

NORTHEAST FLORIDA HEALTHCARE COALITION

General Membership Meeting

@ Orange Park Medical Center



June 20, 2018

NEFLHCC BUSINESS AGENDA

I. Call to Order

- Validation of voting members present [accept designees, if required]
- Introductions
- *Approval of minutes from 5/24/18 meeting

II. Financial

- *Budget report
- Expenditure Requests
- Management and Administration

III. Business

- *Approval of General Membership Requests - via forms
- Strategies to Close Gaps
- *Approval of Bylaw Amendments
- 2018-19 Coalition Priorities
- Upcoming Events

V. Member Reports

- Board Member Reports
- Open Discussion

VII. Adjourn

Next Meeting: July 18, 1:30 pm @ Orange Park Medical Center



Northeast Florida Healthcare Coalition

NEFLHCC Board Meeting

May 24, 2018

Meeting Notes

The Board Meeting of the Northeast Florida Healthcare Coalition was held in conjunction with the First Coast Disaster Council May 24, 2018 at St. Vincent's Medical Center, Southside Campus. The meeting began at 9:30 a.m.

CALL TO ORDER

Dave Chapman, of St. Vincent's Southside provided a welcome and safety brief.

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
Duval County – Jim Schaudel (alternate)
Nassau County – Mike Godwin
St. Johns County – Tim Connor
Hospitals – Rich Ward, Chair
EMS – Joe Stores
Long Term Care – Jeff Markulik

Absent:

Baker County – Bek Parker
Flagler County – Laura Nelson
Emergency Management – Jeff Alexander, Vice Chair
Public Health – Robert Snyder

Introductions

The Chair called for introductions.

Approval of Minutes

The minutes from the April 18, 2018 meeting were made available online and provided at the start of the meeting.

The Chair called for a motion for approval of the April 18, 2018 meeting minutes. Tim Connor moved approval; Jeff Markulik seconded. Motion carried.

FINANCIAL

*Budget Report

Treasurer, Mike Godwin presented the finance report through the month of April 2018. The budget and spend rate is on target to implement all funds by the end of the fiscal year – June 30, 2018.



With no questions, *Mike Godwin moved for acceptance of the April 2018 budget report, Tim Connor seconded. Motion carried.*

*Expenditure Requests

There were none at this time.

Proposed 2018-19 Budget

Ms. Payne reviewed the proposed 2018-19 Budget as presented in the agenda packet. A majority of the funding is allocated to staff time to complete the required contract deliverables. Additionally, there are line items for meeting expenses, supplies, travel, professional services and project funding. Ms. Payne indicated that this is the first year that there is a dedicated pool of funding for projects - \$86,000.

The budget is flexible and can be adjusted throughout the year as needed. The work plan and budget will be discussed at future meetings.

Management and Administration Update

Ms. Payne presented the following:

- The Stop the Bleed training kits are being assembled and will be ready for distribution next week. Coalition staff will reach out to each County point of contact to see where to place the training kit. The kits have been distributed to 3 of the 6 counties, with distribution plans to the remaining 3 counties in the works.
- The May 30 Stop the Bleed Train the Trainer is finalized and Congressman Rutherford will be giving opening remarks. Ms. Payne encouraged Board Members to attend to support the program.
- The August 21 Training Summit keynote speakers from Las Vegas have been confirmed. The agenda is being developed with the keynote speakers in the morning. This is in hopes of better managing the registration process. Two of the three afternoon classes have been finalized. An agenda and registration will be sent out in the next few weeks.
- Finally, the Coalition is no longer able to pay for food for events. Sponsorships will be needed to pay for food for the 8/21 event. Board Members are encouraged to solicit sponsorships.
- The promotion video was shown, which was produced with Coalition funding to Rosewood Productions. This will have great value in explaining the mission of the Coalition.

BUSINESS

Approval of General Membership Requests

As required by the bylaws, the Board must approve all membership requests. Since the last meeting, 11 facilities/organizations have requested membership. The list of facilities is provided in the meeting packet.

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



New Board Member

The Board, as requested at the April meeting, was presented with two options of filling the vacant Allied Health Board Seat. Both options were presented by Ms. Payne.

- Option 1 – Fill the Board Seat with a Home Health representative (one has been nominated) and rename the Seat to “Home Healthcare” – maintaining a total of 12 Board Members. Redefine the Board seat to represent only Home Healthcare agencies. Add additional Board Seats as needed as participation from these types of facilities increases. This would still require a change to bylaws (voting on amendments in June).
- Option 2– Create a new Home Healthcare Board Seat, while maintaining the Allied Health Seat, which would include representation of Dialysis Centers, Ambulatory Surgi Centers, etc. This provides the Board with 13 Members. This requires a change to bylaws (voting on amendments in June).

Ms. Payne introduced Kristy Seibert, who was nominated to fill the seat for Home Healthcare by the Home Healthcare Working Group. Lori Tipton and Teresa Gates will be the alternates for the seat.

After discussion, a motion was made by Jeff Markulik and seconded by Jim Schaudel to approve Option 1 to fill the Board Seat. Motion carried.

Ms. Seibert was welcomed by the Board and all expressed their gratitude for her willingness to serve.

Deliverables Review

After discussion and a thank you to staff for their hard work on completion of these documents, a motion was made by Tim Connor and seconded by Sonny Rodgers to approve the deliverables as presented. Motion carried.

Proposed By Law Amendments

Ms. Payne provided an overview of the proposed bylaw amendments that will be brought before the Board at the June 20, 2018 meeting. The amendments reflect the changes in contract method, the inclusion of the Alliance and the removal of outdated references. In addition, the change to the Allied Health Board seat will be included as well.

The last amendment is a federal requirement, which calls for the Coalition to include language on the role of the Coalition in a response role. Ms. Payne suggested language similar to: “*If called upon to play a response role within a member county, the Coalition will align itself with the County’s incident management structure. All counties within Northeast Florida follow the National Incident Management System (NIMS) and Incident Command System (ICS) principles. The Coalition would operate under the appropriate health component, whether Emergency Support Function (ESF) 8 or the Health and Medical Branch.*”

During discussion, it was asked if other entities, outside of County EOC’s, could request response help from the Coalition – specifically a hospital, as not only an activation of a County



EOC could trigger a request for help. It was determined that the language in the bylaws should reflect that ANY member of the Coalition could request help in a response. Ms. Payne will update the amendments accordingly.

JOINT BUSINESS WITH FCDC

Project Funding Updates

Ms. Payne reviewed the hospitals that received funding for radios from the Coalition and encouraged all to submit their reimbursement requests by June 30. Many mentioned successful installations and the remaining have dates in place for installation. Duval EM provided a list of those yet to have the radios installed. The DOH that received funding is on track to spend all funds by the deadline of June 30.

Ms. Payne indicated that the Project Application Process would be launched in late August 2018 for the upcoming fiscal year funding.

**** The meeting broke for a 10 minute break to listen to the National Weather Service webinar on the tropical system in the Gulf of Mexico****

State Task Force Update

There is a State Taskforce call scheduled for Thursday, April 26, 2018. The next face to face meeting is June 13 in Tallahassee, with the SPOT meeting on June 14. Staff will be in attendance.

Coalition Surge Tool Exercise After Action Review

The Northeast Florida Healthcare Coalition conducted the nationally recognized Coalition Surge Tool Exercise on March 7th and 8th. Three hospitals, totaling 1,116 acute care beds, participated in the no-notice exercise. The objective of the exercise was to provide a 90 minute timeframe for hospitals to coordinate a hospital evacuation, with a primary focus on coordinate of patient placement at a receiving facility and coordination of appropriate medical transportation.

During this exercise, community partners in emergency management, health & medical branch/ESF-8, medical transportation, and the healthcare coalition supported the hospitals in their evacuation coordination. Through this exercise, hospitals were able to validate their Surge Plan and Evacuation Plan by physically reaching out and making contact with receiving facilities, medical transportation providers, and support organizations.

The next Coalition Surge Tool exercise will be scheduled for May of 2019, and will continue on an annual basis.

Upcoming Events

The Coalition has several training opportunities in the next few months. This includes awareness



level classes for Active Shooter/Hostile Events (ASHE), Stop-the-Bleed (Train the Trainer), and ICS-300 Intermediate Incident Command System for Expanding Incidents. Registration links for these courses are available on the Coalition's website at http://www.neflhcc.org/Training_Exercises.html.

With no additional business, the NEFLHCC meeting adjourned at 10:45 am. The next meeting will be held on June 20 at the Orange Park Medical Center at 1:30 pm. The FCDC convened immediately following the Coalition meeting – at 10:45 am.

DRAFT

Northeast Florida Health Care Coalition
Financial Report
As of May 2018

NEFHCC 17/18	Budget	May 2018	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 268,828.00	\$ 26,899.54	\$ 184,523.72	69%	\$ 84,304.28
Revenues	\$ 268,828.00	\$ 26,899.54	\$ 184,523.72	69%	\$ 84,304.28
Expenses					
Staffing Cost	\$ 130,488.99	\$ 6,546.32	\$ 61,240.64	47%	\$ 69,248.35
Phones	\$ -	\$ 42.26	\$ 298.74	0%	\$ (298.74)
Postage	\$ -	\$ 7.09	\$ 7.09	0%	\$ (7.09)
Office Supplies	\$ -	\$ 74.88	\$ 74.88	0%	\$ (74.88)
Printing/Copying	\$ -	\$ 235.19	\$ 536.91	0%	\$ (536.91)
Advertising	\$ -	\$ -	\$ 359.00	0%	\$ (359.00)
Hardware/Software	\$ -	\$ 3,679.98	\$ 4,233.98	0%	\$ (4,233.98)
Consultant/Professional Services	\$ 45,000.00	\$ 12,150.00	\$ 32,316.35	72%	\$ 12,683.65
D&O Insurance	\$ -	\$ -	\$ 202.76	0%	\$ (202.76)
Travel	\$ 16,000.00	\$ 2,541.82	\$ 8,616.05	54%	\$ 7,383.95
Meeting Expenses	\$ 3,339.01	\$ 970.00	\$ 1,220.00	37%	\$ 2,119.01
Website	\$ -	\$ 2.00	\$ 14.00	0%	\$ (14.00)
Incorporation Filing Fees	\$ -	\$ -	\$ 70.00	0%	\$ (70.00)
Stop the Bleed	\$ 74,000.00	\$ 650.00	\$ 75,333.32	102%	\$ (1,333.32)
Expenses	\$ 268,828.00	\$ 26,899.54	\$ 184,523.72	69%	\$ 84,304.28

PROJECTS	Budget	May 2018	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 97,179.69	\$ 2,174.00	\$ 2,174.00	2%	\$ 95,005.69
Revenues	\$ 97,179.69	\$ 2,174.00	\$ 2,174.00	2%	\$ 95,005.69
Expenses					
Contractual Services	\$ 97,179.69	\$ 2,174.00	\$ 2,174.00	2%	\$ 95,005.69
Expenses	\$ 97,179.69	\$ 2,174.00	\$ 2,174.00	2%	\$ 95,005.69

New Membership Requests

June 2018

Neil	Ramski	St. Catherine Laboure Place	Long Term Care/Skilled Nursing	Duval
kathleen	worley	centerone surgery center	AmSurg Facility	Florida
Laura	Butrick	North Florida Surgical Pavilion	AmSurg Facility	Alachua
Mark	Devitt	Apex Home Healthcare	Home Healthcare	Duval, St. Johns, Clay, Baker, Nassau, Flagler and Volusia
SCOTT	ROBERTS	Clay County Amateur Radio Emergency Service	Other	FL
Michelle	Charlton	Kinetic Home Health	Home Healthcare	Florida
Julie	Curley	Kinetic Home Health	Home Healthcare	Florida
Deborah	Howard	Apex Home Healthcare	Home Healthcare	Duval
Joseph	Pietrangelo	Baker County Health Department	Public Health Agency	Baker
Jeff	Gryboski	Fleet Landing	Other	Duval
Anne	Guenther	St. Augustine Health and Rehabilitation Center	Long Term Care/Skilled Nursing	St. Johns
Joseph	LaBelle	Heartland Orange Park	Long Term Care/Skilled Nursing	Clay
Ashley	Korah	Regents Park of Jacksonville	Long Term Care/Skilled Nursing	Duval
Mary	Boutte	Bureau of Vital Statistics	Other	Duval
Kenny	Higginbotham	Bureau of Vital Statistics	Other	Duval
Ashley	Korah	Regents park of jacksonville	Long Term Care/Skilled Nursing	Duval
Latonya	LaRosa	Deerwood Place Assisted Living	Assisted Living Facility	Duval
William	Valree	UF Health Jacksonville	Hospital	Duval

Region 3 Healthcare Coalition Alliance



2017-2018 YEAR END REVIEW

Northeast Healthcare Coalition

Year End Review Goals



- **Ensure HCC Member Awareness**
- **Review HCC Accomplishments**
- **Create Awareness of HVA & JRA Findings**
- **Discuss Gaps & Risks**
- **Review & Approve Project Funding Process**

2017-2018 Accomplishments



- **Stop the Bleed Implementation**
- **Training & Exercise Plan (annual)**
- **Coalition Surge Tool Exercise (annual)**
- **FLHealthSTAT Drills (Quarterly)**
- **Hazard Vulnerability Analysis**
- **Jurisdictional Risk Assessment**
- **Everbridge Drills (Quarterly)**

On-going Deliverables



- **Outreach to Increase Membership**
- **Engage Executive Leadership (C-Suite)**
- **Annual Training Summit**
- **Implement Strategic Plans**
- **Funding Projects to Fill Gaps**
- **Quarterly Contract Reporting**
- **Monthly Meetings**
- **Various Administrative Functions**

2017-2018 Project Funding



• **Overview**

All projects required to address at least one HPP Capability. The application for project funding also required the member organized to ensure the project filled a gap identified through AAR, Facility Risk Assessments, County HVA or HCC HVA/JRA, TEP or other.

The applicant was also required to describe the benefit to the region.

• **Funded Projects**

- ❖ ICS Equipment (Hospital HICS vests)
- ❖ Communications Equipment (Radios for 18 hospitals)
- ❖ Vulnerable Population Equipment (3 SpNS projects)

2018-2019 Project Funding



Project Submission begins September 1, 2018

Updated application and selection process to reflect alignment with the HCC plans developed this year.

- **HVA-JRA & Gaps Identified**

- Documents located on the NEFLHCC website
- Projects should be related to one of the 10 Healthcare Impacts identified in the HVA

AND

- Align with the Mitigation Strategies identified in the JRA to lessen the healthcare impacts of hazards likely to occur in Region 3

Region 3 Hazard Vulnerability Assessment

Region 3 Healthcare Hazards	
Level of Risk	Hazard
Major	Hurricane / Tropical Storm (including storm surge)
	Regional Electrical Failure (i.e. blackout)
	Flooding with potential for disruption / harm
	Cyber Terrorism
	Infectious Disease
	MCI Incident General Injuries
Moderate	Regional Communications Disruption
	Multi-Jurisdictional Wild Fire
	Widespread Supply Chain Interruption
	Armed Individual/Active Shooter incident (Large Scale)
	Tornado or Microburst
	Pandemic
	Multiple Facility Evacuations
	Regional Sewer / Water Treatment Failure
	Regional Water Disruption / Interruption
Minor	Widespread Transportation Disruption / Failure
	Regional Fuel Shortage(s)
	Temperature Extremes
	MCI involving chemical, biological or radiological materials
	MCI involving conventional weapons
	Winter Weather Event

Alignment with 2018-2019 JRA Healthcare Impacts & Mitigation Strategies



Healthcare Impacts	Mitigation Strategies
Facility Evacuations	<ul style="list-style-type: none"> • Develop a Regional Evacuation Plan • Continuity of Operations Plans for facilities & ancillary services • MOA's for primary and secondary providers
Medical Surge	<ul style="list-style-type: none"> • Continued Med Surge Planning/Training/Exercising • Supply Chain Assessment • MOA's between facilities for supplies & staff • New / Refresh Equipment Caches • Increase bystander training & resources (i.e. Stop the Bleed)
Patient Movement Transportation Shortage	<ul style="list-style-type: none"> • Identify new providers • MOUs for those providers and reimbursement processes • Develop alternative plans
Power Failure (HVAC, EMR, Medication Dispensing)	<ul style="list-style-type: none"> • Special needs outreach -Identifying vulnerable populations • Plans for evacuation, patient movement, etc. • MOUs for supplies, evacuations, surge, etc. • Training for patient movement (med sled, blankets, etc.) • Plan for paper medical records • Continuity of Operations Plans for facilities & ancillary services

Alignment with 2018-2019 JRA Healthcare Impacts & Mitigation Strategies



Healthcare Impacts	Mitigation Strategies
Mental / Behavioral Health	<ul style="list-style-type: none"> • Identify applicable resources: crisis teams, comfort animals, etc. • Training for responders (incident stress, psychological 1st aid etc.)
Loss of Infrastructure (Transportation / Communications)	<ul style="list-style-type: none"> • Plans & training for paper medical records • Standardized paper records • P.A.C.E Planning
Supply Shortages	<ul style="list-style-type: none"> • Supply Chain Assessment • MOU's to share resources • Identifying secondary vendors/suppliers • Continuity of Operations Plans for facilities & ancillary services
Staff Shortages	<ul style="list-style-type: none"> • Credentialing processes defined (and agreed upon) • Liability Coverage & Reciprocity defined • MOU's to share staff • Continuity of Operations Plans for facilities & ancillary services
Loss of primary & ancillary services	<ul style="list-style-type: none"> • Alternate Medical Treatment Sites
MCI	<ul style="list-style-type: none"> • Mass Fatality Planning/Training/Exercising

Region 3 Healthcare Coalition Alliance



2017-2018 YEAR END REVIEW

QUESTIONS?

Northeast Florida Healthcare Coalition

Northeast Florida Healthcare Coalition GOVERNANCE DOCUMENTS – BYLAWS

December 2017

SECTION **31.0** – BYLAWS

13.1 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~~ 100 Festival Park Avenue
Jacksonville, FL 3220246

31.2 GEOGRAPHIC AREA

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

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

31.3 MEMBERSHIP

31.3.1 Composition

In addition to the core members of county Public Health Departments, hospitals, Emergency Management (EM) and Emergency Medical Services (EMS), many community partners ~~are invited to~~ collaborate in the Coalition including, but not limited to, long term care (LTC) ~~leadership~~, home healthcare, durable medical equipment providers, surgical centers, mental/behavioral health/dialysis centers, 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

Northeast Florida Healthcare Coalition

connection during a public health emergency in the geographic region of the Coalition is a potential member.

31.3.2 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~~ Two 'At Large' Members representing the follow groups within the six County Coalition region
 - Long Term Care (one vote)
 - ~~Allied Health~~ Home Healthcare (one vote)
 - ~~—~~
- One of the Regional Emergency Response Health 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.

31.3.3 Admission as a Member

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

31.3.4 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.

31.4 COALITION MEETINGS

Northeast Florida Healthcare Coalition

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

31.5 EXECUTIVE BOARD

3.5.1 Schedule of Meetings

1. The Executive Board shall meet at least once each quarter, ~~but often meeting monthly~~. 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.)~~
- ~~98.~~ The most current Roberts Rules of Order will govern meetings, where not inconsistent with these bylaws.
- ~~409.~~ 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

Northeast Florida Healthcare Coalition

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~~ made available to the membership.

104. 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.
112. Prior to the adjournment of any meeting, attendees from the general public will be provided an opportunity for input.

31.5.2 Strategic Plan

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

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

31.5.3 General Powers

Northeast Florida Healthcare Coalition

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).

31.5.4 Voting Procedures

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

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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 ~~three~~ Regional Health Advisors). The ~~three~~ Regional Emergency Response 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.

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

Northeast Florida Healthcare Coalition

31.5.5 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.

31.5.6 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.

Northeast Florida Healthcare Coalition

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

31.5.7 Election of Officers

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

31.5.8 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

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Northeast Florida Healthcare Coalition

~~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.~~

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Northeast Florida Healthcare Coalition

~~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.~~

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~~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.~~

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~~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.~~

31.76 NEFLHCC COORDINATOR

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

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

31.76.1 Coordinator Duties

1. Coordinate and attend the Executive Board meetings.

Northeast Florida Healthcare Coalition

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.

31.87 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) ~~intends to~~ allocates funding to Region 3 in support of s to each formal healthcare coalitions. Funding is allocated among the three healthcare coalitions by the Region 3 Healthcare Coalition Alliance. 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~~

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~~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.~~

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

3.91.8 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. ~~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.~~

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~~**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.~~

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~~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.~~

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~~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:**~~

Northeast Florida Healthcare Coalition

~~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.~~

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

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~~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.~~

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~~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~~

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

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3.411.9 AMENDMENTS TO BYLAWS AND GOVERNANCE STRUCTURE

Proposed amendments to the Coalitions 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.

Northeast Florida Healthcare Coalition

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.

Northeast Florida Healthcare Coalition

~~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~~

Northeast Florida Healthcare Coalition

~~Function 6: Improve Healthcare Response Capabilities through Coordinated Exercise and Evaluation~~

- ~~• 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.~~

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- ~~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.~~

Northeast Florida Healthcare Coalition

SECTION 52.0: COALITION POLICIES

52.1 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 [attachmentsection](#).

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.

52.1.1 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.

52.1.2 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.

52.1.3 Mediation

Northeast Florida Healthcare Coalition

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.

Northeast Florida Healthcare Coalition Priorities

2018-19



Northeast Florida
Healthcare
COALITION
For Disaster Preparedness

Operations Plan

Develop an operational plan that establishes the overall authority, roles, and functions performed during incidents, and sets forth lines of authority and organizational relationships to show how all actions will be coordinated. Demonstrate coalition coordination and communication during response and submit the operational plan by June 30, 2019 as follows:

a) Focus on resource and information sharing in coordination with local ESF8 and County Emergency Operations Centers and include communication methods, platforms, and triggers that activate processes. Outline EEI use; sharing of electronic health records; the process for validating the status of healthcare organizations; and describe coordination plans with jurisdictional burn and trauma systems.

Supply Chain Integrity Assessment

Conduct a supply chain integrity assessment and develop a mitigation strategy based on results of the assessment as follows:

a) Collaborate with manufacturers, distributors, and local and regional ESF8 to evaluate equipment and supply needs during an emergency.

b) Include HVAs and JRA results in the development of the assessment and strategy.

c) Submit a draft supply chain integrity assessment to the Contract Manager by June 30, 2019. Include the process for developing the assessment and obtaining input from HCC members and other key stakeholders.

Coalition Surge Tool Exercise

This is an annual exercise requirement for the Coalitions in Region 3. The requirement is to evacuate 20% of the Region 3 staffed acute care beds.

Continuity of Operations (COOP) Training

In preparation for completing a Continuity of Operations Plan for the Healthcare Coalitions in Region 3 (due in 2019 – 20 fiscal year), two COOP training classes are required to be held.

Project Funding

The application process for the 2018-19 funding will begin on September 1, 2018 and will be implemented simultaneously across the three healthcare coalitions in Region 3. The application form will be updated to reference the new plans that were created during 2017-18 for Region 3, the Jurisdictional Risk Assessment and the Hazard Vulnerability Analysis. Projects will be encouraged that close the identified gaps in the plans.

Northeast Florida Healthcare Coalition Upcoming Events

- June 19-21: Active Shooter/Hostile Events 4-hopur awareness (classes are full)
 - June 19 – 2 classes in Jacksonville
 - June 20 – 1 Class in Orange Park
 - June 21 – 1 Class in Gainesville

- June 19-21: ICS 300 –13 registrants

- August 21: Annual Training Summit at UNF
 - Keynote Speakers:
 - Carlito Rayos, City of North Las Vegas EM
 - Paige Laughlin, Associate Administrator, Sunrise Hospital & Medical Center
 - Lunch Speaker – LCDR Aaron Otis, Public Health Advisor, FDOH
 - 3 Afternoon Classes
 - MGT-340: Crisis Leadership & Decision Making (TEEX)
 - CMS Exercise (EREC)
 - Active Threat Training for Healthcare Facilities (Wellstar Hospital System, Georgia)

- TEP listed classes for this year (will review and update this summer)
 - COOP Training
 - IS 808 (ESF-8 Interface)
 - Florida HealthSTAT Training
 - Basic Healthcare Emergency Management
 - Infectious Disease PPE Training
 - State Patient Movement Plan/State Ambulance Deployment Plan
 - Advanced Healthcare Emergency Management
 - Planning Section Chief for Hospitals
 - IS 244 – Developing and Managing Volunteers
 - Stop the Bleed

- Additional class ideas
 - Plenty of free classes through TEEX and other consortium members
 - Mass Casualty Incident Training through Russell Phillips
 - 2 classes on stress management in a healthcare setting
 - <https://icisf.org/resilience-in-healthcare-performance-meaning-and-connection/>
 - <https://icisf.org/staff-support-in-the-healthcare-setting/>