

# NORTHEAST FLORIDA HEALTHCARE COALITION



Northeast Florida  
**Healthcare**  
COALITION  
For Disaster Preparedness

August 15, 2018

## NEFLHCC AGENDA

### I. Call to Order

- Validation of voting members present [accept designees, if required]
- Introductions
- \*Approval of minutes from 7/18/18 meeting

### II. Financial

- \*Budget report
- Expenditure Requests
- Management and Administration

### III. Business

- \*Approval of General Membership Requests – via forms
- Update on distribution of additional Stop the Bleed kits
- Operational Plan Working Group
- Current Training and Exercise Calendar
- Upcoming Events

### V. Member Reports

- Board Member Reports
- Open Discussion

### VII. Adjourn

*Next Meeting: General Membership Meeting, September 19, 1:30 pm @  
Orange Park Medical Center*

# NEFLHCC Executive Board

## Executive Committee

(membership by county – TOTAL OF 12 votes)

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

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

## Executive Board

One representative per county, one representative per discipline, two at large members)  
(TOTAL 12 votes)

### 6 County Reps

Baker –  
Bek Parker (EM)

Clay – Sonny  
Rogers (PH)

Duval – Richard  
Ward (PH)

Flagler –  
Laura Nelson (EM)

Nassau-  
Mike Godwin (PH)

St. Johns –  
Tim Connor (EM)

### 4 Discipline Reps

EM – Jeff Alexander  
(St. Johns)

EMS – Joe Stores  
(Duval)

Hospital – Rich  
Ward (Clay)

PH – Robert  
Snyder (Flagler)

### 2 At Large Reps

Long Term Care –  
Jeff Markulik

Home Health –  
Kristy Siebert



## *Northeast Florida Healthcare Coalition*

### NEFLHCC Board Meeting

July 18, 2018

Meeting Notes

The Board Meeting of the Northeast Florida Healthcare Coalition was held at the Orange Park Medical Center at 1:30 pm.

### 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:

Clay County – Sonny Rodgers (via phone)  
Duval County – Jim Schaudel (alternate)  
Nassau County – Ronnie Nessler (alternate)  
St. Johns County – Tim Connor  
Hospitals – Rich Ward  
EMS – Joe Stores  
Emergency Management – Jeff Alexander, Vice Chair (via phone)  
Home Healthcare – Kristy Seibert  
Flagler County – Ed Baltzley (alternate)

#### Absent

Baker County – Joshua Allen  
Long Term Care – Jeff Markulik  
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 June 20, 2018 meeting were made available online and provided at the start of the meeting.

*Mr. Ward called for a motion for approval of the June 20, 2018 meeting minutes. Tim Connor moved approval; Ronnie Nessler seconded. Motion carried.*

### FINANCIAL

#### \*Budget Report

The finance report through the month of June 2018 was presented. This represents the closeout of funds for the 2017-18 Fiscal Year.

With no questions, *Ronnie Nessler moved for acceptance of the June 2018 budget report, Tim Connor seconded. Motion carried.*



\*2018-19 Budget

Ms. Payne reviewed the 2018-19 Budget with the Board. Highlights include funding for projects, a decreased allocation to travel and the professional services allocation. Board discussion indicated that if there was money that was not being spent in other line items the priority should always be project funding. Any additional funds should be allocated towards the project line item in the budget.

*Mr. Ward called for a motion for approval of the 2018-19 Budget. Ed Baltzley moved approval; Jim Schaudel seconded. Motion carried.*

\*Expenditure Requests

There were none at this time.

Management and Administration Update

Ms. Payne presented the following:

- The August 21 Training Summit has 133 registered, with a maximum of 150. With limited remaining spots, Ms. Payne encourages the Board Members to register if they have not done so. Lunch is being sponsored by Henry Schein (vendor of Stop the Bleed kits).
- A new marketing firm was chosen through the RFP process – Blueprint Creative. They had an impressive proposal with strategies to engage executives and clinicians, which is a federal requirement. There will be a continued focus on member outreach, but also showing value to members on what the Coalition provides. There will be more direct contact between the Board and the Marketing Firm during this year.

**BUSINESS**

\*Approval of General Membership Requests

As required by the bylaws, the Board must approve all membership requests. Since the last meeting, there are 10 new member requests. The list is provided in the meeting packet.

*A motion was made by Ed Baltzley and seconded by Ronnie Nessler to approve the membership list as presented. Motion carried.*

\*Memorandum of Agreement with NEFRC

Ms. Payne reviewed MOA with the Northeast Florida Regional Council, which has been updated from the 2017-18 Fiscal Year. This agreement has been in place since 2014 and includes the funding percentage allocated to the Coalition and responsibilities of both the Council and the Coalition Board.

*A motion was made by Ronnie Nessler and seconded by Tim Connor to approve the Memorandum of Agreement with the NEFRC. Motion carried.*

Project Application Process

Ms. Payne provided an overview of the changes to this year's project application process. This includes a new timeline, a focus on newly created REGIONAL plans and documents and an



increase in members on the Project Review Committee.

1. Northeast Florida HCC has \$86,000 allocated to projects.
2. Project application window opens September 1, 2018.
3. Projects not funded last year, will be asked to update and resubmit their application.
4. Deadline to submit a project is October 1, 2018.
5. A project review committee is convened to review and rank projects. Last year, the committee included – RERA (Sandi Courson), FDEM Regional Planner (Gina Lambert), FDLE RDSTF Planner (Daryl Albury), and Subject Matter Expert (Bruce Scott). This year thinking of adding – FDOH Special Needs Coordinator (Jen Horner), FHA Rep (John Wilgis) and maybe FHCA (April Henkel).
6. Project Priority list presented to Coalition Board at October meeting for review and approval.
7. Contracts/Memorandum of Agreement written for the funded projects by the Northeast Florida Regional Council in late October/early November.
8. Projects complete by June 1, 2019 (to ensure funding is spent).

#### Distribution of Stop the Bleed Kits

Each County (18 in total) has been allocated an additional 60 kits. There was discussion on how the requests and distribution of the kits should be managed, by County, in Northeast Florida. It is necessary for the Coalition to keep track of the kits (for auditing and record purposes) and to ensure they kits are being used in accordance with the mission of the Coalition.

Each County Board Member will coordinate the distribution of the kits and copy Ms. Payne with details on where the kits are placed. A letter from the Coalition to the County will be drafted regarding the intent behind the Coalition's Stop the Bleed program.

#### Upcoming Events

An Active Shooter Working Group meeting will be held at the Council offices on July 31<sup>st</sup> at 10 am. A call in is available for this meeting.

The August Coalition meeting will include a discussion on the current year's training and exercise needs.

#### **MEMBER REPORTS**

##### Open Discussion

Member Kathy Ordonez, from Dialysis Clinic, Inc. had a few questions about community exercises and upcoming opportunities. The August 21 Training Summit includes a CMS Tabletop Exercise. Also discussed was the First Coast Disaster Council's full scale exercise in November of 2018.

With no additional business, the NEFLHCC meeting adjourned at 2:15. The next meeting will be held on August 15 at the Orange Park Medical Center at 1:30 pm.

**Northeast Florida Health Care Coalition**  
**Financial Report**  
**As of July 2018**

<b>NEFHCC 18/19</b>	<b>Budget</b>	<b>July 2018</b>	<b>Project To Date</b>	<b>% of Budget Spent</b>	<b>Funds Available</b>
<b>Revenues</b>					
State Contract	\$ 265,550.00	\$ 9,774.86	\$ 9,774.86	4%	\$ 255,775.14
Revenues	\$ 265,550.00	\$ 9,774.86	\$ 9,774.86	4%	\$ 255,775.14
<b>Expenses</b>					
Staffing Cost	\$ 157,392.00	\$ 9,760.44	\$ 9,760.44	6%	\$ 147,631.56
Office Supplies	\$ 3,100.00	\$ -	\$ -	0%	\$ 3,100.00
Printing	\$ -	\$ 10.42	\$ 10.42	0%	\$ (10.42)
D&O Insurance	\$ 500.00	\$ -	\$ -	0%	\$ 500.00
Travel	\$ 10,758.00	\$ 4.00	\$ 4.00	0%	\$ 10,754.00
Meeting Expenses	\$ 7,500.00	\$ -	\$ -	0%	\$ 7,500.00
Marketing	\$ 34,000.00	\$ -	\$ -	0%	\$ 34,000.00
Professional Services	\$ 52,300.00	\$ -	\$ -	0%	\$ 52,300.00
Expenses	\$ 265,550.00	\$ 9,774.86	\$ 9,774.86	4%	\$ 255,775.14

<b>PROJECTS FY 18/19</b>	<b>Budget</b>	<b>July 2018</b>	<b>Project To Date</b>	<b>% of Budget Spent</b>	<b>Funds Available</b>
<b>Revenues</b>					
State Contract	\$ 86,000.00	\$ -	\$ -	0%	\$ 86,000.00
Revenues	\$ 86,000.00	\$ -	\$ -	0%	\$ 86,000.00
<b>Expenses</b>					
Contractual Services	\$ 86,000.00	\$ -	\$ -	0%	\$ 86,000.00
Expenses	\$ 86,000.00	\$ -	\$ -	0%	\$ 86,000.00

**New Membership Requests for July/August 2018**

<b>Cindy</b>	<b>Holden</b>	<b>Administrator</b>	<b>Fleming Island Surgery Center</b>	<b>Other</b>	<b>Clay</b>
<b>Amy</b>	<b>Fraboni</b>	<b>Medical Records</b>	<b>Dr Choice Home Health</b>	<b>Home Healthcare</b>	<b>Clay</b>
<b>Nelson</b>	<b>Mesa</b>	<b>Paramedic</b>	<b>Century Ambulance Service</b>	<b>Fire/Rescue/EMS</b>	<b>Duval</b>
<b>Stephen</b>	<b>Smith</b>	<b>Maintenance Director</b>	<b>Canterfield of clay county</b>	<b>Assisted Living Facility</b>	<b>Clay</b>
<b>Jordan</b>	<b>Duncan</b>	<b>Clinic Nursing Supervisor</b>	<b>Baker County Health Department</b>	<b>Public Health Agency</b>	<b>Baker</b>
<b>Kenneth</b>	<b>Spurlock</b>	<b>Maintenance Director</b>	<b>signature healthcare of orange park</b>	<b>Long Term Care/Skilled Nursing</b>	<b>clay</b>
<b>Kathleen</b>	<b>Kavanagh</b>	<b>Director of Simulation Nursing Faculty</b>	<b>Jacksonville University</b>	<b>Other</b>	<b>Duval</b>
<b>Lawana</b>	<b>Jolivette</b>	<b>Safety Officer III</b>	<b>Ascension St. Vincent's Medical Center</b>	<b>Hospital</b>	<b>Duval, and Clay</b>
<b>Debra</b>	<b>Pattinson</b>	<b>Executive Director</b>	<b>Westminster St. Augustine</b>	<b>Other</b>	<b>St. Johns County</b>
<b>Michael</b>	<b>Saffy</b>	<b>President/Owner</b>	<b>SilverLink Consulting</b>	<b>Other</b>	<b>Duval</b>
<b>Deborah</b>	<b>Bazzell</b>	<b>Director of Operations</b>	<b>Amedisys Home Health</b>	<b>Home Health Agency</b>	<b>Duval</b>
<b>Julie</b>	<b>Curley</b>	<b>Administrator</b>	<b>Kinetic Home Health</b>	<b>Home Health Agency</b>	<b>Duval</b>

## Activity 2. Develop a Health Care Coalition Response Plan

The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations that support strategic planning, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance.

The HCC should develop a response plan that clearly outlines:

- Individual HCC member organization and HCC contact information
- Locations that may be used for multiagency coordination
- Brief summary of each individual member's resources and responsibilities
- Integration with appropriate ESF-8 lead agencies
- Emergency activation thresholds and processes
- Alert and notification procedures
- [Essential Elements of Information \(EIs\)](#) agreed to be shared, including information format (e.g., bed reporting, resource requests and allocation, patient distribution and tracking procedures, processes for keeping track of unidentified [John Doe/Jane Doe] patients)
- Communication and information technology (IT) platforms and redundancies for information sharing
- Support and mutual aid agreements
- Evacuation and relocation processes
- Policies and processes for the allocation of scarce resources and crisis standards of care, including steps to prevent crisis standards of care without compromising quality of care (e.g., conserve supplies, substitute for available resources, adapt practices, etc.)
- Additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, [alternate care site](#), support, shelter support)

The HCC should coordinate the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. While the interests of all members and stakeholders should be considered in the plan, those of hospitals and EMS are paramount given these entities' roles in patient distribution across the HCC's geographic area during an emergency.

In coordination with its members, the HCC should review and update its response plan regularly, and after exercises and real-world events. The review should include identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the HCC should review and recommend updates to the state and/or local ESF-8 response plan regularly. The HCC response plan can be presented in various formats, including the placement of information described above in a supporting annex.



# Northeast HCC 2018-2019 TEP at a Glance

## Training

### Free

**Yellow** = Federal Courses through the National Domestic Preparedness Consortium

1. **MGT 341** - Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure (TEEX 16-hour course)
2. **MGT 409** - Community Healthcare Planning and Response to a Disaster (NCBRT-LSU 16-hour)
3. **MGT 454** - Healthcare Coalition Response Leadership Course (CDP 32-hours), Staff verifying if they offer mobile delivery
4. **MGT 901** - Healthcare Leadership for Mass Casualty Incidents (CDP 32-hours), Staff verifying if they offer mobile delivery
5. Basic Healthcare Emergency Management
6. Advance Healthcare Emergency Management
7. Stop-the-Bleed (Coalition Coordinated)
8. CMS Webinars – 4 inpatient & 4 outpatient (On Coalition Website)
9. Run, Hide, Fight – DHS Course

### Cost Money \$

1. Basic Disaster Life Support – UF Health – Jacksonville is the regional provider. HCC staff is inquiring about cost and availability of mobile delivery in the region.
2. Advanced Disaster Life Support – UF Health – Jacksonville is the regional provider. HCC staff is inquiring about cost and availability of mobile delivery in the region.
3. Nursing Home Incident Command (NHICS) – ~\$3000/class of 35 students
4. Hospital Incident Command (HICS) – ~3000/class of 35 students

## Exercises

- CMS Exercises for facilities to meet Tabletop Requirements
- Coalition Surge Tool Exercise in March of 2019 (funded, annual requirement)