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

Wednesday, August 22, 2018 at 2:00 pm
Alachua County EOC – 1100 SE 27th Street, Gainesville, FL 32641

NCFHCC BOARD MEETING AGENDA

*Requires approval of Board

I. Call to Order

- Validation of voting members present [accept proxy voters, if present]
- Introductions
- *Approval of minutes from July 23, 2018 meeting

II. Financial

- *Budget Report
- Coalition Account Report
- Status on 2017-18 projects
- Expenditure Requests
- Management and Administration

III. Business

- *Approval of Membership Requests
- Stop the Bleed Distribution Update
- Operational Plan Deliverable & Working Group
- 2018-19 Training and Exercise Planning
- Project Funding Application Process

IV. Member Reports

- Board Member Reports
- Open Discussion

V. Adjourn

Next Meeting: September 26 – Location TBD

Conference Call Line: 1-888-670-3525 **Code: 1130084513**

North Central Florida HealthCare Coalition

Coordinating Preparedness & Resilience through all sectors of the healthcare system

Board of Directors

- **5 Discipline Representatives**
  - Emergency Management — John Shaw Alachua
  - EMS — Mitch Harrel Levy
  - Hospital — Ebbin Spellman Alachua
  - Long-Term Care — Logan Andrews Gilchrist
  - Public Health — Mary Garcia Putnam
- **3 At-Large Representatives**
  - Representative 1 — Suzanne DeKay Alachua
  - Representative 2 — Jeff Taylor Alachua
  - Representative 3 — Jim Lyons Bradford/Union

TOTAL 8 VOTES

Executive Committee

- Chair — Suzanne DeKay
- Vice-Chair — Mitch Harrell
- Secretary/Treasurer — John Shaw

A quorum is fifty percent (50%) of the total voting membership of the Board of Directors.

Updated July 23, 2018

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

NCFHCC BOARD MEETING

July 23, 2018
Meeting Minutes

The Board of Directors of the North Central Florida HealthCare Coalition meeting was held on July 23, 2018 at 10:00 am at the Alachua County Emergency Operations Center, 1100 SE 27th St, Gainesville, FL.

Documents provided to the NCFHCC Board:
Meeting Agenda; Proposed 2018-19 Board Structure; Draft Meeting Minutes from 6-25-2018; June 2018 Finance Report; Proposed Budget FY 2018-19; Proposed Bylaws changes; NEFRC Proposed Memorandum of Agreement; Proposed Project Funding Process FY 2018-19; 2017-19 Annual Report.

CALL TO ORDER

The meeting was called to order by Secretary/Treasurer Suzanne DeKay with a validation of a quorum, with the following Board members present:

Emergency Management: John Shaw
EMS: Mitch Harrell
Hospitals: Ebbin Spellman
Public Health: Mary Garcia (phone)
At-Large Representative #1: Suzanne DeKay (acting Chair)
At-Large Representative #2: absent
At-Large Representative #3: Logan Andrews

Absent: Jeff Taylor, At-Large Member

Others in Attendance: Sign-in sheet attached.

Introductions

With the Chair and Vice-Chair positions vacant, the Secretary/Treasurer Ms. DeKay welcomed the attendees and called for introductions.

Approval of Minutes

The minutes from June 25, 2018 were provided to Board members via electronic mail and copies were provided at the beginning of the meeting. There was one change requested to correct the planner's name for Lafayette. There was no other discussion or requests.

Ms. DeKay called for a motion of approval of the June 25, 2018 meeting minutes. Mr. Harrell moved approval; Mr. Spellman seconded. Motion carried.

FINANCIAL

Budget Report

The Secretary/Treasurer, Ms. DeKay, presented the end of the 2017-18 fiscal year budget report. She reported that Coalitions funds were overspent by $9.04. Ms. Payne, NEFRC, explained that the Council paid the overage on behalf of the Coalition to ensure all funding was expended appropriately.

Expenditure Requests

Ms. DeKay reported that there were no requests for expenditures at this time. Expenses for the NCFHCC's Bank of America account include the Quick Books fees, the $725.00 expenditure to pay the 2018-19 renewal premium for the Coalition Director's and Officer's insurance policy. She is waiting for reimbursement receipts for the projects awarded in 2017-18. Ms. DeKay contacted the accountant to request filing of the 2017 and 2018 tax returns and assistance with a letter requesting penalty forgiveness, if a late penalty is assessed by the IRS.

Ms. DeKay stated that all projects must be completed and reimbursed by December 2018. The Bank of America bank account will be closed prior to the end of 2018. It is the intent of the Board to have 2018 as the final year a separate NCFHCC bank account and tax return is maintained.

Status on Projects

Ms. DeKay requested an update on each of the projects funded by the Coalition. Three of the four projects are nearing completion and pending submission of receipts for reimbursement. Mary Garcia, Putnam, explained that they need help to complete the Regional COOP exercise. She can provide the funding, but due to staff changes, she will not be able to coordinate the exercise. Ms. Wilsey will send notification to other DOH members to assist Putnam with this project so it will be completed by December.

Management and Administration

Ms. Wilsey presented the Management and Administration Update.

- The Region 3 Alliance Annual Report for 2017-18 was distributed.
- Update on the Stop the Bleed kit distribution included the remaining North Central kits being delivered the upcoming week and the additional kits are expected at any time. Each county will determine how these kits will be distributed and provide a report to Ms. Wilsey for tracking purposes.
- NEFRC staff is working to update the Coalition website. An announcement will be sent to all members when the updates are complete.
- A formalized membership process is being established so general members may register online and a list of potential members will be presented to the Board for approval at the monthly meeting.
- The Alliance has hired a marketing firm to assist with growth and sustainability, which assists with Federal requirements. The firm plans to promote the Stop the Bleed program and needs to find points of contact for each county to provide local implementation information.
- Active Shooter Working Group is meeting 7/31/2018 @ 10:00. A conference call line is available.

- At the August meeting, Eric Anderson, Training Coordinator, will attend to discuss training needs for the current year 2018-19. Please review your needs and come with ideas.

2018-19 Budget

Ms. Wilsey presented the 2018-19 fiscal year budget explaining the different categories and those areas of the budget that could be adjusted. Staff time, Marketing Firm, Project Funding and Indirect costs are fixed. Staff time includes work required to meet the FDOH contract deliverables. Professional Services include expenses to meet the Training and Exercise Plan. The travel budget is divided into regional travel and conference travel. Regional travel is allocated for administrative staff to travel throughout the region managing coalition business. Conference travel is allocated for NCFHCC Board members to attend Statewide Task Force meetings and other conferences to be determined. There is budget for meeting expenses, which includes rental of space for general membership meetings, training and exercises, etc. Supplies include training and administrative supplies and promotional items. The Board gave approval for Administrative staff to make purchases under $500.00. The Board may reallocate unused Meeting Expense, Supply and Conference Travel money to other areas, as needed throughout the year.

BUSINESS

Bylaws Updates

Ms. DeKay presented the draft of the updated Bylaws, which were distributed for review and comment at last month's meeting. During the discussion a request was made to strike #13 from 1.6.1 Coordinator Duties and replace it with "*Support response as requested*."

Mr. Spellman moved approval of the Bylaws with the changes discussed; Mr. Harrell seconded. Motion carried.

Long-Term Care Board Position

Ms. DeKay announced that the newly approved Bylaws established the Long-Term Care Board Discipline seat. The Board had discussed this and determined that the current At-Large Representative, Logan Andrews would meet the requirements for the Long-Term Care representative. Moving Mr. Andrews to this position would open an At-Large Member Board seat. Member, Jim Lyons previously expressed interest in becoming an At-Large Board Member.

Mr. Harrell moved approval of Mr. Andrews as the Long-Term Care Representative and Mr. Lyons as the At-Large Board member; Mr. Spellman seconded. Motion carried.

Election of Board Officers

The slate of officers was presented; Ms. DeKay Chair and Mr. Harrell Vie-Chair. There was a call for additional nominees, but none were offered.

Mr. Lyons moved approval of the nominated officers; Mr. Spellman seconded. Motion carried.

Ms. DeKay stated that the Secretary/Treasurer Board Officer position was now available. The position would be for on-year to complete the term of Ms. DeKay. She also stated that she would continue to maintain Treasurer duties for the Bank of America account, until it was closed in December. Mr. Shaw was nominated as Secretary/Treasurer and he accepted.

Mr. Lyons moved approval of the Secretary/Treasurer position; Mr. Spellman seconded. Motion carried.

Memorandum of Agreement

Beth Payne, North Florida Regional Council, presented the Memorandum of Agreement between the NEFRC and NCFHCC. This document sets the terms by which the parties will work together so that the EFRC can undertake the work of the Coalition. This agreement is similar last year's and includes updated narrative to reflect the NEFRC RFP awardee information.

Mr. Harrell moved approval of the MOA; Mr. Spellman seconded. Motion carried.

Project Funding Application Process

Ms. Wilsey presented the draft project funding application and descried the process. The project funding application period will begin September 3 and applications are due October 1. The Board discussed the project review and ranking committee and requested that there only be one DOH representative.

Future Meeting Schedule

The Board determined that the NCFHCC Board meetings would be on the fourth Wednesday of each month at 1:30. Typically, the Board meetings will take place in Alachua County. General membership meetings and trainings will travel throughout the region, in centrally located venues.

MEMBER REPORTS

Board Member Reports

Mr. Andrews reported that he attends the Health Services Advisory Group meetings monthly. This advisory group consists of healthcare organizations that would benefit from coalition membership. He requested Ms. Wilsey attend a meeting to talk about the NCFHCC. Mr. Andrews will work with Ms. Wilsey on inclusion with this group.

Open Discussion

CLOSING REMARKS AND ADJOURN

The Chair invited all members to the next Board meeting on August 22 at 1:30 at Alachua EOC. With no additional business, *Mr. Harrell moved adjournment; Mr. Spellman seconded.* The meeting was adjourned at 11:17.

North Central Florida HealthCare Coalition
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SIGN-IN SHEET – NORTH CENTRAL FLORIDA HEALTHCARE COALITION

MEETING: BOARD OF DIRECTORS MEETING **LOCATION:** ALACHUA COUNTY EOC

DATE: JULY 23, 2018 **TIME:** 10:00 AM

NAME	AGENCY	EMAIL
Howell Batts	DOH - Region 2	howell.batts@flhealth.gov
Sam MacDonell	R2 DOH	sam.macdonell@flhealth.gov
Sandi Courson	FDOH R3	Sandi.courson@flhealth.gov
Mitch Harrell	Levy Co Public Safety	mharrell@levydps.com
Jason Long	DOH - Lafayette	Jason.Long@flhealth.gov
Jeremy Gafford	DOH Columbia/Ham	Jeremy.gafford@flhealth.gov
Suzanne DeKay	UF Health	dekays@shands.ufl.edu
Ebbin Spellman	UF Health	espellman@shands.ufl.edu
Beth Payne	NEFRC	epayne@nefrc.org
Leigh Wilsey	NEFRC	lwilsey@nefrc.org
JOHN SHAW	ALACHUA CO EM	JSHAW@ALACHUACOUNTY.US
Logan Andrews	Tri-County Nursing Home	tcnhadm@gmail.com
Jim Lyons	Bradford DOH	James.Lyons@FLHealth.gov
Lola Butler	FDOH-Dixie	lola.butler@flhealth.gov
Rel Perez	DOH - Suwannee	on site
JUSTIN REVIS	Alachua Co. EM	JREVIS@UFL.EDU
On phone		
Mary Garcia	DOH Putnam	

North Central Florida Health Care Coalition
Financial Report
As of July 2018

NCFHCC 18/19	Budget	July 2018	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 141,755.00	$ 9,593.05	$ 9,593.05	7%	$ 132,161.95
Revenues	$ 141,755.00	$ 9,593.05	$ 9,593.05	7%	$ 132,161.95
Expenses					
Staffing Cost	$ 63,843.00	$ 9,392.81	$ 9,392.81	15%	$ 54,450.19
Phone	$ 500.00	$ -	$ -	0%	$ 500.00
Office Supplies	$ 1,562.00	$ -	$ -	0%	$ 1,562.00
Travel	$ 7,600.00	$ 200.24	$ 200.24	0%	$ 7,399.76
Meeting Expenses	$ 2,000.00	$ -	$ -	0%	$ 2,000.00
Marketing	$ 14,000.00	$ -	$ -	0%	$ 14,000.00
Professional Services	$ 17,250.00	$ -	$ -	0%	$ 17,250.00
Projects	$ 35,000.00	$ -	$ -	0%	$ 35,000.00
Expenses	$ 141,755.00	$ 9,593.05	$ 9,593.05	7%	$ 132,161.95

New Member Requests for August 2018: North Central HCC

Logan	Andrews	RN, BSN, Director of Nursing	Tri-County Nursing & Rehabilitation Center	Skilled nursing, nursing, and long-term care facilities
Lola	Butler	Preparedness & Response County Coordinator	FDOH-Dixie	Public Health Agency
James	Campbell	Gilchrist County Fire Chief	Gilchrist County Fire Department	Local Public Safety Agency
Sandi	Courson	Regional Emergency Response Advisor	Department of Health	Public Health Agency
Jeffery	Crawford	Chief	Columbia County Fire Rescue	Local Public Safety Agency
Suzanne	DeKay	Director, Safety, Security, and External Transportation	UF Health Shands	Hospital
Fred	Eichler	Preparedness Planner	Gilchrist County Health Dept.	Public Health Agency
Mary	Garcia	Health Officer	DOH-Putnam	Public Health Agency
Jeremy	Gifford	Public Health Preparedness and Response Coordinator	Florida Department of Health in Columbia	Public Health Agency
Jeremy	Gifford	Public Health Preparedness and Response Coordinator	Florida Department of Health in Hamilton County	Public Health Agency
Mitch	Harrell	Director/Chief	Levy County Department of Public Safety	EMS
Mark	Johnson	Preparedness Planner III DOH Levy/DOH Gilchrist	DOH Levy/DOH Gilchrist	Public Health Agency
First Name	Last Name	Title	Facility Name	Facility Type
Jason	Long	Planner	Florida Department of Health Lafayette	Public Health Agency
Jim (James)	Lyons	Planner DOH Bradford-Union	Florida DOH Bradford-Union	Public Health Agency
Sam	MacDonell	R2 RERA	Department of Health	Public Health Agency
Michael	Minton	Battalion Chief	Columbia County Fire Rescue	Local Public Safety
Rel	Perea	Preparedness & Response County Coordinator	DOH-Suwannee	Public Health Agency
John Shaw	Shaw	Director of Emergency Management	Alachua County Emergency Management	Emergency Management Organization
Ebbin	Spellman	Manager Safety & Emergency Preparedness	UF Health Shands	Hospital
Steven	Stith	Regional Director	Century Ambulance Service	EMS
Jeff	Taylor	Assistant Chief	Alachua County Fire Rescue	Local Public Safety Agency
Kevin	Towles	Consumer Specialist	Center for Independent Living of North Central FL	Other
Samantha	Vloedman	Operations Manager	Eye Surgery Center of North Florida	Outpatient Health Care Delivery
Kerry	Waldron	Administrator/Health Officer	DOH- Suwannee; DOH-Lafayette	Public Health Agency

Capability 2. Health Care and Medical Response Coordination

Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities with their jurisdictions' Emergency Support Function-8 (ESF-8, Public Health and Medical Services) lead agency and ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency at both the federal and state levels.

Private health care organizations and government agencies, including those serving as ESF-8 lead agencies, have shared authority and accountability for health care delivery system readiness, along with specific roles. In this context, health care coalitions (HCCs) serve a communication and coordination role within their respective jurisdiction(s). This coordination ensures the integration of health care delivery into the broader community's incident planning objectives and strategy development. It also ensures that resource needs that cannot be managed within the HCC itself are rapidly communicated to the ESF-8 lead agency. HCC coordination may occur at its own coordination center, the local Emergency Operations Center (EOC), or by virtual means – all of which are intended to interface with the ESF-8 lead agency.

Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's EOC who represents HCC issues and needs and provides timely, efficient, and bi-directional information flow to support situational awareness. Regardless, HCCs connect the elements of medical response and provide the coordination mechanism among health care organizations—including hospitals and emergency medical services (EMS)—emergency management organizations, and public health agencies.

Goal for Capability 2: Health Care and 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.

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Health care organizations respond to emergent patient care needs every day. During an emergency response, health care organizations and other HCC members contribute to the coordination of information exchange and resource sharing to ensure the best patient care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency.

Every individual health care organization must have an Emergency Operations Plan (EOP) per federal and state regulations and multiple accreditation standards. The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual EOPs. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. The purpose of coordinating response plans is not to supplant existing ESF-8 structures, but to enhance effective response in accordance with the wide array of existing federal, state, and municipal legal authorities in which HCC members operate (e.g., Emergency Medical Treatment & Labor Act [EMTALA][53], communicable disease reporting, and the Health Insurance Portability and Accountability Act [HIPAA] Privacy Rule).

Activity 1. Develop a Health Care Organization Emergency Operations Plan

Each health care organization should have an EOP to address a wide range of emergencies. The EOP should detail the use of incident management—including specific indicators for plan activation, alert, and notification processes, response procedures, and resource acquisition and sharing—and a process that delineates the thresholds to demobilize and begin the transition to recovery and the restoration of normal operations (see Capability 3, Objective 7 – Coordinate Health Care Delivery System Recovery). The plan should define the internal and external sources of information that will be necessary to assess the impact of the emergency on the health care organization. The plan should also address how the individual HCC member communicates this information to the HCC and to key health care organization leadership.

Critical elements of the health care organization's EOP include:

- Identification of triggers to activate the plan
- Communications (internal and external)
- Information management
- Access to resources and supplies
- Safety and security measures
- Delineation of staff roles and responsibilities within the incident command system (ICS)
- Utility readiness (e.g., back-up generator, water supplies)
- Provision of clinical care
- Support activities

The EOP should summarize the actions required to initiate and sustain a response to an emergency. Health care organizations' departmental plans should provide specific information for each unit or area. Employees should have a clear understanding of their actions and how to communicate with the facility or organization's EOC during a response. The EOP should include plans for caring for employees and their dependents during and after an emergency in an effort to promote their return to work[54] (see Capability 3, Objective 5 – Protect Responders' Safety and Health).

During an emergency, the EOP should inform the HCC's expectations related to sharing information, attaining situational awareness, and managing and sharing resources, at a minimum. The HCC may help

[53] See "Emergency Medical Treatment & Labor Act (EMTALA)." CMS. 2012. Web. Accessed 19 Jul. 2016. https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/.
[54] "Tips for Retaining and Caring for Staff after a Disaster." *ASPR TRACIE,* 10 Sep. 2016. PDF. Accessed 26 Oct. 2016. https://asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf.

health care organizations facilitate patient and resource distribution (or re-distribution) during a surge emergency (see Capability 4 – Medical Surge).

The EOP may contain annexes that document specific planning actions for various types of medical responses (e.g., evacuation and relocation, hazardous material (HAZMAT), burn mass casualty, pediatric mass casualty). Additionally, the EOP may contain provisions, including an annex, regarding actions required by the health care organization if it is a member of the National Disaster Medical System (NDMS) in a Federal Coordinating Center's (FCC)[55] patient receiving area.

In coordination with their HCC, health care organizations should review and update their EOPs regularly, and after exercises and real-world events. The review should involve identifying gaps in the health care organization's response plan. Health care organization leadership, supported by the HCC, should take steps to define strategies and tactics that address those gaps to ensure a more robust response in the next emergency. The HCC should continuously monitor the health care organization's progress toward gap closure and offer assistance to help close the gaps as appropriate.

Activity 2. Develop a Health Care Coalition Response Plan

The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations that support strategic planning, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance.

The HCC should develop a response plan that clearly outlines:

- Individual HCC member organization and HCC contact information
- Locations that may be used for multiagency coordination
- Brief summary of each individual member's resources and responsibilities
- Integration with appropriate ESF-8 lead agencies
- Emergency activation thresholds and processes
- Alert and notification procedures
- Essential Elements of Information (EEIs) agreed to be shared, including information format (e.g., bed reporting, resource requests and allocation, patient distribution and tracking procedures, processes for keeping track of unidentified [John Doe/Jane Doe] patients)
- Communication and information technology (IT) platforms and redundancies for information sharing
- Support and mutual aid agreements
- Evacuation and relocation processes
- Policies and processes for the allocation of scarce resources and crisis standards of care,[56] including steps to prevent crisis standards of care without compromising quality of care (e.g., conserve supplies, substitute for available resources, adapt practices, etc.) (See Capability 4, Objective 1, Activity 1 – Incorporate Medical Surge into the HCC Response Plan)

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[55] "National Disaster Medical System: Federal Coordinating Center Guide." *NDMS,* Apr. 2014. PDF. Accessed 12 Sept. 2016. http://www.dmrti.army.mil/01_FCC%20Guide%20Apr%202014.pdf.

[56] Altevogt, Bruce M., et al. "Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations." *The National Academies Press,* 2009. Web. Accessed 26 Oct. 2016. www.nap.edu/read/12749/chapter/1.

- Additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, alternate care site support, shelter support)

The HCC should coordinate the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. While the interests of all members and stakeholders should be considered in the plan, those of hospitals and EMS are paramount given these entities' roles in patient distribution across the HCC's geographic area during an emergency.

In coordination with its members, the HCC should review and update its response plan regularly, and after exercises and real-world events. The review should include identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the HCC should review and recommend updates to the state and/or local ESF-8 response plan regularly.

The HCC response plan can be presented in various formats, including the placement of information described above in a supporting annex.

Objective 2: Utilize Information Sharing Procedures and Platforms

Effective response coordination relies on information sharing to establish a common operating picture. Information sharing is the ability to share real-time information related to the emergency, the current-state of the health care delivery system, and situational awareness across the various response organizations and levels of government (federal, state, local). The HCC's development of information sharing procedures and use of interoperable and redundant platforms is critical to successful response.

Activity 1. Develop Information Sharing Procedures

Individual HCC members should be able to easily access and collect timely, relevant, and actionable information about their own organizations and share it with the HCC, other members, and additional stakeholders according to established procedures and predefined triggers and in accordance with applicable laws and regulations.

HCC information sharing procedures, as documented in the HCC response plan, should:

- Define communication methods, frequency of information sharing, and the communication systems and platforms available to share information during an emergency response and steady state
- Identify triggers that activate alert and notification processes
- Define the EEIs that HCC members should report to the HCC, and coordinate with other HCC members and with federal, state, local, and tribal response partners during an emergency (e.g., number of patients, severity and types of illnesses or injuries, operating status, resource needs and requests, bed availability)
- Identify the platform and format for sharing each EEI
- Describe a process to validate health care organization status and requests during an emergency, including in situations where reports are received outside of HCC communications systems and platforms (e.g., media reports, no report when expected, rumors of distress, etc.)
- Define processes for functioning without electronic health records (EHRs) and document issues related to interoperability

Activity 2. Identify Information Access and Data Protection Procedures

The HCC may coordinate with state and local authorities to identify information access and data protection procedures, including:

- Access to public or private systems
- Authorization to receive and share data
- Types of information that can and will be shared (e.g., EEIs)
- Data use and re-release parameters for sensitive information
- Data protections
- Legal, statutory, privacy, and intellectual property issues, as appropriate

Activity 3. Utilize Communications Systems and Platforms

The HCC should utilize existing primary and redundant communications systems and platforms—often provided by state government agencies—capable of sending EEIs to maintain situational awareness.

The HCC should:

- Identify reliable, resilient, interoperable, and redundant information and communication systems and platforms (e.g., incident management software; bed and patient tracking systems and naming conventions; EMS information systems; municipal, hospital, and amateur radio systems; satellite telephones; etc.), and provide access to HCC members and other stakeholders
- Use these systems to effectively coordinate information during emergencies and planned events, as well as on a regular basis to ensure familiarity with these tools
- Maintain ability to communicate among all HCC members, health care organizations, and the public (e.g., among hospitals, EMS, public safety answering points, emergency managers, public health agencies, skilled nursing facilities, and long-term care facilities)
- Restore emergency communications quickly during disruptions through alternate communications methods
- Leverage communications abilities of health information exchanges (HIEs) and capabilities of EHR vendors where they exist

Objective 3: Coordinate Response Strategy, Resources, and Communications

The HCC should coordinate its response strategies, track its members' resource availability and needs, and clearly communicate this information to all HCC members, other stakeholders, and the ESF-8 lead agency. In addition, the HCC, in collaboration with its members, should provide coordinated, accurate, and timely information to health care providers and the public in order to ensure a successful emergency response.

Activity 1. Identify and Coordinate Resource Needs during an Emergency

The HCC and all of its members—particularly emergency management organizations and public health agencies —should have visibility into member resources and resource needs (e.g., personnel, teams, facilities, equipment, and supplies) to meet the community's clinical care needs during an emergency.

Outlined below are the general principles when coordinating resource needs during emergencies:

- HCC members should inform the HCC of their operational status, actions taken, and resource needs. The HCC should relay this information to the jurisdiction's EOC and the ESF-8 lead agency
- Resource management should include logging, tracking, and vetting resource requests across the HCC and in coordination with the ESF-8 lead agency
- Ideally, systems should track beds available by bed type[57] (ideally, common bed types are defined across the jurisdiction), resource requests, and resources shared between HCC members, from HCC-controlled or other resource caches
- The HCC should work with distributors to understand and communicate which health care organizations and facilities should receive prioritized deliveries of supplies and equipment (e.g., personal protective equipment [PPE]) depending on their role in the emergency. HCC members should collectively determine the prioritization of limited resources provided by distributors, reflecting needs at the time of the emergency (see Capability 3, Objective 3, Activity 1 – Assess Supply Chain Integrity)

Activity 2. Coordinate Incident Action Planning During an Emergency

During an emergency or planned event, each health care organization should develop an Incident Action Plan (IAP)[58] and utilize incident action planning cycles to identify and modify objectives and strategies. The HCC should develop an IAP based on its individual HCC members' plans, with its own focus on planning cycles, objectives, and strategies. Ultimately, the HCC's IAP should be integrated into the jurisdiction's IAP, via the ESF-8 lead agency. This will enable a consistent, transparent, and scalable approach to establishing strategies and tactics that will govern the response to an emergency or planned event. Keeping response strategies (e.g., implementing alternate care sites, allocating resources, and developing policies on visitors during infectious disease outbreaks) consistent across HCC members requires coordinated discussion and joint decision making. The IAP can address both response and recovery or a separate recovery plan may be developed in accordance with existing plans at the state or local level (see Capability 3, Objective 7 – Coordinate Health Care Delivery System Recovery).

Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Sharing accurate and timely information is critical during an emergency. Health care organizations should have the ability to rapidly alert and notify their employees, patients, and visitors to update them on the situation, protect their health and safety (see Capability 3, Objective 5 – Protect Responders' Safety and Health), and facilitate provider-to-provider communication.

The HCC, in coordination with its public health agency members, should develop processes and procedures to rapidly acquire and share clinical knowledge among health care providers and among health care organizations during responses to a variety of emergencies (e.g., chemical, biological, radiological, nuclear or explosive [CBRNE], trauma, burn, pediatrics, or highly infectious disease) in order to improve patient management, particularly at facilities that may not care for these patients regularly.

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[57] Bed types include but are not limited to: adult ICU, adult medical/surgical, burn, pediatric ICU, pediatric medical/surgical, psychiatric, airborne infection isolation, operating rooms

[58] "FEMA Incident Action Planning Guide." *FEMA,* Jan. 2012. PDF. Accessed 18 Jul. 2016. http://www.fema.gov/media-library-data/20130726-1822-25045-1815/incident_action_planning_guide_1_26_2012.pdf.

Activity 4. Communicate with the Public during an Emergency

HCC members should coordinate relevant health care information with the community's Joint Information System (JIS) to ensure information is accurate, consistent, linguistically and culturally appropriate, and disseminated to the community using one voice.

Coordinated health care information that could be shared with the JIS includes but is not limited to:

- Current health care facility operating status
- When and where to seek care
- Alternate care site locations
- Screening or intervention sites
- Expected health and behavioral health effects related to the emergency
- Information to facilitate reunification of families
- Other relevant health care guidance, including preventive strategies for the public's health

The HCC and its members should agree upon the type of information that will be disseminated by either the HCC or individual members.

The HCC should provide Public Information Officer (PIO) training (including health risk communication training) to those designated to act in that capacity during an emergency.

Activity 2. Develop a Health Care Coalition Response Plan

The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations that support strategic planning, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance.
The HCC should develop a response plan that clearly outlines:

- Individual HCC member organization and HCC contact information
- Locations that may be used for multiagency coordination
- Brief summary of each individual member's resources and responsibilities
- Integration with appropriate ESF-8 lead agencies
- Emergency activation thresholds and processes
- Alert and notification procedures
- Essential Elements of Information (EEIs) agreed to be shared, including information format (e.g., bed reporting, resource requests and allocation, patient distribution and tracking procedures, processes for keeping track of unidentified [John Doe/Jane Doe] patients)
- Communication and information technology (IT) platforms and redundancies for information sharing
- Support and mutual aid agreements
- Evacuation and relocation processes
- Policies and processes for the allocation of scarce resources and crisis standards of care, including steps to prevent crisis standards of care without compromising quality of care (e.g., conserve supplies, substitute for available resources, adapt practices, etc.)
- Additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, alternate care site, support, shelter support)

The HCC should coordinate the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. While the interests of all members and stakeholders should be considered in the plan, those of hospitals and EMS are paramount given these entities' roles in patient distribution across the HCC's geographic area during an emergency.

In coordination with its members, the HCC should review and update its response plan regularly, and after exercises and real-world events. The review should include identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the HCC should review and recommend updates to the state and/or local ESF-8 response plan regularly. The HCC response plan can be presented in various formats, including the placement of information described above in a supporting annex.

North Central HCC 2018-2019 TEP at a Glance

Training

Free

Yellow = Federal Courses through the National Domestic Preparedness Consortium

1. MGT 341 - Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure (TEEX 16-hour course)
2. MGT 409 - Community Healthcare Planning and Response to a Disaster (NCBRT-LSU 16-hour)
3. MGT 319 - Medical Countermeasures: Points of Dispensing (POD), Planning and Response (TEEX 16-hour course)
4. PER 211 - Medical Management of CBRNE Events (TEEX 16-hour course)
5. Basic Healthcare Emergency Management
6. Advance Healthcare Emergency Management
7. Stop-the-Bleed (Coalition Coordinated)
8. CMS Webinars – 4 inpatient & 4 outpatient (On Coalition Website)

Cost Money $

1. Basic Disaster Life Support – UF Health – Jacksonville is the regional provider. HCC staff is inquiring about cost and availability of mobile delivery in the region.
2. Advanced Disaster Life Support – UF Health – Jacksonville is the regional provider. HCC staff is inquiring about cost and availability of mobile delivery in the region.
3. Nursing Home Incident Command (NHICS) – ~$3000/class of 35 students
4. Hospital Incident Command (HICS) – ~3000/class of 35 students

Exercises

- CMS Exercises for facilities to meet Tabletop Requirements (not funded)
- Coalition Surge Tool Exercise in March of 2019 (funded, annual requirement)