

CFDMC 2024-2025 Traffic Light Report as of 8-13-24 (see attached Task/Project Report for additional details)

Legend-Blue=Completed; Green=On Target; Yellow =Action Needed; Red=In Jeopardy/Board Action Needed, Orange=High Priority

Issue/Contract Task / Project / Deliverable	Due	Status
High Priority Issue: Family Reunification; hospitals need immediate support in managing family/friends (see also FAC project/ FRC exercise)	12/31/24	Lead: Drawdy Continue to promote Pulsara implementation. FRC Toolkit offered in six installations during July/August Offer FRC tabletops to counties
High Priority Issue: EMS Engagement (need EMS input and engagement)	12/31/24	Lead: RTAB Clinical Leadership Committee (working on scheduling symposium)
High Priority Issue: Evacuation Equipment (evacuation equipment is costly and requires storage which hospitals struggle with; identified cache strategy)	7/31/24	Lead: Drawdy Cache located in metro Orlando and in south end of the region; deployment process posted to website. Final cache will be purchased in 2024 and hosted at AdventHealth Daytona Beach.
High Priority Issue: Finding warehouse space for RMAT	11/15/24	Lead: Drawdy Move date mid-November Have a back-up with Lake County Still looking for space in other counties (contacted ED offices)
High Priority Issue: Patient Disaster Transfer Processes (need regional process to identify beds for patients – identified as statewide gap during Hurricane Ian)	12/31/24	Lead: Lynne Drawdy & Trauma Preparedness Committee Following Pulsara pilot, the Trauma Preparedness Committee will work with FCOT and other healthcare coalitions to draft a statewide process (this is now an ASPR priority)
High Priority Issue: Status of MCI/ACS Caches	9/30/23	Lead: Matt Meyers Assessment is complete. SHSGP and UASI projects submitted to re-skin tents
High Priority: Engage community leaders	12/31/24	Lead: Board Will survey Board members to identify officials to target and develop engagement plan (MOUs with Cities/Counties, PPT for Board to present)
Submit Monthly Expenditures Documentation	Monthly (15 TH work day)	Submitted July 2024
Task #1: Subscribe to ASPR Readiness Bulletin	Quarterly	
Task #2: Data Security Compliance	Quarterly	
Task #3: Attend HCCTF Meetings	Quarterly	Attended July HCCTF meeting
Task #4: Budget Template	July 15,2024	Completed for 24-25 contract
Task #5: Annual Work Plan	July 15, 2024	Completed for 24-25 contract
Task #6: Governance Document	July 15, 2024	Completed for 24-25 contract
Task #7: HPP Compliance	October 15, 2024	
Task #8: Royal 4	Quarterly	
Task #9: HVA	January 15, 2025	
Task #10: Preparedness Plan	March 15, 2025	
Task #11: NIMS	January 15, 2025	
Task #12: Sustainability Report	January 15, 2025	
Task #13: Radiation Surge Annex	March 15, 2025	
Task #14: Chemical Surge Annex	March 15, 2025	
Task #15: Member List	April 15, 2025	
Task #16: HCC Response Plan	April 15, 2025	
Task #17: Equipment Management Protocol	April 15, 2025	
Task #18: Training Plan	June 15, 2025	
Task #19: MRSE	June 15, 2025	
Task #20: Quarterly Report	Quarterly	
Task #21: Conduct HVA Project	Quarterly	
Note: Other coalition projects are included in the project report		

CFDMC Project Report

Contract Task / Coalition Project	Due Date	Lead / Back-up / Partners	Activities / Status
Task #1 Ensure the HCC Readiness and Response Coordinator is subscribed to ASPR's Health Care Readiness Bulletin throughout the contract term. Document the name of the HCC Readiness and Response Coordinator in the Quarterly Progress Report.	Quarterly	Drawdy (Meyers, Cook)	
Task #2 Always comply with the terms of the Data Security and Confidentiality provisions (Attachment II) throughout the contract term. Document compliance by providing a statement or attestation certifying this requirement is met in the Quarterly Progress Report.	Quarterly	Drawdy (Meyers, Cook)	
Task #3 Attend HCCTF meetings and calls as directed by the Department. Document the date of each meeting or call and the name of each of Provider's staff in attendance in the Quarterly Progress Report.	Quarterly	Drawdy (Meyers, Cook)	Attended July HCCTF
Task #4 Upload the completed HCC Budget Template as an Excel file in ASPR's designated tracking system by July 15. Remove any previous versions of the budget from ASPR's designated tracking system as applicable. Submit a screenshot of the uploaded HCC Budget Template to the Contract Manager via email and in the CRVS by July 15	July 15	Drawdy (Meyers, Cook, Board)	Completed for FY 24-25
Task #5 Complete or update, and submit the HCC Work as specified	July 15	Drawdy (Meyers, Cook, Board)	Completed for FY 24-25
Task #6: Maintain, update, and submit HCC governance information throughout the contract term as specified	July 15	Drawdy (Meyers, Cook, Board)	Completed for FY 24-25
Task #7 Maintain HPP compliance throughout the contract term. Complete the HCC HPP Compliance Report Template. Save the HCC Compliance Report Template as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the completed HCC HPP Compliance Report Template via email to the Contract Manager and upload it in the CRVS by October 15.	October 15	Drawdy (Meyers, Cook, Board)	
Task #8 Ensure the Royal 4 Systems is updated throughout the contract term as necessary. Run an Inventory Movement report to confirm that the Royal 4 Systems is up to date. Submit the report in a PDF file via email to the Contract Manager and upload it in the CRVS by October 15, January 15, April 15, and June 15 . Document the date of each update to the Royal 4 Systems in the Quarterly Progress Report.	Quarterly	Meyers (Drawdy, Cook)	
Task #9 Conduct a HVA and maintain, update, and submit the HVA Report by January 15 as follows: Conduct a HVA of the HCC Region's characteristics (such as risks for natural or man-made Disasters, geography, and critical infrastructure assessment component that addresses population characteristics (including demographics) and the individuals who might require additional help in an Emergency (such as children; pregnant women; seniors; and individuals with Access	January 15, 2025	Drawdy (Meyers, Cook, Members, Board)	Survey during September meeting; requested from county EM/county planners/hospitals

<p>Needs and Functional Needs, including people with disabilities and others with unique needs (available from the Florida Access and Functional Needs Profile in FLhealthcharts.gov)). Conduct a HVA as follows:</p> <p>Coordinate with state and local emergency management organization assessments (e.g., THIRA) and any public health hazard assessments (e.g., JRA) in conducting the HVA.</p> <p>Ensure HCC Members participate in conducting the HVA.</p> <p>Use a variety of HVA tools in conducting the HVA.</p> <p>Ensure health care facilities, EMS, and other health care organizations provide input while conducting the HVA.</p> <p>Update the HVA Report based on the HVA. Ensure health care facilities, EMS, and other health care organizations provide input into the update of the HVA Report based on their facility's or organization's HVAs. Include the following in the HVA Report:</p> <ul style="list-style-type: none"> • A summary describing the process to update the HVA Report to verify that the HCC coordinated with state and local emergency management organization assessments and any public health hazard assessments. • A list of HCC Members that participated in conducting the HVA. • A list of the HVA tools that were used in conducting the HVA. • An assessment component of the HCC Region's characteristics. • An assessment component that addresses population characteristics and considers those individuals who might require additional help in an Emergency. • The dates and descriptions of the meetings and conference calls that took place to update the HVA. • A description of how the HVA Report will be distributed to the HCC Members and local health and emergency management officials and organizations. <p>Title the HVA Report as "Contract#_Task#_Submission Date (MMDDYYYY)" and save it as a PDF file. Submit the HVA Report via email to the Contract Manager and upload it in the CRVS and ASPR's designated tracking system by January 15.</p> <p>Remove previous versions of the HVA Report from ASPR's designated tracking system as applicable.</p>			
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<p>Distribute the HVA Report to HCC Members and local health and emergency management officials and organizations in accordance with the report. Document the date of distribution, the method of distribution, and the name of each HCC Member and local health and emergency management official and organization the report is distributed to in the Quarterly Progress Report.</p> <p>Summarize in the Quarterly Progress Report how health care facilities, EMS, and other health care organizations provided input into the update of the HVA Report based on their facility's or organization's HVAs.</p>			
<p>Task #10 Update, submit, and distribute the HCC Preparedness Plan as follows:</p> <p>Update the HCC Preparedness Plan as follows:</p> <p>Update the HCC Preparedness Plan by March 15.</p> <p>Ensure HCC Members are given an opportunity to provide input into the update of the HCC Preparedness Plan.</p> <p>Update the HCC Preparedness Plan following major incidents or large-scale exercises.</p> <p>Ensure the HCC Preparedness plan is signed and dated by an HCC representative and at least one representative from each type of the Core HCC Member Organization's Acute Care Hospitals, public health agency, emergency management organization, and EMS.</p> <p>Save the HCC Preparedness Plan as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file.</p> <p>Submit the HCC Preparedness Plan via email to the Contract Manager by March 15 for the Department to review and approve. Upload the HCC Preparedness Plan in the CRVS and ASPR's designated tracking system by March 15 .</p> <p>Remove any previous versions of the HCC Preparedness Plan from ASPR's designated tracking system as applicable. Distribute the HCC Preparedness Plan to HCC Members by March 15</p> <p>Document the date and method the HCC Preparedness Plan is distributed in the Quarterly Progress Report.</p>	<p>March 15, 2025</p>	<p>Drawdy (Meyers, Cook)</p>	
<p>Task #11. Promote a NIMS training course, provide assistance to an HCC Member(s) to incorporate NIMS components, ensure HCC leadership receives NIMS training, and complete and submit the HCC NIMS Report Template available at Florida HCC SharePoint as follows:</p>	<p>January 15</p>	<p>Drawdy (Cook, Meyers)</p>	

<ul style="list-style-type: none"> Promote at least one NIMS training course, which can be found https://www.fema.gov/emergency-managers/nims/implementation-training, to HCC Members. Document the NIMS training course that was promoted, the date it was promoted, and the method of promotion in the Quarterly Progress Report. Assist at least one HCC Member incorporate NIMS components into their emergency operations plans. Document the HCC Member assisted, the date assistance was provided, and the NIMS components that were incorporated into the HCC Member's emergency operations plan in the HCC NIMS Report Template. Ensure HCC leadership has completed NIMS training. Document the following information in the HCC NIMS Report Template. Name of NIMS training. Name of HCC leadership member. Date training was completed. <p>Save the completed HCC NIMS Report as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the completed HCC NIMS Report via email to the Contract Manager and upload it in the CRVS by January 15.</p>			
<p>Task #12 Complete the HCC Sustainability Report Template available at Florida HCC SharePoint, as follows.</p> <p>Save the completed HCC Sustainability Report Template as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file.</p> <p>Submit the completed HCC Sustainability Report Template via email to the Contract Manager and upload it in the CRVS by January 15.</p>	<p>January 15, 2025</p>	<p>Drawdy (Cook, Meyers, Peach)</p>	
<p>Task #13 Update and submit the HCC Radiation Surge Annex as follows:</p> <p>Update the HCC Radiation Surge Annex as follows:</p> <p>Collaborate with hospitals, community-based healthcare facilities, public health departments (particularly with local and state infection prevention teams), emergency medical services (EMS), emergency management agencies, and other community organizations to update the HCC Radiation Surge Annex. Document the name of the organizations collaborated with in the Quarterly Progress Report.</p> <p>Use the headings and subheadings of the HCC Radiation Surge Annex template available at Florida HCC SharePoint.</p> <p>Ensure the HCC Radiation Surge Annex complements the HCC's Response Plan.</p>	<p>March 15, 2025</p>	<p>Meyers (Drawdy, Cook, Radiation Workgroup/ Board)</p>	<p>Note: include follow-ups from 2023 radiation AAR.</p>

<p>Ensure the HCC Radiation Surge Annex aims to improve capacity and capabilities to manage exposed or potentially exposed patients during a radiation emergency.</p> <p>Ensure the HCC Radiation Surge Annex prepares the community to manage exposed or potentially exposed patients during a radiation emergency.</p> <p>Include the following in the HCC Radiation Surge Annex:</p> <ul style="list-style-type: none"> • Indicators and triggers of a radiation emergency. • Alerting and notifications of a radiation emergency. • Initial coordination mechanism and information gathering to determine impact and specialty needs. • Documentation of regional resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources). • A description of access to subject matter experts at the local, regional, and national levels. • A description of prioritization method(s) for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility). • Relevant baseline or just-in-time training to support specialty care. • An evaluation and exercise plan for the specialty function. <p>Save the HCC Radiation Surge Annex as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the HCC Radiation Surge Annex via email to the Contract Manager and upload it in the CRVS and ASPR's designated tracking system by March 15, 2025.</p> <p>Remove any previous version of the HCC Radiation Surge Annex from ASPR's designated tracking system as applicable.</p>			
<p>Task #14: Update and submit an HCC Chemical Surge Annex as follows:</p> <p>Collaborate with hospitals, community-based healthcare facilities, public health departments (particularly with local and state infection prevention teams), emergency medical services (EMS), emergency management agencies, and other community organizations to update the HCC Chemical Surge Annex. Document the name of the organizations collaborated with in the Quarterly Progress Report.</p> <p>Use the headings and subheadings of the HCC Chemical Surge Annex template available at Florida HCC SharePoint.</p>	<p>March 15, 2025</p>	<p>Drawdy (Meyers, Cook, Workgroup, Members, Board)</p>	

<p>Ensure the HCC Chemical Surge Annex complements the HCC's Response Plan.</p> <p>Ensure the HCC Chemical Surge Annex aims to improve capacity and capabilities to manage exposed or potentially exposed patients during a chemical emergency.</p> <p>Ensure the HCC Chemical Surge Annex prepares the community to manage exposed or potentially exposed patients during a chemical emergency.</p> <p>Include the following in the HCC Chemical Surge Annex:</p> <ul style="list-style-type: none"> • Indicators and triggers of a chemical emergency. • Alerting and notifications of a chemical emergency. • Initial coordination mechanism and information gathering to determine impact and specialty needs. • Documentation of available regional resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources). • A description of access to subject matter experts at the regional level. • A description of prioritization method(s) for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility). • Relevant baseline or just-in-time training to support specialty care. • An evaluation and exercise plan for the specialty function. <p>Save the HCC Chemical Surge Annex as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the HCC Chemical Surge Annex via email to the Contract Manager and upload it in the CRVS and ASPR's designated tracking system by March 15, 2025.</p> <p>Remove any previous version of the HCC Chemical Surge Annex from ASPR's designated tracking system as applicable.</p>			
<p>Task #15 Identify all HCC Members within the HCC Region and complete and submit the HCC Members List Template by April 15 as follows:</p> <p>Identify HCC Members as follows:</p> <ul style="list-style-type: none"> • Identify all HCC Members within the HCC Region. • Identify at least one HCC Member from an Acute Care Hospital. • Identify at least one HCC Member from EMS (including inter-facility and other non-EMS patient transport systems). • Identify at least one HCC Member from an emergency management organization. 	<p>April 15, 2025</p>	<p>Cook (Drawdy, Meyers)</p>	

<ul style="list-style-type: none"> • Identify at least one HCC Member from a public health agency. • Identify any Additional Health Care Coalition Members. <p>Complete the HCC Members List Template available at Florida HCC SharePoint.</p> <p>Save the completed HCC Members List Template as "Contract#_Task#_Submission Date (MMDDYYYY)" in an Excel file. Submit the completed HCC Members List Template via email to the Contract Manager and upload it in the CRVS by April 15.</p>			
<p>Task#16 Update, submit, and distribute an HCC Response Plan as follows:</p> <p>Update the HCC Response Plan as follows:</p> <p>Update the HCC Response Plan by April 15.</p> <p>Ensure HCC's Member's organizations are given an opportunity to provide input into the update of the HCC Response Plan.</p> <p>Update the HCC Response Plan after large-scale exercises and real-world events (including, but not limited to Emergencies and Disaster).</p> <p>Ensure the HCC Response Plan is signed and dated by an HCC representative and at least one representative from each type of the Core HCC Member Organization's Acute Care Hospitals, public health agency, emergency management organization, and EMS.</p> <p>Collaborate with the Department to integrate the following crisis care elements into the HCC Response Plan:</p> <ul style="list-style-type: none"> • Integration with state-level efforts. • Management of crisis conditions through regional coordination, including resource sharing and patient distribution. • Management of information and policy decisions with the assistance of the HCC partners during a protracted event. • Management of resource requests and scarce resource allocation decisions when the demand cannot currently be met. • Support EMS agency planning for indicators, triggers, and response strategies during crisis conditions. • Support hospital planning for indicators, triggers, and response strategies during crisis conditions. • Transition to contingency care by requesting resources or moving patients to other facilities. • Integration of crisis standards of care conditions into exercises. 	<p>April 15, 2025</p>	<p>Drawdy (Meyers, Cook, Workgroups, Board)</p>	

<p>Save the HCC Response Plan as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the HCC Response Plan via email to the Contract Manager by April 15 for the Department to review and approve. Upload the file in the CRVS and ASPR's designated tracking system by April 15.</p> <p>Remove previous versions of the HCC Response Plan from ASPR's designated tracking system as applicable.</p> <p>Distribute the HCC Response Plan to HCC Members by April 15. Document the date and method the HCC Response Plan is distributed in the Quarterly Progress Report.</p>			
<p>Task #17 Update and submit a protocol for equipment, supplies, and pharmaceuticals as follows:</p> <p>Update a protocol for equipment, supplies, and pharmaceuticals and include the following in the protocol:</p> <ul style="list-style-type: none"> • Strategies for acquisition, storage, rotation with day-to-day supplies, and use. • Policies relating to the activation and deployment of the HCC and HCC Members' stockpile. • Policies relating to the disposal of expired materials. <p>Save the protocol as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the protocol via email to the Contract Manager and upload it in the CRVS and ASPR's designated tracking system by April 15 .</p> <p>Remove previous versions of the protocol from ASPR's designated tracking system as applicable.</p>	<p>April 15, 2025</p>	<p>Meyers (Drawdy, Cook, Hospital Committee, Board)</p>	
<p>Task #18 Create and submit the HCC Training Plan and conduct a minimum of one training as follows:</p> <p>Create and submit the HCC Training Plan as follows:</p> <p>Create the HCC Training Plan and include the following in the HCC Training Plan:</p> <ul style="list-style-type: none"> • The training(s) that will be provided; • The risk, resource gap, work plan priority, or corrective action from prior exercises and incidents that the training will address; • gap or need identified by HCC Members which the training is based; and • The training type. <p>Save the HCC Training Plan as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file. Submit the HCC Training Plan via email to the Contract Manager and upload it in the CRVS and ASPR's designated tracking system by June 15, 2025.</p>	<p>June 15, 2025</p>	<p>Drawdy (Cook, Meyers, members, workgroups, training providers)</p>	<p>Will participate in Osceola IPPW in August Will participate in Region 5 IPPW in January</p> <p>Trainings scheduled:</p> <p>0305 – AHIMT (completed July 2024)</p> <p>MGT 340-Crisis Leadership (ID) (August 22, 2024)</p> <p>HICS (October 2024)</p> <p>L950 – Incident Commander (October 28-November 1)</p> <p>CHSP (December 3, 2024)</p> <p>CEMP/COOP (statewide virtual exercises scheduled throughout year)</p>

<p>Conduct a minimum of one training by June 15 in accordance with the HCC Training Plan. Document the title, date, number of people in attendance, and location of the training in the Quarterly Progress Report.</p>			<p>Decon Training (to be scheduled)</p> <p>L958-OPS Chief (to be scheduled)</p> <p>L965 – Resource Unit Leader (to be scheduled)</p>
<p>Task #19: Hold a MRSE by May 31, to assess the HCC's capacity to support a large-scale, community-wide medical surge incident and complete and submit the ASPR MRSE Exercise Planning and Evaluation Tool as follows:</p> <p>Hold the MRSE as follows:</p> <ul style="list-style-type: none"> • Conduct a MRSE in accordance with the ASPR MRSE Exercise Planning and Evaluation Tool available at Florida HCC SharePoint; or • Conduct a MRSE by using a real-world surge incident that does not last more than one week. A COVID-19 response cannot be used unless there is a specific COVID-19 surge event that does not last more than one week. • Notify all HCC Members of the MRSE at least one week before the MRSE. Document the date and method of notification in the Quarterly Progress Report. • Meet with the Exercise Evaluator and the Duty Officer at least five calendar days before the MRSE. Document the date of the meeting and the name of the Exercise Evaluator and Duty Officer in the Quarterly Progress Report. • Ensure the HCC Clinical Advisor provides clinical guidance and coordinates assistance during the MRSE. Document the name of the HCC Clinical Advisor in the Quarterly Progress Report. • Conduct the MRSE in three phases as follows. Ensure at least one of each Core HCC Member Organization Types (Acute Care Hospitals, public health, EMS, and emergency management) participates in all three phases of the MRSE. <p>Conduct Phase I: Plan and Scope of the MRSE to determine the MRSE's roles, understand the HCC Members' specific needs from the MRSE, and define the surge scenario as follows:</p> <ul style="list-style-type: none"> • Gather input from the HVA, HCC, or jurisdictional response plan, and recent Surge Estimator Tool; 	<p>June 15, 2025</p>	<p>Drawdy (Meyers, Cook, planning team, hospitals, Board)</p>	

<ul style="list-style-type: none"> • Consult key HCC Members to assess any specific exercise objectives or needs to be exercised; • Determine the roles for the MRSE (e.g., facilitator, evaluator, etc.); and • Complete the planning and scoping data in the ASPR MRSE Exercise Planning and Evaluation Tool. Ensure the areas for improvement for each capability align with each objective. <p>Conduct Phase II: Exercise with HCC Members as follows:</p> <ul style="list-style-type: none"> • Conduct Phase II in accordance with the Plan and Scope. • Conduct Phase II in accordance with each HCC Member’s Response Plan(s). • Conduct Phase II in accordance with Provider’s Response Plan. • Ensure the HCC Readiness and Response Coordinator plans and prepares the MRSE. Document the name of the HCC Readiness and Response Coordinator in the Quarterly Progress Report. • Ensure the Evaluator collects all required data in the ASPR MRSE Exercise Planning and Evaluation Tool. Document the name of the Evaluator in the Quarterly Progress Report. • Ensure no patients are moved or disturbed during the MRSE. • Ensure no real resources such as supplies, equipment, or EMS response resources are moved or disturbed during the MRSE. • Ensure the Exercise Facilitator triggers the incident by contacting the Duty Officer. Document the name of the Exercise Facilitator and the date the incident is triggered in the Quarterly Progress Report. • Ensure the Exercise Facilitator provides details of the incident to the Duty Officer including the incident location, anticipated scale, likely number of patients and injuries. • Ensure exercise participants followed their existing policies and procedures with regard to information security and confidentiality. • Ensure that no individual patient information is shared as part of the MRSE. • Time the duration of the MRSE, including start and end time. Document the start and end time in the ASPR MRSE Exercise Planning and Evaluation Tool. • Ensure the Duty Officer begins the process to activate the response and designates the operating level appropriate to the surge incident communication by the HCC Readiness and Response Coordinator. • Determine which HCC Members should be notified based on the surge type and scale. 			
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<ul style="list-style-type: none"> • Mobilize the HCC or other team (i.e., Incident Management Team) in accordance with the HCC's Response Plan. • Once the HCC is mobilized, ensure the HCC Members confirm the anticipated resource needs documented during Phase I. • Ensure the HCC Members review the incident scenario, scale, total number of patients, and the anticipated resource requirements. • Ensure the HCC Members confirm or modify all resource needs (i.e., bed types, personnel, pharmaceuticals, supplies and equipment, EMS related assets), and other first responder resources. • Ensure the Exercise Evaluator enters all required data into the ASPR MRSE Exercise Planning and Evaluation Tool. Document the name of the Exercise Evaluator in the Quarterly Progress Report. • Ensure the MRSE tests Provider's and the HCC Members' capacity to accommodate a surge of patients equal to 20 percent of its staffed bed capacity. • Complete the Phase II portion of the ASPR MRSE Exercise Planning and Evaluation Tool. Document the number of patients the MRSE tested in the ASPR MRSE Exercise Planning and Evaluation Tool. <p>Conduct Phase III: After Action Review as follows:</p> <ul style="list-style-type: none"> • Ensure one executive from each Core HCC Member Organizations participates in the After-Action Review. • Conduct a summary of the MRSE in accordance with the ASPR MRSE Exercise Planning and Evaluation Tool. • Identify a minimum of one and a maximum of three strengths. • Discuss gaps or weaknesses. • Identify at least one area for improvement. • Complete the Phase III portion of the ASPR MRSE Exercise Planning and Evaluation Tool. Ensure the following is stated in the ASPR MRSE Exercise Planning and Evaluation Tool: **All exercise participants followed their existing policies and procedures with regard to information security and confidentiality and that no individual patient information was shared as part of the MRSE **That no real patients were moved or otherwise disturbed as part of the MRSE. **That no real resources such as supplies, equipment, or EMS response resources were moved or otherwise disturbed as part of the MRSE. **The MRSE included individuals in the following roles: HCC Readiness and Response Coordinator, 			
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<p>the HCC Clinical Advisor or designee, an Exercise Facilitator, the Exercise Evaluator, and Duty Officer.</p> <p>Save the completed ASPR MRSE Exercise Planning and Evaluation Tool as "Contract#_Task#_Submission Date (MMDDYYYY)" in an Excel file. Submit the completed ASPR MRSE Exercise Planning and Evaluation Tool via email to the Contract Manager and upload it in the CRVS and ASPR's designated tracking system by June 15.</p>			
<p>Task #20 Complete and submit the Quarterly Progress Report as follows:</p> <p>Complete the Quarterly Progress Report available at Florida HCC SharePoint.</p> <p>Include the information as specified in the Tasks above in the Quarterly Progress Report.</p> <p>Include the progress for each Task in the Quarterly Progress Report.</p> <p>Save the Quarterly Progress Report as "Contract#_Task#_Submission Date (MMDDYYYY)" in a PDF file.</p> <p>Submit the Quarterly Progress Report within 15 calendar days after the end of each quarter via email to the Contract Manager and upload it in the CRVS.</p>	Quarterly	Drawdy (Cook, Meyers)	Completed
<p>#21: Complete at least one HCC regional HVA project such as a training, exercise, or provision of resources as follows:</p> <p>Address at least one vulnerability identified in the HVA Report that is referenced in Task B.1.a.9.b).</p> <p>Summarize in the Quarterly Progress Report the planned or completed HCC regional HVA project (training, exercise, or provision of resources) and which vulnerability or vulnerabilities it will address or addressed.</p>	12/31/24	Drawdy	<p>HVA vulnerability identified: Protecting Responder Safety and Health (supporting mental wellness/resiliency)</p> <p>Scheduled resiliency speaker for December conference (includes workbook takeaway)</p> <p>Will close evacuation HVA vulnerability with placement of the evacuation cache in northern part of the region in 2024.</p>
<p>Coalition Project: Update Preparedness annexes that are not contract tasks, including Strategic Plan COOP (other annexes are included in contract tasks)</p>	Ongoing	Drawdy (Meyers, Cook, Workgroups, Board)	Posted and available for comment all year; workgroups update as needed.

<p>Coalition Project – Annual updates to Response Annexes, including:</p> <ul style="list-style-type: none"> • Infectious Disease (EID Collaborative) • Disaster Behavioral Health (W.G. Mason and FCRT) • Alternate Care Site (RMAT) • Burn (RTAB) • Family Assistance Center (FAC Workgroup) • Trauma Coordination (Pappas, RTAB Preparedness Committee) • Pediatric Sure (Pediatric Surge Workgroup) • Mass Fatalities (Medical Examiners) • Crisis Standards of Care (CSoC Workgroup) • Continuity of Healthcare Service Delivery • Supply Chain Mitigation Strategy (update from OneBlood event) 	Ongoing	Drawdy (Meyers, Cook, Workgroups, Board)	Posted and available for comment all year; workgroups update as needed.
<p>Coalition Project – Quarterly Community Based Drills</p> <ul style="list-style-type: none"> • September – Operation Protect & Secure (active shooter) • December – A Glass of Mutual Aids (mutual aid confirmations) • February – Great Tornado Drill (shelter in place) • May – Operation Generate Confidence (generator drill) 	Quarterly	Drawdy / Cook county EMs	September 19 – Operation Protect & Secure December 3 – A Glass of Mutual Aid
<p>Coalition Project – other exercises</p> <ul style="list-style-type: none"> • FRC tabletops (see high priority issue) • 15 til 50 – Holmes – February (with Terry Schenk) • FIDTN – Dr. Hsu will select hospital (with Terry Schenk) • April FSE (see MRSE) 			
<p>Monthly Expenses: Provide documentation for all payments made by Provider as a direct result of services provided or goods purchased through the funding of this contract and submit to Contract Manager and HCC Florida HCC SharePoint within 15 business days following the end of each month. Such documentation includes timesheets, canceled checks (if available), bank statements, receipts, invoices paid, or other documentation that supports proof of payment.</p>	15 business days following the quarter	Drawdy (Ori, Cook, Meyers)	
<p>Single federal audit: organizations receiving more than \$750,000 annually are required to undergo a single federal audit by 9/30 annually.</p>	9/30/25	Drawdy (Ori, Board)	Passed 2023 audit with no findings. Next audit May 2025
IRS 990	November 30 annually	Drawdy (Ori)	Accountant is working on 2023 990
<p>Coalition Project: Communicate with members</p> <ul style="list-style-type: none"> • Sent out alerts, training and exercise opportunities (Drawdy) • Keep website updated (Meyers) • Quarterly member meetings (all) • Quarterly communication drills (Drawdy & Cook) 	Quarterly	Drawdy, Meyers, Cook, Board	Will plan non-power drill in fall
Coalition Project: Bimonthly Executive Committee & Board Meetings	BI-Monthly	Drawdy (Meyers, Cook, Executive	

		Committee, Board	
Coalition Project: Recruitment Attend county/regional/state meetings to present on coalition Posts on social media	Ongoing	Drawdy & Social Media Committee	
Coalition Project: EMResource EMResource Steering Committee is establishing best practice guidelines and training videos Ranked high as UASI project (expect to receive funding to sustain)	Monthly	Meyers (Drawdy, Cook, Hospitals, EM, EMS, FHA)	
Coalition Project: Hospital Minimum Readiness Maintain hospitals at minimum readiness standards (by hospital size) Monthly hospital calls	June 30 Annually	Drawdy (Meyers, Cook, Hospitals, Board)	
Coalition Project: FAC Team	Annual	Drawdy (Meyers, Cook, Team Members, Board)	Following FRC tabletops, will hold discussion about incorporating this team into RMAT.
Coalition Project: Regional Trauma Advisory Board (Executive Committee, Clinical Leadership Committee, Preparedness Committee (RTCC plan), System Support Committee	Annual	Drawdy (Meyers, Cook, RTAB Members)	Committees meeting bimonthly Executive Committee focus on increasing EMS engagement System Support will lead STB project Preparedness will lead Pulsara implementation, patient movement/MCI coordination plan
Coalition Project: Cyber Cyber page/share information Tabletop (follow-up on 2024 FSE)	October 2024	Drawdy/Meyers/ Planning Team	Working with FBI & CISA See new ASPR guidance
Coalition Project: FSED Identify/share best practices	June 2025	Drawdy/Meyers/ Planning Team	Best Practices document shared with hospitals
Coalition Project: Ambu-bus Submitted/received SHSGP project Secure bus donation Securing EMS agency	December 2024	Drawdy/Meyers	
Coalition Project: Achieve Strategic Objectives Ensure Sustainability: <ul style="list-style-type: none"> • By June 2023, participate in ASPR sustainability assessment - completed • By June 2025, develop and implement a Coalition sustainability plan – in progress • By January 2023, develop a Board succession plan - completed 	June 30, 2025	Drawdy (Meyers, Cook, Board)	Ongoing

<p>Increase Member Diversity & Engagement:</p> <ul style="list-style-type: none"> • By December 2022, implement a sustainable social marketing campaign - completed • By June 2025, increase number of county and city leaders who are Coalition members by 50% - in progress • By June 2025, increase number of county and city leaders who are Coalition members by 50% • By 6/30/25, increase EM/EMS engagement with Coalition <p>Address Climate Change Impacts – Completed</p> <ul style="list-style-type: none"> • By June 2023, complete an assessment of regional healthcare systems and city/county environmental sustainability/resiliency strategies - completed • By June 2024, publish guidance on climate change and healthcare mitigation strategies - completed <p>Build & Sustain Capabilities:</p> <ul style="list-style-type: none"> • By December 2023, develop a plan to standardize plans, equipment, training, and exercising in at least one additional capability – completed (evacuation and EMResource) - completed • By June 2025, develop, implement and evaluate a campaign focused on increasing retention of the healthcare workforce – in progress • By 6/30/25, assess, identify, and plan for gaps in new ASPR capabilities 			
<p>Coalition Project: 2024 Regional Medical Surge AAR/IP:</p> <ul style="list-style-type: none"> • Ambu-bus funding (Drawdy, 12/24) • Decon training (see training) • Pulsara/Patient Tracking/FRC (see FRC, Trauma Preparedness) • FSED Best Practices (see FSED workgroup) • Cyber TTX (see above) • HICS training (focus on long-term response/recovery – see training) 	As Identified in AAR/IP		
<p>Coalition Project: Chemical Surge AAR/IP:</p> <ul style="list-style-type: none"> • Educate stakeholders (sent out plan/AAR) • Update plan (see Task #14, including actions related to training resources, patient tracking, prioritization, community reception centers. Communication) • CHEMPACK Presentation (scheduled for September 2024 coalition meeting) 	As Identified in AAR/IP		
<p>Coalition Project: Crisis Standards of CARE AAR/IP:</p> <ul style="list-style-type: none"> • Vendor reliance (supply chain mitigation) • Improve communications (EMResource, WebEOC) • Advocate for federal/state guidance • Non power communications drill (see above) • Engage leaders (see high priority issue) 	As Identified in AAR/IP		

ASPR Expectations (new contract deliverables expected October which will impact many of the tasks above and include some new focus areas such as: Cyber Security Assessment Workforce Readiness Assessment			
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