



North Central Florida Health Care Coalition

Strategic Plan

2018 - 2020

Background

North Central Florida Health Care Coalition (NCFHCC), which held its first meeting in March 2014, is not designed nor intended to be a disaster response organization. Disaster response activities are managed through existing ESF 8 structures within local jurisdictions as defined in county Comprehensive Emergency Management Plans (CEMP). The NCFHCC does serve a multi-jurisdictional and multi-agency function to coordinate actions and resources during response, based on the networks built through the Coalition process. It is also recognized that NCFHCC activities will serve to enhance and expand local ESF 8 Health and Medical and regional response capabilities and capacities.

NCFHCC functions include:

Function 1: Develop, Refine or Sustain Healthcare Coalitions

Function 2: Coordinate Healthcare Planning to Prepare the Healthcare System for a Disaster

Function 3: Identify and Prioritize Essential Healthcare Assets and Services

Function 4: Determine Gaps in Healthcare Preparedness and Identify Resources for Mitigation of These Gaps

Function 5: Coordinate Training to Assist Healthcare Responders to Develop the Necessary Skills to Respond

Function 6: Improve Healthcare Response Capabilities through Coordinated Exercise and Evaluation

Function 7: Coordinate with Planning for At-Risk Individuals and Those with Special Medical Needs

Current Status

In 2017-18 fiscal year, the overall structure of healthcare coalitions across the state of Florida changed. The contracting process with the Florida Department of Health (FDOH) was streamlined, limiting the number of contracts written to healthcare

coalitions. FDOH would provide one contract to each RDSTF region in the state. The Region 3 contract was awarded to the Northeast Florida Regional Council (NEFRC). NEFRC was to serve as the fiduciary agent for the three Coalitions in Region 3, for the Northeast Florida Healthcare Coalition, the North Central Florida Healthcare Coalition and the Coalition for Health and Medical Preparedness (CHAMP). The new structure included the creation of the Region 3 Healthcare Coalition Alliance, made up from Board Members of each of the three coalitions. The Alliance was charged with allocating funding and ensuring a regional approach was taken, when deemed effective and efficient for contract tasks, deliverables and initiatives. The Alliance adopted bylaws which reflect their roles and responsibilities.

The NCFHCC saw steady growth in membership during 2017 and in early 2018. There are currently general members representing four disciplines: public health, hospital, fire/rescue and emergency management. Communication methods were developed that afforded quick electronic messaging to share information on resources, training and exercises, and regional and state activities. Outreach efforts to new members, including the use of a marketing firm, added a variety of public and private healthcare facilities to the membership roster. The implementation of the CMS Rule for Disaster Preparedness also drove healthcare facilities to seek out their local healthcare coalitions, for training and exercise opportunities, community involvement and technical assistance.

Technical and administrative support of the NCFHCC is currently provided by WellFlorida Council, one of the state's 11 statutorily designated local health councils (F.S. 408.033). Beginning in FY2018-2019, the NEFRC will take over as the technical and administrative assistance provider for the NCFHCC.

NCFHCC Structure

Geographic Area: The region served by the NCFHCC includes the following counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union.

Membership: NCFHCC shall be organized into two levels of participation: general membership (non-voting) and the Board of Directors (voting). General membership is referred to as "General Members." The voting membership is referred to in the Bylaws as the "Board."

Composition: In addition to hospitals and health departments, many community partners collaborate in NCFHCC including, but not limited to, long term care (LTC) leadership, mental health, rehabilitation centers, volunteer organizations, county Emergency Management (EM), Emergency Medical Services (EMS), religious organizations, law enforcement, transportation, senior citizen and elder interest groups, public schools, other existing strategic health planning

initiatives and other partners from every county in NCFHCC. Any organization that has a healthcare connection during a public health emergency in the geographic region of NCFHCC is a potential member.

Voting Membership – Board of Directors: The voting membership shall be known as the Board. At a minimum, the Board consists of designated representatives from the following for a total of seven votes:

- At-large members (one vote per member; total of three votes)
- Each discipline representative** (one vote per discipline; total of four votes)

*** The four discipline representatives on the Board are to represent public health, emergency management, hospitals, and emergency medical services. The number and nature of the Board may be changed by amendment to these Bylaws.*

Admission as a General Member: The Board approves General Member applications by majority vote.

Committees:

Standing Committees: Members of Standing Committees are drawn from the General Members or Board. Each Standing Committee Chair may select members of the committee, with the restriction that they shall come from the General Members or Board. Committees are to perform work as needed by the NCFHCC. The selection of each Committee Chair and Committee Members shall be subject to approval by Board. The term of a committee chair and member is one (1) year and may be renewed. Each Standing Committee shall have a minimum of three (3) members. The Standing Committees established by these Bylaws are:

1. Executive
2. Nominating
3. Planning
4. Funding
5. Training
6. Exercise

Standing Committees Duties and Responsibilities:

1. Executive Committee – The Executive Committee shall be composed of the Chair, Vice Chair, and Secretary/Treasurer. The committee shall be chaired by the Chair and empowered to act on behalf of Board between regular meetings or in emergency situations. One-half (1/2) of the members present shall constitute a quorum of the committee. The actions of the committee are subject to review and approval by the Board.

2. Nominating Committee - The Nominating Committee shall nominate members to be Board members. This committee meets when Board changes are necessary.
3. Planning Committee - The Planning Committee determines NCFHCC's baseline needs for sustainment, inventories resources, identifies training/exercise gaps, and provides recommendations on how resources can be used and leveraged. Planning Committee ensures that HSEEP requirements are reviewed and met.
4. Funding Committee - The Funding Committee provides recommendations to the Board regarding the level of funds NCFHCC needs to maintain and identifies funding opportunities.
5. Training Committee - The Training Committee will develop training plans based on the gap analyses performed by the Planning Committee. All trainings must be HSEEP compliant and documented, include hotwashes, and feedback forms.
6. Exercise Committee - The Exercise Committee will develop exercise plans based on the gap analyses performed by the Planning Committee. All exercises must be HSEEP compliant and documented, include hotwashes, and feedback forms.

Ad Hoc and Other Standing Committees: The Board of Directors may authorize the creation, prescribe the terms and define the powers and duties of ad hoc, and other standing committees not specifically created by these Bylaws as may from time to time be necessary or useful in the conduct of NCFHCC business.

Strategic Planning Process

The strategic planning process is used to set priorities, focus energy and resources, and ensure that members are working toward common goals. Coalitions across the nation are working to address the same four capabilities, as defined in the Assistant Secretary for Preparedness and Response (ASPR) 2017 – 2022 Health Care Preparedness and Response Capabilities document. The State of Florida's contract with each Coalition provides a framework to plans and processes that need to be established. Each Coalition approaches these capabilities based on their unique membership, geography and needs.

A facilitated strategic planning process took place in April 2018 with NCFHCC Board Members to discuss the vision for addressing the identified capabilities and goals and to articulate this vision into a strategic plan. Prior to the April 2018 strategic planning session, Coalition members provided input to develop the following:

- Hazard Vulnerability Analysis (HVA)

- Jurisdictional Risk Assessment (JRA) using Florida Public Health Risk Assessment Tool (PHRAT)
- NCFHCC Preparedness Plan

Coalitions customarily utilize the information generated by these reports to inform the strategic planning process.

During the session, noting that ensuing technical and administrative capacity consolidation of the NEFRC and the NFHCC under the auspices of the NEFRC, members suggested that the strategic plan for the NFHCC should be integrated and aligned with the NEFRC strategic plan while being informed by the previous NFHCC strategic plan, where and if applicable. Thus, the session focused on bringing the NFHCC strategic plan into alignment and integration with the NEFRC strategic plan and discussing areas from the previous NCFHCC strategic plan that might be carried forward into the new plan.

All resulting objectives are aligned with the Coalition’s mission to “*Coordinate health care system preparedness and resilience through all sectors of the health care system.*” The objectives are achievable, in that they are realistic and can be accomplished with the current budget and resources at hand. The facilitated planning process resulted in adoption of the goals and objectives through the consensus of the members. Following completion of the annual update and review of the strategic plan, an annual work plan will be completed.

Strategic Plan: Mission and Vision

Mission: *Coordinate healthcare system preparedness and resilience through all sectors of the healthcare system.*

Vision: *For the service area to have the most prepared healthcare system in Florida.*

The strategic plan is based upon goals that are defined by the four identified Health Care Preparedness and Response Capabilities (2017 – 2022) as delineated by the federal Department of Health and Human Services’ (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).

Capability 1. Foundation for Health Care and Medical Readiness

Goal: *The community’s health care organization and other stakeholders – coordination through a sustainable HCC – have strong relationships, identify hazards and risk, and prioritize and address gaps through planning, training, exercising and managing resources.*

NCFHCC Objective 1: *Maintain outreach to healthcare system providers and services to engage executives and clinical leaders in the Coalition.*

Action: Create a marketing package, specific to executives, to illustrate the value of the Coalition.

NCFHCC Objective 2: *Coordination and implementation of a multi-year training and exercise program that engages the whole healthcare community in North Central Florida.*

Action: Engagement of a multi-disciplinary needs assessment for training and exercise program each year, taking into account the accreditation needs of members.

NCFHCC Objective 3: *Further define and analyze the vulnerabilities and risk to the healthcare community. Using this information, develop and refine the understanding of the capabilities and needs in the region.*

Action: Breakdown the regional Hazard Vulnerability Assessment and Risk Assessment to understand specific risks to specific facility types.

Capability 2. Health Care and Medical Response Coordination

Goal: *Health care organizations, the NCFHCC, their jurisdictions 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.*

NCFHCC Objective 1: *Develop an operational plan that establishes roles and functions performed by the Coalition during a disaster.*

Action: Using lessons learned from real world events and the most recent Coalition Surge Tool Exercises (March 2018), refine the communication role the HCC plays during an activation. Define how members request assistance, where the HCC would locate and what information would they provide and how.

NCFHCC Objective 2: *Implement an information sharing process, during times of disaster, that allows for regional situational awareness for all Coalition members, including the management of resources.*

Action: Investigate the use of communication tools to use for regional situational awareness (WebEOC, expanded use of Everbridge, etc.).

NCFHCC Objective 3: *Further engage the “allied healthcare services” in planning, training and exercising with community partners to further preparedness efforts.*

Action: *Provide targeted outreach to these facility types (dialysis clinics, pharmacies, durable medical equipment providers) and further study their impact on the healthcare system during a disaster.*

NCFHCC Objective 4: *Investigate a more robust response role for the Coalition.*

Action: *Annually review the Coalition’s ‘response’ plan to determine if further roles and responsibilities are needed outside of information sharing.*

Capability 3. Continuity of Health Care Service Delivery

Goal: *Health care organizations, with support from the NCFHCC and the ESF 8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or ideally, improved operations.*

NCFHCC Objective 1: *Continue to fund Coalition specific projects, with allocated funding, to close identified gaps and to strengthen existing capabilities.*

Action: *Annually, review Coalition wide gaps and provide funding for projects that close gaps.*

NCFHCC Objective 2: *Ensure members of the Coalition can provide a full continuum of care for patients during a disaster.*

Action: *Develop a Continuity of Operations Plan (COOP) to ensure redundancy in Coalition communication and coordination efforts.*

NCFHCC Objective 3: *Better understand the resource needs of the healthcare community during a disaster and how the Coalition can address the gaps.*

Action: *Analyze the Region’s resource supply chain for evaluation of equipment and supply needs during a disaster.*

NCFHCC Objective 4: *Continue to educate and train impacted facility types on the implications of the CMS Emergency Preparedness Rule.*

Action: *Implement a progressive series of training events to engage the full list of impacted facilities on the CMS Rule.*

Capability 4. Medical Surge

Goal: Health care organizations, including hospitals, emergency medical services (EMS) and out of hospital providers – deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The NCFHCC, in collaboration with the ESF 8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the NCFHCC’s collective resources, the NCFHCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

NCFHCC Objective 1: Work with the Coalition members on exercising, yearly, the Coalition Surge Tool and other medical surge related objectives.

Action: Develop exercises that engage the full spectrum of facilities in their med surge capabilities (Staffing, coordination, alternate care sites, patient movement & tracking, etc.)

NCFHCC Objective 2: Coordinate the development of relevant documents related to medical surge as required in the State of Florida DOH contract, while also focusing on new issues and emerging trends relevant to North Central Florida in the healthcare field.

Action: Develop contract deliverables of Mass Fatality Planning, Evacuation and Transportation, Infectious Disease Preparedness and Response, while also continuing efforts on the active assailant issues, cyber-terrorism and Home Healthcare disaster care.

