

## April 24, 2014 Central Florida Disaster Medical Coalition Minutes

Welcome, Introductions, History of the Board: Bradley Hilliard, Coalition Chair, welcomed attendees and previewed the agenda. Bradley announced the winner of the Name the Newsletter contest and presented a \$100 gift card to Bob Mitchell, who proposed the winning name: *Disaster Connection*.

Bradley provided a history of the Coalition and the board. The original 501c(3) was formed in 1996 to sponsor a federal Disaster Medical Assistance Team (DMAT FL6). In 2002, the organization transitioned to sponsor the State Medical Response Team (SMRT) and Medical Reserve Corp (MRC) in Region 5. In response to federal requirements for each community to be represented by a healthcare coalition, the organization's Board agreed to expand its scope to form the Region 5 Coalition.

Bradley introduced the Board of Directors. The Executive Committee is comprised of Bradley Hilliard (Coalition Co-Chair), Dave Freeman (Executive Director & Health and Medical Co-Chair), Larry Lee (Health and Medical Co-Chair), Bill McDeavitt (Health and Medical Co-Chair), and Carmen Weatherford (Treasurer). Other Board members include Hylan Boxer, Rich Collins, Dr. Michael Gervasi, Lynda W.G. Mason, Rich Morrison, Nick Pachota, Cory Richter and Bob Sorenson, with three members pending appointment (Dr. Jan Garavaglia, Randy Hartley, and Millie Sorger). He explained the Board is continuing to add members to ensure the Board is fully representative of all counties in the region and all essential partnership groups. All participants introduced themselves.

Coalition Structure & Funding: Matt Meyers and Lynne Drawdy provided an overview of the Coalition. A pre-meeting survey provided insight that members wanted to hear about the Board, meeting frequency, Charter, goals, partner communication and engagement, and funding. The pre-meeting survey also showed that member priorities are engaging both traditional and non-traditional partners, integration of planning, training and exercise for effective response, addressing the impact of funding and staff reductions, and a gap analysis and the plan to address identified gaps. Healthcare coalitions are required to plan, train, and exercise together to maximize local response efforts. The Region 5 Coalition includes all nine counties within the East Central Florida Domestic Security Task Force, Region 5 (Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties). There are sixteen coalitions in Florida; some at a regional level, and some at an individual county level. The coalitions are part of an integrated structure in preparedness that includes:

- Strategic Planning Oversight Team (SPOT) which makes strategic and funding decisions for the public health and healthcare preparedness systems. The coalitions each have a representative on SPOT.
- Healthcare Coalition Task Force, the group which has been responsible for guiding the creation of the coalitions.

- DOH Preparedness Program Council comprised of DOH central office and county leaders, responsible for addressing public health preparedness policy issues and identifying preparedness expectations for county health departments. The county health departments are responsible for carrying out these expectations.
- RDSTF Health and Medical Co-Chairs, responsible for implementation and integration of preparedness programs within the region and coordination with other disciplines.

The Coalition's mission is to develop and promote healthcare emergency preparedness and response capabilities in the region. The vision is to ensure support and extend resources and capabilities to local communities within the nine counties represented by CFDMC to meet the health and medical needs of its residents and visitors in a disaster.

The Coalition's goals are:

- 1) facilitate information sharing among participating CFDMC Members and with jurisdictional authorities to promote common situational awareness;
- 2) facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among CFDMC Members and support the request and receipt of assistance from local, State, and Federal authorities;
- 3) facilitate the interface between the CFDMC and appropriate jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge; and
- 4) build and/or strengthen local health capacity and capabilities in the event of an emergency or disaster

The Coalition's functions include coordinating healthcare preparedness activities, providing a forum for the members to interact with each other and other county, regional, state and national response entities, and to assist emergency management and ESF8 with multi-agency coordination during a response.

The Coalition structure has three levels: the Executive Committee is responsible for the daily operation of the Coalition. The Board is responsible for strategy and funding decisions, based upon member input. All community partners are encouraged to become Coalition Members. The goal is for the Coalition to be fully representative of all nine counties and all essential partner groups, including hospitals, emergency management, public health, EMS, long-term care, behavioral and mental health, specialty service and support service providers (such as dialysis, pediatrics, urgent care, medical examiners, labs, pharmacies, blood banks, etc.), primary care providers, community health centers, and others. The Board also wants to engage non-traditional partners such as faith-based organizations, community-based organizations and businesses.

In fiscal year 2013-2014, all coalitions received seed funding. Florida receives federal funding through the CDC for public health emergency preparedness, and through ASPR Hospital Preparedness Program (HPP) for healthcare system preparedness. The coalitions are the #1 federal priority, are funded through ASPR HPP, with a future goal for most of the dollars to come to the coalitions. During this year, the Coalition has completed several required deliverables, including forming the coalition and developing bylaws, holding two face-to-face meetings, and holding trainings and an exercise for Coalition members. The Coalition also has developed a Charter and Code of Ethics, has put up a website and has begun a monthly newsletter to communicate with members.

SPOT has recommended funding for \$2 million in base funding for coalitions for Fiscal Year 2014-2015, with allocations to be based on an average of the number of acute care hospital beds and number of skilled nursing home beds within the coalition. In addition, \$1.5 million has been recommended for hospital contracts, and an additional \$3.4 million has been recommended to fund special projects submitted by the coalitions based on risk and gaps identified. We are awaiting the final allocations and the process for submitting projects. Regional positions which will serve as a liaison between the coalitions and the DOH have been posted; these positions will provide grants management and technical assistance to the coalitions.

Janet Collins, Bureau of Preparedness and Response Community Resilience Program, congratulated the Coalition on its progress. Community Resilience relies on the ability to develop informed, empowered, and resilient healthcare systems and residents. Janet advised that the program has tools and resources available to the coalitions. These are available on the *Community Resilience* web page:

<http://www.floridahealth.gov/preparedness-and-response/community-preparedness/community-resilience/index.html>.

The Executive Committee and Board will continue to build governance processes and to seek out and engage partners.

Region 5 State of Readiness: Dave Freeman provided an overview of the region's catastrophic incident response plan (CHIRP) and its capabilities. He stated that planning is based on the need to protect hospitals to be able to treat the most critically ill or injured patients. History has shown that in an event, those less critically injured will self-transport and arrive at the hospital prior to EMS transporting the casualties that require immediate treatment and admission. The CHIRP includes preparation for all hazards. It does not replace but integrates and supports local plans and draws on regional, state and federal assets as needed. The operational goals of the CHIRP are to provide chain of command, attend to all victims, minimize injury/illness, damage/loss of property & records, provide maximum safety, integrate with community emergency

plans, maintain and restore normal services, and provide supportive action. The federal planning targets are 100 casualties in rural areas, 250 in suburban areas, and 500 per million in metropolitan areas. For Region 5, this would require planning for 1,500 casualties. Medical surge capabilities built in the region include mobile facilities, adding beds to existing facilities, converting buildings or using shuttered hospitals for surge capacity, protocols for emergency standard of care procedures, and alternate care sites (ACS). Region 5 has leveraged multiple funding sources to add medical surge caches to cover 2,650 patients, including a regional ACS cache in Orange County, and hospital, county, mass casualty incident caches, special needs caches, and pandemic influenza and points of distribution caches covering all counties. The Region 5 SMRT hosts one of the state's three mobile field hospitals and also a rapid response hospital cache. We now need to ensure that all partners are integrated in the plans.

Proposed CMS Rule re Healthcare Provider Preparedness Requirements: Bill McDevitt previewed a proposed rule that will establish preparedness requirements for healthcare providers seeking Medicaid/Medicare reimbursement. The proposed rule will be posted to the Coalition website.

Gap Analysis Breakouts & Reports: Members broke into one of five sessions (Medical Surge, Resources, Partner Engagement/Communication, Mass Fatality, or Long-Term Care) and were tasked with prioritizing the top three risk, identifying resources in place, and identifying gaps. Each group presented their findings (see attached breakout session notes). This information will be combined with other regional and county threat and resource information to complete the gap analysis.

Emergency Medical Learning & Resource Center (EMLRC): Jennifer Jensen provided an overview of the EMLRC and their services, including CBRNE (Chemical, Biological, Radiological, Nuclear, Explosives) training for responders and the use of medical simulations. The EMLRC is accredited by the Florida Board of Nursing, ACCME, Florida DOH EMS, and CECBEMS.

Wrap-up: Bradley thanked members for attending, and encouraged all to officially register as a Coalition member by completing the Charter and Code of Ethics (see the Join the Coalition link on the website). The Coalition will meet again quarterly. Dave Freeman invited members to participate in the May 31-June 1<sup>st</sup> exercise at the Orlando Airport; the SMRT will set up the field hospital and rapid response hospital. Lynne advised that meeting minutes would be sent to members, and a meeting survey, and all presentations will be posted to the website.



## November 5, 2014 Central Florida Disaster Medical Coalition Minutes

Welcome: Randy Hartley, Chair, welcomed members and thanked them for their participation in the Ebola tabletop and the coalition meeting, and quickly previewed the agenda.

### Coalition Updates:

- **Membership:** Dave Freeman provided an update on Coalition membership. As of October 31, the coalition has 148 members representing 96 organizations. He encouraged all present to go to the website and join the coalition by completing the Charter & Code of Conduct.
- **Coalition Website:** Dave Freeman provided an overview of the coalition website which contains information on the coalition, the board, members, upcoming events, hot topics such as Ebola, and national, state and local resources. He encouraged members to provide input on information they want on the website.
- **2014-2015 Contract, Funding and Deliverables:** Lynne Drawdy advised that the coalition is expecting its contract from the state at any time. Until the contract is executed, all information is subject to change. The coalition expects to receive \$100,000 in base funding (which supports a part-time position, travel, meeting support, and contractual services for deliverables, such as trainings and exercises). Matt Meyers provided an overview of this year's hospital allocation, which totaled \$251,000. The hospitals jointly decided to divide the allocation equally among all participating hospitals, which equaled approximately \$7,000 per hospital. Lynne advised that the coalition is expecting \$142,000 in project funding. The process for allocating this funding will be outlined later in the agenda. Lynne cautioned that until the contract is received, all information is subject to change. Lynne previewed the 2014-2015 contract deliverables, which we are told will include: 1) two trainings based on documented need; 2) an HSEEP compliant exercise including capabilities of Continuity of Operations, Information Sharing and Medical Surge – a full scale regional exercise is planned for March 2015 and all coalition members will be invited to attend; 3) documentation of contingencies and gaps – this will be addressed through the project funding process; 4) maintain Coalition member list; 5) maintain / update Bylaws; 6) assist coalition members in developing Continuity of Operations Plans; 7) respond to requests for grant reporting information; 8) maintain current communication protocols for coalition members – the Coalition will use Everbridge as its communication mechanism .
- **Bylaws:** Lynne advised that the Coalition Board has reviewed and drafted revisions to the Coalition Bylaws. The draft Bylaws has been posted to the Coalition website and members are encouraged to review and provide input. The draft period will close December 8 and the Board will finalize the Bylaws at their December meeting. The final Bylaws will be posted to the website.
- **Everbridge:** Dave Freeman provided an overview of Everbridge; this is the state's health and medical communication and rostering system, formerly known as SERV-FL. He advised that the coalition will use this as its communication protocol. Many members are already registered in Everbridge and members can belong to multiple groups. The Coalition will provide Everbridge with a list of Coalition Members and

members will receive an email invitation to log on and set up their profile. Dave asked members to please respond to Everbridge communications drills so that we are sure that members can receive needed information.

- ASPR Strategic Direction: Lynne previewed the 19 factors that comprise the ASPR expectations for coalitions. By June 30, 2017, the coalition must demonstrate the capabilities of Medical Surge, Emergency Operations Coordination and Information Sharing through an exercise or event. The Coalition Board has met and is developing a strategic plan to meet these expectations.
- Dave Freeman provided an update on the State Medical Response System (SMRS) which has received national approval as a statewide Medical Reserve Corp. An info graphic outlining the expanded SMRS missions was distributed to members, including rapid assessment, responder support, medical surge, community event support, hospital ED/healthcare facility augmentation, and critical care transport. Each mission has an identified cache, and Region 5 has one of three mobile field hospital caches.
- EVD Preparedness Seminar: Matt Meyers advised that the coalition will be a four-hour Ebola training session for coalitions provided by the state; additional information on this will be sent to members in the near future.
- Project Funding Process: Lynne Drawdy advised that the Coalition expects to receive \$142,000 in risk-based project funding for this fiscal year. She provided an overview of the project funding process approved by the Board, which is based on the process utilized by the Domestic Security Oversight Council for many years, and is similar to the process being adopted by the state health and medical Strategic Planning Oversight Team. Each essential partnership group will meet virtually during November-December to document resources and capabilities, identify gaps, and propose projects using an electronic tool. Each essential partnership group will designate one individual to serve on a peer review committee. During January, the peer reviewers will vet projects; each peer review will vote to prioritize projects; these votes will be averaged and will comprise 30% of a total project score. At the January Board meeting, Board members will review and vote to prioritize projects; the Board votes will be averaged and will comprise 70% of a total project score. Funding will be applied to projects in priority order until funds are expended.

**NOTE: The Coalition was notified in mid-November that all project funding for the Coalitions was cut to fund Ebola response.**

- Wrap-up: Dave Freeman encouraged all attending to join the Coalition and to engage in Coalition by participating in meetings, trainings and exercises, and registering and responding to Everbridge drills. An electronic meeting satisfaction survey will be sent out to attendees.