

CFDMC 2017-2018 Traffic Light Report as of 2/12/18 (see attached Project Report for additional details)

Legend: Blue=Completed; Green=On Target; Yellow =Action Needed; Red=In Jeopardy/Board Action Needed

Task / Project / Deliverable	Due Date	Lead	Status
Task #1: Governance	6/30/18	Lynne Drawdy	
Task #2: HCC Members	Quarterly	Lynne Drawdy	
Task #3: HCC Meetings	Quarterly	Lynne Drawdy	
Task #4: FOA Compliance	6/30/18	Lynne Drawdy	
Task #5: TEPW	1/31/18	Matt Meyers	
Task #6: NIMS	6/30/18	Lynne Drawdy	
Task #7: Coalition Surge Tool	6/30/18	Matt Meyers	
Task #8: FLHealthSTAT	2/Year	Matt Meyers	
Task # 9: IRMS	6/30/18	Drawdy	
Task #10: HCCTF	Quarterly	Lynne Drawdy & Dave Freeman	
Task #11: HVA	6/30/18	Dave Freeman	
Task #12: Jurisdictional Risk Analysis	6/30/18	Dave Freeman	
Tasks #13 & 14: Communications	Quarterly	Lynne Drawdy	
Task #15: Preparedness Plan	4/1/18	Dave Freeman	
Task #16: Operational (Response) Plan	6/30/19	Dave Freeman	
Task #17: MRPs	Quarterly	Lynne Drawdy	
Task #18: HCC COOP	6/30/20	Lynne Drawdy	
Task #19: Self-Assessment	6/30/18	Lynne Drawdy	
Task #20: EID Collaborative	6/30/18	Lynne Drawdy	
Task #21: Supply Chain Integrity	6/30/19	Dave Freeman	
Task #22: Crisis Standards of Care	5/30/22	Lynne Drawdy	
Task #23: Joint Exercise	6/30/20	Lynne Drawdy	
Task #24: Patient Tracking	6/30/22	Lynne Drawdy	
Task #25: Regional Trauma Plan	6/30/18	Lynne Drawdy/Dr. Pappas	
Task #26: TRAIN	6/30/18	Lynne Drawdy	
Task #27: Website	6/30/18	Lynne Drawdy /Dave Freeman	
Task #28: CPR	6/30/18	Lynne Drawdy	
Task #29: CMS Rule	6/30/18	Lynne Drawdy	
Task #30: Strategic Plan	6/30/18	Lynne Drawdy	
Task #31: Marketing Plan	6/30/18	Lynne Drawdy	
Task #32: Training Plan	6/30/18	Lynne Drawdy/Matt Meyers	
Task #33: FAC Response Team	6/30/18	Lynne Drawdy	
Task #34: ACS Plan	6/30/19	Lynne Drawdy	
Task #35: Mass Fatality Response	6/30/18	Lynne Drawdy/Sheri Blanton	
Task #36: Continuity of HC Service Delivery	6/30/19	Matt Meyers / Lynne Drawdy	
Task #37: DBH Plan	6/30/18	Lynne Drawdy/Lynda W.G. Mason	
Task #38: Hospital Equipment	6/30/18	Matt Meyers	
Task #39: Regional Medical Assistance	6/30/18	Dave Freeman and Todd Stalbaum	
Task #40: Contributions	2/Year	Lynne Drawdy	
Task #41: Quarterly Reports	Quarterly	Lynne Drawdy	
Task #42: End of Year Report	6/30/18	Lynne Drawdy	
Task #43: Annual Work Plan Update	7/30/18	Lynne Drawdy	
Task #44: Data Security /Confidentiality	Ongoing	Lynne Drawdy	

CFDMC Project Report

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Task / Project / Deliverable	Due Date	Lead	Status
<p>Task #1: Governance</p> <ul style="list-style-type: none"> a. Update governance policies minimum of one time each year and submit to governance board for review/approval b. Participate in regional, state and national conferences as participants/panelists as requested c. Create and provide summaries on presentations provided by governance board members at conference through the year during each scheduled governance board call / meeting. d. Provide a copy of the current governance policies, along with a signed attestation by the governance board of their review and approval of the policies to the Contract Manager by June 30 each year. 	6/30/18	Lynne Drawdy (with Board)	<p>a & d: Governance policies reviewed/updated at 1/12/18 board meeting. Draft presented for approval at 2/20/18 Board meeting. Will submit with third quarter deliverables.</p> <p>b & c: Karen van Caulil participated on panel presentation at November national HCC conference; provided summary at 12/7/17 meeting (attached).</p> <p>Election of new Board members held at December Coalition meeting.</p>
<p>Task #2: HCC Members</p> <p>Create a list of HCC members and submit to Contract Manager within 30 days of contract execution. Update the HCC membership list each quarter and submit it with Quarterly Report. Indicate each member’s organization type on the HCC membership list. Summarize any increases or changes in HCC membership in the Quarterly Report.</p>	Quarterly	Lynne Drawdy	<p><i>As of 2/4/18: 738 members representing 286 organizations.</i></p> <p><i>The coalition submitted its initial list of members to the contract manager on 10/24/17. An updated list as of 12/27/17 was submitted. The coalition membership increased from 478 members from 197 organizations as of September 30, 2017 to 720 members from 276 organizations as of December 27, 2017 (66% increase). The significant increase in membership is attributed to the CMS rule offerings which brought numerous in outpatient, home health and long-term care facilities that had not previously engaged with the coalition, and to a regional medical</i></p>

			<i>assistance team recruitment drive.</i>
<p>Task #3: HCC Meetings Conduct a minimum of one meeting with HCC members each quarter. Ensure at least one member from each of type of the core coalition members attends each meeting. Provide an attendance sheet identifying each organization type and date for each meeting. Create a summary of each meeting and describe coordination and interaction with local emergency management officials, local ESF8 leads, and local health departments within the service area. Submit the summaries, agendas, and attendance sheets with the Quarterly Report.</p>	Quarterly	Lynne Drawdy	<p>Next Meeting March 15, 2018 at OPD Community Room, Orlando.</p> <p>The Coalition held a meeting on December 7, 2017 (see attached meeting package, including agenda, minutes, sign-in sheets and evaluations). Coordination is through representatives from emergency management, local ESF8 leads and local health departments on the board. The 2018 meeting schedule has been distributed to members and posted to the website.</p>
<p>Task #4: FOA Compliance Maintain FOA compliance throughout the contract term. Review the performance measures and expectations found in the FOA a minimum of one time each year. Track required data, as specified by the FOA, throughout the year. Create a data report for the FOA and submit it to the Department by December 31 and June 30 of each contract year.</p>	6/30/18	Lynne Drawdy	<p>Lynne/Matt drafted responses to CAT tool. Board reviewed/updated on January 12, 2018 and used this as an input in strategic planning. Coalition submitted report for December 31 deadline.</p>
<p>Task #5: TEPW Participate in a two-day Planning and Training Workshop (TEPW) each year of the contract, where HPP and response partners such as county health departments and HCCs work together to determine training and exercise needs for those supporting the health and medical system during a response. Participate in the annual TEPW as follows:</p> <ol style="list-style-type: none"> Complete preliminary work required prior to the annual TEPW as directed by the Department to identify training and exercise needs using the format provided by the Department prior to the TEPW each year. Submit the preliminary work by the deadline established by BPR Training, Education, and Exercise unit prior to TEPW. Attend and participate in the TEPW. 	1/31/18	Matt Meyers (with Training Committee)	<p>Training committee provided input into TEPW and Matt Meyers participated in January meeting.</p> <p>Attempted to schedule RTIPP meeting but did not receive required minimum attendance (had one week to register participants). Melanie Black completed regional TEPW for local ESF8s. Conducted a training needs survey of members. Convened a training and exercise committee to solicit input from each discipline. Completed and submitted TEPW pre-work on 12/11/18 (copy attached).</p>

<p>Task #6: NIMS Monitor NIMS compliance and Provider sponsored training attendance for all coalition members throughout the contract term. Develop a summary of NIMS compliance and Provider sponsored training attendance in a format or template provided by the BPR Training, Education, and Exercise unit each quarter and submit them with the Quarterly Report.</p>	6/30/18	Lynne Drawdy	<p>Provided quarter summary. The assessment will be included in HICS scheduled for 2/26/18 and NH ICS training scheduled for 2/27/18.</p>
<p>Task #7: Coalition Surge Tool Conduct an annual exercise using the Coalition Surge Tool one time each year as follows:</p> <ol style="list-style-type: none"> Determine initial plans to meet the annual Coalition Surge Tool exercise required under the HPP and submit it to the BPR Training, Education, and Exercise unit by October 31 in the first year of the contract, and September 30 of each following contract year. Include the initial exercise dates in the TEPW preliminary work each year. Complete an MRIIP in accordance with the HSEEP standards within 120 days from the Coalition Surge Tool exercise but no later than June 30 of each year. Obtain and document engagement of member health care executives in after-action hot-washes or debriefs. Submit the MRIIP to the Contract Manager upon completion. Share the MRIIP with HCC members and implement improvements as outlined in the MRIIP. 	6/30/18	Matt Meyers (with Lynne Drawdy)	<p>Survey to hospitals to identify evacuating/receiving facilities. New survey distributed to identify dates for exercise and training.</p>
<p>Task #8: FLHealthSTAT Ensure a minimum of 90 percent of HCC members that deliver inpatient care participate in health care facility status reporting drills initiated by the Department as follows:</p> <ol style="list-style-type: none"> Use the FLHealthSTAT, a minimum of two times each year to ensure members are participating in health care facility status reporting drills. Create a report outlining the percentage of HCC members participating in the drills and include the organization name, organization type, and participation rate of each organization Develop a strategy in collaboration with the Department's hospital liaison to increase response rates among poorly performing members. Submit the strategy and report to the Contract Manager by June 30 of each year. 	12/31/17 & 6/30/18	Matt Meyers	<p>Next drill during April 12 exercise.</p> <p>Surpassed 90% rate in December 2017 drill (report attached).</p>
<p>Task # 9: IRMS Update Provider's assets in the IRMS, or a Department approved and compatible inventory management system each quarter. Provide a report describing assets, document acquisition, storage, rotation, activation, use, and disposal</p>	6/30/18	Drawdy / Hassell	<p>Finalizing IRMS spreadsheets based on input from DOH.</p>

<p>decisions to the Contract Manager by June 30 of each year.</p>			<p>Received training on and access to NIMS. Have created IRMS spreadsheets for assets (including hospital equipment, EMS equipment, lab equipment, mass fatality equipment, MCI and ACS caches). Working with BPR logistician to complete spreadsheets for initial uploads.</p>
<p>Task #10: HCCTF Attend all HCC Task Force face-to-face meetings and conference calls scheduled by the BPR each year.</p>	<p>Quarterly</p>	<p>Lynne Drawdy & Dave Freeman</p>	<p>Next call scheduled for February 22.</p> <p>Matt Meyers & Lynne Drawdy attended January 18, 2018 meeting and submitted summary.</p> <p>Attended 10-26-17 HCCTF conference call; summary of call and coalition activities submitted 10/26/17.</p>
<p>Task #11: HVA Complete an annual HVA in coordination with state and local health departments and emergency management officials to share risk assessment results and minimize duplication of effort as follows:</p> <ol style="list-style-type: none"> a. Retrieve de-identified (i.e., HIPPA compliant) data from emPower (https://empowermap.hhs.gov/) that identifies numbers of individuals within the service area with electricity-dependent medical and assistive equipment and include this data within the HVA every six months throughout the contract term. b. Retrieve de-identified data from the Social Vulnerability Index (https://svi.cdc.gov/map.aspx) that identifies numbers of individuals within the HCC's jurisdiction with higher likelihood of having access and functional needs and include this data within the HVA by June 30 each contract year. c. Create a report that documents the process of developing the HVA using the de-identified data retrieved throughout the year. Include the following items in the report: <ul style="list-style-type: none"> • A summary describing the collaboration with state and local health and emergency management officials and organizations to 	<p>emPower data by 12/31/17</p> <p>6/30/18</p>	<p>Dave Freeman</p>	<p>This is being combined with JRA and Preparedness Plan project. Scope of work developed and Executive Committee approval to retain ERECS as vendor. Service agreement signed. First meeting is scheduled for February 16.</p> <p>Retrieved empower data for each county and submitted with deliverables.</p>

<p>develop the annual HVA;</p> <ul style="list-style-type: none"> • A description of how the HVA informs the annual work plan; • A description of trainings and exercises to meet gaps and risks outlined in the HVA; • A description of how the HVA is distributed to the HCC members and local health and emergency management officials and organizations; • Dates and descriptions of HVA-related meetings and conference calls; • A description of HVA methods; and, • A list of resources used by the Provider. <p>d. Submit HVA results and the report to the Contract Manager by June 30 of each contract year.</p>			
<p>Task #12: Jurisdictional Risk Analysis</p> <p>Demonstrate the application of a JRA for the service area focusing on the community, at-risk populations, public health and health care facilities and services as follows:</p> <ol style="list-style-type: none"> a. Use the Department's Risk Assessment (https://flphrat.com) or a comparable assessment to inform Provider's annual planning. b. Develop a JRA and submit it to the Contract Manager by June 30 of the first contract year. Update the JRA and submit the updated JRA to the Contract Manager by June 30 of the third contract year. c. Create a report documenting the process of developing and applying a comprehensive JRA to planning efforts. Include the following items in the JRA report: <ul style="list-style-type: none"> • A summary describing the collaboration with state and local health and emergency management officials and organizations to develop the annual JRA; • A description of how the JRA informs the annual work plan; • A description of trainings and exercises to meet the gaps and risks outlined in the JRA; • A description of how the JRA is distributed to the HCC members and local health and emergency management officials and organizations; • Dates and descriptions of JRA-related meetings and conference calls; • A description of JRA methods; and 	6/30/18	Dave Freeman	<p>This is being combined with HVA and Preparedness Plan project. Scope of work developed and Executive Committee approval to retain ERECS as vendor. Service agreement signed. First meeting is scheduled for February 16.</p>

<ul style="list-style-type: none"> • A list of resources used by the Provider. <p>d. Submit JRA results, updates, and reports to the Contract Manager by June 30 of the first (2018) and third (2020) contract years.</p>			
<p>Task #13: Communication Systems Submit documentation of primary and redundant communications systems used for employees from core coalition member types to the Contract Manager by June 30 of every year. Ensure multiple employees from the core coalition member types have access to and can use primary and redundant communication systems capable of sending EEl to coordinate information during emergencies, planned events and on a regular basis.</p> <p>Task #14: Communication Drills Test the primary and redundant communications systems regularly throughout the year. Develop a report outlining test results and indicate whether the primary and redundant communication methods are capable of sending EEl during emergencies, planned events, the response rates, and the systems and platforms used during the test. Submit test results and the report to the Contract Manager December 31 and June 30 of each year.</p>	Quarterly	Lynne Drawdy	<p>The Coalition is piloting use of Constant Contact to be able to better monitor/measure communications with members. Next Everbridge drill will be held by March 30.</p> <p>Prior to 1st qtr. exercise, reviewed all Everbridge accounts and reminded those who have not logged in to log-in and update profile. Added additional contact information for these individuals. Conducted Everbridge (primary) and email (redundant) communication drill on 12/22/17 (see attached report and spreadsheet).</p>
<p>Task #15: Preparedness Plan Develop a preparedness plan that ensures effective coordination during incident response by outlining strategies and tactics that promote communications, information sharing, resource coordination and operational response planning that outlines strategies and tactics that promote communications, information sharing, resource coordination and operational response planning as follows:</p> <ol style="list-style-type: none"> Include short and long-term objectives for Provider and HCC members to develop, maintain, and utilize the HPP Capabilities (2017-2022) throughout the emergency management cycle. Ensure the preparedness plan directly aligns with the JRA and meets the requirements for plans outlined in Required Components of Preparedness and Response Plans of the HPP Performance Measures (2017-2022) (Appendix 5 to this contract). Submit a draft preparedness plan to the 	Draft 4/1/18 Final 6/30/18	Dave Freeman	<p>This is being combined with HVA and JRA projects. Scope of work developed and Executive Committee approval to retain ERECS as vendor. Service agreement signed. First meeting is scheduled for February 16.</p>

<p>Contract Manager by April 1, 2018.</p> <p>d. Submit the final preparedness plan to Provider's board for review and approval prior to submitting it to the Contract Manager by June 15, 2018. Revise the preparedness plan as directed by the board prior to submitting the final to the Contract Manager.</p> <p>e. Submit a final preparedness plan to the Contract Manager by June 30, 2018. Include in the plan a summary describing the process of developing the plan and obtain input from member organizations, and the strategy for distributing the final plan and future updates to HCC members. Provide a signed attestation by Provider's board of their review and approval of the plan with the final Preparedness plansubmission.</p> <p>f. Provide annual updates of the plan to the Contract Manager by June 30 of every year.</p> <p>CAT requirements:</p> <ul style="list-style-type: none"> • The plan has been developed with member and stakeholder input • Outlines of strategic and operational objectives for the HCC as a whole and for each HCC member • Short-term and long-term objectives • A recurring objective to develop and review the HCC response plan • Details to inform training, exercise, and resource and supply management • A checklist of members' proposed activities, progress reporting methods, and accountability and completion processes • HCC and member priorities for planning and coordination • Details on leveraging members' facility preparedness plans • Approved by all core members • Opportunities for all member organizations to provide input • Copy provided to all member organizations • Process to regularly review & update the plan 			
<p>Task #16: Operational (Response) Plan</p> <p>Develop an operational (response) plan that establishes the overall authority, roles, and functions performed during incidents, and sets forth lines of authority and organizational relationships to show how all actions will be coordinated. Demonstrate HCC coordination and communication during response and submit the operational plan by June 30, 2019 as follows:</p> <p>a. Focus on resource and information sharing in coordination with local ESF8 and County</p>	6/30/19	Dave Freeman	Will begin planning process in conjunction with development of the preparedness plan.

<p>Emergency Operations Centers and include communication methods, platforms, and triggers that activate processes. Outline EEs use; sharing of electronic health records; the process for validating the status of healthcare organizations; and describe coordination plans with jurisdictional burn and trauma systems.</p> <ul style="list-style-type: none"> b. Ensure the operational plan meets the requirements for plans outlined in Appendix 5. c. Submit the operational plan to Provider's board for review and approval prior to submitting it to the Contract Manager. d. Submit a final operational plan to the Contract Manager by June 30, 2019. Include in the operational plan a summary describing the process of developing the plan and obtain input from HCC members, and the strategy for distributing the final plan and future updates to member organizations. Provide a signed attestation by Provider's board of their review and approval of the plan with the operational plan submission. e. Update the operational plan using AARIIPs and submit the updated plan to the Contract Manager by June 30, 2021. <p>CAT Requirements: Response Plan with the following required components below.</p> <ul style="list-style-type: none"> • Individual HCC member organization and HCC contact information • Locations that may be used for multiagency coordination <p>Brief summary of each individual member's resources and responsibilities</p> <ul style="list-style-type: none"> • Integration with appropriate ESF-8 lead agencies • Emergency activation thresholds and processes • Alert and notification procedures • Essential Elements of Information (EIs) agreed to be shared • Communication and information technology (IT) platforms and redundancies for information sharing • Support and mutual aid agreements • Evacuation and mutual aid agreements • Evacuation and relocation processes • Policies and processes for the allocation of scarce resources and crisis standards of care • Additional HCC roles and responsibilities as determined by state and/or local plans and agreements • Approved by all core members 			
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<ul style="list-style-type: none"> • Opportunities for all member organizations to provide input • Copy provided to all member organizations • Process to regularly review & update the plan (including exercises and real incidents) 			
<p>Task #17: MRPs: Coordinate the MRPs as follows</p> <ol style="list-style-type: none"> Identify MRPs that could be coordinated and shared by HCC members during an emergency response. Determine the costs associated with moving, using, and returning the MRPs. Include travel, personnel, equipment, maintenance, replacement, return to operational readiness, and commodities in the cost determination. Input MRP information into the IRMS. Provide evidence of MRP information in IRMs to the Contract Manager every quarter. Create a report that identifies MRPs and their costs and provides evidence of MRPs in IRMS. Provide report to the Contract Manager by June 30, 2019. Create a report outlining a strategy for sharing MRPs among HCC members, counties, organizations, and other Florida HCCs during an emergency. Collaborate with local emergency management and ESF8 in the development of the strategy and include reimbursement mechanisms in the report. Provide the report to the Contract Manger by June 30, 2021. Update MRP information based on HVAs, JRAs, exercises, and real events and input updates into IRMS by June 30, 2021. Provide evidence of updating MRP information in IRMs to the Contract Manager by June 30, 2021. 	<p>Quarterly and 6/30/19</p>	<p>Lynne Drawdy</p>	<p>Initial list of MRPs was submitted 10/16/17 (see attached). IRMs spreadsheets are under development (see Task #9).</p>
<p>Task #18: HCC COOP Develop the Continuity of Operations (COOP) plan to ensure communication and coordination resources are adequately secured, backed up, have a redundant power supply, and protections as follows:</p> <ol style="list-style-type: none"> Ensure the COOP plan meets the requirements for a COOP plan as outlined in the FOA and the 2017-2022 HPP Capabilities, Capability 3, Objective 2, Activities 1 and 2. Submit the COOP plan to Provider's board for review and approval prior to submitting it to the Contract Manager. 	<p>60/30/20</p>	<p>Lynne Drawdy</p>	<p>Will update the current Coalition COOP based on preparedness/response plan.</p>

<p>c. Submit a final COOP plan to the Contract Manager by June 30, 2020. Include in the plan a summary describing the process of developing the plan and obtain input from member organizations, and the strategy for distributing the final plan and future updates to member organizations. Provide a signed attestation by Provider's board of their review and approval of the plan with the final COOP plan submission.</p>			
<p>Task #19: Self-Assessment Complete a self-assessment to document that Provider has met goals and activities established in the 2017-2022 HPP Capabilities using the Department's approved form. Submit the assessment to the Contract Manager by June 30 of each contract year.</p>	6/30/18	Lynne Drawdy & Matt Meyers	See Task #4
<p>Task #20: EID Collaborative Enhance preparedness and response for all infectious disease emergencies that impact the health care delivery system as follows:</p> <ul style="list-style-type: none"> a. Include the facility and jurisdictional health care associated infection coordinators and quality improvement professionals in planning, training, and exercising. b. Expand and update the existing Ebola plan to include preparedness and response for all infectious disease emergencies that stress the health care system. c. Provide annual summaries in the end of year reports about the process for expanding and updating the Ebola plan. Obtain input from HCC members, including facility and jurisdictional health care associated infection coordinators and quality improvement professionals in the expansion and updating of the plan. d. Develop a draft infectious disease response plan and submit it to the Department's ESF8 Planning and Operations unit by June 30, 2018. The draft plan should include recommendations for planning, training, and exercising, and a strategy for distributing the final plan to HCC members. e. Create a report on infectious disease best practices which can inform the update and expansion of the Ebola plan. Share best practices report with HCC members and the Contract Manager by June 30, 2019. 	6/30/18	Lynne Drawdy (with EID Workgroup)	<p>A scope of work for a contractor was drafted and distributed in January; only one proposal was received. The selection committee approved the proposal and a service agreement has been signed. A doodle poll to schedule the first workgroup meeting has been distributed.</p> <p>The EID Collaborative met on December 20, 2017 and the hospital leaders from Orlando Health and Florida Hospital committed to the EID Collaborative and the development of the EID plan. (see attached EID Collaborative executive summary, and 12/20/17 minutes). Since that meeting, the Orlando VA has agreed to participate.</p>

<ul style="list-style-type: none"> f. Perform an exercise the Florida Infectious Disease Transportation Network Plan to transport patients with highly pathogenic respiratory viruses by May 1, 2022. Complete an AARIIP following the exercise and submit it to the Contract Manager by June 30, 2022. Prior to the exercise, include the date of the exercise with the annual TEPW preliminary work. g. Submit the final plan to Provider's board for review and approval prior to submitting it to the Contract Manager. h. Submit the final plan to the Contract Manager by June 30, 2022. Include in the plan a summary describing the process of developing the plan, obtaining input from member organizations, and the strategy for distributing the final plan and future updates to member organizations. Provide a signed attestation by Provider's board of their review and approval of the plan 			
<p>Task #21: Supply Chain Integrity Conduct a supply chain integrity assessment and develop a mitigation strategy based on results of the assessment as follows:</p> <ul style="list-style-type: none"> a. Collaborate with manufacturers, distributors, and local and regional ESF8 to evaluate equipment and supply needs during an emergency. b. Include HVAs and JRA results in the development of the assessment and strategy. c. Submit a draft supply chain integrity assessment to the Contract Manager by June 30, 2019. Include the process for developing the assessment and obtaining input from HCC members and other key stakeholders. d. Submit a draft mitigation strategy to the Contract Manager June 30, 2021. Include the process for developing the strategy and obtaining input from HCC members and other key stakeholders. e. Update and finalize the supply chain integrity assessment and mitigation strategy as necessary and submit the final supply chain integrity assessment and mitigation strategy to Provider's board for review and approval prior to submitting it to the Contract Manager. f. Submit a final supply chain integrity assessment and final mitigation strategy along with a signed 	6/30/19	Dave Freeman	<p>No activity this quarter. In CAT, requested technical assistance.</p>

<p>attestation by the HCC's board of their review and approval to the Contract Manager by June 30, 2022</p>			
<p>Task #22: Crisis Standards of Care Develop a regional crisis standards of care (CSC) plan where usual delivery of health care services is not possible due to disaster conditions throughout the service area as follows:</p> <ul style="list-style-type: none"> a. Create a CSC plan for promoting a consistent and uniform approach to clinical guidance to help EMS agencies, dispatch and transport entities, hospitals, and other health care entities manage and coordinate limited resources under crisis conditions. Cooperate with key stakeholders in the development of the CSC plan and describe how they will be involved in developing future guidance in the report. Include the following in the CSC plan: <ul style="list-style-type: none"> i. A strategy that lists future activities to promote the development and implementation of the CSC plan for the region. ii. Recommendations for planning, training and exercising, and distributing the plan to member organizations. b. Submit the CSC plan to Provider's board for review and approval by May 30, 2022. Revise the CSC plan as directed by the board. c. Develop a summary describing the process of developing the plan, obtaining input from member organizations, and the strategy for distributing the plan and future updates by June 30, 2022. d. Submit the CSC plan and the summary to the Contract Manager by June 30, 2022. Provide a signed attestation by Provider's board of their review and approval of the CSC plan. 	<p>5/30/22</p>	<p>Lynne Drawdy (with EID workgroup)</p>	<p>This will be addressed by the EID Collaborative workgroup (see Task #20).</p>
<p>Task #23: Joint Exercise Participate in a minimum of one full-scale joint exercise managed by the Department during the five-year contract term as follows: Submit an exercise preference, timeframe, and year of exercise to the Contract Manager with the 2017-2018 TEPW preliminary work.</p> <ul style="list-style-type: none"> a. Ensure a Trusted Agent from each of the core coalition members attends and contributes to a minimum of four of the Training and Exercise unit planning meetings throughout the contract term. Training and Exercise unit planning meetings include initial planning meetings, midterm 	<p>6/30/20</p>	<p>Lynne Drawdy (with Matt Meyers and exercise committee0</p>	<p>Originally requested April 2022; discussed with Bobby Bailey in Bureau of Preparedness & Response Training Unit – coalition can do 2019 or 2020 but want to hold this in conjunction with the annual medical surge exercise held in April each year.</p>

<p>planning meetings, Master Sequence of Events Listing Meetings, Exercise Workshops, final planning meetings, and AAR meetings.</p> <p>b. Assist in the development of injects for the master scenario of events.</p> <p>c. Serve as evaluators for the exercise by May 30, 2022.</p> <p>d. Assist with the review of an AARIIP within 90 days of the exercise but no later than June 30, 2022.</p> <p>e. Share the AAR/IP with HCC members within 30 days of completion.</p>			
<p>Task #24: Patient Tracking Research systems that track evacuated patients which currently are used by healthcare facilities in the region and integrate them into FLHealthSTAT, or determine how other similar systems can track patients effectively to create an operating picture within the service area by June 30, 2022. Conduct research and provide an update on the integration to the Contract Manager by June 30 of every year. Submit copies of any workgroup or meeting agendas with the Quarterly Progress Report.</p>	6/30/22	Lynne Drawdy (with Patient Tracking workgroup)	<p>Workgroup formed. Research on Rhode Island model. Workgroup to meet in third quarter. Karen van Caulil will participate to provide information on Florida's health exchanges and how these may be used in patient tracking.</p>
<p>Task #25: Regional Trauma Plan Develop a regional trauma agency plan which outlines how trauma care is delivered within the region. Include an implementation schedule in the plan. Submit the regional trauma agency plan, a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15, 2018.</p>	6/30/18	Lynne Drawdy (with Dr. Pappas and RTAB)	<p>One proposal was received and was approved by the selection committee. A service agreement has been signed and the first report will be made to the Advisory Board in February 2018.</p> <p>Regional Trauma Advisory Board held conference call in January 2018 and met face to face on November 21 and approved development of a scope of work to select a vendor to work with the Advisory Board in developing the plan. The scope of work was sent out to all trauma agencies in Florida to solicit proposals (see attached).</p>
<p>Task #26: TRAIN Research and make a recommendation on a patient triage and evacuation planning tool which can be used by healthcare facilities in the region experiencing a</p>	6/30/18	Lynne Drawdy (and TRAIN workgroup)	<p>Will present on February Hospital call to seek others to pilot. An</p>

<p>medical surge (i.e., a large increase of patients due to a disaster or other event). Provide a report summarizing the research and recommendations, including an implementation timeline to the Contract Manager by June 30, 2018. Implement the recommendations and provide updates on the implementation progress to the Contract Manager by June 30 of each year.</p>			<p>implementation timeline will be developed. Florida Hospital presented on its implementation of TRAIN at the December 7, 2017 Coalition meeting.</p>
<p>Task #27: Website Update the HCC's website located at www.centralfloridadisaster.org, a minimum of one-time each quarter. Submit a summary of the updates in Quarterly Progress Reports.</p>	6/30/18	Lynne Drawdy & Dave Freeman	<p>Training to be held in February 2018 and we anticipate launch of new website in February. A vendor was hired and the website was under development in the second quarter.</p>
<p>Task #28: CPR Host a cardiopulmonary resuscitation (CPR) event with the City of Orlando by June 30, 2018. Provide copies of promotional materials used for the event, attendance lists showing the name and type of organizations that attended the event and an event summary to the Contract Manager by July 15, 2018</p>	6/30/18	Lynne Drawdy (with Dave Dominato)	<p>Finalizing close-out of funds.</p> <p>The It Takes 1! Event was an attempt to break the world record for the Largest CPR Training Session. This was a community event, sponsored by Channel 6, the City of Orlando, and the Coalition, designed to raise awareness and to train Central Floridians how to administer Hands-Only CPR. A website was set up to recruit donors, volunteers and participants (see attached).</p> <p>There were numerous in-kind donations, including cash, more than \$275,000 in in-kind media promotion through the CBS affiliate television station, Clear Channel digital billboards and I Heart radio. 1,500 mannequins were donated, and participant registration was</p>

			<p>provided in-kind through TicketMaster</p> <p>Although we did not break the record, we trained close to 1,000 people in Central Florida who are now prepared to save someone's life because of our attempt. This number includes the 250 volunteers who monitored the training (see attached volunteer registration). As this was an official Guinness World Record event, participants were issued an individual ticket as they entered the stadium. The tickets were then electronically scanned as prior to entering the training zones. These tickets were an in-kind donation provided by Ticketmaster. We do not have an official count as we stopped scanning (as a cost savings measure) upon realizing that we were not going to break the record. This event provided participants with the skills needed to save a life, so even though we did not break the world record, we feel this was a huge success.</p>
<p>Task #29: CMS Rule Host an educational workshop on emergency preparedness planning, training, and exercise for HCC members and potential new HCC members by June 30, 2018. Provide a copy of the agendas, registration lists, and promotional items to the Contract Manager by July 15, 2018.</p>	<p>6/30/18</p>	<p>Lynne Drawdy</p>	<p>Three projects designed to assist healthcare facilities in meeting the new CMS rule requirements were completed during the second quarter. This Task has been completed.</p> <p>1. October 20, 2017 Operation Protect & Secure (partnered with Seminole Office of</p>

			<p>Emergency Management to provide a functional active shooter exercise that provided resources and allowed healthcare facilities to develop and/or test lock-down procedures. More than 200 registered and 100 submitted documentation of participation. An AAR/IP was provided to participants,</p> <p>2. A series of four webinars for inpatient facilities and four webinars for outpatient/home health facilities were held during October. 85 registered for the inpatient webinars and 58 registered for the outpatient/home health webinars. The webinars were recorded and posted until November 15 to allow facilities extended access. Participants were surveyed and the webinar overall satisfaction rate and engagement rate were both 100%, with overall satisfaction top box at 83% and engagement top box at 75%.</p> <p>3. Three tabletops were held across the region in early November (one at St. Lucie EOC, one at Orlando EOC, and one at DOH-Volusia). 120 organizations healthcare facilities and response partners participated in these workshops (42 in St. Lucie, 58 in Orlando and 20 in Volusia). Participants were</p>
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			surveyed and overall satisfaction and engagement rate with the tabletops were both 95% (with overall satisfaction top box at 68% and engagement at 77%).
<p>Task #30: Strategic Plan Update the HCC's current strategic plan by June 30, 2018. Submit the updated strategic plan, a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15 2018. Distribute the strategic plan to HCC members by July 30, 2018. Update the strategic plan a minimum of one time each year and submit it to the Contract Manager by July 15 of each year. Distribute the updated strategic plan to the HCC members by July 30 of each year.</p>	6/30/18	Lynne Drawdy (with Board)	A strategic planning session was held January 12, 2018 and a draft plan will be reviewed by the Board on February 20, 2018 and posted to member input.
<p>Task #31: Marketing Plan Develop a strategic marketing plan each year to increase HCC members and engagement of current members. Include a timeline of activities and dates. Submit the strategic marketing plan and a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15 of each year.</p>	6/30/18	Lynne Drawdy	<p>The coalition is working with marketing specialists to develop a marketing plan. The first step has been completed (clean-up the coalition's digital/on-line presence).</p> <p>The second phase is redesign of the website to make it more user-friendly (see Task #27).</p> <p>The third phase will be to develop aa branding strategy which will inform the marketing plan (see attached branding proposal.)</p>
<p>Task #32: Training Plan Develop an HCC training plan each year to address identified training needs of HCC members. Survey HCC members a minimum of one-time each year to determine training needs. Include a timeline of activities and dates in the HCC training plan. Submit the HCC training plan and a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15 of each year.</p>	6/30/18	Lynne Drawdy (with Matt Meyers and Training Committee)	A SWOT and training survey was conducted with members on 10/31/17 (see attached result). A training committee was convened with a representative from each discipline. The training needs were shared with the training committee and was used to develop the TEPW.

			<p>Training for this fiscal year will include SAVE train-the-trainer, COOP training for healthcare facilities, HICS and NH ICS, and NOVA disaster response training.</p>
<p>Task #33: FAC Response Team Develop a regional family assistance center response team that can quickly set-up and operate a family assistance center by June 30, 2018 as follows:</p> <ol style="list-style-type: none"> Develop a draft response plan, a roster of the response team, and standard operating procedures (SOPs) and submit it to the board for review and approval. Submit the approved plan, roster, and SOPs to the Contract Manager with the Quarterly Progress. Include a description of how the plan aligns with or enhances other regional plans, a description of the process for developing the plan and obtaining input from HCC member organizations and other key stakeholders, and a signed attestation by the board of their review and approval of the plan. Update the plan, the response team roster, and the SOPs a minimum of one time each year by June 30. Provide equipment to the response team and exercise their ability to respond using the equipment by June 30, 2020. Document any equipment purchased and maintain purchase documents for all equipment. Complete an AARIIP for the exercise. Submit a list of equipment purchased, a description of each item, and a copy of the AARIIP to the Contract Manager with the Quarterly Progress Report. Distribute the updated response plan to HCC members by July 30th each year. Integrate the response team into a statewide or regional exercise by June 30, 2022. Complete an AARIIP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report 	6/30/18	Lynne Drawdy (with FAC workgroup)	<p>A scope of work has been distributed via FAC workgroup and a selection committee will vet proposals received.</p> <p>The Coalition participated in a Central Florida group to develop a base Family Assistance Center plan. That plan has been completed. The workgroup has agreed to oversee creating of the response team and response plan.</p>
<p>Task #34: ACS Plan Update and exercise the regional Provider's alternate care site plan by June 30, 2022 as follows:</p> <ol style="list-style-type: none"> Host alternate care site tabletop exercises in each of the counties within the service area by June 30, 2019. Provide a copy of the exercise 	6/30/19	Lynne Drawdy (with ACS workgroup)	<p>The ACS workgroup approved use of first year vendor for second phase of project and a service agreement has been signed. Phase II includes</p>

<p>scenarios, attendance lists showing the name and type of organization, and the AARIIP for each table-top exercise to the Contract Manager by July 15,2019.</p> <p>b. Hold a functional alternate care site exercise by June 30, 2020. Complete an AARIIP and submit it along with sign- in sheets and agendas for exercise to the Contract Manager by July 15, 2020.</p> <p>c. Update the regional alternate care site plan to align with county plans by June 30, 2021. Submit a copy of the updated plan and description of how it aligns with each county's plan with the Quarterly Progress Report.</p> <p>d. Integrate the regional alternate care site plan into a statewide or a regional exercise by June 30, 2022. Complete an AARIIP and submit it along with sign-in sheets and agendas for exercise to the Contract Manager by July 15, 2022.</p>			<p>tabletops in each of the region's counties (three before June 30 2018 and the other six before June 30, 2019. A meeting with the workgroup will be held in February to begin planning these.</p> <p>An ACS workgroup was convened and worked with a vendor to develop a regional ACS logistical plan. The plan was finalized in December 2017 and approved by the Board in January 2018. An inventory of ACS and MCI caches has also been completed and is being input into IRMS spreadsheets (see Task #9).</p>
<p>Task #35: Mass Fatality Response Increase the ability to respond to a mass fatality as follows:</p> <p>a. Assist in the development of mutual aid agreements among the service area medical examiners by June 30, 2018. Submit a copy of each reached agreement with the Quarterly Progress Report.</p> <p>b. Conduct a mass fatality tabletop exercise that tests the mass fatality regional response plan and mutual aid agreements with medical examiners by June 30, 2019. Complete an AARIIP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report.</p> <p>c. Revise the mutual aid agreements and the mass fatality regional plan based on lessons learned from exercises and real events by June 30, 2020. Submit copies of the updated plan and agreements with the Quarterly Progress Report.</p> <p>d. Integrate the regional mass fatality plan into a statewide or a regional exercise by June 30, 2021. Complete an AAR/IP for the exercise and submit it and sign-in sheets</p>	6/30/18	Lynne Drawdy (with Sherry Blanton)	<p>The Board Medical Examiner representative has been working on development of a mutual aid agreement template.</p>
<p>Task #36: Continuity of Healthcare Service Delivery Coordinate continuity of health care service delivery as follows:</p> <p>a. Update the Provider's continuity of health care service delivery plan and submit it to the</p>	6/30/19	Matt Meyers (with Lynne Drawdy)	<p>Working with BOLDPlanning to schedule a minimum of two COOP workshops in March 2018.</p>

<p>Contract Manager by June 30, 2020.</p> <p>b. Host four continuity of health care service delivery workshops each year and provide planning software licenses for long-term care facilities and other health care entities by June 30, 2019. Submit copies of the workshop agendas and attendance logs with the Quarterly Progress Report.</p> <p>c. Update the continuity of health care service delivery plan in 2020 and again in 2021. Develop a description of the process for updating the plan and obtaining input from HCC member organizations and other key stakeholders. Submit the updated plans and description of updates to the Contract Manager by June 30, 2020 and again on June 30, 2021.</p>			<p>A survey will be developed and distributed to hospitals and a workgroup will be convened to update the continuity of healthcare service delivery plan.</p>
<p>Task #37: DBH Plan</p> <p>Increase the ability to respond to behavioral health needs of the service area after a disaster with in the service area as follows:</p> <p>a. Develop a regional behavioral health response plan that includes a process for identification of behavioral health liaisons for ESF8 and a strike team. Provide a description of the process for developing the plan and obtaining input from HCC member organizations and other key stakeholders to the board for review and approval. Submit the approved plan, roster of the strike team, any standard operating procedures or guidelines, and a signed attestation by the board of their review and approval of the plan to the Contract Manager by June 30, 2018.</p> <p>b. Update the regional behavioral health response plan and the process for identifying and credentialing the strike team by June 30, 2019. Submit the updated plan, an updated roster of the strike team, and any updated standard operating guidelines or procedures with the Quarterly Progress Report. Include a description of the process for updating the plan, obtaining input from HCC member organizations and other key stakeholders, and a signed attestation by the board of their review and approval of the updated plan.</p> <p>c. Distribute the updated regional behavioral health response plan to HCC members by June</p>	<p>6/30/18</p>	<p>Lynne Drawdy (with Lynda W.G. Mason & FCRT)</p>	<p>The coalition and FCRT staff are meeting in February to draft the plan for approval by the FCRT and Coalition Boards. An outline of the draft plan in response to the HPP capabilities has been developed and includes a partnership with the Florida Crisis Response Team (FCRT). The FCRT Board has approved the draft plan template. The Coalition sponsored two additional coalition members to attend FCRT response training in October 2017.</p>

<p>30, 2021.</p> <p>d. Determine and purchase equipment needed for the strike team and exercise the ability of the team to respond using the equipment by June 30, 2020. Document any equipment purchased and maintain purchase documents for all equipment. Complete an AAR/IP for the exercise. Submit a list of equipment purchased, a description of each item, and a copy of the AARIIP to the Contract Manager with the Quarterly Progress Report.</p> <p>e. Integrate the regional behavioral health strike team into a statewide or regional exercise by June 30, 2022. Complete an AARIIP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report.</p>			
<p>Task #38: Hospital Equipment Add new, or replace, expired equipment in all regional hospitals within the services area based on established minimum Occupational Safety and Health Administration standards for decontamination, PPE, and fatality management each year. Create a report of purchased equipment and include a description of the award or replacement process. Submit the report and a signed attestation by the board of their review and approval of the report to with the Quarterly Progress Report.</p>	<p>6/30/18</p>	<p>Matt Meyers (with hospital equipment committee)</p>	<p>\$320,000 in hospital equipment has been purchased and will be distributed by February 2018. The Board has approved moving unspent 2017-2018 dollars to purchase additional equipment from the pending \$262,000 second priority list.</p> <p>A hospital equipment committee has established minimum equipment standards for medical surge, decon and mass fatalities by hospital size. The coalition surveyed hospitals in July 2017 to determine gaps against minimum readiness standards. As new hospitals are coming online this year, the amount requested (\$526,220) far exceeds the amount allocated for this year (\$320,000). The hospitals worked with the coalition to determine priorities for purchase. The committee will seek Board approval and DOH</p>

			approval to move unused project funds to this project to funds purchases from the second priority list.
<p>Task #39: Regional Medical Assistance Team Coordinate the regional medical assistance team (Central Florida Disaster Medical Team or CFDMT) that consists of medical personnel who will respond to natural or man-made disasters throughout the contract term, to ensure their response readiness during a disaster. Develop a proposal each year to increase the use of the assistance team during large, public events in the region and to enhance the healthcare preparedness and response capabilities within the service area. Create an assistance team roster, a list of special events attended by the assistance team, and the monetary value of providing the assistance team at each event and submit it to the board for review and approval a minimum of one time each year. Submit a copy of the assistance team roster, the list of special events, the monetary value, and a signed attestation by the board of their review and approval to the Contract Manager by June 30 of each year.</p>	6/30/18	Dave Freeman and Todd Stalbaum	<p>Finalizing a new team member orientation. The second quarter of FY 20-17-2018 was busy for the RMAT (the Central Florida Disaster Medical Team – CFDMT): The Coalition sent a standby/rapid response team to the Walt Disney Wine and Dine half marathon followed by a two-day operation the following weekend for the Electric Daisy Carnival in Orlando. and from there went right into support for the Orange County Sheriffs Annual International SWAT Roundup and finished the first week of December with the Central FL Scout Jamboree.</p> <p>The EDC was attended by over 60,000 people over the two-day period. CFDMT set up with 120 volunteers ranging from physicians, Nurses, Paramedics, EMT's, Pharmacists, Administrative and logistical personnel as well as paramedic and medical students. In all the team saw 168 patients and transported only 30. This was a huge improvement over the prior year where we saw the same number of patients but transported 72. It was a great success and everyone including</p>

			<p>the City of Orlando and the venue are looking forward to having the team back again next year.</p> <p>The Scout Jamboree was an overnight mission with a small experienced group of team members who treated approximately 25 scouts and leaders with a variety of illness and injuries, two needing offsite transport and treatment at a higher level.</p> <p>During this quarter, we also created a marketing flyer, and developed a team onboarding process.</p>
<p>Task #40: Contributions Create a line item list of non-federal contributions used for a required 10 percent match of federal funds by December 31 and June 30 of each year. Include source, amount, and value of third party contributions in the line item list. Submit the line item list with the Quarterly Report.</p>	12/31/18 & 6/30/18	Lynne Drawdy	Documented donations received (for It Takes 1! Event and CFDMT); have exceeded 10% annual match in the second quarter.
<p>Task #41: Quarterly Reports Develop a Quarterly Report that includes at a minimum, the information specified in the above tasks. Include a summary of Provider's progress on activities in the approved work plan, the status of budget expenditures, a summary describing the process of developing the plans, obtaining input from member organizations, and the strategy for distributing the plans. Submit the Quarterly Report to the Contract Manager within five business days after the last day of each quarter.</p>	5th working day following end of quarter	Lynne Drawdy	Quarterly report and documentation submitted 1/7/18; budget report and invoice submitted 1/8/17
<p>Task #42: End of Year Report Create an end of year report that includes at a minimum, the information specified in the above tasks. Include a summary of Provider's progress on activities in the approved work plan, the status of budget expenditures, a summary describing the process of developing the plans, obtaining input from member organizations, and the strategy for distributing the plans. Include budget detail that accounts for all allocated funds during the year. Submit the end of year</p>	6/30/18	Lynne Drawdy	Will be developed utilizing quarter reports.

<p>report and budget to Provider's board to review and approve prior to submission to the Contract Manager. Submit the end of year report to the Contract Manager no later than June 30 of each contract year and provide a signed attestation by Provider's board of their review and approval of the end of year report and budget.</p>			
<p>Task #43: Annual Work Plan Update: Update the annual work plan to meet contract requirements no later than July 30 of each contract year and submit it to the Contract Manager. Outline activities and projects planned for the coming year to meet the tasks and capabilities, reflect lessons- learned from real events and exercises, the gaps and risks identified in the annual HVA and risk assessments for the geographic area, and planning to obtain financial opportunities beyond federal funding. Include a proposed budget with details about future expenditures and a signed attestation by the HCC board of their review and approval of the proposed work plan and budget.</p>	7/30/18	Lynne Drawdy	Will be completed following annual report.
<p>Task #44: Data Security & Confidentiality Comply with the terms of the Data Security and Confidentiality provisions (Attachment II) at all times throughout the contract term.</p>	Ongoing	Lynne Drawdy1	No action needed