NORTHEAST FLORIDA HEALTHCARE COALITION

Virtual Meeting Due to COVID-19

Join Zoom Meeting: https://nefrc-org.zoom.us/j/2451626595

Or Call 1-786-635-1003 Code: 245-162-6595

<u>Executive Board Meeting Agenda</u>
Wednesday, October 21st @ 1pm

I. **Call to Order**
- Validation of Voting Members [accept designees, if required]
- *Approval of Minutes from 9/16/20 Quarterly General Membership Meeting

II. **Financial**
- *Budget Report (September 2020)
- Expenditure Requests
- Management and Administration
    - PPE Care Packages – LTC and Home Health Distribution
    - CDBG: Mitigation Grant – Planning
        - Healthcare Resiliency Plan for the Health and Medical Lifeline
    - ASPR Funding: COVID-19 Preparedness and Response Activities
    - Marketing Firm - Fabiola

III. **Business**
- *Approval of General Membership Requests (as of 10/14/20)
- Update - Project Funding/ Project Awards FY 2020-2021
- Draft COVID-19 After-Action Report/Improvement Plan
    - AAR-IP Overview: Process, Timeline, and Documentation
    - Capability 1: Foundation for Health Care and Medical Readiness
    - Capability 2: Health Care and Medical Response Coordination
- Training and Exercise
    - Monthly Training/Exercise Newsletter
    - HCC Statewide Training Website
- Upcoming Events
    - All in-person events postponed or cancelled due to COVID-19

IV. **Member Reports**
- Board Member Reports
- Open Discussion

VII. **Adjourn**

November 18th - Executive Board Meeting (via Zoom)
December 16th - Quarterly General Membership Meeting (via Zoom)

NEFLHCC Executive Board

Executive Board

A quorum is 50% of the total voting membership (Executive Board)

Six Voting Members = Quorum

Membership by County

- Baker – 1
- Clay – 2
- Duval – 3
- Flagler - 2
- Nassau – 1
- St. Johns – 1
- At Large – 2
  TOTAL = 12

Tiebreak Vote

Regional Emergency Response Advisor

Executive Board

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Devin, EMS

Secretary/Treasurer: Kristy Siebert, Home Health

6 County Reps	4 Discipline Reps	2 At-Large Reps
Baker County Jose Morales	Emergency Management Percy Golden	Long Term Care Jeff Markulik
Clay County Sonny Rodgers	EMS Tim Devin	Home Health Kristy Siebert
Duval County Richard Ward	Hospital Rich Ward	
Flagler County Suzette Reese	Public Health Robert Snyder	
Nassau County Ronnie Nessler		
St. Johns County Noreen Nickola-Williams		

* As of 10/14/2020

Northeast Florida Healthcare Coalition Voting Members & Designated Alternates (10/14/2020)

Six Voting Members = Quorum

Representation	Voting Member	Alternate Name	Alternate's Agency	Appointing Authority
Baker County	Jose Morales	Bek Parker	Baker County Sheriff's Office	ESF 8 Partners
Clay County	Sonny Rodgers	Luis Herrera	FDOH - Clay	ESF 8 Partners
Duval County	Richard Ward	Winston Gibbs	FDOH – Duval	ESF 8 Partners
Flagler County	Suzette Reese	Bob Pickering	Flagler County Emergency Mgmt.	ESF 8 Partners
Nassau County	Ronnie Nessler	Mike Godwin	FDOH - Nassau	ESF 8 Partners
St. John County	Noreen Nickola-Williams	Greta Hall	St. Johns County Fire/Rescue	ESF 8 Partners
Emergency Management	Percy Golden	*Alternate Needed*		Regional Emergency Managers
EMS	Tim Devin	*Alternate Needed*		First Coast EMS Advisory Council
Hospitals	Rich Ward	Dave Chapman	Ascension St. Vincent's	First Coast Disaster Council
Public Health	Robert Snyder	*Alternate Needed*		Regional Public Health Officers
Long-Term Care	Jeff Markulik	*Alternate Needed*		Florida Healthcare - District
Home Health	Kristy Siebert	Theresa Gates	Beyond Home Health Care Services	

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Devin, EMS

Secretary/Treasurer: Kristy Siebert, Home Health

Northeast Florida Healthcare Coalition

Quarterly General Membership Meeting
September 16, 2020 @ 1pm
Meeting Notes

The Quarterly General Membership Meeting of the Northeast Florida Healthcare Coalition was a virtual meeting held via Zoom teleconference technology. A virtual meeting was held because of social distancing requirements due to COVID-19. The meeting commenced at 1:00pm on Wednesday, September 16, 2020.

CALL TO ORDER

The meeting was called to order by Chairperson Rich Ward (Hospital) with a validation of a quorum, with the following Board members present:

Duval County – Richard Ward
Flagler County – Suzette Reese
St. Johns County – Noreen Nickola-Williams
Emergency Management – Percy Golden
EMS – Tim Devin
Hospitals – Rich Ward
Long Term Care – Jeff Markulik
Home Health – Kristy Siebert

Absent:
Baker County – Bek Parker
Clay County – Sonny Rodgers
Nassau County – Ronnie Nessler
Public Health – Robert Snyder

A sign-in sheet was developed from the Zoom meeting attendance roster and emails received from attendees who participated by phone.

Approval of Minutes
The draft minutes and sign-in sheet from the July 15, 2020 meeting were provided as part of the meeting packet.

Chairperson Ward called for a motion for approval of the July 15, 2020 meeting minutes. Richard Ward (Duval) moved approval; second by Jeff Markulik (LTC). Motion carried.

FINANCIAL

*Budget Report
The finance report for July 2020 and August 2020 was presented by Coalition staff.

With no questions, Chairperson Ward called for a motion to accept the July 2020 and August

2020 budget reports. Jeff Markulik (LTC) moved approval; second by Richard Ward (Duval). Motion carried.

*Expenditure Requests
None at this time.

Management and Administration Update

- **Long-Term Care Packages – Next Steps:** The Healthcare Coalition Alliance (18 counties) has completed the distribution of PPE care packages to our long-term care facilities. The Coalition still has excess surgical masks. Staff will begin to reach out to our home health partners to distribute the remaining PPE to that healthcare discipline.

- **CDBG - Mitigation Planning Grant Update:** The Healthcare Coalition Alliance (18 counties) submitted a grant application to Florida DEO to fund a healthcare project known as the "North Florida Resiliency Plan for the Health and Medical Lifeline." The grant application has been selected for conference and further review by DEO staff. Coalition staff will provide updates to the membership if this application is selected to move further in the award process.

- **ASPR Funding – COVID-19 Preparedness & Response Activities:** The Healthcare Coalition Alliance (18 counties) is in final discussions with the Florida Hospital Association on being a recipient of a grant to address COVID-19 preparedness and response activities. The intent of this money is to identify, isolate, assess, transport, or treat patients with COVID-19 or other special pathogens or infectious diseases. Once an agreement is in place, Coalition staff will provide a formal presentation on this opportunity to the membership.

BUSINESS

*Approval of General Membership Requests
As required in the bylaws, the Board must approve all membership requests. There have been seven (7) membership requests since the last meeting. The list was provided in the meeting packet.

Chairperson Ward called for a motion to approve of the membership requests. Tim Devin (EMS) moved approval; second by Kristy Siebert (Home Health). Motion carried.

Executive Board – Recent Voting Member Changes
The Executive Board has gone through several changes to the voting membership. As a result, the alternate members for each of these disciplines have been elevated to primary voting members.

Please say goodbye to:
- Jordan Duncan – Baker County

- Tim Connor – Emergency Management
- Joe Stores – EMS

Welcome to the Executive Board:
- Bek Parker – Baker County
- Percy Golden – Emergency Management
- Tim Devin (again) – EMS

Additionally, The Coalition has lost the Vice-Chairperson in Tim Connor (Emergency Management). Mr. Tim Devin (EMS) was nominated to replace Tim Conner as the Coalition Vice-Chairperson, to serve through the end of the term in June 2021.

A Resolution will be prepared for Mr. Tim Connor regarding his contributions to the Coalition.

*Coalition Bylaws – Annual Review

The Coalition Bylaws require an annual review. The review is meant to ensure that the Coalition's Bylaws remain current and representative of the Coalition. Staff distributed the current Bylaws to the Executive Committee for their review following the June 17, 2020 meeting.

No comments or amendments were received from membership. Staff made recommended changes to address options for virtual meetings, which have been changed in response to COVID-19. Recommended changes were provided to the Executive Board in advance of the meeting for their review and included in the agenda packet for the general membership.

Chairperson Ward called for a motion to approve of the bylaw changes. Richard Ward (Duval) moved approval; second by Jeff Markulik (LTC). Motion carried.

Northeast Florida Healthcare Coalition

Project Funding/Project Awards FY 20/21

Due to COVID-19 impacts, the Coalition has been able to assign additional funding towards project awards submitted by the healthcare coalition membership. As a result, the Coalition has $133,626 available to fund projects for FY 20/21.

The following table highlights the funding recommendations provided by the independent project review team. Staff gave an overview of the recommendations and answered questions from members regarding project specifics.

Northeast Project Applicants			Funding Recommendations of Review Committee		
Agency	Project Title	Total Cost	Funding Level	Amount to Fund	Notes
Ascension St. Vincent's	Portable HICS Stations	$14,396.43	Full	$14,396	
Ascension St. Vincent's	Storage Container: Alaska Shelter	$4,850.00	Full	$ 4,850	
Baker Sheriff's Office	Tactical Medical Training (Stop the Bleed)	$4,606.51	Full	$ 4,606	
Baptist (5 Campuses)	Satellite Radios	$33,659.95	Partial	$23,660	Fund the radios, but not installation
Baptist Beaches	Decon Equipment (Cooling Vests, etc.)	$2,500.00	Full	$ 2,500	
Child Life Disaster Relief	Disaster Relief Coping Backpacks (Peds)	$10,000.00	Full	$10,000	
Flagler Hospital	PAPR System (10 Units)	$21,640.50	Partial	$12,984	Fund 6 units at $2164 each
Frank Wells Nursing Home	Portable Radios	$2,248.80	Full	$ 2,249	
JFRD	Mass Casualty Incident Trailer Supplies	$24,154.88	Full	$24,155	
Jacksonville University – Healthcare Simulation Center	Culinary COVID Training	$13,282.00	Full	$13,282*	*Training must be available for all HCC members, not just single facility
Memorial Hospital	Decon Supplies – expired equipment	$7,886.55	Full	$ 7,887	

Mental Health Resource Center	Portable Air Conditioners/Heat Pumps	$6,299.90	Full	$ 6,299	
UF Health Jax	Peds Surge Go Kits	$6,316.66	Full	$ 6,317	
				$133,185	

Chairperson Ward called for a motion to approve of the funding recommendations put forward by the project review team. Sue Reese (Flagler) moved approval; second by Kristy Siebert (Home Health). Motion carried.
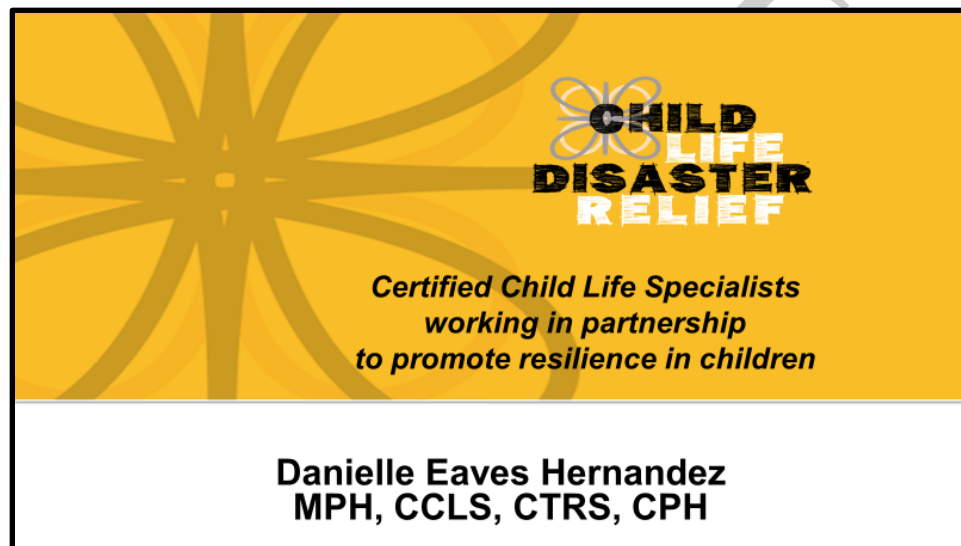
Northeast Florida Healthcare Coalition

www.CLDisasterRelief.org

Danielle Eaves Hernandez provided a presentation on the capabilities and resources they provide towards pediatric mental health in the region. Coalition staff will provide the membership with a copy of her resources and contact information for their use.

Danielle.EavesHernandez@cldisasterrelief.org

CLDR Strategic Objectives

Deploying Certified Child Life Specialists (CCLS): deploying CCLS's for disaster response virtually and in person.

Training: providing CLDR webinars to enhance direct service delivery during times of disaster response for CCLS's, parents/guardians, educators, health care providers and first responders.

Regional Networks: forming teams of CCLS's in various cities throughout the United States to establish networks to initiate rapid service delivery during disasters.

Partner Organizations: developing and creating stronger relationships/ partnerships with national and local organizations that respond to natural and man-made disasters around the country. This will increase our opportunity for service delivery and ultimately increase positive coping and resilience in children.

Resources: providing free, high quality virtual resources for communities around the country. These resources will be evidenced based and geared towards various audiences to positively impact the lives of children in our communities following disaster.

Draft COVID-19 After-Action Report/Improvement Plan for the Coalition
The Coalition will begin the process of developing the draft COVID-19 after-action report and improvement plan (AAR-IP). Staff has collected data from 74 member responses to the survey that was distributed to membership in August. Staff will present the draft AAR-IP at the October Executive Committee Meeting.

Training and Exercise – Virtual Options
• In-Person Training and Exercises are Cancelled Until Further Notice

• Virtual Options have been added to the Coalition Website

• Staff will begin to develop a monthly Training & Exercise Newsletter and distribute to membership

Upcoming Events
All Coalition Training and Exercise activities are cancelled or postponed due to COVID-19.

MEMBER AND OPEN DISCUSSION

Board Member Reports	Open Discussion
None at this time.	None at this time.

ADJOURN

Next **Executive Board** Meeting – October 21 @ 1:00pm
Meeting will be conducted via Zoom. A link will be made available on the Agenda Packet.

Next **General Membership** Meeting – December 16 @ 1:00pm
Meeting will be conducted via Zoom. A link will be made available on the Agenda Packet.

#	Name	Agency/Organization
	Roster - NEFLHCC General Membership Meeting September 16, 2020	
1	Alvin Barker	Orange Park Fire Department
2	Beth Payne	NEFRC
3	Beverly Whittet	Florida ESRD Network (7)
4	Brad Elias	Jacksonville Fire Rescue Department
5	Danielle Eaves Hernandez	CLDF
6	Dave Chapman	Ascension St. Vincent's
7	Donna DeGennaro	Flagler Hospital
8	Eric Anderson	NEFRC
9	Greg Foster	Nassau County Sheriff's Office
10	Jeff Markulik	W. Frank Wells Nursing Home
11	Jerry Lynn Daniels	Silver Creek Senior Living Community
12	John Coffey	Ascension St. Vincent's
13	John Devine	Consulate Healthcare of Orange Park
14	John Newman	AdventHealth Palm Coast
15	Jose Morales	FDOH - Baker County
16	Kate Haigh	NEFRC
17	Kathleen Kavanagh	JU Healthcare Simulation Center
18	Kenny Higginbotham	FDOH - Bureau of Vital Statistics
19	Kristy Siebert	St. Vincent's Home Health
20	Larry Peterson	Baptist Medical Center - South
21	Lawana Jolivette	Ascension St. Vincent's
22	Leah Guthrie	Mental Health Resource Center
23	Leigh Wilsey	NEFRC
24	Linda Bennett	Precise Home Care
25	Mary Boutte	FDOH - Bureau of Vital Statistics
26	Melissa Udekwu	Allegiant Homecare
27	Noreen Nickola-Williams	FDOH - St. Johns County
28	Percy Golden	Jacksonville Fire Rescue Department
29	Rachel Webb	BayView
30	Rich Ward	Orange Park Medical Center
31	Richard Ward	FDOH - Duval County
32	Sherri Cheshire	North Florida AHEC
33	Sue Reese	FDOH - Flagler County
34	Theresa Gates	Beyond Home Health Care
35	Timothy Devin	Century Ambulance
36	Wes Marsh	Brooks Rehabilitation

Northeast Florida Health Care Coalition
Financial Report
As of September 2020

NEFHCC 20/21		Budget		September 2020		Project To Date	% of Budget Spent		Funds Available
Revenues									
State Contract		$ 352,373.00	$	11,737.34	$	35,858.82	10%	$	316,514.18
	Revenues	$ 352,373.00	$	11,737.34	$	35,858.82	10%	$	316,514.18
Expenses									
Staffing Cost		$ 131,726.00	$	11,712.34	$	35,520.97	27%	$	96,205.03
Printing		$ -	$	-	$	11.31	0%	$	(11.31)
Website		$ 400.00	$	25.00	$	100.00	0%	$	300.00
D&O Insurance		$ 234.00	$	-	$	-	0%	$	234.00
Membership Dues		$ 100.00	$	-	$	-	0%	$	100.00
State Corporation Fees		$ 70.00			$	-	0%	$	70.00
Travel		$ 9,920.00	$	-	$	-	0%	$	9,920.00
Professional Services		$ 76,297.00	$	-	$	226.54	0%	$	76,070.46
	Expenses	$ 218,747.00	$	11,737.34	$	35,858.82	16%	$	182,888.18

PROJECTS FY 20/21		Budget		September 2020		Project To Date	% of Budget Spent		Funds Available
Revenues									
State Contract		$ 133,626.00	$	-	$	-	0%	$	133,626.00
	Revenues	$ 133,626.00	$	-	$	-	0%	$	133,626.00
Expenses									
Projects		$ 133,626.00	$	-	$	-	0%	$	133,626.00
	Expenses	$ 133,626.00	$	-	$	-	0%	$	133,626.00

New Membership Requests as of 10/14/2020

First	Last	Title/Job Duty	Type of Organization	Name of Facility/Organization	County
Scott	Love	Pediatrician/Public Health Emergency Officer	Primary care providers	Naval Hospital Jacksonville	Duval
Liz	Robertson	Nurse Manager	Outpatient health care delivery	Center One Surgery Center	Duval
Rachel	Tyus	Pediatric Case Manager	Home health agencies	All Care Home Nursing Services, LLC	Duval
Bobby	Bailey	Training & Exercise Program Manager	Public Health Agencies	Florida Department of Health, Bureau of Preparedness and Response	State

Region 3
Healthcare Coalition Alliance

COVID-19 After-Action Report/Improvement Plan

CORONAVIRUS (COVID-19)

CHAMP
Coalition for Health and Medical Preparedness

North Central Florida HealthCare Coalition
Coordinating Preparedness & Resilience
through all sectors of the healthcare system

Northeast Florida
Healthcare
C O A L I T I O N
For Disaster Preparedness
Achieve a health and medical system that is efficient and resilient in an emergency.

REAL WORLD EVENT OVERVIEW: COVID-19

Event Name	COVID-19 Response (Real World Event)
Real World Event Information & Important Dates	The Region 3 Healthcare Coalition Alliance monitored the COVID-19 outbreak since it was reported in China in December 2019. In response, healthcare coalition member organizations began to implement preparedness measures for the eventual impacts to the healthcare sector in Florida. Florida began to report cases of COVID-19 in March 2020, and the healthcare system has been responding to COVID-19 since that time. The Region 3 Healthcare Coalition Alliance activated their Operational Plan in response to COVID-19 beginning on March 13, 2020. Significant dates that initiated statewide response to COVID-19. • State: Florida Public Health Emergency declared on 03/01/2020 [Executive Order Number 20-51] • State: Florida State of Emergency declared on 03/09/2020 [Executive Order Number 20-52] • Presidential Declaration: President Trump issued a federal disaster declaration pursuant to Section 501(b) of the Stafford Act for Florida COVID-19 (EM-3432) on 3/13/2020. The incident period is January 20, 2020 and continuing. • A Major Disaster Declaration (FEMA-4486-DR) was approved for Florida on March 25, 2020.
Mission Area	Response
Healthcare Preparedness & Response Capabilities	Capability 1: Foundation for Health Care and Medical Readiness Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery Capability 4: Medical Surge
Hazard & Scope	Pandemic: Real World Event – March 2020 to September 2020
Sponsor	Member Coalitions of the Region 3 – Healthcare Coalition Alliance
Participating Organizations	Reference Appendix B for a list of agencies/organizations who participated in the development of this after-action report and improvement plan (AAR-IP).
Point of Contact	Eric Anderson, FPEM, MEP, AICP Emergency Preparedness Manager Northeast Florida Regional Council Office: (904) 279-0880 ext. 178, Email: eanderson@nefrc.org

ANALYSIS OF HEALTHCARE PREPAREDNESS & RESPONSE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Healthcare Preparedness & Response Capabilities	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1: Foundation for Health Care & Medical Readiness	**P**			
2: Health Care & Medical Response Coordination		**S**		
3: Continuity of Health Care Service Delivery				
4: Medical Surge				

Table 1. Summary of Healthcare Preparedness & Response Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each Healthcare Preparedness & Response Capability, highlighting strengths and areas for improvement.

Capability 1: Foundation for Health Care & Medical Readiness

The community's health care organizations and other stakeholders - coordinated through a sustainable HCC - have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Objectives:
  1) Establish and Operationalize a Health Care Coalition
  2) Identify Risks and Needs
  3) Develop a Health Care Coalition Preparedness Plan
  4) Train and Prepare the Health Care and Medical Workforce
  5) Ensure Preparedness is Sustained

Strengths

The full or partial capability level can be attributed to the following strengths:

Strength 1: The three (3) Healthcare Coalitions (HCCs) in the Region 3 – Healthcare Coalition Alliance (Alliance) have defined geographic boundaries. These geographic boundaries have been established to coincide with catchment areas for healthcare service delivery. These boundaries encompass more than one of each member type (e.g. Hospitals, EMS, ESF-8) to enable coordination.

HCC Service Areas:

- Coalition for Health and Medical Preparedness (CHAMP) – Marion County

- North Central Florida HealthCare Coalition - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties.

- Northeast Florida Healthcare Coalition – Baker, Clay, Duval, Flagler, Nassau, and St. Johns counties

Capability 1 Reference: Objective 1 - Establish and Operationalize a Health Care Coalition; Activity 1 – Define Health Care Coalition Boundaries

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Strength 2: The HCCs include a diverse membership to ensure a successful whole community response. All three (3) HCCs in the Alliance have bylaws that provide guidance on membership, healthcare sector representation, and voting rights. Each HCC has a defined core set of members in the following disciplines: Hospitals, EMS, Emergency Management, and Public Health. Additionally, each HCC has added other healthcare disciplines (e.g. Long-Term Care, Home Health, Surgery Centers, Hospice, etc.) to their membership as each organization has grown in their geographic area.

Current Membership of the HCCs in the Region 3 – Healthcare Coalition Alliance stands at 697 people who represent a broad range of healthcare sector disciplines.

Capability 1 Reference: Objective 1 - Establish and Operationalize a Health Care Coalition; Activity 2 – Identify Health Care Coalition Members

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Strength 3: All three (3) HCCs in the Alliance have a defined governance structures and bylaws that guide their actions. These bylaws highlight the organizational structure of the HCC, authorities, policies and procedures, membership and voting guidance, operational functions, and methodology for making changes.

Additionally, the Region 3 – Healthcare Coalition Alliance has a governance structure and set of bylaws that guide the executive committee of the Alliance, with similar topic areas that are addressed in the individual HCC bylaws.

Capability 1 Reference: Objective 1 - Establish and Operationalize a Health Care Coalition; Activity 3 – Establish Health Care Coalition Governance

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Strength 4: The Region 3 – Healthcare Coalition Alliance has completed a Hazard Vulnerability Assessment (HVA) and accompanying Healthcare Jurisdictional Risk Assessment (JRA). The Alliance created a team of emergency management, public health and planning subject matter experts (SME) to analyze and evaluate the regional data to create these Plans. The 2020 response to COVID-19 was used to update and validate the current HVA.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 1 – Assess Hazard Vulnerabilities and Risks

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

Strength 5: The Region 3 – Healthcare Coalition Alliance has completed a Jurisdictional Risk Assessment (JRA). The JRA is used to identify the effects specific hazards have on regional jurisdictions and populations. The assessment further recommends mitigation strategies to lessen these effects on the healthcare delivery system. The JRA, along with the Region 3 Healthcare Hazard and Vulnerability Assessment (HVA) are used to identify gaps and inform the HCCs planning, training, and project selection/funding decisions. Impacts associated to a pandemic (COVID-19) have been included in the HVA and JRA planning documents.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 3 – Prioritize Resource Gaps and Mitigation Strategies

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Strength 6: The Region 3 – Healthcare Coalition Alliance has completed demographic assessments of the population in the 18-county region. The HVA contains two primary data sets: 1) Social Vulnerability Index (SVI) 2) HHS emPower.

The Social Vulnerability Index (SVI) uses U.S. Census data to determine the social vulnerability of every Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks each tract on 14 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking.
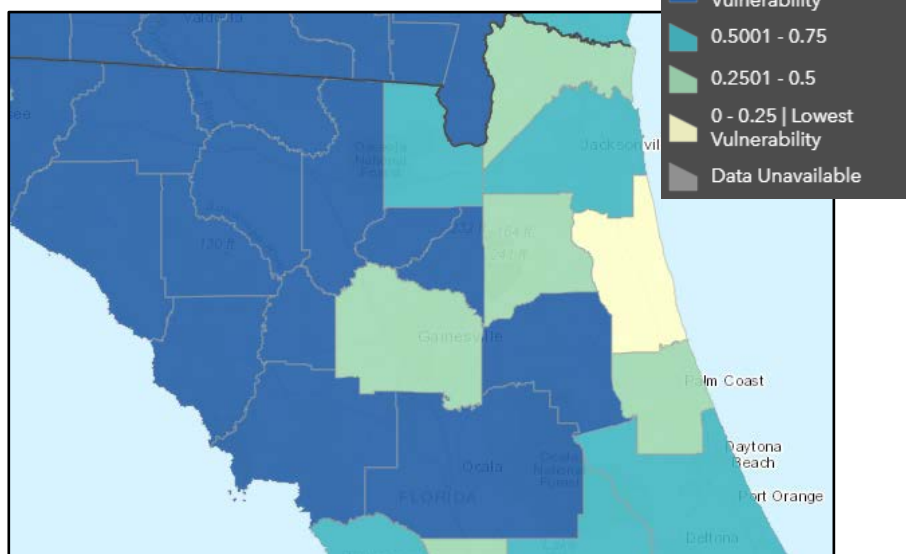
Region 3 Alliance SVI Vulnerability Levels

The U.S. Department of Health and Human Services emPOWER map provides information on Medicare beneficiaries who rely on electricity-dependent medical and assistive equipment, such as ventilators, at-home dialysis machines, and wheelchairs. The HHS emPOWER Map gives every public health official, emergency manager, hospital, first responder, electric company, and community member the power to discover the electricity-dependent Medicare population in their state, territory, county, and ZIP Code. When combined with real-time severe weather and hazard maps, communities can easily anticipate and plan for the needs of this population during an emergency.

County	Medicare Beneficiaries	Electric Dependent Beneficiaries
Alachua	42,980	1,794
Baker	4,538	275
Bradford	4,871	331
Clay	39,949	1,906
Columbia	14,833	851
Dixie	3,731	302
Duval	153,530	7,076
Flagler	35,409	1,244
Gilchrist	3,705	209
Hamilton	2,980	145
Lafayette	1,035	67
Levy	10,448	580
Marion	105,995	4,759
Nassau	21,150	899
Putnam	17,973	1,053
St. Johns	54,926	1,812
Suwannee	10,436	583
Union	2,091	156
Totals	**530,580**	**24,042**
REGION 3 emPower DATA (May 2020)		

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 4 – Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs

Strength 7: The Region 3 – Healthcare Coalition Alliance monitored and distributed regulatory compliance requirements and guidance specific to COVID-19 through the development and distribution of regional healthcare Situation Reports (SitReps). The SitReps provided links to the Governor's Executive Orders, CMS and AHCA requirements, and CDC guidance and resources. This information changed on a regular basis and our members expressed their appreciation of the efforts put forth to provide timely and trustworthy information.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 5 – Assess and Identify Regulatory Compliance Requirements

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Strength 8: The Region 3 – Healthcare Coalition Alliance adopted a Preparedness Plan in 2018 and completed updates to the Preparedness Plan in May of 2020. The Preparedness Plan supports the short and long-term objectives defined in the Strategic Plans for the CHAMP Coalition, Northeast Florida Healthcare Coalition, and the North Central Florida Healthcare Coalition. These objectives were developed with full coordination of member organizations and based on hazard vulnerabilities and gaps identified in planning documents of the HCCs and Alliance. The Preparedness Plan addresses those issues that are experienced across the 18 counties in Region 3, to allow for effective coordination and collaboration in preparedness and to efficiently recover from an emergency.

The real-world events and experiences from the 2016 & 2017 hurricane seasons and the ongoing 2020 response to COVID-19 have allowed the Coalitions and all of Region 3 to better understand the risk and the extent of the needs for the healthcare community during a natural disaster and/or public health emergency. This Plan is reviewed and updated regularly.

Capability 1 Reference: Objective 3 – Develop a Health Care Coalition Preparedness Plan

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Strength 9: Member HCCs of the Alliance have assisted health care organization members with numerous National Incident Management System (NIMS) trainings and through annual validation exercises. NIMS provides stakeholders across the whole community with the shared vocabulary, systems and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS defines operational systems that guide how personnel work together during incidents. These NIMS-based trainings and exercises have aided healthcare facilities with navigating the preparedness and response phases of COVID-19.

The following NIMS related training and exercises have been offered to HCC members:

Training or Exercises	Source/Provider
IS-100.b - (ICS 100) Introduction to Incident Command System	FEMA – (Independent Study)
IS-200.b (ICS 200) ICS for Single Resources and Initial Action Incidents	FEMA – (Independent Study)
IS-700.a National Incident Management System (NIMS), An Introduction	FEMA – (Independent Study)
IS-702.a National Incident Management System (NIMS) Public Information Systems	FEMA – (Independent Study)
IS-703.a NIMS Resource Management Course	FEMA – (Independent Study)
IS-800.b National Response Framework, An Introduction	FEMA – (Independent Study)
ICS-300: Intermediate Incident Command System for Expanding Incidents, ICS-300	FEMA – Local Emergency Mgmt.
ICS-400: Advanced ICS for Command and General Staff–Complex Incidents	FEMA – Local Emergency Mgmt.
Hospital Incident Command Systems (HICS)	Health Care Coalitions
Nursing Home Incident Command Systems (NHICS)	Health Care Coalitions
Coalition Surge Test (CST) Exercise – Conducted Annually	Health Care Coalitions

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 1 - Promote Role-Appropriate National Incident Management System Implementation

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Strength 10: The Region 3 – Healthcare Coalition Alliance has adopted a Strategic Plan that identifies preparedness and response gaps. In reply, each HCC has implemented annual workshops to develop training priorities and implementation timelines. This annual process has assisted each HCC with the development of a 3-year Training and Exercise Plan (TEP).

Annual updates to the TEP have always included infectious disease education and support courses. These opportunities have helped member organizations with preparing for and responding to the COVID-19 epidemic. The following training opportunities have been provided to HCC members, with the Infectious Disease "Best Practices" Workshops being implemented in each HCC region in March of 2020:

Training or Workshops
Basic Healthcare Emergency Management
Advanced Healthcare Emergency Management
MGT 409 - Community Healthcare Planning & Response to Disasters
PER 320 - Personal Protective Measures for Biological Events
MGT 319 – Medical Countermeasures: Points of Dispensing (POD), Planning, and Response
PER 211 – Medical Management of Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Events
Infectious Disease "Best Practices" Workshops

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 2 – Educate and Train on Identified Preparedness and Response Gaps

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Strength 11: Each HCC in the Alliance has planned and conducted multiple discussion-based and operations-based exercises to assess the health care delivery system's readiness. One example of an operations-based exercise is the annual Coalition Surge Test (CST) Exercise. The CST is designed to help health care coalitions identify gaps in their surge planning through a low- to no-notice exercise. The CST tests a coalition's ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a coalition's staffed acute-care bed capacity.

Additionally, several exercises have been completed to address concepts associated to infectious disease. The HCCs used the 100-year anniversary of the 1918 Pandemic Influenza (Spanish Flu) to conduct five (5) tabletop exercises across the region in FY 19-20. This allowed participating healthcare facilities and support agencies to identify gaps in their planning, policies, equipment, and training and exercises as they relate to pandemic influenza.

Infectious Disease Related Exercises
Measles Virus Tabletop Exercise – St. Johns County (2015)
Pandemic Influenza Tabletop Exercise – Duval County (2018)
Pandemic Influenza Tabletop Exercise – Clay County (2019)
Pandemic Influenza Tabletop Exercise – Gilchrist County (2019)
Pandemic Influenza Tabletop Exercise – Putnam County (2019)
Pandemic Influenza Tabletop Exercise – St. Johns County (2019)

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 3 – Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

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Strength 12: All exercises planned, implemented, and evaluated for the HCCs use Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals, as well as integrate requirements from Joint Commission and the Centers for Medicare Medicaid Services (CMS).

The HCCs have played an active role in developing and providing exercise documentation to assist healthcare facilities with meeting their training and exercise requirements. This remains true for the infectious disease exercises highlighted in the previous section. All exercise participants were provided with the following exercise documents to assist with meeting exercise requirements.

- Sign-in Sheets

- Situation Manual

- Exercise Presentation

- Participant Evaluation Forms

- Exercise Participation Letter from the HCC

- After-Action Report/Improvement Plan Template – facilities complete their own AAR-IP

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 4 – Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements

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Strength 13: The HCCs coordinated with their members and other response organizations to complete after-action reports and improvement plans (AAR-IP) following exercises and real-world events. The development of this regional COVID-19 AAR-IP for a real-world event supports the 2017-2022 Healthcare Preparedness and Response capability, objective, and associated activity for evaluating exercises and responses to emergencies.

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 5 – Evaluate Exercises and Responses to Emergencies

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Strength 14: The Region 3 – Healthcare Coalition Alliance conducted Infectious Disease "Best Practices" Workshops on March 3-5, 2020. Recent occurrences and outbreaks of infectious diseases such as influenza, Ebola and the 2019 Novel Coronavirus (2019-nCoV) have illustrated the importance of using effective infection control measures. These workshops allowed for infectious disease subject matter experts from across the healthcare sector to develop an Infectious Disease and Infection Control Best Practices Framework.

The Infectious Disease and Infection Control Best Practices Framework provided guidelines to assist healthcare organizations and community partners in planning and training for infectious diseases. This document has been broken into four "intervals" that represent an escalation in an infectious disease and its impact on the ability of healthcare organizations to provide healthcare services. This document is meant to be used by healthcare organizations for planning and response phases. It is not meant to replace or supersede existing plans.

The 2020 Infectious Disease Best Practices Framework was adopted and distributed to HCC member organizations in June of 2020. This Framework was also posted to the Region 3 – Healthcare Coalition Alliance website for open source use and reference.

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 6 – Share Leading Practices and Lessons Learned

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Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: The Healthcare Coalitions were underutilized by the lead healthcare regulatory agencies and State response agencies to conduct and coordinate healthcare resource assessments in preparation to and during the response to COVID-19.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 2 – Assess Regional Health Care Resources

Analysis: The Agency for Health Care Administration (AHCA), Florida Division of Emergency Management (FDEM), and Florida Department of Health (FDOH) are the lead agencies for healthcare coordination and response to the COVID-19 Pandemic.

The Region 3 - Healthcare Coalition Alliance implemented an initial call from State ESF-8 (Health and Medical) to request resource information from our members to support planning for COVID-19 surge. Since that initial request, AHCA has made several updates and improvements to their Emergency Status System (ESS) for healthcare facility reporting. AHCA requires all licensees providing residential or inpatient services to use the ESS database for reporting its emergency status, and for planning or operations. ESS includes reporting data associated to clinical services, critical infrastructure supporting healthcare, caches of healthcare supplies and equipment, alternate care sites, healthcare supply chain, and more.

Efforts should be made by Region 3 – Healthcare Coalition Alliance staff to coordinate with AHCA to better determine how the HCCs can support their ESS data collection needs at the regional and local level. Coalition staff can act as a force multiplier with our members and can include relevant reporting information in the regional healthcare Situation Reports.

The following Capability 1: Objectives and Activities were not addressed as part of this AAR-IP.

- Objective 5 – Ensure Preparedness is Sustainable
  - Activity 1 – Promote the Value of Health Care and Medical Readiness
  - Activity 2 – Engage Health Care Executives
  - Activity 3 – Engage Clinicians
  - Activity 4 – Engage Community Leaders
  - Activity 5 – Promote Sustainability of Health Care Coalitions

Capability 2: Health Care & Medical Response Coordination

Health care organizations, the HCC, their jurisdiction(s), 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.

Objectives:
1) *Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans*
2) *Utilize Information Sharing Procedures and Platforms*
3) *Coordinate Response Strategy, Resources, and Communications*

Strengths

The full or partial capability level can be attributed to the following strengths:

Strength 1: HCC's in the Region 3 – Healthcare Coalition Alliance have conducted several Comprehensive Emergency Management Plan (CEMP) or Emergency Operation Plan (EOP) development workshops for the membership. Most recently, in coordination with Americares, the HCCs hosted "Preparedness Health Center Resiliency Bootcamps" in August of 2019. The Health Center Resiliency Bootcamps were 2-day trainings designed for organizations with existing emergency plans or mandates requiring plans be developed (such as FQHCs). Participants completed documents throughout the training that were specific to their organization and could be integrated into existing plans.

CEMP/EOP Development Workshops covered the following areas:

- Planning Strategies - Foundational preparedness concepts and the importance of improving effective and efficient decision making

- Program Management - Emergency Management Committee, Incident Command System, Succession Planning and Emergency Operations Center

- Communications - Internal and External Communications

- Essential Services - Defining essential services during and immediately after a disaster, limitations and expansions in services

- Staffing - Identifying staffing needs and operations with limited staffing

- Resources - On-hand resources, procuring resources, supply chain

- Partnerships - Discuss partnerships with local organizations and other health facilities

While the HCCs are not a health care regulatory agency, these types of CEMP/EOP Development Workshops support our healthcare members with meeting Agency for Health Care Administration (AHCA) guidance regarding requirements for healthcare facilities to have an approved comprehensive emergency management plan (CEMP).

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 1 – Develop a Health Care Organization Emergency Response Plan

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Strength 2: The Region 3 – Healthcare Coalition Alliance approved an Operational Plan (Response Plan) in June of 2019. The Operational Plan establishes and describes the operational and response roles and responsibilities of the HCC and its members during all hazards events that threaten the healthcare system within the HCC boundaries.

Each county's Emergency Operations Center is responsible for coordinating the overall disaster response within its jurisdiction. HCCs can be used in support of an EOC's Emergency Support Function 8 - Health and Medical (ESF-8) or Operations Section activities.

During COVID-19, the Region 3 - Healthcare Coalition Alliance functioned as a Multi-Agency Coordination Center (MACC) which is a multi-disciplinary organizational model that allows healthcare entities means to obtain additional support during disasters. The MACC provided offsite support of ICS and EOC organizations and served as a "clearing house" by collecting, processing, and disseminating data and information to HCC members and partners during the COVID-19 pandemic.

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 2 – Develop a Health Care Coalition Response Plan

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Strength 3: The Operational Plan (Response Plan) of the Region 3 – Healthcare Coalition Alliance has guidance for information sharing. This guidance provides a framework that can bend and flex to the demands of each incident. The framework highlights the types of communications systems that can be leveraged by ReadyOp (primary communications platform) such a phone, email, and text but also includes activation triggers and contains reference forms to State ESF-8 Essential Element of Information (EEIs).

It is important to note that the Agency for Health Care Administration (AHCA) and State ESF-8 (Health & Medical) are the primary agencies for data collection, analysis, and information sharing. The HCCs play a support role by sharing this information to our members to provide greater situational awareness.

Capability 2 Reference: Objective 2 – Utilize Information Sharing Procedures and Platforms; Activity 1 – Develop Information Sharing Procedures

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Strength 4: The Protective Security Advisor (Mr. Kirby Wedekind) from the Cybersecurity and Infrastructure Security Agency (CISA) of the Department of Homeland Security is a member and partner agency of the HCCs in the Region 3 – Healthcare Coalition Alliance. Mr. Wedekind gave presentations to the North Central Florida HealthCare Coalition and Northeast Florida Healthcare Coalition at their February 2020 Executive Board Meetings. The presentations contained information on free resources and assistance that can be provided to the healthcare sector by CISA such as data and access protection, cybersecurity, infrastructure protection, and supply chain management.

Mr. Wedekind was been in direct contact with the HCCs throughout the COVID-19 response. He has provided regular emails with situational awareness items related to cybersecurity and infrastructure protection of the healthcare sector. CISA information and guidance has been incorporated into the healthcare Situation Reports that have been developed and regularly distributed to HCC members.

Topics have included:

- CISA's activities related to Novel Coronavirus (COVID-19)

- Risk Management for Novel Coronavirus (COVID-19)

- COVID-19 Cyber Scams

- Enterprise VPN Security

- Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response

- CISA: Safety Practices for Critical Workers

- Phishing against US healthcare providers

- Telework Security Best Practices

- Information and Communications Technology (ICT) supply chain

Capability 2 Reference: Objective 2 – Utilize Information Sharing Procedures and Platforms; Activity 2 – Identify Information Access and Data Protection Procedures

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Strength 5: HCCs in the Region 3 – Healthcare Coalition Alliance utilize existing primary and redundant communications systems and platforms, as referenced in the Operational Plan. This includes systems for HCC communications, as well as systems that support communication and information sharing across the healthcare sector. The following table highlights the primary and secondary communications system by topic.

Topic	Primary System	Secondary System
Coalition Member Lists	ReadyOp	ReadyOp
Partner Contact Lists	Outlook	Red Book (printed)
Healthcare Facility Status	ESS (AHCA)	ReadyOp
Resource Requests & Coordination	WebEOC (FDEM)	ReadyOp
Patient Tracking	Local EMS Tracking/Hospital Processes	ReadyOp developing beta

Capability 2 Reference: Objective 2 – Utilize Information Sharing Procedures and Platforms; Activity 3 – Utilize Communications Systems and Platforms

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Strength 6: HCC member organizations used the Agency for Health Care Administration's (AHCA) Emergency Status System (ESS) for daily reporting. AHCA requires all licensees providing residential or inpatient services to use the ESS database for reporting their emergency status, planning or operations. The COVID-19 epidemic required AHCA to add several new data fields to the ESS system to manage situational awareness specific to the COVID-19 threat. Our member healthcare organizations were quick to adapt to new ESS reporting requirements.

In addition to the ESS reporting system, healthcare facilities coordinated with local emergency management offices on resource needs such as personal protective equipment (PPE). County Emergency Management uses the WebEOC Interface to communicate local essential elements of information (EEI) and to coordinate local healthcare resource needs with the Florida Division of Emergency Management.

County Emergency Management and ESF-8 (Health & Medical) partners have used the ESS reporting system and WebEOC Interface to support information exchange and resource management throughout the COVID-19 response.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 1 – Identify and Coordinate Resource Needs during an Emergency

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Strength 7: The Region 3 – Healthcare Coalition Alliance assisted the Florida Department of Health with collection of hospital ventilator availability and capacity data during the early-stages of the COVID-19 response. These efforts supported FDOH with data for ventilator capacity planning prior to ventilator information requirements were implemented in AHCA's ESS reporting system.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 1 – Identify and Coordinate Resource Needs during an Emergency

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Strength 8: The Region 3 – Healthcare Coalition Alliance and County ESF-8 (Health & Medical) partners have been provided semi-daily hospital bed availability data from the Agency for Health Care Administration. Facility specific and aggregated county level data has been made available for planning purposes. The information is self-reported from hospital facilities using AHCA's ESS reporting system.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 1 – Identify and Coordinate Resource Needs during an Emergency

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Strength 9: Region 3 – Healthcare Coalition Alliance staff had a proactive role in sharing accurate and timely information regarding COVID-19 with member organizations. These efforts included attending statewide and regional coordination calls with various healthcare disciplines and the development and distribution of regular Situation Reports.

Alliance staff participated in the following statewide or regional coordination calls in support of the COVID-19 response:

- EMS Provider Call
- County Health Department Call
- Florida Hospital Association Call
- Behavioral Health Centers Call
- Healthcare Provider Call
- Home and Community-based Provider Call
- Florida Health Care Association & Nursing Home Call
- First Coast Disaster Council Call (NE Florida hospitals)
- SERT/County Emergency Management Call
- Florida Healthcare Coalition Task Force Call

Information and data collected from these coordination calls assisted Alliance staff with the development of healthcare specific Situation Reports (SitReps). The SitReps contained information on infections per county, emergency rules, regulatory guidance, healthcare resources, and training. The SitReps were developed and distributed to the 697 members of the Alliance on a regular basis. A total of 66 SitReps were distributed to HHC members and posted

to the Region 3 – Healthcare Coalition Alliance website *(https://www.flregion3hcc.org/COVID-19-response/)* from March 2020 to September 2020.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 3 – Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

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Strength 10: HCC members were surveyed regarding the healthcare Situation Reports developed and distributed by Alliance staff. Members were asked about their overall satisfaction with the document, as well as the trustworthiness of the information being shared. Both areas received high marks and several positive comments from the membership.

Members were asked the following questions, along with the results of the survey.

Question: The Healthcare Coalition has been providing daily or weekly COVID-19 Situation Reports to our members. Please rate your satisfaction with the Situation Reports.

Survey Result: 71 of the 74 member responses rated the Situation Reports as "Very Useful" or "Useful." This means that over 95% of members surveyed found the regular situation reports as a useful resource to support planning and response activities.

	VERY USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS REGULARLY	USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS PERIODICALLY	NEUTRAL - I RECEIVE SIMILAR INFORMATION FROM OTHER PARTNERS	NEEDS HELP - MOST OF THE INFORMATION WAS NOT RELEVANT TO ME OR MY ORGANIZATION	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	67.57% 50	28.38% 21	2.70% 2	0.00% 0	1.35% 1

Question: Is the Healthcare Coalition Situation Report a trusted source of healthcare specific information?

Survey Result: 73 of the 74 member responses said that the healthcare Situation Reports have been a trusted source of healthcare information during the COVID-19 response. Almost 40% of survey participants said the SitReps were their primary source of regional healthcare information, while almost 60% said they used the SitReps in conjunction with other healthcare information sources.

	YES - THIS IS MY PRIMARY SOURCE FOR REGIONAL HEALTHCARE INFORMATION	YES - I TRUST THE INFORMATION IN CONJUNCTION WITH OTHER HEALTHCARE INFORMATION SOURCES	NO	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	39.19% 29	59.46% 44	0.00% 0	1.35% 1

Sample Member Comments:

- The Situation Reports are concise, informative, current and includes intelligence outside of my area for strategic planning purposes in the event an evacuation would be necessary. This would allow me greater flexibility on which mutual aid agreement I would select depending on the path/information of the storm or emergency presented in these reports.

- I used them regularly in our meetings and review of current COVID status. Those SitReps were great compilations of information and resources for SNFs and even our staff with questions.

- While I do obtain information from other sources, I have found this report to be user-friendly. A quick go-to with other sources. I have found that I often have to "dig" for the information or go through link after link to find this information.

- Again, the use of information from dozens of sources and sharing it in a user-friendly format was very important in our response to COVID-19.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 3 – Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

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Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Results from the Region 3 – Healthcare Coalition Alliance COVID-19 After-Action Survey show that over 95% of respondents had to make updates to organizational plans, policies, or procedures as it relates to this infectious disease.

Updates to Plans/Policies/Procedures	95.95%	71
Total Respondents: 74		

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 1 – Develop a Health Care Organization Emergency Response Plan

Analysis: While the HCCs have provided CEMP/EOP Development Workshops in the past, the results of this survey show the need to provide additional opportunities for health care facilities to update and amend plans, policies, and procedures.

Traditionally, CEMP and EOP development has been driven by the hazards we face on a regular basis such as flooding or impacts from tropical systems. Local and State emphasis has been placed on these primary threats due to increase tropical activity and flooding events since 2015. Healthcare facility CEMPs have gone through significant updates and reviewing agencies have provided stringent oversight in recent years due to impacts to the healthcare sector from storms like Hurricane Irma (2017).

It is recommended that the HCCs in the Regional 3 – Healthcare Coalition Alliance provide additional CEMP/EOP Plan Development Workshops to our membership. Two types of

workshops should be provided to member organizations to assist with agency specific planning and for special considerations concerning infectious diseases.

- Workshop 1 - General Healthcare CEMP/EOP Plan Development

- Workshop 2 – CEMP/EOP Plan Updates for COVID-19 (or any infectious disease)

Area for Improvement 2: The Operational Plan (Response Plan) of the Region 3 – Healthcare Coalition Alliance makes reference to the use of Airtable as a member management system. Airtable is no longer being used for HCC member management.

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 2 – Develop a Health Care Coalition Response Plan

Analysis: The Region 3 – Healthcare Coalition Alliance recently transitioned from Airtable to ReadyOp as the member management system. Updates should be made to the Operational Plan "Section 3.2 Member Management" to reflect these changes. These amendments can be made as part of the annual review and approval process as outlined in the Plan (by the Board of Directors of each Coalition and the Region 3 - Coalition Alliance Board by June 30 of each year).

Area for Improvement 3: The Region 3 – Healthcare Coalition Alliance was not integrated into statewide communication or coordination activities for COVID-19 response.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 2 – Coordinate Incident Action Planning During an Emergency

Analysis: It appears that the HCCs are not considered a support entity for healthcare sector communication and coordination to disasters. HCCs were never given objectives or encouraged to develop strategies to assist the healthcare sector or ancillary partners. The HCCs have been woefully underutilized to support State, regional, and local healthcare sector planning, coordination, and response activities to COVID-19.

Federal guidance says that the HCC is useful for all phases of Comprehensive Emergency Management, but its primary mission should be to support healthcare organizations. While Florida HCCs are not defined response organizations through Florida Statute, their goals are to (1) augment local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event and as (2) a vehicle to coordinate and maintain current hospital preparedness levels while enhancing disaster preparedness and resiliency in other portions of the healthcare system.

Several efforts were made to engage lead response agencies (Florida Department of Health, Agency for Healthcare Administration, Florida Health Care Association) to establish relationships and to leverage our capabilities in support of the COVID-19 response. Each effort was met with no response or barriers to engagement.

It is recommended that the Region 3 – Healthcare Coalition Alliance and members of the Florida Healthcare Coalition Task Force work together to develop a strategy on regulatory and lead response agency engagement. At a minimum, engagement activities should include the following:

- Marketing of HCCs and Support Resources

- Request for Inclusion in Planning Meetings

- Request for Inclusion on their Agency distribution lists – assist with providing our members with accurate and timely information, as well as for inclusion in healthcare Situation Reports that are distributed to HCC members.

- HCC Assistance at the local level (force multiplier)

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The following Capability 2: Objectives and Activities were not addressed as part of this AAR-IP.

- Objective 3 – Coordinate Response Strategy, Resources, and Communications
  - Activity 4 – Communicate with the Public during an Emergency

Capability 3: Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the Emergency Support Function - 8 (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.

Objectives:
1) *Identify Essential Functions for Health Care Delivery*
2) *Plan for Continuity of Operations*
3) *Maintain Access to Non-Personnel Resources during an Emergency*
4) *Develop Strategies to Protect Health Care Information Systems and Networks*
5) *Protect Responders' Safety and Health*
6) *Plan for and Coordinate Health Care Evacuation and Relocation Plans*
7) *Coordinate Health Care Delivery System Recovery*

This Capability will be addressed at the November 18th Meeting of the HCC Executive Board.

Capability 4: Medical Surge

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 Emergency Support Function-8 (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.

Objectives:
  1) *Plan for a Medical Surge*
  2) *Respond to a Medical Surge*

This Capability will be addressed at the November 18th Meeting of the HCC Executive Board.

Appendix A: IMPROVEMENT PLAN

This IP has been developed specifically for member coalitions of the Region 3 – Healthcare Coalition Alliance as a result of the COVID-19 Pandemic real world event that began to impact Florida in March 2020.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					

==The Improvement Plan Table will be completed and reviewed at the December 16th Meeting of the General Membership.==

==Corrective Actions will be a result of the finalized and reviewed Capabilities that occur at the draft reviews during the October & November Executive Board Meetings.==

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[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: AAR/IP PARTICIPANTS

A total of 74 survey responses were received from 67 agencies/organizations.

	Participating Agencies & Organization		
1	AccentCare	35	Lake Centre Home Care
2	All Care Home Nursing Services, LLC	36	Lake Endoscopy Center, LLC.
3	Alliance Foundation of Florida	37	Lakewood Nursing Center
4	Annie's House ALF	38	Lanier Rehabilitation Center
5	Apex Home Healthcare	39	Macclenny Nursing and Rehab
6	Ascension St. Vincent's Southside	40	Marion County Fire Rescue
7	Atria Park of San Pablo	41	Marion Oaks Assisted Living
8	Ayers Health and Rehabilitation Center	42	Memorial Hospital Jacksonville
9	Aza Health	43	Mental Health Resource Center
10	Baker County Sheriff's Office	44	Moultrie Creek Nursing and Rehab
11	Baptist Medical Center - Beaches Campus	45	Northeast Florida State Hospital
12	Baptist Medical Center - JAX/Wolfson Children's Hospital	46	Oak Hammock at the University of Florida
13	Baptist Medical Center - South	47	Ocala Health and Rehab
14	Brookdale Southside	48	Ocala Oaks Rehabilitation Center
15	Camelot Chateau Assisted Living	49	Orange Park Medical Center
16	Cathedral Gerontology Center, Inc	50	Pacifica Senior Living Ocala
17	Chatham Glen Healthcare and Rehabilitation Center	51	Palm Garden of Ocala
18	Children's Medical Services	52	Precise Home Care, LLC
19	Community Hospice & Palliative Care	53	Project Health, Inc. d/b/a Langley Health Services
20	Consulate Healthcare of Orange Park	54	Putnam Community Medical Center
21	DCF- North Florida Evaluation and Treatment Center	55	Rainbow River Medical
22	FDOH - Flagler County	56	River Garden Hebrew Home for the Aged
23	Encompass Health	57	Salem Homes of Florida
24	Fernandina Beach Rehabilitation & Nursing	58	Signature Healthcare of Middleburg
25	Fleming Island Surgery Center	59	Silver Creek St. Augustine
26	FDOH - St. Johns County	60	Suwannee County Division of Emergency Management
27	Fresenius Kidney Care	61	Taylor Care Center
28	Genesis/ Oakhurst Center	62	The Club Health and Rehabilitation Center
29	Grace Surgery Center	63	The Plaza Health and Rehab
30	Haven Hospice	64	Tri-County Nursing Home
31	Hospice of Marion County	65	Trenton Medical Center Inc DBA Palms Medical Group
32	Jacksonville Beach Surgery Center	66	UF Health Jacksonville
33	Jacksonville Center for Endoscopy	67	W. Frank Wells Nursing Home
34	Jacksonville Surgery Center		

APPENDIX C: AAR/IP SURVEY RESULTS

1) What is your Discipline?

Answered: 71   Skipped: 3

ANSWER CHOICES	RESPONSES	
Hospital/Health System	15.49%	11
Emergency Management/Public Safety	2.82%	2
EMS Provider (Public or Private)	1.41%	1
Public Health	5.63%	4
Long-Term Care (Skilled Nursing Facility/Assisted Living Facility)	40.85%	29
Behavioral/Mental Health	5.63%	4
Home Health/Hospice	18.31%	13
ESRD/Dialysis Center	1.41%	1
Ambulatory Surgical Center	8.45%	6
Outpatient Provider	7.04%	5
Total Respondents: 71		
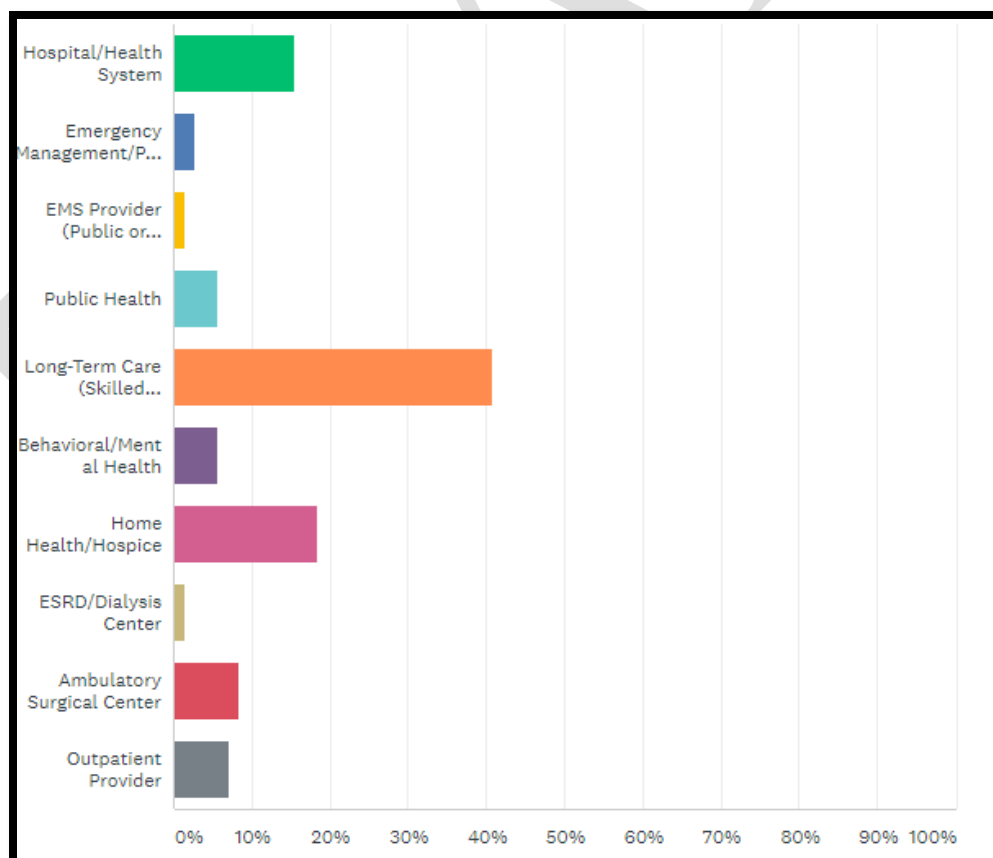
2) What is your County?

Answered: 74   Skipped: 0

ANSWER CHOICES	RESPONSES	
Alachua	9.46%	7
Baker	5.41%	4
Bradford	0.00%	0
Clay	5.41%	4
Columbia	0.00%	0
Dixie	0.00%	0
Duval	32.43%	24
Flagler	1.35%	1
Gilchrist	2.70%	2
Hamilton	0.00%	0
Lafayette	0.00%	0
Levy	0.00%	0
Marion	20.27%	15
Nassau	2.70%	2
Putnam	2.70%	2
St. Johns	5.41%	4
Suwannee	1.35%	1
Union	0.00%	0
Regional (in multiple counties)	10.81%	8
TOTAL		74

3) The Healthcare Coalition has been providing daily or weekly COVID-19 Situation Reports to our members. Please rate your satisfaction with the Situation Reports.
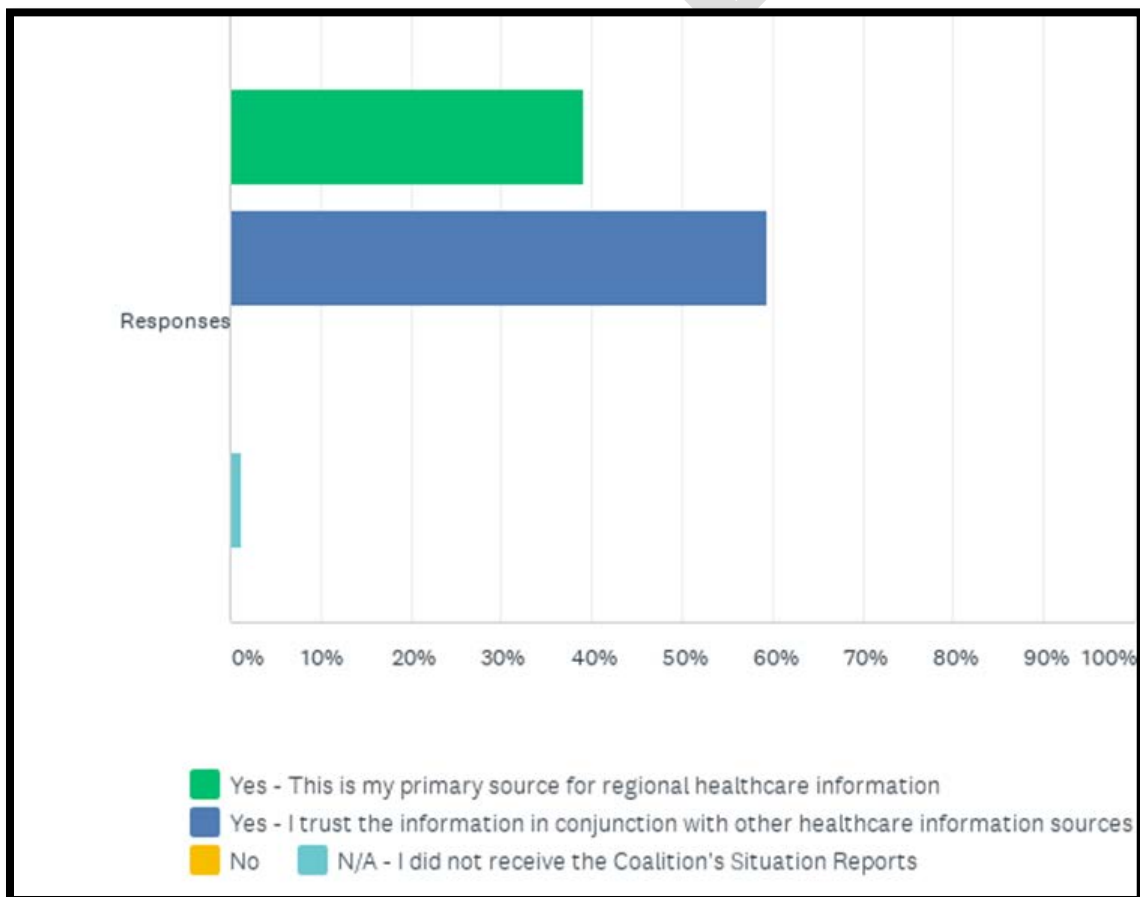
Answered: 74   Skipped: 0

	VERY USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS REGULARLY	USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS PERIODICALLY	NEUTRAL - I RECEIVE SIMILAR INFORMATION FROM OTHER PARTNERS	NEEDS HELP - MOST OF THE INFORMATION WAS NOT RELEVANT TO ME OR MY ORGANIZATION	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	67.57% 50	28.38% 21	2.70% 2	0.00% 0	1.35% 1

Very Useful - I referenced the healthcare specific Situation Reports regularly
Useful - I referenced the healthcare specific Situation Reports periodically
Neutral - I receive similar information from other partners
Needs Help - most of the information was not relevant to me or my organization
N/A - I did not receive the Coalition's Situation Reports

4) Is the Healthcare Coalition Situation Report a trusted source of healthcare specific information?

Answered: 74   Skipped: 0

	YES - THIS IS MY PRIMARY SOURCE FOR REGIONAL HEALTHCARE INFORMATION	YES - I TRUST THE INFORMATION IN CONJUNCTION WITH OTHER HEALTHCARE INFORMATION SOURCES	NO	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	39.19% 29	59.46% 44	0.00% 0	1.35% 1

- Yes - This is my primary source for regional healthcare information
- Yes - I trust the information in conjunction with other healthcare information sources
- No
- N/A - I did not receive the Coalition's Situation Reports

Member Comments: Coalition Situation Reports

- The Situation Reports are concise, informative, current and includes intelligence outside of my area for strategic planning purposes in the event an evacuation would be necessary. This would allow me greater flexibility on which mutual aid agreement I would select depending on the path/information of the storm or emergency presented in these reports.

- The SitReps were a great compilation of information from multiple sources.

- I do receive other Sit Reps. However, I like to look at all that I receive to establish consistency of information received.

- Outstanding information resource.

- We would use the Situation Reports daily to update our key personnel.

- Conference call highlights, State-wide conference call dial in numbers, Tropical weather updates, COVID numbers by county.

- I found these very helpful and more informative than what was received from FDOH.

- Great information and was so important during the onset and spikes in COVID. The emergency status reports on weather are also very useful.

- Very helpful for our specific area! All-inclusive information.

- This is the most comprehensive information and hyperlinks embedded. Very useful information.

- These reports have allowed me to stay up to date on important information.

- Great information. I reviewed on a daily basis.

- The communication and updates are always useful.

- I used them regularly in our meetings and review of current COVID status. Those SitReps were great compilation of information and resources for SNFs and even our staff with questions.

- Excellent collaborative use.

- We would use the Coalition Report along with information from AHCA and FDOH.

- Thank you for your diligence and hard work.

- While I do obtain information from other sources, I have found this report to be user-friendly quick go-to while with other sources I have found that I often have to "dig" for the information or go through link after link to find the information.

- Again, the use of information from dozens of sources and sharing it in a user-friendly format was very important in our response to COVID-19.

5) Has COVID-19 affected your primary medical transportation providers and services they offer?

Answered: 72   Skipped: 2

ANSWER CHOICES	RESPONSES	
Yes	25.00%	18
No	47.22%	34
N/A - we do not use medical transportation services	29.17%	21
Total Respondents: 72		
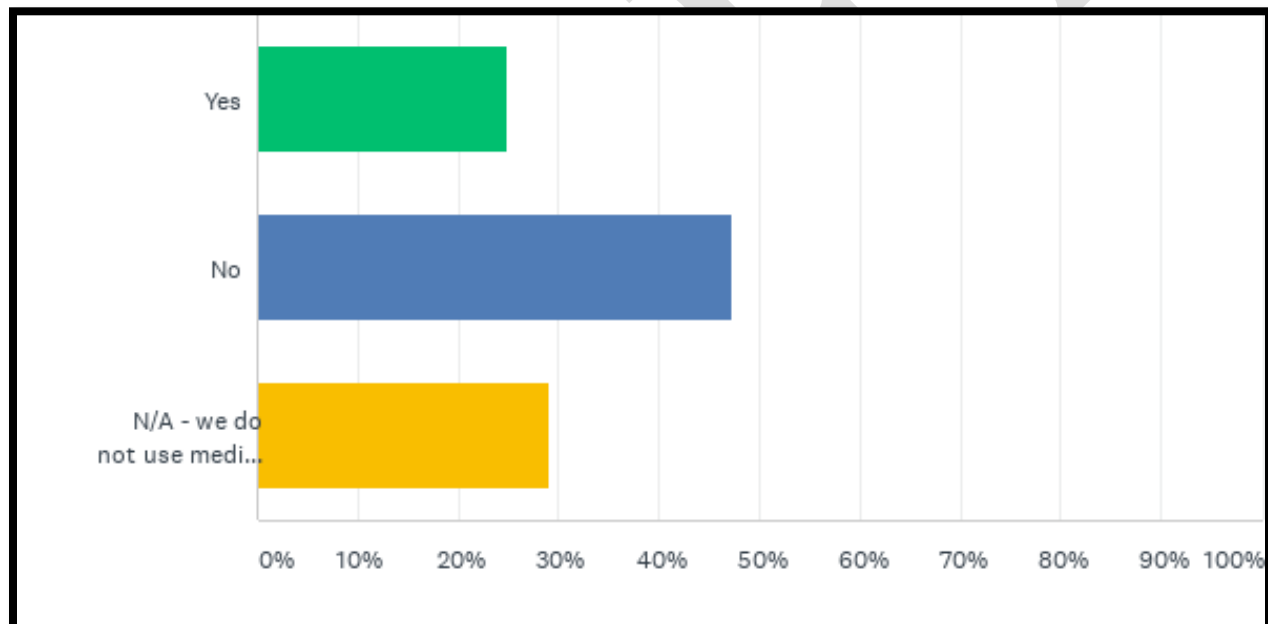
Member Comments: Medical Transportation

**If yes, what were the challenges and how did you overcome those challenges?**

- Transport wait time have changed but the overall operation has not been significantly disrupted, residents have been able to be transported as needed.

- Response time has been extended and availability has been a concern at times.   Networked with other providers and the Emergency Order by the governor to allow outside ambulance companies to service out of network organizations.

- FDOH recommended to not use COA public transportation due to the risk it posed to our residents, however the private transportation companies were still able to meet our needs.

- Slow response from medical transportation providers due to their limited PPE resources and absenteeism due to company employees who became infected with the COVID-19 virus. Prioritization of transfers became necessary to get patients who needed transportation the most moved first followed by those patients who could wait. Patients were transported later than usual. Also, our case management department made advance arrangements to allow for better coordination of patient transports.

- Delays in transport times due to increased volume or delays due to a COVID positive patient needing transportation and only certain services willing to transport.

- Some refuse to transfer COVID or PUI residents.

- Medical transportation would not transport our residents to their appointments while we had COVID-19 in the facility. We had to reschedule several appointments due to only having 1 facility van.

- Our Medicaid residents that depend on transportation services have encountered situations where drivers do not wear masks and do not wear gloves when handling resident assistive devices or belongings.

- All patient movement now managed thru our Transfer Center. I know that the private transport companies had continuous meetings with the facility.

- Our transit refused to transport nursing home patients which is a very sad and short-sighted decision on their part. We are working to prevent any unnecessary transports.

- Less drivers. Has affected drop off and pick up times on patients' dependent on transport.

- Drastically. Staff, PPE, Availability and Time of Transport.

- Financial increases due to Covid patients. Increased number of hospitalizations.

- Our county had a facility hit hard w/COVID, ambulances had to decontaminated between patients, shortage of supplies and ppe (tyvex suits) etc. Fire Rescue was able to answer the calls in a timely manner, however, had to move equipment and personnel around to make it happen.

- If patients were Covid Positive had to be transported by ambulance, transportation had to be notified.

- Proof of negative test. Much re-scheduling.

- Discussed with our vendors their need for testing and provided resources as such. Offered them KN95 masks and N95s if we had available for their use in the center and outside. Encouraged them to notify us if another center or building is a hot-spot to assist with observation of our residents and patients.

6) Has COVID-19 affected your medical supply chain for resources?

Answered: 73   Skipped: 1

ANSWER CHOICES	RESPONSES	
No	9.59%	7
Minor Disruptions - we are back to normal	54.79%	40
Major Disruptions - we still have supply chain issues	35.62%	26
TOTAL		73
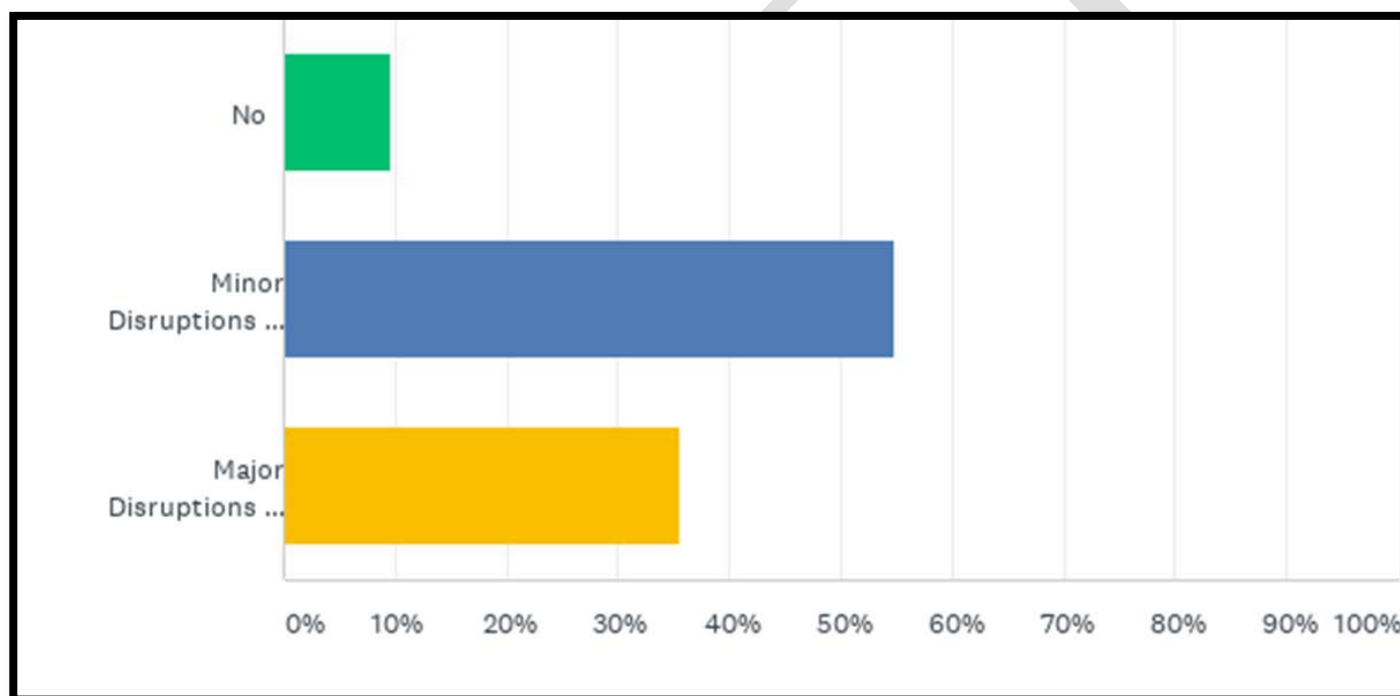
Member Comments: Supply Chain

If major disruptions, please specify:

- We have had to use alternative means to obtain supplies at times due to back ordered items, allocation practices of our main supplier, and changes in shipment schedules.

- Some PPE is still challenging to receive (x10 comments)

- Many PPE items are still being rationed each month by our contracted providers.

- Difficulty obtaining gloves, disinfecting solutions and wipes. Occasionally still having difficulty obtaining masks or other supplies. DCF and managing entities have been helpful in obtaining

masks (especially masks, gloves, hand sanitizer, gowns). Mask making groups and health department were very helpful in obtaining cloth masks for distribution. We even got some 3D printed face shields from someone in the community.

- 1. Need to acquire PAPRs for high risk employees who cannot be properly fitted with N95 masks. Manufacturers are not able to keep up with the demand for PAPRs. 2. Acquisition of PPE (masks, isolation gowns and gloves) is a challenge. 3. Allocation of Lab reagents, swabs, and transport media. Supply is intermittent.

- We only get a certain "allotment" each month for gloves, gowns, and masks from our main supply chain (based on our pre-COVID orders) and are constantly searching other sources to get more PPE.

- Gloves, masks, hand sanitizer, isolation gowns, food and over the counter medications not in stock and/or they state they are in stock but then the delivery time is more than 30 days out. Other supplies like briefs, gloves and many others are being limited and many times facility is only receiving 25% of what is typically ordered.

- In March, April, May, and June, we were still having serious issues with acquiring PPE. We had to reach out to the county for three shipments of PPE.

- We have major issues getting PPE still. Back order on many items and electrostatic sprayers.

- Seems like every week a product is on back-order or because we had specified allocation arrangements with certain companies, we were not able to buy from other companies that might have had the product in stock.

- Still issues but all are minor. Medications as much as PPE.

- Laboratory testing kits were an issue. Rapid testing capability is still an issue.

- We are not getting N-95 masks and gowns are limited. we generally do not use either, so we were low in the queue to get supplies.

- Supplies are difficult to obtain due to shortages and allotments allowed.

- PPE, Testing kits and delays in most other supply chains due to delays and shutdowns.

- Yes! It continues however, early on I implemented a PPE and infection control product warehouse where large quantities are inventoried. Sites submit on hand inventory to me daily and our facilities staff replenishes to par levels daily. This has proven to be extremely effective and giving me the ability to allocate our resources where the hot spots popped up and we have been able to fully meet the demand thus far

- Mainly on germicidal cleaning wipes and solutions, and PPE. Alcohol for our instruments. We are continuously looking for secondary providers that are FDA approved, and health care appropriate.

- There have not necessarily been any problems ordering some basic supplies and DME. As with all areas, there are still problems obtaining PPE. Although we are now able to order PPE through several vendors, not all vendors are offering the items we need and of course the high pricing is now a challenge with everything we order.

- Still can only order 1 can of Maxiwipes at a time and we have 14 centers.

7) COVID-19 is an infectious disease. What efforts were made at your facility to address infectious diseases for this pandemic (select all that apply)?

Answered: 74   Skipped: 0

ANSWER CHOICES	RESPONSES	
Trainings/Exercises	86.49%	64
Purchase of Equipment	85.14%	63
Updates to Plans/Policies/Procedures	95.95%	71
Total Respondents: 74		
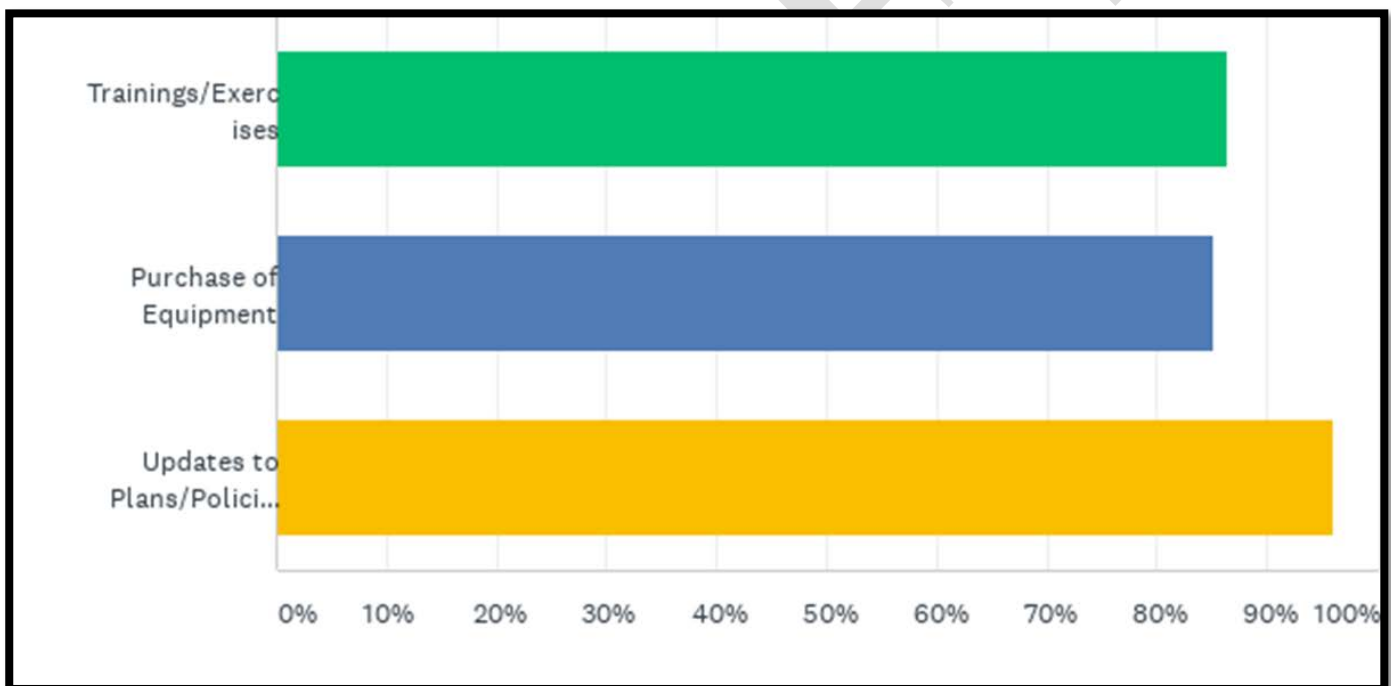
Member Comments: Facility Preparedness and Response

Other items implemented, please specify:

- It made us re-evaluate everything

- Social distancing, masks, temperatures when entering buildings. Staff referrals for testing to testing sites. Providing services via telehealth and telephone versus face to face when possible.

- On the job training and updated information.

- Increasing of our par levels in order to keep up with demands.

- On-going. Just had to revamp the Severe Weather Playbook to meet the new social distancing mandates, etc. Very difficult to house staff during an event. All family and day care provisions have been eliminated during a response.

- Biweekly calls with division guidelines and algorithms.

- Upgrading security at main entrance for health screening purposes.

- Converting rooms, units to negative pressure. Building an internal field hospital.

- Constant supervision and monitoring of types of isolation.

- Modification of everything we do.

- Hiring of an Infection Control Coordinator who works on COVID related issues only.