December 20, 2017

AGENDA

I. Call to Order
   • Validation of voting members present [accept designees, if required]
   • Welcome of New Board Member for Long Term Care
   • Introductions
   • *Approval of minutes from 11/15/17 meeting

II. Financial
   • *Budget report
   • Expenditure Requests
   • Management and Administration
     o 2nd Quarter General Membership Meeting

III. Business
   • *Approval of General Membership Requests – via forms
   • *Approval of Bylaw Amendments
   • *Standing Rule for Project Review Process
   • *Home Healthcare Work Group
   • Stop the Bleed Partnerships

V. Other Topics
   • Board Members Reports
   • State Task Force Update
   • Deliverables Update
   • Upcoming Events
     o PER 211 – Medical Management of CBRNE Events 1/23-24, 2018
     o MGT 319 – Medical Countermeasures 2/27-28, 2018

Next Meeting Date: January 24, 2018 (4th Wednesday) – New Meeting Location?

Conference Call Line: 1-888-670-3525

Code: 1130084513
Executive Committee
(membership by county – TOTAL OF 12 votes)

- Baker – 1
- Clay - 2
- Duval – 3
- Flagler -1
- 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 – Leigh Wilsey (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 – Dr. Wells (Duval)

2 At Large Reps

- Long Term Care – Jeff Markulik
- Allied Health – Vacant

December 20, 2017
The Executive Board of the Northeast Florida Healthcare Coalition met on Wednesday, November 15, 2017, at 1:30 p.m. at the St. Johns County Emergency Operations Center, 100 EOC Drive, St. Augustine, Florida.

**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 – Joshua Allen  
Clay County – Leigh Wilsey  
Flagler County – Laura Nelson (via phone)  
Nassau County- Michael Godwin  
St. Johns County – Tim Connor  
Hospitals – Rich Ward, Chair  
EMS – Joe Stores

Absent:  
Duval County – Richard Ward  
Emergency Management – Jeff Alexander, Vice Chair  
Public Health – Dr. Kelli Wells

For others in attendance, please see attached sign in sheet.

**Introductions**  
The Chair called for introductions.

**Approval of Minutes**  
The minutes from the October 18, 2017 meeting were made available online and provided at the start of the meeting.

_The Chair called for a motion for approval of the October 18, 2017 meeting minutes. Leigh Wilsey moved approval; Mike Godwin seconded. Motion carried._

**FINANCIAL**

Budget Report  
Treasurer Mike Godwin presented the finance report through the month of October 2017. With no questions, Tim Connor moved for acceptance of the October 2017 budget report, Joshua Allen seconded. Motion carried.
Expenditure Requests
Ms. Payne presented the Board with two subcontracts for their approval. These two subcontracts are being used to accomplish several of the contract deliverables at the Region 3 level (for all three coalitions). Ms. Payne indicated that these types of decisions would most likely be made by the Alliance Board in the future, but due to time constraints, she is bringing these contracts before each Coalition for approval. Ms. Payne also reminded the Board that all subcontracts must be reviewed and approved by FDOH in Tallahassee.

1. Bayshore Marketing Group will focus on outreach activities (task 23 of the contract). NEFLHCC will fund their percentage – 62%. (CHAMP will fund 13%, NCFHCC will fund 25%). This will be a monthly fee to the firm, with additional services available at an additional cost. The proposal is included in the agenda packet.

_Leigh Wilsey moved for approval of the subcontract to the marketing firm, for NEFLHCC’s portion, allowing the officers to further negotiate terms, if needed. Tim Connor seconded. Motion carried._

2. Bruce Scott will serve as a Subject Matter Expert (SME) and assist in the Hazard Vulnerability Analysis, the Jurisdictional Risk Assessment, the Preparedness Plan and the Active Shooter Initiative. Similar to the other subcontract presented, the NEFLHCC will fund their percentage - 62%. Bruce was involved with the Coalition last year and provided a great deal of expertise.

_Leigh Wilsey moved for approval of the subcontract to Bruce Scott, for NEFLHCC’s portion, allowing the officers to further negotiate terms, if needed. Tim Connor seconded. Motion carried._

Management and Administration Update
Ms. Payne provided an update on the Region 3 Healthcare Coalition Alliance (the Alliance). Contracting is finally going smoothly and progress is starting on tasks and deliverables. The face to face contract meeting took place on November 1 with the program manager and contract manager from FDOH in Tallahassee. The meeting was productive and was a good step in moving forward. Each of the three Coalitions were represented at the meeting.

Ms. Payne reminded everyone that the Project Submission Period is open, with an impending deadline of November 30, 2017. So far only two projects have been submitted. All are encouraged to submit, even if funding is not available for all, in order to form an ongoing list of projects in the event that additional funding becomes available. Tim Connor suggested that those who submitted projects last year that did not get funded be contacted to see if they were still interested in submitted. Ms. Payne agreed to do so.

Ms. Payne briefly reviewed the prioritization process from last year and indicated that the projects should be reviewed and prioritized in January 2018 to allow enough time for the money to be spent by June 30, 2018. Most likely the Project Review Committee will be made up of regional advisors to review, prioritize and recommend funding to the Board. Ms. Payne will work to pull together that meeting.
Northeast Florida Healthcare Coalition

BUSINESS

Approval of General Membership Requests
As required by the bylaws, the Board must approve all membership requests. Since the last meeting, 6 facilities/organizations have requested membership. The list of facilities is provided in the meeting packet. The Chair read the list.

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

At Large Member of the Region 3 HCC Alliance
At the October Board Meeting it was presented that the Northeast Florida HCC needs to appoint an At Large Member to the Alliance Board. The Chair and Vice Chair are automatically on the Alliance Board. There were no volunteers in October and the item was tabled until the November meeting. There was discussion on the minimal time commitment for the Alliance Board, with only a few meetings to be held per year. The importance of fully participating on this Board to ensure the voice of the NEFLHCC is heard was emphasized. Tim Connor expressed an interest in fulfilling this position.

A motion was made by Mike Godwin and seconded by Joshua Allen to appoint Tim Connor as the At Large Member to the Region 3 HCC Alliance Board. Motion carried.

Expansion of the Coalition Board
As a follow up to the discussion at the October Board Meeting, the Chair opened the discussion on the expansion of the Coalition Board. At this point, Long Term Care facilities have increased in their participation and with the CMS Rule implications, are a key voice in the Coalition. Mr. Markulick followed up with the Florida Healthcare Association District that is very similar to our Coalition region, and they agreed to appoint a member to our Board.

The second seat discussed, Allied Health, would represent a variety of other support type services, including dialysis, home health care, hospice, durable medical equipment, etc. There was much discussion on this seat, as there is no single appointing entity. There are hundreds of facilities and businesses that this seat represents. A few of the meeting participants in these fields expressed interest in the seat and indicated they would do some follow up in regards to this position.

The Board decided to move forward with creating the Board positions and would then work with the appointing agencies to fill. Ms. Payne indicated that depending on the person chosen, it may cause an unbalance in County representation. There was discussion that these two new positions represent a full spectrum of facilities across the region and do not have allegiance to a single County. This led to an idea to create ‘At Large’ Members for these seats. Ms. Payne was charged with provided proposed amendments to the bylaws to reflect this for a vote at the December meeting.

A motion was made by Tim Connor and seconded by Joe Stores to create two new Board positions on the Northeast Florida Healthcare Coalition Executive Board for (1) Long Term Care and (2) Allied Health. Motion carried.
Stop the Bleed Discussion
Ms. Payne provided background information on the Stop the Bleed Program and discussed the funding that the Coalition has to implement this across Northeast Florida. Jason Miller of FDOH Nassau spoke on the ‘pilot’ that they implement last year with Coalition funding.

The discussion centered on the type of kits that the Coalition would like to distribute – public kits or professional provider kits. These differ in the supplies that are included, the training and ultimately the price. A lengthy discussion took place among members on who else in the region was also working on this - including trauma centers, departments of Health, Law Enforcement, Fire Rescue and EMS. A few highlights were shared on projects and it was determined that Board members should bring back information on how Stop the Bleed was being implement in their County/Discipline before a decision could be made on how to use the Coalition funds. Board members want to supplement ongoing efforts, not overlap.

This will be placed on the December agenda for further discussion.

Training and Exercise Planning (TEP) Recommendations
Eric Anderson briefly reviewed the current training listed on the Coalition’s TEP with Board Members to ensure that the classes still were relevant in meeting the needs of members. Additional class requests were also discussed. This work will be completed and sent to the State DOH by mid-December.

Other updates:
- An updated was provided on the Active Shooter working group. Chair Ward provided information on Orange Park Medical Center’s proposed Active Shooter Seminar to be held in early 2018. He will bring this information to the working group and hopefully the Coalition can partner in this effort.
- The Initial Planning Meeting for the Med Surge Exercise in being scheduled, look for a calendar invite in the next week.

OTHER TOPICS

Board Member Reports
None at this time.

State Task Force Update
The next State Taskforce Meeting is January 17 (TEP) and January 18 (Taskforce) in Viera. Rich Ward and Beth Payne will be attending. Because of this, the January Board meeting will need to be rescheduled to January 24. The meeting’s location is TBD.

The next meeting will be December 20, 2017 at the EOC.

With no additional business, the meeting adjourned at 3:10 pm.
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<thead>
<tr>
<th>Name</th>
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<th>E-Mail</th>
</tr>
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<tr>
<td>Miller, Jason S</td>
<td>FDOH - Nassau</td>
<td><a href="mailto:Jason.miller@FLHealth.gov">Jason.miller@FLHealth.gov</a></td>
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<tr>
<td>Godwin, Michael</td>
<td>FDOH - Nassau</td>
<td><a href="mailto:michael.godwin@flhealth.gov">michael.godwin@flhealth.gov</a></td>
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<tr>
<td>Green, Duane</td>
<td>Kindred Hospitl</td>
<td><a href="mailto:Duane.green@kindred.com">Duane.green@kindred.com</a></td>
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<tr>
<td>Ward, Rich</td>
<td>OPMC</td>
<td><a href="mailto:richard.ward@hcahealthcare.com">richard.ward@hcahealthcare.com</a></td>
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<td>Travis, Sam</td>
<td>SFRD - EDC</td>
<td><a href="mailto:sad.travis@yaho.com">sad.travis@yaho.com</a></td>
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<td><a href="mailto:ronald.nessler@flhealth.gov">ronald.nessler@flhealth.gov</a></td>
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<td><a href="mailto:Joshua.Allen@flhealth.gov">Joshua.Allen@flhealth.gov</a></td>
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<tr>
<td>Connor, Timothy</td>
<td>SJC EM</td>
<td>+connore.sjcfl.us</td>
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<tr>
<td>Wilson, Leigh</td>
<td>DOH-Clay</td>
<td><a href="mailto:Leigh.wilson@flhealth.gov">Leigh.wilson@flhealth.gov</a></td>
</tr>
<tr>
<td>Robert Veneman</td>
<td>DOH SJC</td>
<td><a href="mailto:Robert.Veneman@flhealth.com">Robert.Veneman@flhealth.com</a></td>
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<td>Giva Lambert</td>
<td>FDEM</td>
<td><a href="mailto:Giva.Lambert@emmynoelle.com">Giva.Lambert@emmynoelle.com</a></td>
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<td>Sandi Courson</td>
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<td>Terrri Davis</td>
<td>DOH-Duval</td>
<td><a href="mailto:Terrri.davis@flhealth.com">Terrri.davis@flhealth.com</a></td>
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<tr>
<td>Eric Anderson</td>
<td>NEFRC</td>
<td><a href="mailto:eanderson@nefrc.org">eanderson@nefrc.org</a></td>
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<td>Joe Stores</td>
<td>EMS Advisory</td>
<td><a href="mailto:Joseph.stores@caspa.com">Joseph.stores@caspa.com</a></td>
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<tr>
<td>Jessica Ramos</td>
<td>Home Care</td>
<td><a href="mailto:Jessica@jacs.homecare.com">Jessica@jacs.homecare.com</a></td>
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<tr>
<td>Wes Marshall</td>
<td>Busters Radio</td>
<td><a href="mailto:Wsm.marshall@verizon.net">Wsm.marshall@verizon.net</a></td>
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<tr>
<td>Jeff Markulis</td>
<td>Elzywood</td>
<td><a href="mailto:Jonmarkulis@sterbyheald.com">Jonmarkulis@sterbyheald.com</a></td>
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<td>Steve Davis / Mike Hughes</td>
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<td>Judy MacDonald</td>
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<td>Jennifer Silvey</td>
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Northeast Florida Health Care Coalition  
Financial Report  
As of November 2017

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<td>$ 253,826.24</td>
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<td>Revenues</td>
<td>$ 268,828.00</td>
<td>$ 9,444.60</td>
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* Includes $10,000 for Annual Training Summit
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<th>1:00 PM – 5:00 PM</th>
<th>Evening</th>
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<td>PER-335 Critical Decision Making for Complex Coordinated Attacks Part 1 of 4</td>
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<td>L-276 Benefit Cost Analysis Part 1 of 3</td>
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<td>Public Assistance Delivery for Recipients &amp; Applicants Part 1 of 2</td>
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<td>L-276 – Benefit Cost Analysis Part 3 of 3</td>
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<td>MGT-340 Crisis Leadership and Decision Makers</td>
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<td>Alert Florida Basic &amp; Advanced Training</td>
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<td>Certification Commission Meeting</td>
<td>BOARD OF DIRECTORS MEETING 15:30 – 17:30</td>
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New Members Orientation 5:30 PM – 6:00 PM
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<td>8:30 AM – 10:00 AM</td>
<td>Opening Session</td>
<td>Wednesday, February 7th</td>
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<td>State Training Office Update</td>
<td>Lunch is the Exhibit Hall</td>
<td>Shelter Operations During Irma</td>
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<td>Hazard Mitigation Grant Update</td>
<td>Lunch included in registration</td>
<td>What is Community Resilience</td>
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<td>Planning for Special Events on Campus</td>
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<td>Mitigation Works</td>
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<td>Healthcare CEMPs &amp; Power</td>
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<td>Internship Partnerships &amp; Best Practices</td>
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<td>Municipal EM Best Practices</td>
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<td>EMAP Updates and Best Practices</td>
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<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Special Considerations in Sheltering</td>
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<td>Healthcare Facilities: When Emergency Plans Fail</td>
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<td>What is Community Resilience</td>
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<td>Submission of a Successful Certification Application</td>
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<td>3:30 PM – 5:00 PM</td>
<td>Lunch</td>
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<td>Evacuation Operations and Messaging</td>
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<td>When a Local Incident becomes a National Incident</td>
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<td>Submitted a Successful Certification Application Hosted by the Certification Commission</td>
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<td>8:30 AM – 10:00 AM</td>
<td>Business Meeting</td>
<td>Thursday, February 8th</td>
<td>A Holistic Approach to Government Fuel Resiliency</td>
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<td>Awards Ceremony</td>
<td>Lunch on your own</td>
<td>FL's All-Hazards IMT Response To Hurricane Irma</td>
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<td>WebEOC Updates and Best Practices</td>
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<td>Mass Notification in Irma</td>
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<td></td>
<td>A Holistic Approach to Government Fuel Resiliency</td>
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<td>NGO's / VOADS support in a disaster</td>
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<td>Recovery Shelters, Housing, Case Work</td>
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<td>Recovery Roundtable Debris (Sand, Sand &amp; Waterway)</td>
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<tr>
<td>1:30 PM – 3:00 PM</td>
<td>National Weather Service &amp; EM Coordination</td>
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<td>2017 Florida Wildfires Roundtable</td>
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<td>3:30 PM – 5:00 PM</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>6:00 PM – 7:00 PM</td>
<td>Sponsored Reception 1</td>
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<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Topic</th>
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<tr>
<td>8:00 AM - 9:30 AM</td>
<td>Installation of Officers</td>
<td>Friday, February 9th</td>
<td>FDEM Emergency Management Advisory Group</td>
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<td>Breakfast</td>
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<td></td>
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<tr>
<td></td>
<td>Included in Registration</td>
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<tr>
<td>9:30 AM - 11:30 AM</td>
<td>Closing Session</td>
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<tr>
<td>Noon – 2:00 PM</td>
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Please Note: Program Subject to Change

Rev. 12/5/2017
• 2\textsuperscript{nd} Quarter General Membership needs to be held in January, February or March 2018. My suggestion is to hold the general membership meeting before the Board Meeting on February 21. One topic for the meeting could be a facilitated discussion on our Strategic Plan, which needs to be updated. Brian Teeple, CEO at the Council could do this for the Coalition. This could get all members involved in the discussion of how the Coalition moves forward over the next several years. Open to suggestions for other topics as well. Perhaps a sponsor for lunch (Coalition funds cannot pay for food).

• Council staff is working on planning a third CMS based exercise for healthcare facilities. The first two were great successes and there has been interest in another. The target date is mid-February in St. Johns County.

• The Coalition received almost 30 project applications for funding. The Project Review Committee meets on Friday, January 19 to review and prioritize those projects. It will then be presented to the Board at the January 24, 2018 for review and approval.

• The After Action Report for Hurricane Irma has been finalized. It will be posted on the Coalition website by the beginning of the year.
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
<th>Facility Name</th>
<th>Facility Type</th>
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<tr>
<td>Ann-Marie</td>
<td>Knight</td>
<td>Administrator</td>
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<td>Assisted Living Facility</td>
<td>Duval</td>
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<tr>
<td>Garfield</td>
<td>Knight</td>
<td>Manager</td>
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<td>AdLinda</td>
<td>Bennett</td>
<td>Administrator</td>
<td>Precise Home Care, LLC</td>
<td>Home Healthcare</td>
<td>Duval</td>
<td>none</td>
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<tr>
<td>Paul</td>
<td>White</td>
<td>Director of Buildings and Grounds</td>
<td>Pavilion for Health Care</td>
<td>Long Term Care/Skilled Nursing</td>
<td>Clay</td>
<td>40</td>
</tr>
<tr>
<td>Michael</td>
<td>Hughes</td>
<td>Supervisor</td>
<td>Opis Riverwood Center</td>
<td>Long Term Care/Skilled Nursing</td>
<td>Duval</td>
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<tr>
<td>Cindy</td>
<td>Hall</td>
<td>Administrator</td>
<td>Jacksonville Center for Endoscopy</td>
<td>Other</td>
<td>Duval</td>
<td>8 pre-op 12 recovery and 7 procedure rooms</td>
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<tr>
<td>Seran</td>
<td>Fee</td>
<td>Administrator</td>
<td>Coastal Surgery Center</td>
<td>AmSurg Facility</td>
<td>Duval</td>
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</tr>
<tr>
<td>Lisa</td>
<td>McCutchan</td>
<td>RN, Clinical Manager</td>
<td>St. Augustine South</td>
<td>Dialysis Center</td>
<td>St. John's</td>
<td>13</td>
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<tr>
<td>Regina</td>
<td>Lane</td>
<td>RN/Clinical Manager</td>
<td>Fresenius Kidney Care of St. Augustine North</td>
<td>Dialysis Center</td>
<td>St. Johns</td>
<td>N/A for beds. 17 chairs</td>
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<tr>
<td>Joseph</td>
<td>Stores</td>
<td>Station Captain, Disaster Preparedness Officer</td>
<td>Century Ambulance Service, Inc.</td>
<td>Fire/Rescue/EMS</td>
<td>Duval</td>
<td>0</td>
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<tr>
<td>Donna</td>
<td>DeGennaro</td>
<td>Director of Safety</td>
<td>Flagler Hospital St. Augustine</td>
<td>Hospital</td>
<td>St Johns</td>
<td>316</td>
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</table>
3.1 ADDRESS

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

Northeast Florida Healthcare Coalition
6850 Belfort Oaks Place
Jacksonville, FL 32216

3.2 GEOGRAPHIC AREA

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

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

3.3 MEMBERSHIP

3.3.1 Composition

In addition to county Public Health Departments, hospitals, Emergency Management (EM) and Emergency Medical Services (EMS), many community partners are invited to collaborate in the Coalition including, but not limited to, long term care (LTC) leadership, mental/behavioral health, rehabilitation centers, volunteer organizations, law enforcement, transportation, senior citizen and elder interest groups, public schools, religious organizations, 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.
3.3.2 Voting Membership-Executive Board

The voting membership shall be known as the Executive Board. At a minimum, the Executive Board consists of one designated representative from 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 following groups within the six County Coalition region
  - Long Term Care (one vote)
  - Allied Health (one vote)
- One of the Regional Health Advisors (one vote only to break a tie)

** 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.

3.3.3 Admission as a Member

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

3.3.4 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.

3.4 COALITION MEETINGS

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

3.5 EXECUTIVE BOARD
3.5.1 Schedule of Meetings

1. The Executive Board shall meet at least once each quarter. At a minimum, two face-to-face meetings must be held in a calendar year. Other meetings may be held as conference calls.

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 Coalition shall budget for reimbursing Coalition member travel expenses for meetings outside their local area (as defined by the Florida Department of Health travel rules.)

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

10. 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. The Executive Board will review and vote (via email) on which requested agenda items will be addressed at each meeting. Minutes of all meetings shall be prepared and distributed to the membership.

11. 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.

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

3.5.2 Strategic Plan

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

1. The Strategic Plan shall include requirements from the Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements and requirements from the Florida Department of Health Healthcare Coalition Task Force.

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 include 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.

3.5.3 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.
3.5.4 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 ten twelve (120) 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 three Regional Health Advisors). The three Regional Health Advisors will cast one group 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 a project funding procedure.
3.5.5 Committees

The Coalition’s Charter specifies the formation of one committee, the Coordination Committee, which consists of subject matter experts or representatives of member disciplines, and the NEFLHCC Coordinator.

The Executive Board can appoint additional 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.

3.5.6 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 the NEFLHCC Coordinator, who is a non-voting member of the Executive Board.

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.

3.5.7 Election of Officers

Election of officers will take place every two years at the first quarterly meeting of the calendar year.

3.5.8 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.

3.6 COORDINATION COMMITTEE

3.6.1 Composition

The Coordination Committee includes subject matter experts or representatives of member disciplines, and the NEFLHCC Coordinator (non-voting member).

3.6.2 Voting Membership

Each member of the Coordination Committee has one vote. No county agency or entity shall have more than one vote on this committee.

Chair

The Chair of the Coordination Committee shall preside over all regularly scheduled meetings of the committee.

Vice-Chair

The Vice-Chair shall assume all duties of the Chair in his/her absence at regularly scheduled meetings.
Secretary

1. The Secretary shall take minutes during meetings and distribute the minutes to all members of the committee.

2. The Secretary will record 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.

3. The Secretary shall send a meeting agenda via email seven (7) days prior to every committee meeting.

3.6.3 Terms of Office

Officers of the Coordination Committee shall be elected for a term of two years. Officers may serve additional years upon re-election but will not exceed two consecutive terms.

3.6.4 Election of Officers

Candidates must be current Coordination Committee members and can be nominated by any committee member. A majority vote of a quorum of committee members present at the meeting will elect.

3.6.5 Meetings

1. The Coordination Committee shall meet at least once a quarter one month prior to the Executive Board meetings.

2. The NEFLHCC Coordinator will coordinate the scheduling of the meetings.

3. Meetings should have a fifteen (15) business day notice, but may be held with as little as a five (5) business day notice.

4. All Coordination Committee members will be required to respond via email prior to any committee 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.

5. A quorum is fifty percent (50%) of the voting members, not including the NEFLHCC Coordinator.
6. Committee members will attend at least fifty percent (50%) of all meetings.

7. The location of meetings will rotate among Coalition member areas.

8. The Coalition shall budget for reimbursing Coalition member travel expenses for meetings outside their local areas.

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

3.6.6 Risk Assessment

The Coordination Committee shall complete a regional risk assessment once a year and forward the assessment to the Executive Board. The assessment will be accomplished working closely with each county EM and with input from as many community members as possible.

3.6.7 Exercises

The Coordination Committee is responsible for planning, scheduling, coordinating a yearly coalition-wide exercise. Coalition members are not required to participate each year, but must participate in one full-scale Coalition exercise at a minimum every five years.

3.6.8 Sub-Committees

The Coordination Committee may create temporary sub-committees to accomplish individual issues.

3.6.9 Work Groups

The formation of Work Groups may expedite appropriate research and information gathering on relevant items. These groups may be formed and disbanded without formal action by the committee. The Executive Board shall encourage the use of Subject Matter Experts (SME’s) in decisions whenever possible.

3.7 NEFLHCC COORDINATOR

The Coalition shall provide funding for a Coalition Coordinator (HCCC).

The HCCC shall be the Coalition’s point of contact.

3.7.1 Coordinator Duties
Northeast Florida Healthcare Coalition

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 (HPP and PHEP Cooperative Agreement reports, FDOH, etc.)

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.

3.8 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) intends to allocate funds to each formal healthcare coalition. These funds will be allocated in at least three categories:

- Equipment and supplies
- Training
- Exercises

The exact level of funding in each category is determined by FDOH based on available grant funds and allocation strategies developed by the Florida Healthcare Coalition Task Force. Additionally, the NEFLHCC will have specific deliverables that are required in order to receive any funding. All members of the Coalition, its Executive Board, Coordination Committee
and any sub-committees are expected to support efforts to complete the required deliverables.

Some funding must be set aside to cover administrate costs associated with running the NEFLHCC. The following section provides details on how and where these funds will be spent.

3.9 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. Per FDOH policy, all formal contracts are confidential documents and are not subject to review by anyone except the Contract Manager and the Vendor. The NEFLHCC Leadership will serve as the Contract Manager for this contract.

3.9.1 The Fiduciary Agency may provide administrative support, if requested, to the NEFLHCC Coalition Executive Board, committees, subcommittees and work groups through the following actions:

1. Arrange for or provide a meeting venue and meeting support as requested.

2. Provide administrative support efforts to assist with development and updates of regional gap analysis reports. Local gap analysis will be conducted by the Coordination Committee in coordination with county-specific committees and coalitions.

3. Track all purchases and ensure each is tied directly back to a documented health and medical preparedness gap analysis. Any purchases not directly related to a specific gap analysis should be referred to NEFLHCC Leadership for resolution.

3.9.2 The Fiduciary Agency may serve as financial agent for the NEFLHCC through the following actions:

1. Ensure all proposed purchases or expenditures are formally approved by both the NEFLHCC Leadership and the Executive Board. Executive Board approval must be documented in meeting
minutes. Leadership approval requires a signed letter or form detailing each purchase.

2. Complete all actions necessary to order or acquire supplies, materials, services, or equipment on behalf of the NEFLHCC and officially recognized committees.

3. Track all purchases and ensure each is tied directly back to a documented health and medical preparedness gap analysis. Any purchases not directly related to a specific gap analysis should be referred to NEFLHCC Leadership for resolution.

4. Ensure items purchased are delivered to intended recipient.

5. Compensate any coalition partner for overnight travel costs, mileage, and per Diem directly related to coalition business or training. All travel reimbursements will be based on State of Florida travel reimbursement rates. NEFLHCC related travel must be approved in advance by the NEFLHCC Leadership.

6. Compile and maintain in a logical and organized manner all receipts, delivery documents, and other evidence necessary to show a complete record of expenditures. Records must include at a minimum:
   - References to specific meeting minutes where purchases were approved
   - Copies of formal Leadership approval
   - Documentation detailing exact purchase and purchase source
   - Receipts showing when and where items were delivered
   - Documentation showing when the final recipient signed for the items

7. Submit to external audits of healthcare coalition business activities as required by the Florida Department of Health.

3.11 AMENDMENTS TO BYLAWS AND GOVERNANCE STRUCTURE

Proposed amendments to the Coalition 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 4.0: COOPERATIVE AGREEMENT’S PERFORMANCE MEASURES

The work of the NEFLHCC must meet performance measures in the HPP-PHEP cooperative agreement programs.

The measures that form the foundation for reporting this Budget Period (BP2) are defined in the Florida Healthcare Coalition Task Force “Healthcare Coalition Requirements”, hereafter known as “HCC Requirements”. The HCC Requirements are incorporated into this document as a roadmap for assuring performance completion of each designated function. The elements included in the current requirements must be completed in their entirety by the end of the 2016-2017 fiscal year which ends on June 30, 2017. The functions outlined in the current requirements are:

Function 1: Develop, Refine or Sustain Healthcare Coalitions
- Essential members
- Additional Partners
- Evidence of Partnerships
- Governance Documentation
- Multi-agency Coordination during Response

Function 2: Coordinate Healthcare Planning to Prepare the Healthcare System for a Disaster
- Healthcare system situational assessments
- Healthcare System Disaster Planning

Function 3: Identify and Prioritize Essential Healthcare Assets and Services
- Priority healthcare assets and essential services planning
- Equipment to assist healthcare organizations with the provision of critical services

Function 4: Determine Gaps in Healthcare Preparedness and Identify Resources for Mitigation of These Gaps
- Resource Elements (plans, equipment, skills, healthcare resources assessment)
- Address healthcare information gaps

Function 5: Coordinate Training to Assist Healthcare Responders to Develop the Necessary Skills to Respond
- Resource Elements
- NIMS

Function 6: Improve Healthcare Response Capabilities through Coordinated Exercise and Evaluation
Northeast Florida Healthcare Coalition

- Exercise Plans
- Exercise Implementation and Coordination

Function 7: Coordinate with Planning for At-Risk Individuals and Those with Special Medical Needs
- Status of vulnerable populations and potential impact on healthcare delivery
- Healthcare planning for at-risk individuals and functional needs

Performance measures will be developed based on these requirements, as well as HPP and PHEP Program measures. In addition, the following HCC Developmental Assessment factors will be considered as program measures:

1. The HCC has established a formal self-governance structure, including leadership roles.

2. The HCC has multi-disciplinary healthcare organization membership.

3. The HCC has established its geographical boundaries.

4. The HCC has a formalized process for resource and information management with its membership.

5. The HCC is integrated into the healthcare delivery system processes for their jurisdiction (e.g., EMS, referral patterns, etc.)

6. The HCC has established roles and responsibilities.

7. The HCC has conducted an assessment of each of its members’ healthcare delivery capacities and capabilities.

8. The HCC has engaged its members’ healthcare delivery system executives.

9. The HCC has engaged its members’ healthcare delivery system clinical leaders.

10. The HCC has an organizational structure to develop operational plans.

11. The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during response.

12. The HCC demonstrates an ability to enhance situational awareness for its members during an event.
13. The HCC demonstrates an ability to identify the needs of at-risk individuals (e.g., electrically dependent home-bound patients, chronically ill) during response.

14. The HCC demonstrates resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of emergency response.

15. The HCC members demonstrate an evacuation capability with functional patient tracking mechanisms.

16. The HCC utilizes an operational framework and set of indicators to transition from crisis standards of care, to contingency, and ultimately back to conventional standards of care.

17. The HCC incorporates post-incident health services recovery into planning and response.

18. The HCC ensures quality improvement through exercises/events and corrective action plans.

19. The HCC has established a method (e.g., social network analysis) for incorporating feedback from its members to support group cohesion and improve processes.
SECTION 5.0: COALITION POLICIES

5.1 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 attachment.

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.

5.1.1 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.

5.1.2 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.

5.1.3 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.
PROJECT SUBMISSION GUIDELINES

- Requesting agency must be a current member or request membership to the Northeast Florida Healthcare Coalition (NEFLHCC) as part of the project submission process.

- Request must demonstrate relevance to the Coalition's mission: *To achieve and health and medical system that is efficient and resilient in an emergency.*

- Projects will provide for geographic diversity within the six county region of Baker, Clay, Duval, Flagler, Nassau and St. Johns counties.

- Funding awards will typically not exceed $30,000 per project.

- Projects must address an identified healthcare delivery deficiency, capability or resource gap.

- Projects must align to and support one of the following capabilities: Foundation for Health Care and Medical readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, Medical Surge.

- Projects will not be considered if they supplant normal business expenses/core mission requirements

- Projects will not be considered if they violate any of the ASPR funding restrictions (see Attachment).

- Decisions made on funding requests are at the sole discretion of the Northeast Florida Healthcare Coalition Executive Board.

- The Northeast Florida Healthcare Coalition Executive Board reserves the right to partially fund a request.
Proposed Standing Rule for Project Review Process

PROJECT SUBMISSION PROCESS

- Coalition shall budget annually the amount of funds available for member projects.

- Coalition will announce call for project submissions, which will include submission period and project submission deadline.

- Coalition members will complete Project Submission form as provided.

- Requests will be submitted to the fiscal agent (Beth Payne) for initial review for completeness then provided to the Project Review Committee. The projects will then be prioritized.

- The Board will be provided a list of submitted projects and their prioritization from the Project Review Committee. The Board will have final approval of the prioritized project list.

- A formal letter of acceptance or denial will be sent to the requesting member within 15 business days of decision.
Healthcare Coalition Activities update for December 2017:

TEP – The Region 3 TEP, which includes training and exercise planning for 18 County Health Departments and 3 Healthcare Coalitions, was submitted to FDOH on December 11th. More classes and diverse training and exercises are planned for the Healthcare Coalitions and their partners. Staff will be participating in the statewide TEP Workshop in January, where statewide priorities will be established.

Active Assailant Workgroup – The initial meeting of the Active Assailant Workgroup met on December 11. This brought together healthcare coalition representatives from various backgrounds and agencies. The Workgroup will be sending out a healthcare facility needs assessment to begin gathering data. The results of the assessment will be used to develop the three year initiative that will likely address plans development, training, and exercises for healthcare partners. The next meeting will be scheduled for February.

Coalition Surge Tools Exercise – The initial meeting for the Coalition Surge Tool Exercise was conducted on December 12. The meeting/conference call was conducted with hospitals who have acute care beds in Region 3. Staff provided an overview on the Surge Tool Exercise, which included a review of the format, staffing expectations, and upcoming FDOH Surge Tool training. Several large hospitals expressed interest in participating. Staff will be finalizing participating hospitals by January 1. Further outreach efforts will be made to select exercise staff based upon the hospitals participating.