

NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, December 17, 2014

St. Johns County EOC

AGENDA

I. Call to Order

- Introductions
- Validation of voting members present [accept designees, if required]
- Approval of minutes from 10/15 meeting

II. Budget Update

- Expenditures
- Review and approve (if required)
- Quarterly Spending Plan

III. HCC Deliverable Updates

- Deliverable schedule & Work plan
 - Communications - Everbridge
 - Training opportunities
 - Exercise requirement
- Overview of State Taskforce meeting

IV. Old Business

- Overview of National HCC conference
- Recruitment of partners

V. New Business

- Facilitated Discussion on the Mission of the NEFLHCC

VII. Next Steps

- Management and Administration
- General Membership Meeting

VIII. Other Topics

EXECUTIVE COMMITTEE MEETING		
12.17.2014	1:30-3:30pm	St. Johns County EOC
Meeting called by	Executive Board	
Type of meeting	Board Meeting	
Facilitator	Leigh Wilsey	
Note Taker(s)	Beth Payne	
Timekeeper	N/A	
Attendees- Total 15 9 Voting members (quorum met); 6 non-voting members and guests	Jeff Alexander (EM-St. Johns), Michael Godwin (Nassau-PH), Rich Ward (Hospital-OPMC), Leigh Wilsey , (Clay - PH), Courtney Obi (Duval-PH), David Kovacs (Flagler – Florida Hospital), Patrick Johnson (PH rep-Flagler), Dan Mann (Baker-PH), Pico Torres (via phone, St. Johns PH) See attached sign in sheet for additional members and guests.	
I. Validation of Voting Members Present		
Designees:	9 voting members present	
APPROVAL OF MINUTES FROM THE LAST MEETING – July 24, 2014		
Minutes were disseminated to members; no changes noted. Motion by Torres, seconded by Alexander. Approved as presented.		
II. Budget Update		
	Presenter: Beth Payne	
Discussion	Ms. Payne provided an update on the contract, which was executed on 12/02/14. However, NEFRC still does not have a signed contract in hand. The only expenses to date are for the National HCC Conference, which Leigh Wilsey and Rich Ward attended in Denver. The estimated total travel costs for both were \$4,000. Currently, there are no expenditures before the Board at this time. Ms. Payne handed out the quarterly spending plan, which is a requirement of the State contract. This covers January, February and March of 2015 and is basically an estimate of how the funds are anticipated to be spent. There was one question of the existence of project funding and Ms. Wilsey explained that the project money was reallocated by FDOH for the emerging Ebola threat.	
Conclusions/Action Items		
III. HCC Deliverables Updates		
	Presenter: Leigh Wilsey/Beth Payne	
Discussion	Ms. Payne handed out a draft of the work plan, which highlights the overall deliverables required by the State contract. Each deliverable was reviewed with a brief discussion was held on ideas in implementing each deliverable. 1. Communications: Everbridge has been set up for use as the NEFLHCC Communications network. Most of the Executive Board is made up of FDOH employees, who currently use Everbridge. Those not with FDOH will be sent an email to set up an account and update their contact preferences. The communications check is required by 01/02/15, so this will take place the week	

of 12/22/14. It was discussed that Everbridge is very user-friendly. All were encouraged to download the app for their smartphone. One question did arise about the possibility of setting up discipline groups within our overall group and allow for 'dispatchers' to send out communications to their specific group. Ms. Payne and Ms. Wilsey indicated they would follow up with Everbridge on that issue.

2. Healthcare Community Risk and Resource Capability Assessment: There currently is a Risk Assessment in place, but there are new tools available for use in updated the assessment. As of now there are three tools available for use. Staff will further investigate the tools to determine the best to use. Further discussion took place of the risk assessment that is required to be completed by each County DOH, the PHRAT, and its usefulness.

3. Training: The NEFLHCC is required to hold two trainings. Discussions focused on COOP, Alternate Care Site training, Regional Medical Surge as well as other subjects as indicated by the After Action Report from the current year's Exercise.

4. Exercise: There is an exercise requirement in the contract and a tabletop exercise is planned for this year. There were two options discussed. One is to work off of the Ebola exercises that are currently being held by County DOH, with a more regionalized scenario. The other option is in regards to a virtual tabletop exercise opportunity put on by EMI.

5. COOP Planning: This requirement is to provide an update on the status of COOP plans of the member organizations. This requirement may be more easily accomplished if one of the trainings that are hosted is COOP training. This would allow the NEFLHCC a focus group of organizations that are interested in developing a COOP and could be tracked on their progress.

6. General Membership Meetings: Two of these meetings must be held. It was discussed that the Board would prefer to hold at least one event in conjunctions with the general membership meeting in order to add value to the participants.

7. Grow the Coalition Membership – this is not a tangible deliverable, but is the focus of the NEFLHCC as it begins. It is important to have a unified message of the mission of the NEFLHCC, as outreach begins. This is the impetus behind the facilitated discussion taking place at today's meeting.

State Taskforce Meeting: Leigh provided highlights of the meeting held in early December. Day one of the meeting was on the Training and Exercise Program (TEP). There are no results as of today, but the statewide priorities will be sent out when available. A brief discussion took place on the 501C3 status of some coalitions around the State, including Marion County and Alachua County HCC's. There are several roadblocks to this process, one of which is the requirement of liability insurance which the funding will not pay for. Ms. Wilsey expressed her content at not undergoing that process this year.

Also, a part of the Statewide Taskforce meeting was discussion on ASPR requirements of Hospitals that include the requirement of participation with the HCC. It is understood that the participation can be satisfied by being a member of an organization that is represented on an HCC, most likely the First Coast Disaster Council. Rich Ward is the representative from that group that sits on the HCC. An attestation form may have to be signed to verify this

	<p>participation. Ms. Wilsey also informed the Board that as the Chair of the NEFLHCC she now sits on the SPOT (Strategic Planning Oversight Team). This organization helps to determine funding allocations. She has training soon, with the first SPOT meeting in January 2015.</p>
Conclusions/Action Items	<p>Follow up with Beverly Elliott of FDOH on Everbridge questions. Further review of the available Risk Assessment Tools, including the use of the PHRAT.</p>
IV: Old Business	
	Presenter: Leigh Wilsey
Discussion	<p>(1) National Healthcare Coalition Conference Ms. Wilsey provided a brief overview of her participation in the conference and indicated that she learned a great deal. She started with a realization that she came to at the conference regarding the large successful coalitions that are most vocal and lauded across the Nation. These HCC's have multi-million dollar budgets, which receive a great deal from other sources, such as UASI funds and have numerous staff employed to achieve their mission. There seems to be no middle ground with HCC's – both very large or very small and just getting started. Mr. Ward echoed her statements, indicating that the conference was very beneficial and they learned a great deal on the business of running a coalition. Most of the attendees of the conference admitted that they had little experience in business development, as most are in the healthcare field. Templates and clear guidance on the business portion of the HCC would benefit many. Mr. Ward did observe that nearly all of the HCC's giving presentations at the conference did have 501C3 status. Also, both Ms. Wilsey and Mr. Ward heard innovative ideas on leadership, stakeholder engagement and funding models from around the country.</p> <p>(2) Recruitment of Partners This is a segway topic for the facilitated discussion on the mission of the NEFLHCC. There are many groups that the NEFLHCC should engage, but there needs to be a consistent message as those groups/agencies are targeted. What is the role that the NEFLHCC wants to play? How does our regional HCC distinguish itself from its partners?</p>
Conclusions/Action Items	
V: New Business	
	Presenter: Leigh Wilsey
Discussion	<p>Facilitated discussion on the mission of the HCC Mr. Brian Teeple, CEO of the Northeast Florida Regional Council, led the Executive Board on a brainstorming session regarding the role of the NEFLHCC. He handed out a sheet of questions, and facilitated discussion on each of the topics. There was great interaction among the Board that include possible roles to fulfill and those areas that the HCC did not see themselves in (response). Overall, this was an informative session that began the process of defining the mission of the NEFLHCC. Discussion included the following ideas: acting as a collaborative network, resiliency of the public health care system in</p>

	times of disaster, being a resource, supporting operational readiness, breaking the silos of disciplines and location and strengthening the existing relationships in the public health community. This discussion will be used to develop a message for outreach materials, including the HCC website.
Conclusions/Action Items	Variations on mission statements for January meeting, draft outreach materials for the February meeting.
VII: Next Steps	
	Presenter: Leigh Wilsey & Beth Payne
Discussion	<p>(1) Management and Administrative items –Ms. Payne reported that the phone line devoted to the HCC will be installed at the Council on 1/2/15. The website is underdevelopment and a basic site should be up in mid-January. The two laptops purchased with last year’s funding were received by NEFRC from Duval County Health Department around Thanksgiving. The Articles of Incorporation have been drafted and will be filed in January.</p> <p>(2) General Membership Meeting – At the October Board meeting, it was decided the first general membership meeting would be held in January. The board discussed this timing and all feel that the HCC is not ready to present its mission to potential partners in that timeframe. The general membership meeting will be held later in the year.</p> <p>The 2015 Board meeting dates are still the same date, time and place. Meetings scheduled for the first quarter of 2015 are 1/21/15, 2/18/15 and 3/18/15.</p> <p>Ms. Wilsey asked each voting member to determine their alternate voting member and provide that information at the January Board Meeting.</p> <p>Motion to adjourn the meeting by Mr. Ward, seconded by Mr. Mann. All were in favor. The meeting adjourned at 3:30.</p>
Conclusions/Action Items	File Articles of Incorporation Send Outlook Invite for Executive Board Meetings

Meeting Handouts –	Presented by
Agenda Draft Minutes from 9/24/14 Executive Board Meeting Quarterly Spending Plan – 1 st Quarter 2015 Draft Work Plan Handout for Facilitated Discussion	
NEXT MEETING – DATE/TIME*	LOCATION
January 21st, 2015 @ 1:30 pm	St. Johns County EOC

MEETING SIGN-IN SHEET – NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting

Meeting Date: December 17th, 2014 @ 1:30 pm

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

Name	Title	Agency	E-Mail	Voting Member & Representation
Leigh Wilsey	Preparedness Coordinator	DoH-clay	leigh.wilsey@flhealth.gov	Yes Clay Co. Rep
Courtney Ovi	Emergency Prep Lead	DOH-Duval	Courtney.Ovi@flhealth.gov	Yes Duval
DAVID KOVACS	Director of Facilities	FLORIDA HOSPITAL FLAGLER	DAVID.KOVACS@AHSS.ORG	Yes Flagler
PATRICK JOHNSON	FEMA NEMMOP	DOH-Flagler	PATRICK.JOHNSON@FLHCAH.COM	Yes DOH-
RICH WARD	HOSPITAL	OPMC	RICHARD.WARD@HEALTHCARE.COM	YES - HOSPITALS
DAN MANN	PLANNER	FOH BAKER	john.manne@flhealth.gov	YES - BAKER CO
Jeff Alford	Dr.	SSCEM	BAALford@SSFL.US	Yes EM
Michael Gordon	FL DOH Nassau EIT Manager	FL DOH Nassau	michael.gordon@flhealth.gov	Yes - Nassau
NANCY FREEMAN	FDH NASSAU PREP. PLANNER		nancy.freeman@flhealth.gov	No
Brian Teeple	CEO	NEFRC	bteeple@nefrc.org	NO
on conference call				
Billy Estep	EM Director	Nassau County		EM / NO
Stephen Grant		Duval County		Duval / NO
Pico Torres		St. Johns County		St. Johns / Yes
Tim Devin				
Staff present:				
Beth Payne	Director	NEFRC	epayne@nefrc.org	NO

**HEALTHCARE COALITION
ANNUAL SPENDING PLAN
FISCAL YEAR 2014 - 2015
1st QR 2015**



QUARTERLY INCOME

<i>ITEM</i>	<i>AMOUNT</i>
	\$ -
	\$ -
TOTAL INCOME	\$ -

QUARTERLY EXPENSES

<i>ITEM</i>	<i>AMOUNT</i>
Travel to National HCC Conference, Denver	\$ 4,000.00
Contract Deliverables (training, exercise development, risk assessment)	\$ 16,000.00
Operations - Website Design & Development, phone line, email setup, equipment, etc.	\$ 5,000.00
Administrative Staff Time (Meetings, Minutes, travel arrangements, etc.)	\$ 5,000.00
Outreach Activities - Meetings, presentations, development of materials	\$ 6,000.00
General Membership Meeting logistics	\$ 1,000.00
TOTAL EXPENSES	\$ 37,000.00

For January, February and March 2015 (\$33,000) +
Travel in December to National Conference (\$4,000) =
\$37,000



2014-15 Contract Deliverables and Work Plan

**Listed in order of delivery date

DRAFT

1. Communications (01/02/15)

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)

The Executive Board voted at the September meeting to use the Kaiser Permanente Risk Assessment Tool, as many other Coalitions are using this tool. Since then, there has been several other Risk Assessment tools brought forward that could be utilized. There must be a determination of what tool to use moving forward. The tool that is utilized will help to determine the best method of outreach to stakeholders in completing the Risk and Resource Assessment.

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. The current (2013-14) Assessment indicates training needs on: COOP, situational awareness, communication, coordination of regional medical surge. Other possible ideas include the FDOH Alternate Care Site class.

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).

With a short turn-around time, one idea is to capitalize on the recent Ebola related exercises held in member counties (Clay, Nassau, others?) and utilize the lessons learned to hold an exercise based on a more regionalized scenario.

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.

Given this requirement, it may make sense to provide one of the required training classes on COOP. Training would 'encourage an environment of preparedness' and would give us several agencies to track their progress and report progress on. At this point of in the development of our Coalition, it may be difficult to recruit organizations to this training.

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

The general membership meetings are a requirement of the contract. In order to draw participants, these meetings could be held in conjunction with other events – possibly training? Risk Assessment outreach?

7. Grow the Coalition Membership – ongoing

This is a fundamental requirement of the Coalition and is ongoing throughout the year. It is necessary to develop outreach materials (PowerPoint, website, fliers) to use in various meetings, presentations and outreach events. With a short contract timeframe, it is necessary to prioritize the organizations to reach out to and focus our outreach efforts. This effort could also be a part of our general membership meeting.