election but will not exceed two consecutive terms, and may not be elected under another discipline for a third consecutive term.
1.6 NEFLHCC COORDINATOR

The Coalition shall provide funding for a Coalition Coordinator (HCCC). The HCCC shall be the Coalition’s point of contact.

1.6.1 Coordinator Duties

1. Coordinate and attend the Executive Board meetings.

2. Coordinate and attend the Coordination Committee meetings.

3. When requested by a Coalition member’s EM or ESF 8 Lead, during a public health emergency, coordinate for Coalition support. Coalition support may include, or may only be, the Coordinator standing by in the county’s Emergency Operations Center answering questions about available resources, or coordination with the Florida Department of Health’s Regional Emergency Response Advisor.

4. Prepare required Coalition reports

5. Attend Coalition members’ Multi-Year Training and Exercise Planning meetings.

6. Create Coalition Emergency Plans as required (HPP, PHEP, FDOH, Executive Board, etc.)

7. Attend regional planning meetings.

8. Attend meetings with regional partners (First Coast Disaster Council, Region 3 Domestic Security Task Force, North Central Florida Health Care Coalition, Marion Coalition for Health and Medical Preparedness, etc.)

9. Travel Coalition area to become familiar with Coalition geography, resources, agencies, organizations, etc.

1.7 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) allocates funding to Region 3 in support of healthcare coalitions. Funding is allocated among the three healthcare coalitions by the Region 3 Healthcare Coalition Alliance.
1.8 FINANCIAL MANAGEMENT AND ADMINISTRATIVE SUPPORT

The NEFLHCC Leadership is responsible to select and negotiate financial terms for a non-FDOH agency to serve as the fiduciary agent and, if requested, provide administrative support for the Coalition. Formal arrangements made with an outside financial agent will follow FDOH contracting processes. A separate and formal contract will be negotiated with the financial agent and will include additional specifics and deliverables beyond the expectations included in these bylaws.

1.9 AMENDMENTS TO BYLAWS AND GOVERNANCE STRUCTURE

Proposed amendments to the Coalition’s bylaws and/or governance structure must be disseminated to all Executive Board members at least 14 days prior to the face-to-face meeting at which they will be voted on.

Votes to consider the amendment will be made by the Executive Board members at the meeting at least fourteen (14) days following the proposal. This ensures that all members have an opportunity to read and comment on proposed changes. At the Executive Board meeting, a motion and second must be made to initiate committee discussion. Following discussion, a voice vote of at least two-thirds (2/3) of the Board membership will approve the amendment. The Board will determine whether the approved amendment will be implemented immediately, or at a date determined by the Board. If a proposed amendment fails to pass, the Executive Board may make a determination whether the amendment may be revised, resubmitted or no additional action will be taken related to the amendment.

These bylaws will be reviewed annually by the Coalition Leadership and the Executive Board to incorporate any changes in federal or state guidance covering Healthcare Coalition activities.
SECTION 2.0: COALITION POLICIES

2.1 Conflict Resolution Policy

It is the policy of the Northeast Florida Healthcare Coalition (NEFLHCC) to work cooperatively to address public health preparedness through the implementation of a community-wide strategy that is fair and beneficial to all parties involved.

Collaboration is vital to the success of the Coalition and its goals. This conflict resolution policy is intended to constructively address differences of opinion and aid the Coalition in reaching fair, effective conclusions to conflict situations. It is intended the group use conflict resolution strategies before using the procedures outlined in this section.

A difference of opinion that arises between two or more parties involved with NEFLHCC that halts the progress and/or goodwill within the organization will be subject to the Conflict Resolution Policy outlined below.

2.1.1 Notification

In the case that a conflict arises between two parties, the conflict shall be documented in writing and submitted to the Executive Board. The Executive Board will acknowledge and document all such written conflicts.

2.1.2 Negotiation/Compromise

Within seven days of a conflict notification, the chair of the Executive Board shall work with the parties to see if the conflict can be resolved through negotiation or compromise. This meeting will not take place during a scheduled or unscheduled Coalition meeting and will be at a neutral location. A volunteer may serve to facilitate the meeting to assist with this process and serve as a neutral party. The meeting should occur between the parties in a quiet, comfortable atmosphere, and all parties involved in the conflict should be present. The facilitator should help ensure that the resolution is realistic and specific and that both parties contribute to the compromise effort. Parties should work to find a solution as a team and not as opponents. Every effort should be made to secure a win-win solution to the conflict without having to progress to the formal mediation stage.

If the parties involved in a dispute, question, or disagreement are unable to reach a mutually satisfactory compromise. They will adhere to the following mediation steps to reach a resolution.
2.1.3 Mediation

If a resolution is not met at the negotiation/compromise level, either party involved in the conflict may choose to pursue the matter to the next level. A “Letter of Disagreement” must be submitted to the Executive Board requesting further action within seven days. The letter should contain the nature of the disagreement and the date of the occurrence. The Executive Board will review the Letter of Disagreement and discuss the next options for resolving the conflict. The Executive Board will work with all involved parties to clearly define goals, making sure that all parties are clear with their requests.

A mediator will then be selected by the Executive Board. The mediator shall be a neutral member from another healthcare coalition in the state. Every option will be taken to achieve cooperation and a mutually agreed-upon solution to the conflict.
Training & Exercise

Cost Money $$:

1. **COOP Plan Development Workshops (**Contract Deliverable)
   - Offer three COOP Workshops and Additional TA days

2. **Hospital and Nursing Home Incident Command
   - Offer one HICS
   - Offer one NHICS

3. **Active Assailant Tabletop Exercises
   - Developed into CMS Exercises
   - Will Offer at least 3 across the region

4. **Disaster Response & Recovery Mental Health First Aid Training (12-hours)
   - Receive a Mental Health First Aid Certificate

Free Opportunities:

- AWR 308 – Natural Disaster Awareness for Caregivers (4-hours)
  - Partnership with the Regional Domestic Security Taskforce (RDSTF)
- PER-211 Medical Management of CBRNE Events (16-hour)
- MGT-319 Mass Prophylaxis Preparedness and Planning (16-hour)
- PER-320 Personal Protective Measures for Biological Events (8-hour)
- MGT 348/PER 233 – Medical Preparedness & Response for Bombing Incidents (16-hour)
- MGT 341 – Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure (16-hour)
- MGT 439 – Pediatric Disaster response and Emergency Preparedness (16-hour)
- ESS Training
- State Ambulance Deployment Plan
- State Patient Movement Plan

Shelter-In-Place Training & Exercise Program

- Pilot Program with the Northeast Florida Local Emergency Planning Committee
- LEPC will provide SIP training to healthcare facilities in each of the NE Florida Counties
- Coalition will implement a Full-Scale Exercise for healthcare facilities using SIP
- Full SIP Program Update at the August Meeting
***Preparedness Health Center Resiliency Bootcamp***

Offered by Americares and hosted by the Healthcare Coalition

August 22-23, 2019
FDOH – State Laboratory and Vital Statistics Complex
1217 N. Pearl Street, Jacksonville, FL 32202

Registration link:
https://preparedness_health_center_resiliency_bootcamp_jax.eventbrite.com

The Health Center Resiliency Bootcamp is a 2-day training designed for organizations with existing emergency plans or mandates requiring plans be developed (such as FQHCs). Participants complete documents throughout the training that are specific to their organization and can be integrated into existing plans. The training will conclude with a tabletop exercise that meets CMS requirements.

**Course Schedule**

**Day 1**
- Planning Strategies - Foundational preparedness concepts and the importance of improving effective and efficient decision making
- Program Management - Emergency Management Committee, Incident Command System, Succession Planning and Emergency Operations Center
- Communications - Internal and External Communications
- Essentials Services - Defining essential services during and immediately after a disaster, limitations and expansions in services

**Day 2**
- Staffing - Identifying staffing needs and operations with limited staffing
- Resources - On-hand resources, procuring resources, supply chain
- Partnerships - Discuss partnerships with local organizations and other health facilities
- Tabletop Exercise - Discussion based exercise to test emergency plans created during training

Questions, please contact: Eric Anderson, Coalition Coordinator
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