

## **Northeast Florida Healthcare Coalition Multi-Year Strategic Plan 2018-2020**

### **INTRODUCTION & BACKGROUND**

The Northeast Florida Healthcare Coalition (NEFLHCC) was organized in early 2014 with six county and four discipline group partner members. The start-up requirements and deliverables that were addressed by the NEFLHCC Executive Board were established through funding provided by the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (ASPR/HPP) through the Florida Department of Health (FDOH) and FDOH in Duval County. The first “multi-year strategic plan” for the 2014-2017 timeframe was not a required contract deliverable but it was a priority of the Executive Board. The time period of 2014 – 2017 was recognized by the NEFLHCC Executive Board as a time for growth and development of the NEFLHCC. This original strategic plan provided the foundation of the Coalition’s mission and additional processes and procedures will be instituted in future years that will continue to build and enhance the organizational goals and objectives.

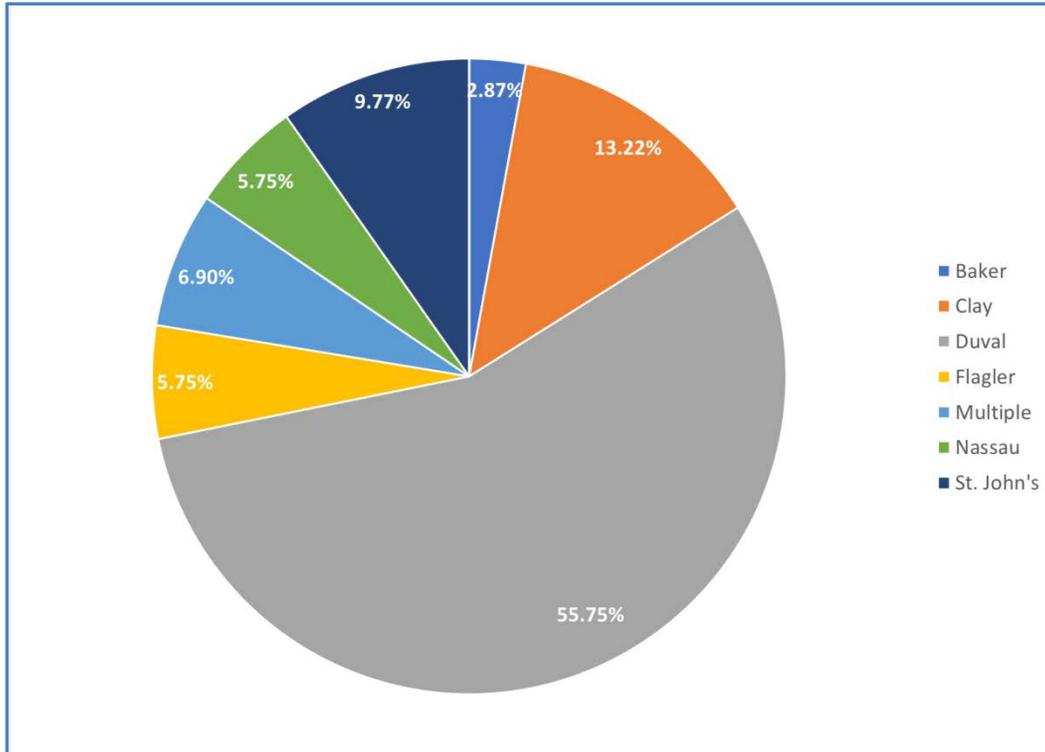
The current Strategic Plan (2018-2020) brings together the various components of the NEFLHCC’s founding tasks and efforts, the organization’s current leadership, capabilities, resources and gaps and a new Region 3 Healthcare Coalition structure to construct a vision of the next two years. This document helps to inform the Coalition’s future activities and initiatives. This plan is intended to be revised and built upon in future years, as the organization expands and matures, and the goals and objectives adapted to changing preparedness and response requirements and environments.

## **CURRENT**

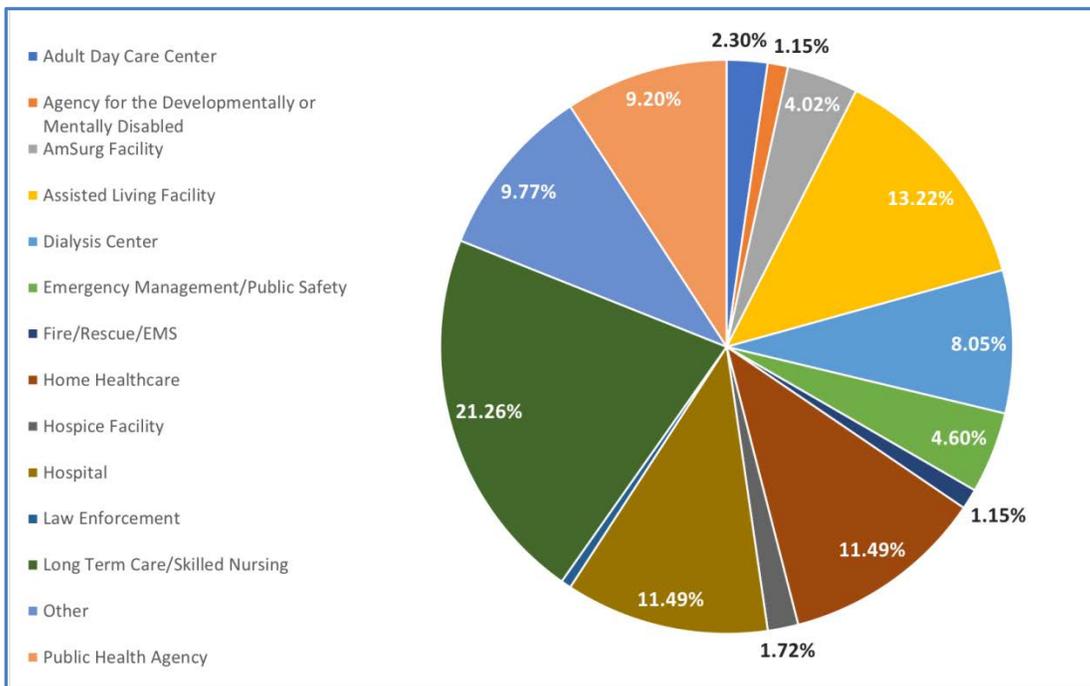
In 2017-18 fiscal year, the overall structure of healthcare coalitions across the state of Florida changed. The contracting process with the Florida Department of Health was streamlined, limiting the number of contracts written to healthcare coalitions. FDOH would provide one contract to each RDSTF region in the State. The Region 3 contract was awarded to the Northeast Florida Regional Council (NEFRC). NEFRC was to serve as the fiduciary agent for the three Coalitions in Region 3, for the Northeast Florida Healthcare Coalition, the North Central Florida Healthcare Coalition and the Coalition for Health and Medical Preparedness (CHAMP). The new structure included the creation of the Region 3 Healthcare Coalition Alliance, made up from Board Members of each of the three coalitions. The Alliance was charged with allocating funding and ensuring a regional approach was taken, when deemed effective and efficient , for contract tasks, deliverables and initiatives. The Alliance adopted bylaws which reflect their roles and responsibilities.

The Northeast Florida HCC saw tremendous growth during 2017. The membership process was formalized and membership doubled by the end of the 2017 calendar year. Outreach efforts to new members, including the use of a marketing firm, added a variety of public and private healthcare facilities to the membership roster. The implementation of the CMS Rule for Disaster Preparedness also drove healthcare facilities to seek out their local healthcare coalitions, for training and exercise opportunities, community involvement and technical assistance.

### Northeast Florida Healthcare Coalition Members by County

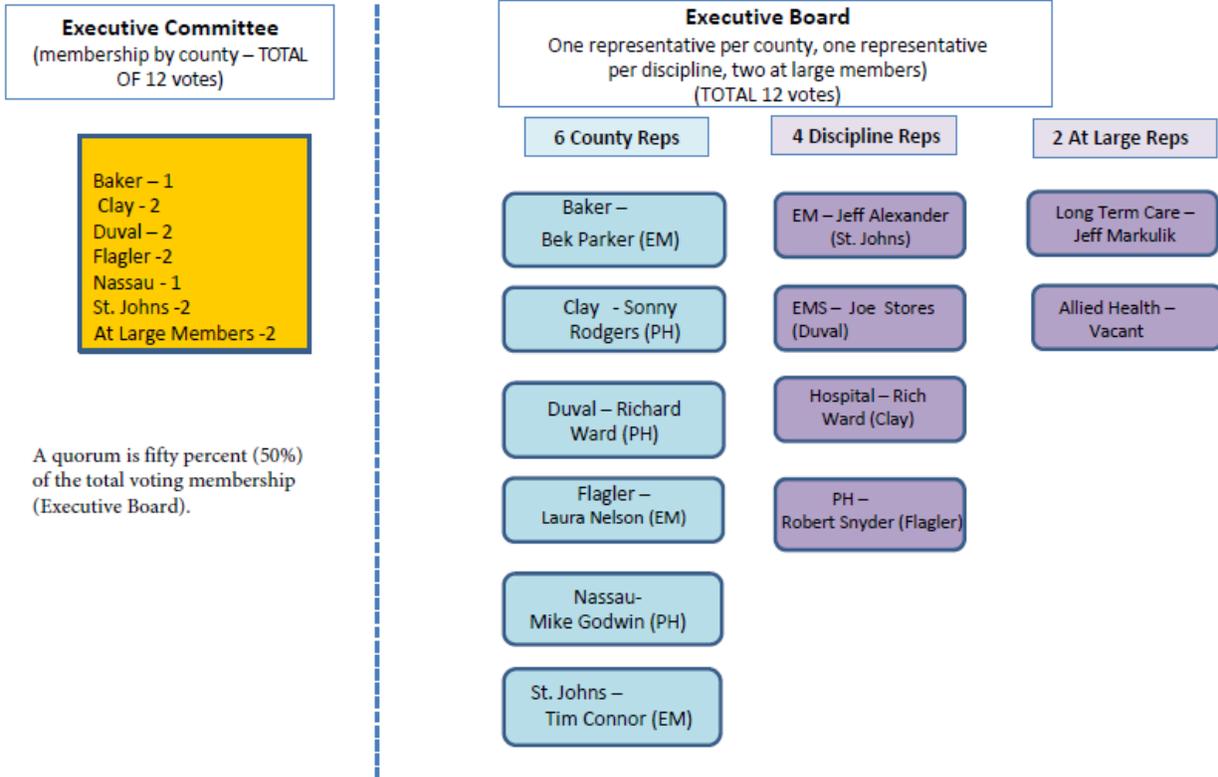


### Northeast Florida Healthcare Coalition Members by Type



An increase in membership and participation from a variety of disciplines also necessitated an expansion of the Executive Board to include two new Board seats – (1) Long Term Care and (2) Allied Health (home healthcare, dialysis centers, ambulatory surgical centers). These two new Board seats are defined as ‘At Large’ Members, due to the vast majority of facilities they represented across the Region.

**NEFLHCC Executive Board**



April 2018

The NEFLHCC has many accomplishments over the last several years and is working to build on its strengths. Training and exercise opportunities for healthcare facilities have filled a gap in the Region and have allowed a broader spectrum of the healthcare community to train and exercise together. This has built new relationships and strengthened existing ones among partners.

Highlights include:

First Annual Training Summit – August 2017

Hurricane Irma After Action Report – October 2017

CMS Rule Exercises for Healthcare Facilities – November & December 2017

Home Healthcare Working Group established – December 2017

Stop the Bleed Program Implementation – 2018

Active Shooter Initiative & Working Group – October 2017

Over \$145,000 Project Funding distributed to members in 2016-17 Fiscal Year

## **STRATEGIC PLANNING PROCESS**

The strategic planning process, specific to the Coalition, is used to set priorities, focus energy and resources, and ensure that members are working toward common goals. Coalitions across the nation are working to address the same four capabilities, as defined in the Assistant Secretary for Preparedness and Response (ASPR) 2017 – 2022 Health Care Preparedness and Response Capabilities document. The State of Florida's contract with each Coalition provides a framework to plans and processes that need to be established. However, each Coalition is approaching these capabilities based on their unique Coalition, membership, geography and needs.

A facilitated strategic planning process took place during the February 21, 2018 general membership meeting. This allowed the membership of the Coalition, not just the Board, to discuss the method to address the 2017-2022 Capabilities. The discussion centered on what could be accomplished in both a short and long term timeframe. Existing issues were fleshed out by examining what was currently working and what improvements needed to be made. New issues were also brought to the table, to brainstorm approaches.

1. Short-term Objectives/Strategies (may include, but are not limited to, the following):
  - a. Membership
  - b. Sustainability
  - c. Gap Filling
  - d. Health Care Executive (C-Suite) Engagement
  - e. Staff Direction
  - f. Other
  
2. Longer-term Objectives/Strategies (may include, but are not limited to, the following):
  - a. Coalition's Role in Response
  - b. Crisis Standards of Care
  - c. Other
  
3. Region III-wide Coordination/ Integration
  - a. NEFLHCC's working relationship with NCFHCC and CHAMP
  - b. Region III HCC (18 County) Functionality
  - c. Other

## Work Plan

The goals are defined by the four identified Health Care Preparedness and Response Capabilities (2017 – 2022) as defined by ASPR.

### Capability 1. Foundation for Health Care and Medical Readiness

*Goal: The community's health care organization and other stakeholders – coordination through a sustainable HCC – have strong relationships, identify hazards and risk, and prioritize and address gaps through planning, training, exercising and managing resources.*

*HCC Objective 1: Maintain outreach to healthcare system providers and services to engage executives and clinical leaders in the Coalition.*

*Action: Create a marketing package, specific to executives, to illustrate the value of the Coalition.*

*Action: Increase the number of press releases and media involvement in Coalition activities to raise the profile of the organization.*

*HCC Objective 2: Coordination and implementation of a multi-year training and exercise program that engages the whole healthcare community in Northeast Florida.*

*Action: Engagement of a multi-disciplinary needs assessment for training and exercise program each year, taking into account the accreditation needs of members.*

*HCC Objective 3: Further define and analyze the vulnerabilities and risk to the healthcare community. Using this information, develop and refine the understanding of the capabilities and needs in the region.*

*Action: Breakdown the regional Hazard Vulnerability Assessment and Risk Assessment to understand specific risks to specific facility types.*

*HCC Objective 4: Investigate the feasibility of identified methods to increase funding sustainability over the next three years.*

*Action: Begin the outreach to potential local donors for funding – i.e. large medical supply companies, healthcare insurance companies that have a presence in North Florida.*

*Action: Explore the requirements of becoming a Continuing Education Unit (CEU) Provider for certain disciplines, including the value and potential fee that could be charged to members for obtaining credits through Coalition training events.*

*Action: Study best practices among Coalitions across the Nation on use of membership dues.*

## **Capability 2. Health Care and Medical Response Coordination**

*Goal: Health care organizations, the HCC, their jurisdictions and the ESF 8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.*

*HCC Objective 1: Develop an operational plan that establishes roles and functions performed by the Coalition during a disaster.*

*Action: Using lessons learned from real world events and the most recent Coalition Surge Tool Exercises (March 2018), refine the communication role the HCC plays during an activation. Define how members request assistance, where the HCC would locate and what information would they provide and how (what platform to use).*

*Action: Explore coordination efforts with the 18 counties within the Region 3 Healthcare Coalition Alliance to determine viability of operations across the three Coalitions.*

*HCC Objective 2: Implement an information sharing process, during times of disaster, that allows for regional situational awareness for all Coalition members, including the management of resources.*

*Action: Investigate the use of communication tools to use for regional situational awareness (WebEOC, expanded use of Everbridge, etc.).*

*HCC Objective 3: Further engage the ‘allied healthcare services’ in planning, training and exercising with community partners to further preparedness efforts.*

*Action: Provide targeted outreach to these facility types (dialysis clinics, pharmacies, durable medical equipment providers) and further study their impact on the healthcare system during a disaster.*

*HCC Objective 4: Investigate a more robust response role for the Coalition.*

*Action: Annually review the Coalition’s ‘response’ plan to determine if further roles and responsibilities are needed outside of information sharing. This is particularly important to do after a real world event.*

### **Capability 3. Continuity of Health Care Service Delivery**

*Goal: Health care organizations, with support from the HCC and the ESF 8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or ideally, improved operations.*

*HCC Objective 1: Continue to fund Coalition specific projects, with allocated funding, to close identified gaps and to strengthen existing capabilities.*

*Action: Annually, review Coalition wide gaps and provide funding for projects that close gaps.*

*HCC Objective 2: Ensure members of the Coalition can provide a full continuum of care for patients during a disaster.*

*Action: Develop a Continuity of Operations Plan (COOP) to ensure redundancy in Coalition communication and coordination efforts.*

*Actions: Focus COOP training efforts on healthcare facilities (long term care, ancillary facilities - hospice, dialysis, etc.) to further develop the preparedness of the whole healthcare community.*

*HCC Objective 3: Better understand the resource needs of the healthcare community during a disaster and how the Coalition can address the gaps.*

*Action: Analyze the Region's resource supply chain for evaluation of equipment and supply needs during a disaster.*

*HCC Objective 4: Continue to educate and train impacted facility types on the implications of the CMS Emergency Preparedness Rule.*

*Action: Implement a progressive series of training events to engage the full list of impacted facilities on the CMS Rule.*

*Action: Increase staff's knowledge on the implement of the CMS Rule to ensure that Coalition's activities are fulfilling the requirements of the CMS and AHCA surveys.*

### **Capability 4. Medical Surge**

*Goal: Health care organizations, including hospitals, emergency medical services (EMS) and out of hospital providers – deliver timely and efficient care to their patients*

*even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF 8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.*

*HCC Objective 1: Work with the Coalition members on exercising, yearly, the Coalition Surge Tool and other medical surge related objectives.*

*Action: Develop exercises that engage the full spectrum of facilities in their medical surge capabilities (Staffing, coordination, alternate care sites, patient movement & tracking, etc.)*

*HCC Objective 2: Coordinate the development of relevant documents related to medical surge as required in the State of Florida DOH contract, while also focusing on new issues and emerging trends relevant to North Florida in the healthcare field.*

*Action: Develop contract deliverables of Mass Fatality Planning, Evacuation and Transportation, Infectious Disease Preparedness and Response, while also continuing efforts on the active assailant issues, cyber-terrorism and Home Healthcare disaster care.*

*HCC Objective 3: Strengthen the public's awareness of their role in a mass casualty event.*

*Action: Continue to implement the Stop the Bleed program across Northeast Florida with partner agencies.*