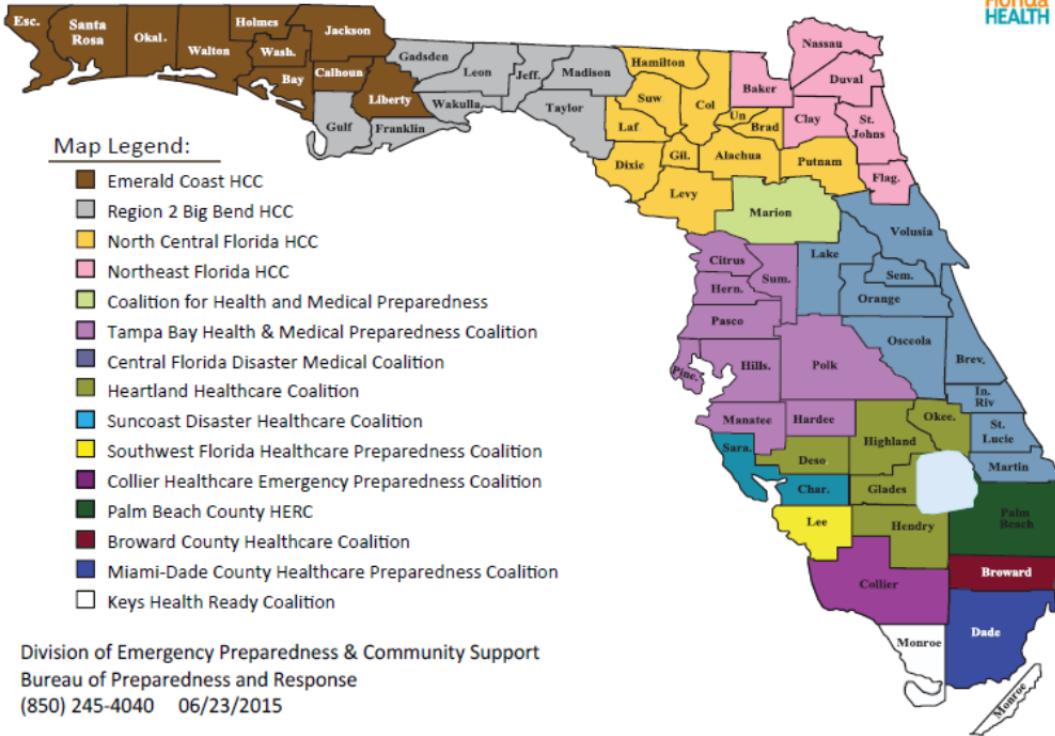


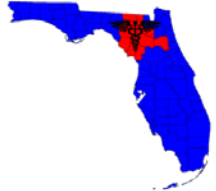
North Central Florida HCC Assessment Report

Florida Healthcare Coalition Map




Date:	November 19, 2015
Time:	0900-1200
Event:	FL Region 3 HCC Assessment, North Central Florida HCC
Location:	Alachua County Health Department (224 SE 24 th Street, Gainesville, FL 32641)
HCC POC:	Tony McLaurin
HCC Chair:	Chief Harold Theus
Awardee POC:	Jeanine Posey (850) 274-9596, Jeanine.Posey@flhealth.gov

Analysis Report:



North Central Florida Health Care Coalition



Website: no website

Summary:

Based on the findings from the NOV2015 assessment of the North Central Florida Healthcare Coalition (NCFHCC), your coalition can be considered a developing, functional, multi-county coalition. I was able to complete the assessment using coalition documents and from in-person assessment. I feel NCFHCC is making good progress towards completion of the deliverables.

North Central Florida HCC Assessment Report

Best Practices:

- The NCFHCC Assessment Tool provides a decent gap analysis based on risk. I encourage continued use of this tool with a deeper analysis of long-term care facilities for the next assessment.

How the review process works:

There are several steps I use to recommended priorities. First, the assessment data from the HCC Deliverable Portfolio is transferred into a calculation tool called the Program Management Tool (PMT). The PMT tool calculates capability completion status from the data and generates several reports. All of the following reports are attached.

Capability Status Report Card: The report card is calculated from data input into the PMT. The “report card” includes two columns for each resource element in the healthcare preparedness capabilities. These columns are labeled “Documented” and “Verified”. The documented column is populated based on data from the face-to-face assessment. The verified column is only completed if I previewed or had access to the HCC’s products before I wrote this analysis report. A preview of HCC documents allows me to immediately verify evidence of completion. Therefore, if there was nothing to review, that column may indicate a 0%. This is not a major item and your HCC team should not be concerned. It only matters what is listed in the “Documented” column. The “documented” data is used in the calculation for Function Status (see below). If the coalition team is confident that there is a process, then that is what is marked and calculated in the report card.

Capability Planning Recommendation Reports (2): The calculation tool can generate two reports from formula, “Capability Planning Recommendations by Priority” and “Capability Planning Recommendations by Capability”. Here is a brief breakdown about the reports:

- **Capability Priorities** are calculated from a formula that uses the Function Importance and Function Status. Capability Priorities are listed as Very High Priority, High Priority, Medium Priority, Low Priority, or Sustain.
- **Function Importance** is an assigned value. Once the assessment is complete, the coalition assigns a level of Function Importance to each of the 29 Healthcare Preparedness Capabilities Functions. The level of Function Importance indicates areas that the HCC wants to work on in the upcoming annual work cycle. The assigned Function Importance is found in the Capability Planning Recommendations reports in the Function Importance column.
- **Function Status** is calculated from the assessed data during the review. Function Status indicates the HCC’s ability to achieve the function. Function Status is found in the last column of the report and is listed as *significant ability, full ability, some ability, or no ability*.

HCC Indicator Comparison Report: This report shows coalition ratings from previous years. It is a side-by-side comparison of reported data vs. assessed data. There may be some differences in the reported data vs. assessed data. The data in the assessed column of this report was found and agreed upon by the team present during the assessment. This data can be adjusted.

Project Management Tool Completion Status Report: This report is an administrative report. It is only used to ensure that I have completed the calculation tool so that an accurate “Capability Planning Recommendations by Priority” can be generated.

NCFHCC Capability Planning Recommendations:

The following sections provide recommendations for improvement in the capability functional areas. I use the report “Capability Planning Recommendations by Priority” to develop the recommendations. In this report, the only priorities listed are those that are either High Priority or Medium Priority and those that the coalition assigned a Function Importance level of Critical, Highly Important, or Important. I also added two Low Priority recommendations that NCFHCC indicated are important. NCFHCC may consider using these recommendations but they are only suggestions. Please do not limit your activity based on these suggestions.

North Central Florida HCC Assessment Report

1. (High Priority / Critical) Healthcare System Recovery - Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)
2. (High Priority / Highly Important) Healthcare System Preparedness - Function 7: Coordinate with planning for at-risk individuals and those with special medical needs
3. (Medium Priority / Important) Fatality Management - Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance
4. (Low Priority / Important) Healthcare System Preparedness - Function 3: Identify and prioritize essential healthcare assets and services (capability assessment)
5. (Low Priority / Important) Healthcare System Preparedness - Function 1: Develop, Refine, or Sustain Healthcare Coalitions

Suggestions for Improvement for NCFHCC:

Based on the recommended priorities listed above, please consider the following activities:

1. Complete Continuity of Healthcare Delivery planning
2. Perform a thorough Capability Assessment
3. Perform at-risk population planning
4. Use a multidisciplinary approach to HCC development
5. Develop a sustainment strategy
6. Develop a comprehensive preparedness strategy

I have expanded on these recommendations below:

Capability Assessment: The capability assessment was listed as low priority and important to the coalition: (Healthcare System Preparedness - Function 3: Identify and prioritize essential healthcare assets and services). The guidance for performing this capability assessment addresses seven critical Mission Essential Functions (MEFs). I would encourage NCFHCC to survey the capabilities of the coalition members but I would NOT publicize a planning document that lists HCF limitations. Use it for developing plans only:

- I did not identify a full assessment of all the pertinent healthcare sectors that identifies gaps from the different sectors of the healthcare system. I was not sure if all nursing homes and other non-hospital HCFs had been assessed. When NCFHCC decides to perform the next capability assessment, ensure the assessment penetrates into under-served healthcare sectors in the Region (e.g., LTC, home health, dialysis). It is important to understand the limitations in critical infrastructure, healthcare delivery, workforce, supply chain, transportation, IT/communications, and business continuity. I have provided a PowerPoint from ASPR that provides information on the seven MEFs. I have also provided a google docs link here for a survey process that Georgia uses (this is draft format): <http://goo.gl/forms/AnWvQgO2wF>.

Continuity of Healthcare Services: This priority was listed as High Priority with critical importance (Healthcare System Recovery - Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)). Continuity planning is contingent upon a thorough capability assessment:

- Consider using the capability assessment (see capability assessment worksheet) to penetrate into the healthcare sectors to determine limitations. Then match available resources and resource processes towards regional support of the seven MEF areas. Also, see the PowerPoint from ASPR that provides information on the seven MEFs. I have provided this PowerPoint and a plan from Georgia, Region J (Savannah area) as extra attachments in a separate email. Another example of an excellent coalition continuity of healthcare service plan from NEFLHCC is found here: http://www.neflhcc.org/NEFLHCC_CONHOP_FINAL_12.16.15.pdf

At risk planning: This priority was listed as high priority with high importance (Function 7: Coordinate with planning for at-risk individuals and those with special medical needs).

North Central Florida HCC Assessment Report

- Some components of at-risk planning exist in non-coalition documents. Review plans and processes and identify the local and state special needs registry, county profiles, state documents (social vulnerability). Ensure that HCC members, specifically HCFs, have access to the process to identify and support at-risk populations.

The next three recommendations address healthcare coalition development (Healthcare System Preparedness - Function 1: Develop, Refine, or Sustain Healthcare Coalitions).

Administrative Guidelines: multidisciplinary healthcare approach:

- It seemed that there was a lack of healthcare system focus in structure and supporting documents. Consider engaging healthcare facility (HCF) representatives, other than hospitals, and integrate these representatives into the board structure and the coordination committee. It is imperative that the coalition facilitates preparedness in all pertinent healthcare sectors and integrates HCF response operations with jurisdictional emergency management. Facilitating preparedness includes activities that ensure processes exist to address the continuity and medical surge capabilities of all healthcare facilities.
- Per the primer document, the activity of the coalition is being facilitated by CHD public health planners (coordination committee). This committee facilitates the coalition preparedness activity and it seems there is little healthcare system representation. The coordination committee is a great idea, but the roles & responsibilities do not necessarily indicate that healthcare system preparedness is the overarching goal. Consider mission statements in the Articles of Incorporation that clearly define direct engagement with healthcare sectors and subsequent preparedness activity. Then ensure there is multidisciplinary representation on the coordination committee to facilitate the activity.
- Additionally, the members of the board of directors are assigned representatives but seem to exclude non-hospital HCF representation. Although there is a caveat in the description of the board that indicates other board members could be added by majority vote of the current board members, consider assigning a direct role to the board that represents the different sectors of healthcare. It was not evident that non-hospital HCFs represented (e.g., LTC, home healthcare, dialysis, etc...).

Sustainment Strategy: Coalition sustainment is contingent upon member, executive, and community engagement efforts. A sustainment structure and strategy are essential to continue coalition activity in the future and to promote community buy-in.

- Consider developing a very clear sustainment strategy that defines what activity will be implemented to sustain the coalition. Although additional funding is good to have, the number one tenet of sustainability is buy-in. Coalitions build buy-in by implementing a preparedness strategy that benefits members and support their requirements. The coalition also has to reach executives for their buy-in. The coalition also needs develop activity to support community engagement.
- Consider assigning sustainment strategy roles & responsibilities to a committee. Assigning sustainability to a committee may be a good idea because the roles & responsibilities could define how continued engagement is supported (e.g., executive engagement). I have provided a sample R&R from another coalition that describes this:

Example roles & responsibilities to support executive engagement (from KY Region 15 HCC):

...Agency executives are encouraged to attend. If they are unable to attend, the primary representative shall be responsible to ensure their agency's executive leadership is involved in the planning and coordination of the coalition by communicating information to the agencies executives. To keep executives and clinical technicians informed, a newsletter will be published on a bi-monthly basis and published on HCEPC Region 15's website. The month it is published will be the off month of the HCEPC meeting. It is the responsibility of the primary representative to ensure all executives and clinicians have access to all meeting minutes and to the website to provide continuity between executives of all participating agencies...

North Central Florida HCC Assessment Report

- The NCFHCC Primer document is a good start to an engagement document, however I feel it is quite lengthy and some areas are impersonal. An example of concise brochure-type document is found here: <http://metrolinapreparedness.org/mhpc-digital-brochure/>.
- Develop your website so it is a method to support member and executive buy-in. The following websites are good examples: <http://www.neflhcc.org/> and <http://metrolinapreparedness.org/mhpc/>. Consider adding your coalition specific documents to the site.
- Consider developing an executive report or a member report to share with the team to support buy-in. Find other ways to reach the community and executive leadership. There are many good sustainability ideas from other coalitions in Florida and other states (website enhancement, newsletters, annual dinners for executives, preparedness expositions).

Preparedness Strategy: (sample provided as an extra attachment) A clear preparedness strategy supports member and executive buy-in. Members need to know how things will be done. Woven throughout the primer, I saw there was some preparedness strategy but it was not very clear. The preparedness strategy should outline the following:

- Summarize the mission, vision, risk, and capability priorities for the year. Capability priorities should be determined by a capability assessment, gap analysis, and coalition strategic planning.
- Develop a workplan from a clear gap analysis and resource development process. In your workplan, be specific regarding the objectives and tasks that are selected. Make sure the objectives/tasks are Specific, Measurable, Achievable (within an annual timeframe), Relevant, and Time-oriented.
- Focus on annual objectives but consider long-term goals.
- Consider using a workgroup / committee structure and assign roles & responsibilities for achieving objectives. If you develop standing and ad hoc preparedness committees, provide clear roles and responsibilities. Examples of committees are included in the sample preparedness strategy.

Please consider one other suggestion:

Medical Surge: A good understanding of medical surge operations is an essential coalition activity. I suggest that NCFHCC review medical surge plans to determine if they are adequate. Some considerations:

- **Assessment:** Consider a surge resource capability assessment (in coordination with overarching capability assessment); develop resource sections in regional plans that define support for HCF med surge
- **Prehospital Surge:** Identify county MCI plans and state trauma protocols and use these as the primary reference for the medical surge plan; ensure these plans address how prehospital management and transport of patients occurs
- In your plan, briefly explain what triggers a notification, how NCFHCC notifies HCFs to report bed capacity, how 20% bed capacity is reported and determined, and how NCFHCC uses information systems and communications to monitor bed capacity
- Consider developing simple, one-page MRPs for resource packages that are available to support surge contingencies, both in the field and at first receiver sites

Final Note:

I was pleased to meet your team during our visit. I found many good practices and planning documents. Please consider the suggestions in this report as you move forward. Thank you for allowing me to help and keep up the good work! If I can help in anyway related to this report / assessment, please email me at paul.link@hhs.gov and ensure that Jeanine Posey is cc'd

Attendees:

Paul Myers, Tony McLaurin, Kendra Siler-Marsiglio, Lindsey Redding, Robert Linnens

NCFHCC INDICATOR HEAT MAP

Indicator	Description of Deliverable	Capability Association	North Centra Florida Healthcare Coalition		
			Reported on 9/30/14	Reported on 10/7/2015	Assessed on 11/19/15
MS 3	Strategic Plan Complete	HCC Development	2	8	4
MS 4	MS Plan Complete - Includes IBA Reporting Components	Medical Surge	1	5	5
MS 5	MS Plan Complete - Includes IBA Process with evidence of Implementation	Medical Surge	5	1	5
MS 7	Strategic Plan includes process for Conflict Resolution based on Feedback	HCC Development	8	2	7
CONT 1	HCC HVA is Completed	Healthcare System Preparedness	9	8	8
CONT 2	HCC Gap Analysis is Completed	Healthcare System Preparedness	2	8	8
CONT 3	MS Plan Complete - Includes process for IBA Situational Awareness	Medical Surge	2	5	5
CONT 4	Info/Comm Plan Completed - Includes Protocols for Redundant Communications	Information Sharing	2	5	9
CONT 5	Evidence of RSH Training / Exercises	Responder Safety and Health	2	5	5
CONT 6	COOP Plan Complete - Essential Healthcare Services Addressed	Recovery - COOP	2	5	5
CONT 7	Evidence of Program and HCC Exercise Objective Achievement	Healthcare System Preparedness	2	8	9
HCCDA 1	Strategic Plan includes HCC Governance Structure	HCC Development	9	8	9
HCCDA 2	Strategic Plan includes HCC Membership	HCC Development	9	8	7
HCCDA 3	Strategic Plan includes HCC Boundaries	HCC Development	9	9	9
HCCDA 4	Strategic Plan includes HCC Resource and Information Mgmt Processes	HCC Development	5	5	3
HCCDA 5	There is evidence of Healthcare System Delivery Integration	HCC Development	2	5	3
HCCDA 6	Strategic Plan/Operation Plans include HCC Roles & Responsibilities	HCC Development	5	8	5
HCCDA 7	A Capability Assessment is Completed for HCC Members	HCC Development	2	5	5
HCCDA 8	There is evidence of Executive Engagement	HCC Development	8	5	3
HCCDA 9	There is evidence of Clinical Leader Engagement	HCC Development	5	8	3
HCCDA 10	Strategic Plan includes HCC Operational Planning Structure	HCC Development	2	5	5
HCCDA 11	Response Coordination Plan includes MAC Coordination	Emergency Operations Coordination	8	5	9
HCCDA 12	Response Coordination Plan includes Communication Protocols	Emergency Operations Coordination	5	5	9
HCCDA 13	There is a Process to identify At-Risk Individuals	Healthcare System Preparedness	2	5	4
HCCDA 14	Response Coordination Plan includes Response Resource Mgmt Processes	Emergency Operations Coordination	2	5	5
HCCDA 15	Healthcare EVAC Plan Completed with Processes for Pt. Tracking	Medical Surge - Evacuation	2	5	5
HCCDA 16	There is Evidence of HCC Integration into CSC Plan	Medical Surge	2	5	1
HCCDA 17	There is Evidence of HCC integration into Recovery Plan	Recovery	2	5	5
HCCDA 18	Strategic Plan includes the HCC Exercise Program - Exercise Objectives Met	HCC Development	5	5	9
HCCDA 19	Strategic Plan includes a process for HCC Feedback	HCC Development	8	5	8
MS 1	CSC Plan Complete	Medical Surge			
MS 2	Fatality Management Plan Complete	Fatality Management			
MS 6	Recovery Plan include process to address Mental/Behavioral Health	Recovery			



Hospital Preparedness Program Capability Planning Recommendations (By Priority)

[Close Report](#)

The Capability Planning Recommendations Report shows the ASPR/CDC priority recommendation for each Function by priority recommendation, highest priority first.

Note that the priority recommendations are based on a formula combining the Function Current Status and Function Importance as self-reported by the jurisdiction in the CPG template. These recommendations are for planning purposes only and there may be other factors which might impact the actual priority.

Recommendation Key Very High Priority High Priority Medium Priority Low Priority Sustain No Recommendation

Healthcare Coalition: **Jurisdiction:** **Generated On:**

Very High Priority			
Capability	Function	Function Importance	Function Status

High Priority			
Capability	Function	Function Importance	Function Status
Capability 1: Healthcare System Preparedness	Function 7: Coordinate with planning for at-risk individuals and those with special medical needs	<input type="text" value="4. Highly Important"/>	<input type="text" value="3. Some Ability"/>
Capability 2: Healthcare System Recovery	Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)	<input type="text" value="5. Critical"/>	<input type="text" value="3. Some Ability"/>

Medium Priority			
Capability	Function	Function Importance	Function Status
Capability 5: Fatality Management	Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	<input type="text" value="3. Important"/>	<input type="text" value="3. Some Ability"/>

Low Priority			
Capability	Function	Function Importance	Function Status
Capability 1: Healthcare System Preparedness	Function 1: Develop, Refine, or Sustain Healthcare Coalitions	<input type="text" value="3. Important"/>	<input type="text" value="4. Significant Ability"/>
Capability 1: Healthcare System Preparedness	Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster	<input type="text" value="3. Important"/>	<input type="text" value="4. Significant Ability"/>
Capability 1: Healthcare System Preparedness	Function 3: Identify and prioritize essential healthcare assets and services	<input type="text" value="3. Important"/>	<input type="text" value="4. Significant Ability"/>
Capability 1: Healthcare System Preparedness	Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps	<input type="text" value="2. Limited Importance"/>	<input type="text" value="4. Significant Ability"/>
Capability 2: Healthcare System Recovery	Function 1: Develop recovery processes for the healthcare delivery system	<input type="text" value="2. Limited Importance"/>	<input type="text" value="4. Significant Ability"/>
Capability 3: Emergency Operations Coordination	Function 3: Support healthcare response efforts through coordination of resources	<input type="text" value="3. Important"/>	<input type="text" value="4. Significant Ability"/>
Capability 3: Emergency Operations Coordination	Function 4: Demobilize and evaluate healthcare operations	<input type="text" value="3. Important"/>	<input type="text" value="4. Significant Ability"/>
Capability 5: Fatality Management	Function 3: Mental/behavioral support at the healthcare organization level	<input type="text" value="2. Limited Importance"/>	<input type="text" value="3. Some Ability"/>
Capability 6: Information Sharing	Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture	<input type="text" value="2. Limited Importance"/>	<input type="text" value="4. Significant Ability"/>
Capability 10: Medical Surge	Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	<input type="text" value="2. Limited Importance"/>	<input type="text" value="3. Some Ability"/>
Capability 10: Medical Surge	Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations	<input type="text" value="2. Limited Importance"/>	<input type="text" value="3. Some Ability"/>
Capability 10: Medical Surge	Function 3: Assist healthcare organizations with surge capacity and capability	<input type="text" value="2. Limited Importance"/>	<input type="text" value="4. Significant Ability"/>
Capability 14: Responder Safety and Health	Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers	<input type="text" value="2. Limited Importance"/>	<input type="text" value="4. Significant Ability"/>

Sustain			
Capability	Function	Function Importance	Function Status



Hospital Preparedness Program Capability Planning Recommendations (By Priority)

Close Report

The Capability Planning Recommendations Report shows the ASPR/CDC priority recommendation for each Function by priority recommendation, highest priority first.

Note that the priority recommendations are based on a formula combining the Function Current Status and Function Importance as self-reported by the jurisdiction in the CPG template. These recommendations are for planning purposes only and there may be other factors which might impact the actual priority.

Recommendation Key Very High Priority High Priority Medium Priority Low Priority Sustain No Recommendation

Healthcare Coalition: North Central Florida Healthcare Coalition **Jurisdiction:** Florida **Generated On:** 3/1/2016

Capability 1: Healthcare System Preparedness	Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	2. Limited Importance	5. Full Ability
Capability 3: Emergency Operations Coordination	Function 1: Healthcare organization multi-agency representation and coordination with emergency operations	3. Important	5. Full Ability
Capability 3: Emergency Operations Coordination	Function 2: Assess and notify stakeholders of healthcare delivery status	3. Important	5. Full Ability
Capability 5: Fatality Management	Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations	2. Limited Importance	5. Full Ability
Capability 6: Information Sharing	Function 2: Develop, refine, and sustain redundant, interoperable communication systems	2. Limited Importance	5. Full Ability
Capability 14: Responder Safety and Health	Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response	2. Limited Importance	5. Full Ability

No Recommendation

Capability	Function	Function Importance	Function Status
Capability 1: Healthcare System Preparedness	Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation	1. Not Important	4. Significant Ability
Capability 10: Medical Surge	Function 4: Develop Crisis Standards of Care guidance	1. Not Important	1. No Ability
Capability 10: Medical Surge	Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	1. Not Important	4. Significant Ability
Capability 15: Volunteer Management	Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations	1. Not Important	5. Full Ability
Capability 15: Volunteer Management	Function 2: Volunteer notification for healthcare response needs	1. Not Important	5. Full Ability
Capability 15: Volunteer Management	Function 3: Organization and assignment of volunteers	1. Not Important	5. Full Ability
Capability 15: Volunteer Management	Function 4: Coordinate the demobilization of volunteers	1. Not Important	5. Full Ability



Hospital Preparedness Program Capability Planning Recommendations (By Capability)

Close Report

The Capability Planning Recommendations Report shows the ASPR/CDC priority recommendation for each Function sorted by Capability and Function.

Note that the priority recommendations are based on a formula combining the Function Current Status and Function Importance as self-reported by the jurisdiction in the CPG template. These recommendations are for planning purposes only and there may be other factors which might impact the actual priority.

Recommendation Key	Very High Priority	High Priority	Medium Priority	Low Priority	Sustain	No Recommendation
Healthcare Coalition:	North Central Florida Healthcare Coalition	Jurisdiction:	Florida	Generated On:	3/1/2016	

Capability 1: Healthcare System Preparedness	Function Importance	Function Status	Recommendation
Function 1: Develop, Refine, or Sustain Healthcare Coalitions	3. Important	4. Significant Ability	Low Priority
Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster	3. Important	4. Significant Ability	Low Priority
Function 3: Identify and prioritize essential healthcare assets and services	3. Important	4. Significant Ability	Low Priority
Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps	2. Limited Importance	4. Significant Ability	Low Priority
Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	2. Limited Importance	5. Full Ability	Sustain
Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation	1. Not Important	4. Significant Ability	No Recommendation
Function 7: Coordinate with planning for at-risk individuals and those with special medical needs	4. Highly Important	3. Some Ability	High Priority

Capability 2: Healthcare System Recovery	Function Importance	Function Status	Recommendation
Function 1: Develop recovery processes for the healthcare delivery system	2. Limited Importance	4. Significant Ability	Low Priority
Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)	5. Critical	3. Some Ability	High Priority

Capability 3: Emergency Operations Coordination	Function Importance	Function Status	Recommendation
Function 1: Healthcare organization multi-agency representation and coordination with emergency operations	3. Important	5. Full Ability	Sustain
Function 2: Assess and notify stakeholders of healthcare delivery status	3. Important	5. Full Ability	Sustain
Function 3: Support healthcare response efforts through coordination of resources	3. Important	4. Significant Ability	Low Priority
Function 4: Demobilize and evaluate healthcare operations	3. Important	4. Significant Ability	Low Priority

Capability 5: Fatality Management	Function Importance	Function Status	Recommendation
Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations	2. Limited Importance	5. Full Ability	Sustain
Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	3. Important	3. Some Ability	Medium Priority
Function 3: Mental/behavioral support at the healthcare organization level	2. Limited Importance	3. Some Ability	Low Priority



Hospital Preparedness Program Capability Planning Recommendations (By Capability)

Close Report

The Capability Planning Recommendations Report shows the ASPR/CDC priority recommendation for each Function sorted by Capability and Function.

Note that the priority recommendations are based on a formula combining the Function Current Status and Function Importance as self-reported by the jurisdiction in the CPG template. These recommendations are for planning purposes only and there may be other factors which might impact the actual priority.

Recommendation Key

Very High Priority

High Priority

Medium Priority

Low Priority

Sustain

No Recommendation

Healthcare Coalition:

North Central Florida Healthcare Coalition

Jurisdiction:

Florida

Generated On:

3/1/2016

Capability 6: Information Sharing

	Function Importance	Function Status	Recommendation
Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture	2. Limited Importance	4. Significant Ability	Low Priority
Function 2: Develop, refine, and sustain redundant, interoperable communication systems	2. Limited Importance	5. Full Ability	Sustain

Capability 10: Medical Surge

	Function Importance	Function Status	Recommendation
Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	2. Limited Importance	3. Some Ability	Low Priority
Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations	2. Limited Importance	3. Some Ability	Low Priority
Function 3: Assist healthcare organizations with surge capacity and capability	2. Limited Importance	4. Significant Ability	Low Priority
Function 4: Develop Crisis Standards of Care guidance	1. Not Important	1. No Ability	No Recommendation
Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	1. Not Important	4. Significant Ability	No Recommendation

Capability 14: Responder Safety and Health

	Function Importance	Function Status	Recommendation
Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers	2. Limited Importance	4. Significant Ability	Low Priority
Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response	2. Limited Importance	5. Full Ability	Sustain

Capability 15: Volunteer Management

	Function Importance	Function Status	Recommendation
Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations	1. Not Important	5. Full Ability	No Recommendation
Function 2: Volunteer notification for healthcare response needs	1. Not Important	5. Full Ability	No Recommendation
Function 3: Organization and assignment of volunteers	1. Not Important	5. Full Ability	No Recommendation
Function 4: Coordinate the demobilization of volunteers	1. Not Important	5. Full Ability	No Recommendation



Project Management Tool Completion Status

Close Report

Report that provides a snapshot of completion status of the project management tool

Legend



Equal to 0%



Between 0% and 100%



Equal to 100%

	Documented	Verified		Documented	Verified		Documented	Verified
HCCDA			Capability 2 (Recovery)			Capability 10 (Surge)		
POETE Elements			POETE Elements			POETE Elements		
1. Medical Surge #3	100%	100%	1. Organization Elements	100%	100%	1. Organization Elements	100%	100%
2. HCCDA Factor #1	100%	100%	2. Planning Elements	100%	100%	2. Planning Elements	100%	100%
3. HCCDA Factor #2	100%	100%	3. Equipment Elements	100%	100%	3. Equipment Elements	100%	100%
4. HCCDA Factor #3	100%	100%	4. Training Elements	100%	100%	4. Training Elements	100%	100%
5. HCCDA Factor #4	100%	100%	5. Exercise Elements	100%	100%	5. Exercise Elements	100%	100%
6. HCCDA Factor #5	100%	100%	Measures			Measures		
7. HCCDA Factor #6	100%	100%	HCCDA Factor #17	100%	100%	Continuity of Operations #3	100%	100%
8. HCCDA Factor #7	100%	100%	Capability 2 (COOP)			Medical Surge #4	100%	100%
9. HCCDA Factor #8	100%	100%	POETE Elements			Medical Surge #5	100%	100%
10. HCCDA Factor #9	100%	100%	1. Organization Elements	100%	100%	HCCDA Factor #16	100%	100%
11. HCCDA Factor #10	100%	100%	2. Planning Elements	100%	100%	Capability 10 (Evac & SIP)		
13. HCCDA Factor #18	100%	100%	3. Equipment Elements	100%	100%	POETE Elements		
14. HCCDA Factor #19	100%	100%	4. Training Elements	100%	100%	1. Organization Elements	100%	100%
15. Medical Surge #7	100%	100%	5. Exercise Elements	100%	100%	2. Planning Elements	100%	100%
Measures			Measures			3. Equipment Elements	100%	100%
1. Medical Surge #3	100%	100%	Continuity of Operations #6	100%	100%	4. Training Elements	100%	100%
2. HCCDA Factor #1	100%	100%	Capability 3 (EOC)			5. Exercise Elements	100%	100%
3. HCCDA Factor #2	100%	100%	POETE Elements			Measures		
4. HCCDA Factor #3	100%	100%	1. Organization Elements	100%	100%	HCCDA Factor #15	100%	100%
5. HCCDA Factor #4	100%	100%	2. Planning Elements	100%	100%	Capability 14 (Responder)		
6. HCCDA Factor #5	100%	100%	3. Equipment Elements	100%	100%	POETE Elements		
7. HCCDA Factor #6	100%	100%	4. Training Elements	100%	100%	1. Organization Elements	100%	100%
8. HCCDA Factor #7	100%	100%	5. Exercise Elements	100%	100%	2. Planning Elements	100%	29%
9. HCCDA Factor #8	100%	100%	Measures			3. Equipment Elements	100%	100%
10. HCCDA Factor #9	100%	100%	HCCDA Factor #11	100%	100%	4. Training Elements	100%	100%
11. HCCDA Factor #10	100%	100%	HCCDA Factor #12	100%	100%	5. Exercise Elements	100%	100%
13. HCCDA Factor #18	100%	100%	HCCDA Factor #14	100%	100%	Measures		

14. HCCDA Factor #19	100%	100%
15. Medical Surge #7	100%	100%
Capability 1 (Preparedness)		
Elements		
1. HCC Development	100%	100%
2. Risk Assessment and Operations Planning	100%	100%
3. Resource Identification and Priorization	100%	100%
4. Education and Training	100%	100%
5. Exercise and Evaluation	100%	100%
6. At-Risk Planning	100%	100%
Measures		
Continuity of Operations #1	100%	100%
Continuity of Operations #2	100%	100%
Continuity of Operations #7	100%	100%
HCCDA Factor #13	100%	100%

Capability 5 (Fatality Mgt)		
POETE Elements		
1. Organization Elements	100%	100%
2. Planning Elements	100%	33%
3. Equipment Elements	100%	100%
4. Training Elements	100%	100%
5. Exercise Elements	100%	100%
Measures		
Medical Surge #2	100%	100%
Capability 6 (Info Mgt)		
POETE Elements		
1. Organization Elements	100%	100%
2. Planning Elements	100%	100%
3. Equipment Elements	100%	100%
4. Training Elements	100%	100%
5. Exercise Elements	100%	100%
Measures		
Continuity of Operations #4	100%	100%
Joint HPP-PHEP 6.1	100%	100%

Continuity of Operations #5	100%	100%
Capability 15 (Volunteer)		
POETE Elements		
1. Organization Elements	100%	0%
2. Planning Elements	100%	0%
3. Equipment Elements	100%	0%
4. Training Elements	100%	0%
5. Exercise Elements	100%	0%
Measures		
Joint HPP-PHEP 15.1	100%	100%

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