

NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, January 21, 2015

St. Johns County EOC

Call in: 1-888-670-3525

Code: 1130084513



AGENDA

I. Call to Order

- Introductions
- Validation of voting members present [accept designees, if required]
- Approval of minutes from 12/17/14 meeting

II. Budget Update

- Expenditure update
- Review and approve (if required)
- Management and Administration update

III. HCC Deliverable Updates

- Final Work Plan
 - Risk Assessment
 - Training
 - Exercise
- Proposed Calendar of Events

IV. Old Business

- Overview of Statewide HCC conference call
- Overview of SPOT
- Recruitment of partners

V. New Business

- Election of Officers
- Role of Executive Board Members
- Mission Statement drafts

VII. Next Steps

- Logistics of Events

VIII. Other Topics

MEETING SIGN-IN SHEET – NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting

Meeting Date: January 21st, 2015 @ 1:30 pm

St. Johns County EOC, 100 EOC Drive, St. Augustine, Florida

Name	Title	Agency	E-Mail	Voting Member & Representation
Beth Payne	Dr. Em Pl	NEFRC	epayne@nefrc.com	NO
DAN MANN	PREP PLANNER	FDOT BAKER	john.mann@flhealth.gov	YES
Sieglinde Campbell	DON	Baker CTO	Sieglinde.Campbell@flhealth.gov	
Jeff Alexander	SCEM	SCEM	JAAlexander@sscf.us	YES
RICH WARD	DIRECTOR	OTMC	RICHARD.WARD@HCAHEALTHCARE.COM	YES
Michael Godwin	Env. Manager	Nassau CTO	michael.godwin@flhealth.gov	YES
Tim Connor	EM. Planner	DOT - St. Johns	timothy.Connore@flhealth.gov	YES
Sandi Courson	REPA	FDOT	Sandi.courson@flhealth.gov	NO
Leigh Wilson	PrepCoord	DOT Day	leigh.wilson@flhealth.gov	YES
Courtney Obi	prelead	DOT Duval	Courtney.obi@flhealth.gov	YES
Timothy Devan	HCC	HCC	BLAZE@FRDEAD.COM	NO
NANCY FREEMAN	HCC	HCC	nancyino.p@yahoo.com	NO



MINUTES

The monthly meeting of the Executive Board of the Northeast Florida Healthcare Coalition was held on Wednesday, January 21, 2015, at 1:30 p.m. at the St. Johns County EOC, 100 EOC Drive, St. Augustine, Florida.

CALL TO ORDER

The meeting was called to order with the following members present:

Baker County – Dan Mann
Clay County – Leigh Wilsey
Duval County – Courtney Obi
Flagler County – Dave Kovacs
Nassau County- Michael Godwin
St. Johns County – Tim Connor (alternate)
Emergency Management – Jeff Alexander
EMS – David Motes (via phone)
Hospitals – Rich Ward
Public Health – Patrick Johnson (via phone)

All voting members are present, either in person or on the phone. Please see sign in sheet for additional attendees.

Members were asked to fill out the sheet circulating with the name and contact information of their alternate voting member.

Approval of minutes from 12/17/14 meeting

Beth Payne mentioned one change to the minutes – there was a discussion about the facilitated discussion they had and when those final products would be available. The minutes were revised to reflect there would be some draft information provided today that would have some more final outreach products based on that discussion coming in February 2015.

The Chair called for a motion on the December 17, 2014 meeting’s minutes. Rich Ward moved approval; seconded by Michael Godwin. Motion carried.

BUDGET UPDATE

Expenditure Update

Beth Payne stated that this was the first the budget report. The report illustrates the split of the \$100,000.00 contract funding into three separate pieces: 1) the Administration money, which covers the majority of Beth’s time as staffing costs for the agenda, the logistics, the copying, the communications as it pertains to meetings and emails and contract issues; 2) Operations, which



covers travel, website, phone line, etc. 3) Deliverables, which are specific to the contract deliverables which are outlined in our contract, the training, the exercises, the communications issues, etc. The report reflects the month end for December 2014 with the majority spent on travel by Rich and Lee for attending the national conference and staff time to work on meeting prep.

Leigh Wilsey called for a motion on the Budget. Jeff Alexander moved approval; seconded by Rich Ward. Motion carried.

MANAGEMENT AND ADMINISTRATION UPDATE

Beth announced that the NEFL Healthcare Coalition now has a website up, www.neflhcc.org, which has been modeled after the Central Florida Coalition. The website has links to our by-laws, strategic plan, our charter, meeting agenda packets for previous meetings, meeting agendas for the upcoming meetings. We will put the calendar of events once finalized and hope to direct questions and outreach to the website. Beth announced they have a generic email address – info@neflhcc.org and a dedicated phone number which rings to Northeast Florida Regional Council's office and is answered by the receptionist, who will direct the call to Beth if she is in the office; otherwise the call will be directed a voicemail box which Beth will check and forward the call to the appropriate person. The phone number is (904)279-0780.

Beth stated that she had filed and sent off paperwork for Articles of Incorporation so that we can be Northeast Florida Healthcare Coalition, Inc., which establishes us and the board as something. There was a nominal fee of \$70.00 and we will receive a certificate of incorporation. This certificate sets up our board and who our officers are at first. A report will have to be filed annually to remain incorporated.

Staff is also working on creating generic business cards that have the contact information – the email, phone number, etc. for everyone to hand out when out and about. A flyer is being developed and a draft will be handed out a little bit later, which goes over things such as who are we, what do we do, why do you want to participate. There was a brief discussion on the use of social media for the NEFLHCC. Beth responded that they could create a Facebook if that is something of interest to the group. Beth agreed it would be an administrative cost as Facebook is only effective if it is updated and relevant.

HCC DELIVERABLE UPDATES

Final Work Plan

Communications: Beth stated that hopefully everyone is using Everbridge and got the test communications that were sent out to satisfy one of the contract deliverables. Everbridge seems to be the way a lot of the coalitions are going. We will continue to add members to the group, including the alternate voting members.

Risk Assessment: The next deliverable that is coming up at the end of March is the Risk and



Resource Capability Assessment. The Board has passed a motion about using the Kaiser Permanente tool, maybe prematurely since we were not aware of all of the other options available. Nancy will walk us through some of the tools and explain the recommendation and how we would like to move forward.

Nancy explained the merits of the Kaiser tool as well as discussed the use of the tool. It has the opportunity to have all our disciplines within our coalition participate, but on the other hand, that means that there is training required to really use that tool. How many of the group has time to go to training for the tool? The other tool that was reviewed was the Public Health Risk Assessment Tool (PHRAT) in use by each County Health Department. The planners here have already completed this assessment, it has two components – capabilities based component and a resource component that is hazard based.

We already have a chart from last year and suggest we start there and do a composite of our six county resource gap based on what we have seen on the FRAP and match up with what we said on the last risk assessment that we were going to do for projects or if we have anything new that needs to be identified. One of the challenges on both these tools is being specific with what projects you make out of your resource gaps. Is the resource gap a planning gap or is it a training gap? That will be the final input we will need in this process. A lot of this will be done in house. The output charts from the six counties will be compiled into a composite risk assessment showing the resources. At some point we will need to bring it back to the Board and get input for things such as “is this exactly what we want it to say, how does this link back to where our needs are and fundable types of projects that we have and the outcome of it, whole process.

Leigh Wilsey stated that we need a motion to reconsider an approved motion that came before the Board in September 2014 to use the Kaiser tool. She then asked if anyone had thoughts, ideas or questions. Nancy Freeman summarized her recommendations in three points: 1) we will review and update the hazard identification and prioritization tables that we have already done. 2) We will compile the FRAT charts for the six counties and come up with a summarized version. 3) We will translate that outcome from those charts to the exhibit 6 form for the deliverables.

Leigh Wilsey called for a motion. Jeff Alexander stated he voted affirmative on the original vote in September and then made a motion to reconsider the original vote to use the Keiser tool. Dan Mann seconded the motion. Motion carried. Jeff Alexander then put forth a motion to move forward with staff approach. Tim Connor seconded the motion. Motion carried.

Training: Beth Payne stated the contract requires two training classes. One would be Continuity of Operations training and the other communications training. Both of these pertain to gaps identified and the COOP training specifically speaks to a further deliverable that we have in our contract this year which states that we need to increase or ensure readiness.

Nancy stated that there are a couple of reasons for justification for doing this. In addition to the contract requiring it, it was included as an objective in the after action report in the exercise last year. The report said there needed to be more familiarity with coup planning by the member



organizations in the Coalition. the focus for this training would be definitely continuity of operation and giving an overview to representation from any of our member organizations and jurisdictions that want to participate in the importance of continuity planning, (why do we do it, what is in a continuity of operations plan, how do you put one together, and some of the foundation of continuity planning, either legal foundations for some organizations (federal, state) and some local jurisdictions may have their own requirements, some entities such as facilities are required to have continuity plans.

Nancy responded that the training would most likely be held in February. One reason for doing that is part of the contract deliverable is to supply or provide a summary of progress development on COOP plans and that is due on May 30th. Our idea was to incorporate at the beginning of this course, in February, a pre-training survey for each organization to provide a status whether they have a plan, what does it have in it. In late April or early May we would give a post survey asking “since the training have you done anything about coup. This would be one way to track progress within this short time frame.

Tim Devin discussed the communications training, as it would address the communications gap we have identified. He met with Vicky Diaz of the RDSTF and Miller Norton for ham radio operators and is trying to gather all the pieces of all the communications tools that we have to offer within our region and trying to put that on as an educational side because during new drills we have so many new players, they don't know all the communication tools that exist out there. From basic, the ham radio operator, to the aero band radios, going through the whole spectrum of what the region has to offer. Also tailoring in the EM systems and Everbridge, because several of our new players won't know that exists. Code Red, WebEOC, all of those are communications tools that we use within the county that a lot of our coalition members don't know exist. This is an overarching awareness and that is why we piggybacked it on the general membership meeting, because we are hoping that all the new players that would come to that meeting would be exposed to all these communications tools, which then causes them to reach out to their county reps to close that gap. We were thinking about 3 hours. Beth responded to keep it to ½ day increment as opposed to going before lunch and after lunch.

Beth passed around the proposed calendar of events which lays out the months of the contract year. It discusses what we would have each month and how we would combine these things.

Exercise: Beth said they have to have one multi-jurisdictional multi-disciplined HSEEP compliant exercise before the end of the contract year and deliverables by May 30th. Staff recommendation is to do a regional Ebola exercise. Things to consider in doing an exercise in this short time frame are the fact that a lot of the logistics and the planning documents are completed already so we have something to hit the ground running with. The Central Florida Coalition also did a regional Ebola exercise and I reached out to their contact about their lessons learned and how that exercise went for them and hoping to get some feedback from them. Another piece of this is some of our local counties have put on this exercise. Clay County had one, Nassau County had one, and St. Johns is working towards one in April. So it is a mutual benefit if the people who didn't have an exercise, such as Duval County, we could help in that respect. And for those that did, we are compiling their after action plans and their improvement plans to look at some of the issues they had, where the coalition came into play. This provides a



scenario to exercise the Coalition functions with this type of exercise. This is our recommendation and it would be good for us because we can incorporate this into executive board meetings. We could have an agenda item regarding the exercise at each meeting and end each meeting with a 'meeting' about the exercise. We could fulfill all our HSEEP Requirements with no extra meetings and be ready for an end of April exercise, immediately after the St. Johns County exercise.

Beth asked for questions or concerns. Leigh Wilsey stated that on the calendar of events the State Healthcare Coalition taskforce has quarterly meetings and they happen to fall on the third Wednesdays of the month so she would not be here in February and May. Discussion followed. Decision was made to change the February meeting to February 25th. Beth then brought out that the next item on the work plan is the general membership meetings and that they are required to have two meetings. One will be in March in combination with the communications training, which will be a half day till about 1:00 P.M. The second general membership meeting will be in May. Tim reviewed the full calendar of events for dates – February the board meeting was moved to the 25th. He asked what day the 4 hour COOP training would be held. Discussion followed. Jeff Alexander said he would check availability for February 24th for this training. The next event will be held on March 18th with about 3 hours of communications training, breaking for lunch, and then having the Executive Board meeting. Discussion followed about a venue and number of people anticipated. Beth will research information of renting the Thrasher-Horne Center. The next meeting would be April 15th for the Board Meeting, the table top exercise on April 28th or 29th. General membership meeting will be done in May, the date will be determined, possibly pushed to June.

Grow the Coalition Membership: There is staff to the Coalition, Nancy, Tim and I do take on this role of helping to perform outreach but the best way for this to be performed is through you, the members of the Executive Board. You represent a discipline or a county that has access in your daily professional lives to meetings, people and organizations that are a natural fit for you to talk to about the coalition. This will be one of those partnerships in making sure that you, as board members, are preaching the coalition and getting the word out about general membership meetings. How many people we will have depends on how many people you can reach out and touch and how many people you pass the information on to and get their interest piqued on bringing them to our events. The same goes for training and the exercise. That is really a big part of this outreach. Staff is really working on developing these outreach materials, the website being up and the business cards, and social media. So giving you the tool that you need for the outreach, we did develop a draft flyer, modeled after the Central Florida Coalition. This is for you to mull over and get back to her with comments on how we can change it once we have the content agreed upon. Then it will be to our graphics person to print.

Outreach: Beth passed a list around with some of the initial agencies, organizations and associations they put together and thought about that they need to reach out to and bring them to the table that would be the natural members of the coalition. Knowing that there is a certain amount of dollars and even more so a certain amount of time in the contract, it is felt that the best approach would be to prioritize the list on whom is the best or most likely members we can get to before June and when the contract ends, and target those people. If there are natural contacts that



you have, then maximize those contacts. It is part of the contract to grow the membership of the coalition.

Leigh Wilsey spoke and said she had the golden egg because she met the state representative of the association of skilled nursing facilities. That association is broken up into districts. Their district #9 lines up almost perfectly with our coalition. They are all the same counties except they have Putnam in this group and not Flagler. She will put me in touch with the president for that district so we can invite them to be a board member and that will get us the skilled nursing facilities. For behavioral health, there is an entity, The Florida Crisis Consortium. It is organized and receives funding through the Department of Health Public Health Preparedness Grant but they are not Department of Health employees. They are behavioral mental health workers around the state that are willing to deploy and be part of behavioral health response. We are fortunate enough to have the team leader in our region which would be the perfect person to invite our meeting. The challenge is, it is my health officer, which is the Clay County Health officer and we already have too many people from Clay. She might have someone she would recommend.

Beth added that she saw outreach as getting on other's agendas and presenting information to them. It's about going to other peoples meetings and having a standing item on the agenda or getting on the agenda for a one time and presenting the concept of coalition and what we are doing in our calendar of events. Natural fit for Jeff, representing emergency management at the Region 3 EM meetings, have a standing item on the agenda that says healthcare coalition so he is able to brief the entire discipline on our work once a quarter. Leigh indicated that if we become standing items on agendas for the different group would it be helpful for you to get a copy of those so we have proof? Beth responded yes, if you can on an association that you are a member of or that you attend, that is one of the reasons that we are going to be developing a generalized Northeast Florida Healthcare Coalition power point presentation. That's going to be a shell and it will have all the information you need but you can feel free to tailor it to whatever group you are going to be speaking with. Dave Kovacs he could bring this to his District 2 meeting in two months and see if he could get this on their agenda for a presentation. Question was asked if everyone felt they were moving in the right direction. No motions move forward.

Beth brought forward some information on outreach materials and provided the Board with a summary of the facilitated discussion held at the December board meeting, led by Brian Teeple. Discussion ensued on choosing a mission statement. Courtney said she felt they needed something to put on the flyer and other materials from the beginning. We need to brand it, if you are going to start inviting members you have to be consistent with what you are trying to tell them and it's easier to stick with one up front and keep it throughout than give them something general and try to make it more specific as we go forward. If we can create something, it can go on the bottom of all our slides. It was decided that the mission statement would be "Achieve a health and medical system that is efficient and resilient in an emergency".

Motion by Courtney Obi to adopt "Achieve a health and medical system that is efficient and resilient in an emergency" as the NEFLHCC mission statement. Seconded by Rich Ward. Motion carried.



OLD BUSINESS

Overview of Statewide HCC conference call

Leigh Wilsey stated that there is a statewide healthcare coalition conference call that any of you are able to attend. She listens in on it and Jeff and Rich generally do also as well as Beth so we can bring things back to you. At the task force meeting it was discussed that as coalitions we had some kind of a share file that we could share things like these flyers and exercise templates, etc. so we weren't having to redo things – much like a SharePoint site. Another thing that was discussed is they are finally starting to talk again about the work groups we all volunteered to be on. As soon as I hear more about that I will send that back out to you so if you want to join the work groups.

Overview of SPOT

SPOT is the Strategic Planning Oversight Team. That is how the funding is determined for the public health emergency preparedness grant, which is known as FEP, and the HPP grant which is the Hospital Preparedness Program grant. The coalition's get their money through the HPP grant. They are expecting level funding this year from what they had last year, but they won't know until the CDC actually comes down and tells them. The PHP grant last year was in the neighborhood of \$29,000,000.00 and the HPP grant was in the neighborhood of \$11,000,000.00. Last year \$1.7 million was set aside for the administration of the coalition, which is the money that is funding us to do all this. There was \$1.6 million for special projects. That money was taken away and a lot of Ebola equipment was purchased for the first responders and the hospitals in case we have an outbreak of Ebola. What was put forth in the SPOT for coalitions was again an equivalent amount of money to do the administration of the coalitions and that ranked in the top 3 of the funding projects. The other thing was \$4 million in project money, and that ranked #1 in the rankings. It's a significant amount more money in projects than we were anticipating getting last year. I assume when we go to that meeting in February we're going to discuss how we're going to distribute it. When the discussion came up last year, it was the Department of Health in Tallahassee's idea that we would all submit projects and as a task force we would determine what got funded. The task force said no that's not what we want to do. We want to give each coalition money and let them determine how they are going to spend it, so that is what was voted on. I am assuming the task force will have that same idea this time. This money is money that would start in July, so it's next funding year. That is what happened at the SPOT. Because we are talking about \$4,000,000.00 potentially for 15 coalitions, I do anticipate that there is going to be a great deal of interest in getting this money. Especially if the decision is made that we all present projects and some group decides who gets them, it will be important for us to have definite projects that we want to have funded, because there are some very organized groups out there that have had a laundry list for a long time. .

Recruitment of partners

This has been discussed in multiple areas already.



NEW BUSINESS

Election of Officers

We have changed this several times. Leigh stated that the three officers really aren't anymore because that term was to end when we had the general meeting last month. We need to talk about what we want to do with our officer positions. Jeff Alexander stated that it was January and the by-laws say we have to elect officers in June or July. It was stated that we are the interim officers until the first general meeting. Nancy stated she found it in the by-laws and it does address it as the election taking place every two years at the first quarterly meeting of the calendar year, but the term of office begins at the beginning of the fiscal year, July 1st. This is a grey area and is not in the by-laws is having half the members one year and half the members the other year, so you're not losing all the continuity. Nancy stated that was discussed as a way of maintaining continuity of the officers. Beth stated they have interim officers that aren't official and we need to hold a permanent election. Discussion followed. Jeff said they needed to do two things; one is to decide when we are going to have our actual elections and advertise that we are having the actual election, need to set that date so that others have the opportunity to apply for the office. Second, we need to extend the interim officers to that point or elect new interim officers to that point.

Jeff Alexander put forth a motion to open nominations between now and the February meeting and hold the general elections for the officers in March at the executive board meeting. The officers are the Chair, the Vice Chair and the Secretary. Seconded by Rich Ward. Motion carried.

The second item on the table is the interim officers have expired. Motion by Courtney Obi to keep the interim officers until the first election is held. Seconded by Dave Kovacs. Motion carried.

Role of Executive Board Members

Leigh stated that the role of each of the members has been talked about a lot. We have each one's designated alternate. We have the expectation for each member to bring all this information back to the group they represent. We also want to have a standing item on the agenda for each of you to report out what you've been doing for the group that you represent, what challenges and successes you have had. We want feedback from every one.

Mission Statement drafts

Leigh stated that they had talked about their mission statement.

NEXT STEPS



LOGISTICS OF EVENTS

Jeff Alexander stated that for the COOP training on 2/24/15 they could use the EOC room. For the Executive Board Meeting on 2/25/15 they could use the Executive Boardroom. For the tabletop exercise on 4/28/15 or 4/29/15 they could have the big room. It was decided the exercise will be held on April 29th. Calendar invites will be sent out.

Beth reviewed the schedule: The COOP training is on the 24th at the EOC. Beth will make a flyer and give that to the group next week. That is one of those wide disseminations; send it to lots of people, to your contacts to get them to come because this is more of a general training.

OTHER TOPICS

Leigh asked if anyone had other meetings they were attending that they wanted to share with the group. She asked if anyone was going FEPA, the Florida Emergency Preparedness Association workshop. Two coalitions are presenting, trying to express to the emergency management community the importance of being part of the coalition. Discussion followed.

Leigh brought up that the State pays her travel to go to the Healthcare Coalition task force meeting. She feels it would be beneficial for the administrative agent to also attend but that means we would have to pay the travel for that person. Beth is researching what that expense might be. Beth stated one of the biggest issues to that would be that the two of them couldn't both be gone from their coalition meeting at the same time. Beth believes the cost would be between \$1,500.00 and \$2,000.00 for a staff member to attend. Discussion followed.

Jeff Alexander motioned to allow a second person from the coalition to go to the meetings with her. Motion seconded by Dan Mann. Motion carried.

Meeting adjourned.



2014-15 Contract Deliverables and Work Plan

January 2015

**Listed in order of delivery date

1. Communications (01/02/15) - *completed*

NEFLHCC is utilizing Everbridge for the communications testing. Currently, all Executive Board Members and other current members of the NEFLHCC have been entered into the Everbridge system. By 12/18/14, those who have not used Everbridge before will be sent an email to validate your information in the system. A communications test will be performed on 12/19/14. Be sure to include both phone and email in account information as both will be tested.

2. Healthcare Community Risk and Resource Capability Assessment (03/30/15)

On 9/24/14, a motion was made and passed to “use the Kaiser Permanente tool for their Risk Assessment” and the motion was approved. At that time, that tool was not available for review by the Board. Since that time, the version of the Kaiser Permanente tool that was modified by the Big Bend Healthcare Coalition has been reviewed by NEFLHCC staff (Beth, Tim and Nancy), along with the now-available online Florida Public Health Risk Assessment Tool.

Recommendation: The Hazard Identification and Risk Assessment worksheet describes the benefits and limitations of both tools and provides the staff recommendation on how to proceed with completing the Risk Assessment for 2014-2015. [Handouts: HIRA Worksheet and 3 FLPHRAT charts]

3. Training (5/30/15)

The contract requires two multi-jurisdictional training classes to be held based on needs identified in the Risk and Resource Assessment for the purpose of strengthening community resilience and sustainability of healthcare services.

COOP Training - The 2014-2015 HCC Contract requires a minimum of 2 multi-jurisdictional trainings with HCC members “based on needs identified in the Healthcare Community Risk and Resource Assessment” for the purpose of strengthening

community resilience and sustainability of healthcare services. (#3.a) In addition, a deliverable to “ensure emergency operations will be continued or rapidly resumed following a disruption of normal activities” requires the HCC to “encourage” member organizations to develop and implement a Continuity of Operations Plan. (#5.a&b) Finally, a summary of progress in development of COOP plans must be submitted to the State by May 30. (#5.d) A report of activities related to this deliverable must be submitted quarterly. (#5.b.2)

Recommendation: Conduct Continuity of Operations Training for coalition member organizations in February 2015, based on the outline provided. A “pre-training” survey will be provided as part of the training, with a follow-up “post-training” survey to be conducted in early May which will note progress made. [Handouts: Proposed COOP Training Outline. Survey tool to be developed.]

Communications Training – Communications was identified as need/gap for the Coalition in a previous year’s exercise Improvement Plan. This training offering would provide overall information on various types of communications found at the local, state and federal level. The training would cover the communications resources available to local communities and communications resources available specifically to the healthcare disciplines.

Recommendation: Conduct Communications Training (3 to 4 hours) for coalition member organizations as part of the first General Membership meeting in March 2015, based on the outline provided.

4. Exercise (5/30/15)

The contract requires one HSEEP compliant tabletop exercise to be held by 5/30/15. The exercise must focus on ‘capabilities related to emergency operations (specifically, continuity of operations), information sharing and medical surge (specifically patient movement).

Regional Ebola Tabletop Exercise – In order to test the required capabilities, the tabletop exercise will be based on the Ebola tabletop created by the Florida Department of Health and held in counties throughout the State. Within our HCC, several counties have implemented the exercise and others are in progress. The NEFLHCC will use the lessons learned for the County-based exercises to hold an exercise with a regional scope. This exercise will help to test the role of the NEFLHCC during an event.

Recommendation: Conduct a tabletop exercise for coalition member organizations in April 2015, based on a regional scenario. Planning meetings (three) will be held as part of the Executive Board meetings.

5. Progress on Continuity of Operation Planning within member organizations (5/30/15)

The contract requires that the HCC ‘encourage an environment of preparedness’ and ‘encourage member organization to develop and implement a Continuity of Operations Plan’. A summary of progress on member organizations’ COOPs are required by 5/30/15.

Recommendation: Using the COOP Training and pre-survey tool conducted as part of the training, a post-survey tool will be disseminated to those agencies taking part in the training to satisfy this deliverable.

6. Two General Membership Meetings (6/30/15)

The general membership meetings are a requirement of the contract. As discussed at the December meeting, general membership meetings should be combined with another event, in order to add value to the meetings and encourage attendance.

Recommendation: Hold the first General Membership Coalition meeting in March 2015 and combine with the proposed Communications training. Hold the second General Membership Coalition meeting in May 2015 and discuss the recently held tabletop exercise and review the After Action Report and Improvement Plan.

7. Grow the Coalition Membership – ongoing

This is a fundamental requirement of the Coalition and is ongoing throughout the year. Outreach materials (PowerPoint, website, fliers) to use in various meetings, presentations and outreach events are under development.

Recommendation: Prioritize the organizations for the initial phase of outreach from the list provided. Encourage the Executive Board members that have contacts with these agencies and organizations to make contact and conduct outreach for the Coalition. Develop goals for membership for each contract year in order to assess the outreach strategies. Materials for outreach, including PowerPoint presentation and fliers, will be available for use by all Executive Board members and NEFLHCC staff.

Calendar of Events - NEFLHCC

	JANUARY 2015	FEBRUARY 2015	MARCH 2015	APRIL 2015	MAY 2015	JUNE 2015
Meetings, Events & Deliverable Deadlines	<i>Executive Board Mtg 1/21</i>	<i>Executive Board Mtg 2/18 - Present 1st draft of Risk Assessment & IPM for Exercise</i>	<i>Executive Board Mtg 3/18 – approval of Risk Assessment & MPM for Exercise</i>	<i>Executive Board Mtg 4/15 Final Planning Mtg for Exercise</i>	<i>Executive Board Mtg 5/20</i>	<i>Executive Board Mtg 6/17</i>
		4 hour COOP Training	1 st General Membership Meeting (830 - 930)in combination with Communications Training (10am – 1pm) Risk Assessment due 3/30	Tabletop Exercise at the end of the month (4/28 or 4/29?)	2 nd General Membership Meeting and discuss the After Action Report and IP. Final deliverables for Training, Exercise and COOP follow up 5/30	Contract ends 6/30

Logistics: Location, Date and Time

- 4 hour COOP Training
- 1st General Membership Meeting/Comms Training
- Exercise
- 2nd General Membership Meeting



NEFLHCC Facilitation – 12/17/14

Who are we?

Collaborative network
Public health system
All inclusive public health system (planning and preparedness functions as well)
Multi-agency
Healthcare Delivery vs. Emergency Preparedness
Emergency support for ESF 8

What do we want to be?

Resource
Not response, but support
Based on our members
Good steward of the money

How will we measure success?

Testing plans/procedures
Grow membership
Through our regional gap analysis

Long Term Vision

Self-sustaining
Transition from being a working board

Issues

What triggers the 'implementation' of the HCC in times of a disaster?
How do we distinguish the HCC and its role from others?
RERA? RDSTF? ESF 8? FCDC?

What do we hope to achieve?

Operational readiness
Provide situational awareness and resource awareness
A bridge
To break silos of facility, discipline and location
Resiliency
Added value to members
Build a cohesive network
Continuity of the HC delivery system in times of disaster
Communication and interoperability
An engaged membership
Build a network of support through information sharing and coordination

