



Florida Healthcare Coalition Task Force Infectious Disease Patient Movement Workshop

After-Action Report/Improvement Plan
May 11, 2016

EXERCISE OVERVIEW

Exercise Dates	May 11, 2016
Scope	This exercise was a two hour Workshop at the quarterly Healthcare Coalition (HCC) Task Force meeting in Orlando, Florida
Mission Area(s)	Planning and Response
Core Capabilities	Planning Public Health-Healthcare-and Emergency Medical Services
Objective	Increase HCC partners' knowledge of the plans and processes being developed by the <i>Florida Infectious Disease Transportation Network</i> and <i>HHS Region IV Unified Planning Coalition</i> for highly infectious disease patient transportation.
Threat or Hazard	All Hazards resulting in infectious disease patient transportation
Scenario	In the event that a highly infectious disease patient presents at one of Florida's medical facilities, transportation may be necessary to get the patient to the Regional Treatment Center at Emory University in Atlanta, GA or to a hospital in Florida that has the capability to treat the patient. As such, the HHS Region IV Unified Planning Coalition and the Florida Department of Health are creating plans to identify how such patients will be safely transported to treatment facilities.
Sponsor	Florida Department of Health
Participating Organizations	Member agencies in the Florida Healthcare Coalition Task Force
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ANALYSIS OF CORE 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.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Increase HCC partners' knowledge of the plans and processes being developed by the <i>Florida Infectious Disease Transportation Network</i> and <i>HHS Region IV Unified Planning Coalition</i> for highly infectious disease patient transportation.	Planning Public Health-Healthcare-and Emergency Medical Services		S		
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • 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). 					

Table 1. Summary of Core Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Summary

On May 11, 2016, a workshop was held for the members of the Florida Healthcare Coalition Task Force in Orlando, Florida. The workshop consisted of presentations on the Florida Infectious Disease Transport Network (FIDTN) Plan and the Region 5 ICAR project as well as discussions on both presentations as well as infectious disease transport issues. The goal of increasing the HCC Task Force's knowledge of highly infectious disease transports was achieved and the workshop participants provided valuable feedback on the FIDTN Plan.

Objective 1

Increase HCC partners' knowledge of the plans and processes being developed by the *Florida Infectious Disease Transportation Network* and *HHS Region IV Unified Planning Coalition* for highly infectious disease patient transportation.

Core Capabilities

Planning
Public Health-Healthcare-and Emergency Medical Services

Strengths

Participants recognized the value of the FIDTN Plan and the processes that would result in a patient with a highly infectious disease being transported to a Florida hospital capable of treating the patient or to the Regional Treatment Center at Emory University Hospital in Atlanta, GA.

Areas for Improvement

The following input was provided by Task Force members to address key areas or issues association with the Plan:

- 1) References to the transport agencies in the Plan need to reflect that not all are fire based EMS but that several are stand-alone EMS providers.
- 2) Some hospitals require that a nurse accompany any critical patient being transported to another facility. This issue needs to be looked into as the current plan calls for paramedics to be used in the inter-facility transports.
- 3) There could be a situation where a patient with a highly infectious disease presents to a healthcare facility other than a hospital.
- 4) The bed capacity for highly infectious disease patients at the RTC is only 9 beds so concern was raised about where patients would be treated if all beds are taken.
- 5) While hospitals are well versed in the procedures for reporting a highly infectious disease, other healthcare providers might not know how to handle such a situation, including procedures for transporting a patient from their facility.
- 6) Since such transports are more involved and require a high level of protection from contamination, exercises, including practicing the "handoff" of patients from an assessment facility to the transporting agency, need to be held once the Plan is in place.

- 7) Medical direction for such transports will be an issue as patients will be transported through various jurisdictions and even into another state.
- 8) A question was posed about the use of Port St. Lucie as a change-out station for patients, due to the time/distance from Miami.
- 9) Much of the planning has centered on the logistics of the transports and more attention needs to be devoted to patient and family needs, an area in which the HCCs may be of assistance.
- 10) Additional questions and comments presented during the discussion period included such topics as:
 - a. The reimbursement process for transports, (follows the Statewide Mutual Aid Agreement process)
 - b. The notification procedure that such a transport was occurring and who would be made aware of the transport (basically it will be on a “need to know” basis)
 - c. Funding for recurring costs, (Planned)
 - d. Pediatric patients with highly infectious disease,
 - e. Procedures for monitoring healthcare workers, post transport, (FDOH EPI has a protocol)
 - f. FDOH plans for conducting ICAR assessments in other regions.

Analysis and Areas for Improvement Actions:

- 1) Four of the host agencies for the FIDTN are fire based EMS agencies but three are county EMS organizations so future reference will just use the terminology “EMS agencies.”
- 2) The issue of a nurse being required for a critical patient transport is being researched. Preliminary information from the State EMS office is that there is no violation of rules with a paramedic being the attendant. The issue is being further researched.
- 3) As the FIDTN Plan is disseminated, it will be important to make sure that healthcare providers, in addition to hospitals, are made aware of the process and procedures.
- 4) In the event that all beds at the regional RTC are taken, backup facilities will be identified by HHS. This includes, but is not limited to, Grady Memorial Hospital in Atlanta. Additionally, patients could also be relocated to other RTCs around the country.
- 5) As mentioned in 3) above, as the FIDTN Plan progresses, additional information will be disseminated to all healthcare providers on how such transports will be initiated and operated.
- 6) As the FIDTN Plan progresses it will be important for the FDOH to include exercising of the Plan in its training and exercising schedule. Since handoff from local facilities to the Regional Transportation Response Team will need to be practiced, the HCCs can play an integral role in arranging for the exercising of this important component.

- 7) Involvement of the host agencies Medical Director is listed as a requirement of the agency's participating in the FIDTN. Additionally, the FDOH's medical direction resources includes Dr. Elias and Dr. Nelson, who can play a role in ensuring proper medical direction for personnel involved in the transports.
- 8) The distance from Miami to Port St. Lucie was revisited and found to be approximately 115 miles. This distance will be able to be traversed within the 3-hour change-out window established for the program, especially if the Florida Highway Patrol is engaged to accompany the transport convoy.
- 9) Assistance provided to patients and families during such transport needs to be further addressed. The HCC Task Force and local HCCs can play an integral role in planning for this assistance.
- 10) Comments from the HCC Task Force members on these topics will be included as the Plan process and procedures are refined.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Florida Healthcare Coalition Task Force as a result of the exercise -Workshop conducted on May 11, 2016.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Public Health-Healthcare-Emergency Medical Services	1. Transport agency terminology	Use terminology that reflects the use of various EMS agencies, not just Fire based EMS	Planning	FDOH	Schenk	May 16, 2016	May 16,2016
	2. Nurse possibly needed for FIDTN transports	Ascertain whether rules require a nurse to accompany a patient to the RTC	Planning	FDOH	Schenk	May 16, 2016	
Public Health-Healthcare-Emergency Medical Services	3. Marketing of transport procedures to healthcare agencies	Provide information to healthcare agencies so they are informed of FIDTN procedures	Planning	FDOH	Schenk	May 16, 2016	
Public Health-Healthcare-Emergency Medical Services	4. Practice in FIDTN patient "handoffs" with the hospitals	Schedule future exercises for practicing patient transfer at hospitals and change-out stations	Exercise	HCCs FDOH	HCC Leaders Schenk	May 16, 2016	

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

Planning Public Health- Healthcare- Emergency Medical Services	5. Further addressing medical direction during transports	Ensure that host agency medical directors are involved and that the FDOH medical direction personnel are engaged with the process	Organization	Host Agencies FDOH Medical Directors	TBD Dr. Elias and Dr. Nelson	May 16, 2016	
Planning	6. Patient and family issues associated with FIDTN transports	Address the potential needs of patients and families who are transported in the FIDTN	Planning	HCCs FDOH	HCC Leaders Schenk	May 16, 2016	

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Healthcare Coalitions
Emerald Coast HCC
Big Bend HCC
North Central Florida
Northeast Florida
Coalition for Health and Medical Preparedness (CHAMP)
Tampa Bay Health & Medical Preparedness
Central Florida Disaster Medical Coalition
Heartland Healthcare Coalition
Suncoast Disaster Healthcare Coalition
Southwest Florida Healthcare Preparedness Coalition
Collier Healthcare Emergency Preparedness Coalition
Palm Beach Healthcare Coalition (HERC)
Broward County Healthcare Coalition
Miami-Dade County Healthcare Preparedness Coalition
Keys Health Ready Coalition
State
Florida Department of Health
Other
Florida Hospital Association