



Exhibit 4
Work Plan
North Central Florida HealthCare Coalition
2017-2018

1. **Current HCC Chair:** Harold Theus
2. **Chair Contact Info:** Email: ncfhcc.chair@gmail.com Phone: 352-384-3132
3. **HCC Task Force Member:** Chair Harold Theus, Vice-chair Dan Mann, and Coordinators Donald Greist and Chris Abarca
4. **Counties within your HCC:** Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union
5. **Administrative Plan:** The Administrative plan has been reviewed and updated as of September 19, 2016. The bylaws were updated, and the revised and approved administrative plan has been provided to FLDOH. (Please see attached Administrative Plan)
6. **HCC Member Organizations:**
 - Hospitals and Health Systems: UF Health Shands, North Florida Regional Medical Center, Malcom Randall VA Medical Center, Lake City VA Medical Center, Lake Butler Hospital, Lake City Medical Center, Shands Lake Shore Regional Medical Center, Shands Starke Regional Medical Center, Shands Live Oak Regional Medical Center, Putnam Community Medical Center, Regional General Hospital in Williston
 - Local Emergency Management / Public Safety: Alachua County EM, Bradford EM, Columbia County EM, Dixie County EM, Gilchrist EM, Hamilton EM, Lafayette EM, Levy County EM, Putnam County EM, Suwannee EM, Union County EM
 - Local Public Health: DOH-Alachua, DOH-Bradford, DOH-Columbia, DOH-Dixie, DOH-Gilchrist, DOH-Hamilton, DOH-Lafayette, DOH-Levy, DOH-Putnam, DOH-Suwannee, DOH-Union
 - EMS Providers (public and private): Alachua County Fire Rescue, Bradford County EMS, Century Ambulance Service (Columbia County EMS), Dixie County EMS, Excelsior Ambulance Service (Columbia County EMS), Gainesville Fire and Rescue, Gilchrist County EMS, Hamilton County EMS, Lafayette County Rescue, Levy County EMS, Putnam County Fire and EMS, Suwannee County Fire Rescue, ShandsCair (UF Health Shands Hospital), Union County Department of Emergency Services
 - Long-Term Care: Tri-County Nursing Home, and Palatka Health Care Center – Nursing Home
 - Behavioral & Mental Health: Meridian Behavioral Healthcare
 - Specialty Service Providers (dialysis, pediatrics, urgent care, Medical Examiners, funeral directors, etc.): CMS North Central Region, Haven Hospice, Orthopaedic Surgery Center, Greystone Health and Rehabilitation Centers at Terrace Health, Park Meadows, and Riverwood

Health, Partnership for Strong Families – Foster Care and Adoptions Agency, District 8 Medical Examiners Office

- Support Service Providers (laboratories, pharmacies, blood banks, poison control, etc.): N/A
- Primary Care Providers: Palms Medical Group
- Community Health Centers: Azalea Health Federally Qualified Health Center (FQHC) in Crescent, Hawthorne, Interlachen, Palatka, and Welaka.

7. **Total Number of Projects Submitted** (*sum of all projects*): NCFHCC is planning to develop a new standardized application process that members can use during the Fiscal Year July 2017 – June 2018
8. **Total Funding Amount Requested** (*sum of all project budgets*): **\$25,000 is currently budgeted for projects. Proposed projects will be reviewed and voted on using a standardized method that is approved by the NCFHCC Board beginning July 2017.**
9. **Top five hazards identified in your latest Hazard/Community Vulnerability Assessment:**
- A. Hurricane
 - B. Communication System Failure and Roadway System Blocked
 - C. Data System Failure
 - D. Mass Casualty (medical, infectious, and trauma-related); Interstate/Major Highway Accident; Terrorism
 - E. Small-Medium Sized Internal Spill
10. **Top five risks derived from assessments, After-Action Reports, and other sources:**
- A. Cybersecurity
 - B. Inter-organizational information sharing and collaboration mechanisms with the HPH sector
 - C. Outside contracts and contacts with Incident Response providers
 - D. Improve communication among providers and emergency management regarding responsibilities
 - E. Interdependent communication
11. **Top three training and exercise needs from the previous years' Training and Exercise Plan Workshop:**
- A. Responder and Safety Behavioral Health and Workplace Safety
 - B. ICS Refresher
 - C. Resource Management
12. **Marketing Plan:** NCFHCC is working on the following marketing strategies: website, targeted outreach, e-newsletters, and e-brochures.
13. **List of supplies and equipment in the service area capable of being used to support medical surge or mass casualty.**
- Mass Care Trailer, Lafayette County Health Department
 - Mass Care Trailer, Suwannee County Health Department
 - Mass Casualty Trailer, Alachua County Fire Rescue
 - Special Needs Response Trailer, Union County Health Department
 - Special Needs Shelter Trailer, Suwannee County Health Department
 - Special Needs Shelter Trailer, Lafayette County Health Department
 - Disaster Response Trailer, Bradford County Health Department
 - Mobile Rehabilitation Vehicle, Bradford County Emergency Management
 - Medical Support Unit Advanced Life Support Bus, Alachua County Fire Rescue
 - Medical Supply Cache – IV Support, Levy County Health Department

Budget report including expenditures to date during the quarter

Project Budget Update				
BUDGET CATEGORY	DESCRIPTION	AMOUNT ALLOCATED	AMOUNT EXPENDED	TOTAL PROJECT EXPENSE
Employee Wages				Covered under contracts/consulting
Fringe Benefits				Covered under contracts/consulting
Liability Insurance	Directors and officers liability insurance (7/1/2017 - 7/1/2018)	\$725.00	\$725.00 Provided by Professional Insurance Services	\$725.00
Fiscal Entity Cost				Covered under contracts/consulting
Utilities				Covered under contracts/consulting
Travel & Training		Travel: \$2,500.00 Training: \$19,661.00		
Project Proposed Amounts	<i>(This funding will resume in July 2017)</i>	\$25,000		
Equipment				Covered under contracts/consulting
Supplies				Covered under contracts/consulting
Consultants/ Contracts	WellFlorida Council is expected to continue to serving as the NCFHCC Health Care Coalition Coordinator. WellFlorida will execute NCFHCC deliverables, facilitate meetings, make coalition partners aware of training, educational, and exercise	\$17,016.00	\$17,016.00	\$17,016.00

	<p>opportunities. The Coordinator is also to provide organizational capacity building, training development, and technical assistance for NCFHCC. WellFlorida will also serve as the NCFHCC's financial accountant. (Budgeted amount only for Quarter 1: July 1, 2017 through September 30, 2017)</p>			
Other Costs				
TOTAL		\$64,902.00	\$17,741.00	\$64,902.00

PROJECT 1: To Be Determined

1. **Brief project description:** *(include equipment, trainings and exercises associated with this project)*

2. **Which HCC-identified risk does this project address?** *(see Community Vulnerability Assessment)*
 Click here to enter text.

3. **Describe how this project will fill this capability/resource gap?**
 Click here to enter text.

4. **Which capability does this project support?** *(check all that apply)*
 - Continuity of Operations
 - Emergency Operations Coordination
 - Information Sharing
 - Medical Surge
 - Mass Fatality
 - Other (please specify): Click here to enter text.

5. **Name all entities that will receive funding:**
 Click here to enter text.

6. **Does this project sustain previously purchased equipment or supplies?** Yes No
7. **Describe the deliverables for this project** *(be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.
8. **Total Project Funding Request:** [Click here to enter text.](#)
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category (Supplies, Travel, Equipment, Consultant, Other), including description, quantity, unit cost, total cost**
9. **Project Point of Contact:** *(provide name, email, phone number for project POC)*
Click here to enter text.

PROJECT 2: To Be Determined

10. **Brief project description:** *(include equipment, trainings and exercises associated with this project)*
Click here to enter text.
11. **Which HCC-identified risk does this project address?** *(see Community Vulnerability Assessment)*
Click here to enter text.
12. **Describe how this project will fill this capability/resource gap?**
Click here to enter text.
13. **Which capability does this project support?** *(check all that apply)*
- Continuity of Operations
 - Emergency Operations Coordination
 - Information Sharing
 - Medical Surge
 - Mass Fatality
 - Other (please specify): [Click here to enter text.](#)
14. **Name all entities that will receive funding:**
Click here to enter text.
15. **Does this project sustain previously purchased equipment or supplies?** Yes No
16. **Describe the deliverables for this project** *(be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.
17. **Total Project Funding Request:** [Click here to enter text.](#)
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category (Supplies, Travel, Equipment, Consultant, Other), including description, quantity, unit cost, total cost**
18. **Project Point of Contact:** *(provide name, email, phone number for project POC)*
Click here to enter text.

PROJECT 3: To Be Determined

19. Brief project description: *(include equipment, trainings and exercises associated with this project)*

Click here to enter text.

20. Which HCC-identified risk does this project address? *(see Community Vulnerability Assessment)*

Click here to enter text.

21. Describe how this project will fill this capability/resource gap?

Click here to enter text.

22. Which capability does this project support? *(check all that apply)*

- Continuity of Operations
- Emergency Operations Coordination
- Information Sharing
- Medical Surge
- Mass Fatality
- Other (please specify): [Click here to enter text.](#)

23. Name all entities that will receive funding:

Click here to enter text.

24. Does this project sustain previously purchased equipment or supplies? Yes No

25. Describe the deliverables for this project *(be specific and include quantitative/ qualitative information;*

e.g., 200 individuals will receive training with a pass rate of 90%)

Click here to enter text.

26. Total Project Funding Request: [Click here to enter text.](#)

*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category (Supplies, Travel, Equipment, Consultant, Other), including description, quantity, unit cost, total cost**

27. Project Point of Contact: *(provide name, email, phone number for project POC)*

Click here to enter text.