

Final CFDMC 2021-2022 Traffic Light Report as of 12-31-21 (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	Status
Task #1: Governance	6/30/22	
Task #2: HCC Members	Quarterly	
Task #3: HCC Meetings	Quarterly	
Task #4: FOA Compliance	10/31/21, 12./31/21 & 6/30/22	
Task #5: TEPW	Upon request	
Task #6: NIMS	Quarterly	
Task #7: Coalition Surge Tool	9/30/21 & 6/30/22	
Task #8: FLHealthSTAT - ESS	N/A	This task has been deleted
Task # 8 (formerly Task #9): IRMS	Quarterly & 6/30/22	
Task #9 (formerly Task #10): HCCTF	Quarterly	
Task #10 (formerly Task #11): HVA	12/31/22 & 6/30/22	
Task #11 (formerly Task #12): Jurisdictional Risk Analysis	N/A	This deliverable was completed
Tasks #12 & 13 (formerly #13 & 14): Communications	Quarterly	
Task #14 (formerly Task #15): Preparedness Plan	6/30/22	
Task #15 (formerly Task #16): Operations/Response Plan	N/A	This deliverable was completed
Task #16 (formerly Task #17): MRPs	6/30/22	
Task #17 (formerly Task #18): HCC COOP	N/A	This deliverable was completed
Task #18 (formerly Task #19): Self-Assessment	6/30/22	
Task #19 (formerly Task #20): EID Collaborative	6/30/22	
Task #20 (formerly Task #21): Supply Chain Integrity	6/30/22	
Task #21 (formerly Task #22): Crisis Standards/Care	6/30/22	
Task #22 (formerly Task #23): Joint Exercise	N/A	This deliverable was completed
Task #23 (formerly Task #24): Patient Tracking	Quarterly & 6/30/22	
Task #24 (formerly Task #25): Regional Trauma Plan	N/A	This deliverable was completed
Task #25 (formerly Task #26): TRAIN	6/30/22	
Task #26 (formerly Task #27): Website	Quarterly	
Task #27 (formerly Task #28): CPR	N/A	This deliverable was completed
Task #28 (formerly Task #29): CMS Rule	N/A	This deliverable was completed
Task #29 (formerly Task #30): Strategic Plan	6/30/22	
Task #30 (formerly Task #31): Marketing Plan	6/30/22	
Task #31 (formerly Task #32): Training Plan	6/30/22	
Task #32 (formerly Task #33): FAC Response Team	6/30/22	
Task #33 (formerly Task #34): ACS Plan	6/30/22	
Task #34 (formerly Task #35): Mass Fatality Response	6/30/22	
Task #35 (formerly Task #36): Continuity of Healthcare Service Delivery	N/A	This deliverable was completed
Task #36 (formerly Task #37): DBH Plan	6/30/22	
Task #37 (formerly Task #38): Hospital Equipment	Quarterly	
Task #38 (formerly Task #39): Medical Assistance Team	Quarterly	
Task #39 (formerly Task #40): Contributions	12/31/22 & 6/30/22	
Task #40 (formerly Task #41): Quarterly Reports	Quarterly	
Task #41 (formerly Task #42): End of Year Report	6/30/22	
Task #42 (formerly Task #43): Annual Work Plan	7/30/22	
Task #43 (formerly #44): Data Security/Confidentiality	Ongoing	
New ASPR Requirements: Scope of Work 5/1/22 Burn Annex - 4/1/22 Burn Annex Tabletop - 6/30/22 Coalition Estimator Tool- 3/31/22		

CFDMC Project Report

Task / Project / Deliverable	Due Date	Annual Work Plan / Status
<p>Task #1 – Governance: Maintain governance board throughout the contract term as follows:</p> <ul style="list-style-type: none"> a. Update governance policies a minimum of one time each year and submit it to the governance board for review and approval. b. Participate in regional, state, and national conferences as participants and panelists as requested each year. c. Provide copies of the current governance policies, agendas, and an attendance list for participants to sign and date for each scheduled governance board call or meeting. d. Create and provide summaries on presentations provided by governance board members at conferences throughout the contract year during each scheduled governance board call or meeting. e. 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 of each year. 	<p>6/30/22</p>	<p>Update governance policy annually</p> <p>Board elections were held in November. Two new Board members were added and four Board members serving out the remainder of a retiring Board members' terms were confirmed.</p> <p>Eric Alberts, Dr. Tracy Bilski, Lynne Drawdy, Matt Meyers, Robin Ritola, and Lynda W.G. Mason attended the National Healthcare Coalition Conference in Orlando November 30-December 2. An overview of learnings was presented at the December Board meeting. Presentations will also be made at the January HCCTF meeting.</p>
<p>Task #2 – Members: Create a list of HCC (healthcare coalition) members and submit it to the Contract Manager within 30 days of contract execution. Update the HCC membership list each quarter and submit it with the 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>	<p>Quarterly</p>	<p>Maintain member list (see marketing plan, strategic objective, and board targets re diversity)</p> <p>The Executive Director did a presentation on the Coalition at the ACMA Conference on 10/21/21 and on the FQHC Project Echo webinar on 12/9/21</p> <p>As of 12/31/21, there were 2,061 Members representing 719 Organizations</p> <p>See COPAI-2122-Q2-Task#1 - Member List as of 12-31-21</p>
<p>Task #3 – 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</p>	<p>Quarterly</p>	<p>Three quarterly meetings & annual conference</p> <p>The annual conference was held on December 17 with pre-conference trainings on December 16.</p>

<p>summaries, agendas, and attendance sheets with the Quarterly Report.</p>		<p>See COPAI-2122-Q2-Task#2 - 12-17-21 Meeting Package</p>
<p>Task #4 - FOA (Funding Opportunity Agreement): 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>	<p>10/31/21, 12/31/21 & 6/30/22</p>	<p>Coalition Assessment Tool updated twice each year.</p> <p>Uploaded final budget and workplan on 10/25/21.</p> <p>Entered member updates (through 11/30/21), communication drill results, and updated self-assessment on 12/29/21.</p> <p>See COPAI-2122-Q2-Task#4-FOA Compliance.</p>
<p>Task #5 – TEPW: Participate in a two-day Planning and Training Workshop (TEPW) each year of the contract, where HPP (hospital preparedness program) 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 (DOH Bureau of Prepared-ness & Response) Training, Education, and Exercise unit prior to TEPW. Attend and participate in the TEPW. 	<p>At BPR Request</p>	<p>Submit pre-work and participate in meeting.</p> <p>Completed RTIPP training in October. CHDs are completing county level MYTEPs and the Coalition will add trainings and exercises and submit by third quarter deadline.</p>
<p>Task #6 – NIM (National Incident Management System): 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>	<p>Quarterly</p>	<p>Maintain NIMS spreadsheet and update following training.</p> <p>The Coalition partnered with Osceola Emergency Management to offer the L-954 All Hazards Safety Officer Course in October 2021. We are currently planning for the L-950 Incident Commander training early in 2022.</p> <p>Two ICS trainings were offered on 12/16/21 - HICS and nursing home/small facility ICS. Participants were asked to complete the NIMS compliance template.</p> <p>COPAI-2022-Q2-Task 6-NIMS as of 12-31-21</p>

<p>Task #7 - Conduct an annual exercise using the Coalition Surge Tool as directed by the Department and as follows:</p> <p>a) 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 September 30, 2021.</p> <p>b) Include the initial exercise dates in the TEPW preliminary work each contract year.</p> <p>c) Complete the Coalition Surge Tool AAR provided by ASPR within 120 days from the Coalition Surge Tool exercise, but no later than June 30, 2022. Obtain and document engagement of member health care executives in after action hot-washes or debriefs. Submit the AAR/IP to the Contract Manager upon completion.</p> <p>d) Share the AAR/IP with HCC members and implement improvements as outlined in the AAR/IP.</p>	<p>9/30/21 & 6/30/22</p>	<p>Hold annual Coalition Surge Tool exercise</p> <p>This has been changed to the federal MRSE exercise. The Coalition has received training on MRSE and plans to use the April 2022 full scale exercise to meet this requirement.</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> <p>a. Use the FLHealthSTAT, a minimum of two times each year to ensure members are participating in health care facility status reporting drills.</p> <p>b. 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</p> <p>c. Develop a strategy in collaboration with the Department's hospital liaison to increase response rates among poorly performing members.</p> <p>d. Submit the strategy and report to the Contract Manager by June 30 of each year.</p>		<p>This deliverable has been removed from the contract. AHCA ESS has replaced FLHealthSTAT as the bed reporting mechanism.</p>
<p>Task #8 (formerly Task #9) - IRMS: Update Provider's assets in the IRMS (inventory management system), or a Department approved and compatible inventory management system each quarter. Provide a report describing assets, document acquisition, storage, rotation, activation, use, and disposal decisions to the Contract Manager by June 30 of each year.</p>	<p>Quarterly & 6/30/22</p>	<p>Document all equipment purchases in IRMS spreadsheet.</p> <p>IRMS spreadsheets were created for all equipment purchased during the quarter. The state has moved to a new inventory management system and will be providing information on how to upload to that in the near future.</p> <p>See COPAI-2122-Q2-Task#8-IRMS-Advent Health- HZ-1009 and COPAI-2122-Q2-Task#8-IRMS-Ventilators - HZ-969</p>
<p>Task #9 (formerly Task #10) - HCCTF: Attend all Health Care Coalition Task Force face-to-face meetings and conference calls scheduled by the BPR each year.</p>	<p>Quarterly</p>	<p>Attend monthly calls and 3 meetings.</p>

<ul style="list-style-type: none"> • July 29, 2021 • October 21, 2021 • January 27, 2022 • April 21, 2022 		<p>The Coalition attended the October 20 HCCTF meeting as required. We also participate in biweekly calls with the other Florida Coalitions and are co-chair for the new HSRAG with Florida Hospital Association and the other coalitions.</p>
<p>Task #10 (formerly Task #11) - HVA: Complete an annual hazard vulnerability assessment (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> <p>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.</p> <p>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.</p> <p>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:</p> <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 HVA. • 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>12/31/21 & 6/30/22</p>	<p>Annual updates (in conjunction with preparedness plan)</p> <p>emPOWER data for each county was downloaded on 12/20/21 and was submitted to county emergency managers and ESF8s on 12/29/21.</p> <p>See COPAI-2122-Q2-Task#10-emPOWER documents for each county and sample emails</p>
<p>Task #11 (formerly Task #12) - JRA: Demonstrate the application of a jurisdictional risk assessment (JRA) for the service area focusing on the community, at-risk</p>	<p>6/30/22</p>	<p>Annual updates (in conjunction with preparedness plan)</p>

<p>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 (2020) 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 • A list of resources used by the Provider. d. Submit JRA results, updates, and reports to the Contract Manager by June 30 of the first (2018) and third (2020) contract years. 		<p>No action this quarter.</p>
<p>Task #12 (formerly #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 essential elements of information (EEI) to coordinate information during emergencies, planned events and on a regular basis.</p> <p>Task #13 (formerly #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 EEIs during emergencies, planned events, the response rates, and the systems</p>	<p>12/31/21 & 6/30/22</p>	<p>Maintain communication mechanisms (Constant Contact, GoToMeeting, Dropbox, explore OneDrive). Conduct quarterly drills (Constant Contact and Everbridge).</p> <p>Both the redundant communication system (Constant Contact) and the primary communication system (Everbridge) were tested December 16. Results were uploaded into CAT and the redundant communications template was uploaded into SharePoint.</p>

<p>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>		<p>See COPAI-2122-Q2-Task#13-Redundant Communications Drill December 2021</p>
<p>Task #14 (formerly #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> <p>a. 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.</p> <p>b. 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).</p> <p>c. Submit a draft preparedness plan to the 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 plan submission.</p> <p>Provide annual updates of the plan to the Contract Manager by June 30 of every contract year.</p>	<p>6/30/22</p>	<p>Annual update</p> <p>No action this quarter.</p>
<p>Task #15 (formerly #16) – Operations/Response Plan: Develop an operational plan that established the overall authority, roles, and function 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 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>	<p>6/30/22</p>	<p>Annual update</p> <p>No action this quarter.</p>

<p>b. Ensure the operational plan meets the requirements for plans outlined in Appendix 5 and submit a draft of the operational plan to the Contract Manager by March 15, 2019.</p> <p>c. Submit the operational plan to Provider’s board for review and approval prior to submitting it to the Contract Manager.</p> <p>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 distributing the final plan and future updates to member organizations. Provide a signed attestation from Provider’s board stating review and approval of the plan with the operational plan submission.</p> <p>Update the operational plan using AAR/IPs and submit the updated plan to the Contract Manager by June 30, 2021.</p>		
<p>Task #16 (formerly #17) – MRPs: Coordinate the mission ready packages (MRPs) as follows:</p> <p>a. Identify MRPs that could be coordinated and shared by HCC members during an emergency response.</p> <p>b. 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.</p> <p>c. Input MRP information into the IRMS or a Department approved and compatible inventory management system.</p> <p>d. Provide evidence of MRP information in IRMS, or a Department approved and compatible inventory management system to the Contract Manager every quarter.</p> <p>e. Create a report that identifies MRPs and their costs and provides evidence of MRPs in IRMS or a Department approved and compatible inventory management system. Provide report to the Contract Manager by June 30, 2019.</p> <p>f. 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 annual recommendations on improving visibility of the region’s health and medical resources and leveraging them in a response. Provide the report to the Contract Manger by June 30, 2021.</p> <p>g. Update MRP information based on HVAs, JRAs, exercises, and real events and input updates into IRMS or a Department approved and compatible inventory management system by June 30, 2021. Provide evidence of updating MRP information to the Contract Manager by June 30, 2021.</p>	<p>Quarterly & 6/30/22</p>	<p>Update plan</p> <p>The Coalition will develop a new MRP for the regional trauma coordination center.</p> <p>See COPAI-2122-Q2-Task#16-IRMS-Advent Health- HZ-1009 and COPAI-2122-Q2-Task#16-IRMS-Ventilators - HZ-969</p>
<p>Task #17 (formerly #18) - HCC COOP: Develop the Continuity of Operations Plan (COOP) to ensure communication and coordination resources are adequately</p>	<p>6/30/22</p>	<p>Annual update</p> <p>No action this quarter.</p>

<p>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. 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>Task #18 (formerly #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>	6/30/22	A self-assessment was completed on December 29 and will be updated by 1/31/22.
<p>Task #19 (formerly #20) - EID (emerging infectious diseases): Enhance preparedness and response for all infectious disease emergencies that impact the health care delivery system as follows:</p> <ol style="list-style-type: none"> Include the facility and jurisdictional health care associated infection coordinators and quality improvement professionals in planning, training, and exercising. Expand and update the existing Ebola plan to include preparedness and response for all infectious disease emergencies that stress the health care system. 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. 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. 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. Participate in an exercise of the Florida Infectious Disease Transportation Network Plan to transport patients with highly pathogenic respiratory viruses by May 1, 2022. Participate in an AAR/IP following the exercise and submit a copy to the Contract manager by June 30, 2022. Prior to the exercise, include the date of the exercise with the annual TEPW preliminary work. 	5/1/22 & 6/30/22	<p>Plan, equip, train, exercise (FIDTN exercise)</p> <p>The EID Collaborative met in September. The Coalition will send out a survey to request strengths/opportunities for the 2021 COVID response and will schedule a listening session; these will be used to create an after action report and to inform next steps for the EID Collaborative. The Coalition will participate in an FIDTN exercise on February 22, 2022. The Coalition is also gathering lessons learned from the 2021 COVID response (including vaccinations and the Delta Surge) and will use both the exercise and these lessons learned to update the plan.</p>

<p>g. Submit the final Ebola plan to Provider’s board for review and approval prior to submitting it to the Contract Manager.</p> <p>h. Submit the final Ebola 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 from Provider’s board stating review and approval of the plan.</p>		
<p>Task #20 (formerly #21) – Supply Chain Integrity: Conduct a supply chain integrity assessment and develop a mitigation strategy based on results of the assessment as follows:</p> <p>a. Collaborate with manufacturers, distributors, and local and regional ESF8 to evaluate equipment and supply needs during an emergency.</p> <p>b. Include HVAs and JRA results in the development of the assessment and strategy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Submit a final supply chain integrity assessment and final mitigation strategy along with a signed attestation by the HCC’s board of their review and approval to the Contract Manager by June 30, 2022.</p>	6/30/22	<p>Annual update</p> <p>No action this quarter.</p>
<p>Task #21 (formerly #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> <p>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:</p> <p>b. A strategy that lists future activities to promote the development and implementation of the CSC plan for the region.</p>	5/30/22 & 6/30/22	<p>Create plan</p> <p>The Coalition is working with the HCCTF in developing a guidance strategy.</p>

<p>c. Recommendations for planning, training, and exercising, and distributing the plan to member organizations.</p> <p>d. 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.</p> <p>e. 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.</p> <p>f. 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>		
<p>Task #22 (formerly #23) – Joint Exercise: Participate in a minimum of one full-scale joint exercise managed by the Department or one real-world event, as approved by the Department, during the five-year contract term as follows:</p> <p>a. Submit an exercise preference, timeframe, and year of exercise to the Contract Manager with the 2017-2018 TEPW preliminary work.</p> <p>b. Ensure a Trusted Agent from each of the core HCC 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 planning meetings, Master Sequence of Events Listing Meetings, Exercise Workshops, final planning meetings, and AAR meetings.</p> <p>c. Assist in the development of injects for the master scenario of events.</p> <p>d. Serve as evaluators for the exercise by May 30, 2022.</p> <p>e. Assist with the review of an AAR/IP within 90 days of the exercise but no later than June 30, 2022.</p> <p>f. Share the AAR/IP with HCC members within 30 days of completion.</p> <p>g. Perform to meet the 2017-2022 Health Care Coalition Exercise Objectives (Attachment VI & below) during each exercise.</p> <p>Objective 1: Health care organizations, the HCC, their jurisdictions, and the ESF8 lead agency plan and collaborate to share and analyze information, manage and share resources, including volunteer management support, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.</p> <p>Objective 2: In conjunction with or through ESF8, local coalition partners can demonstrate the ability to enhance situational awareness by sharing Essential Elements of Information (EIs).</p>	<p>6/30/22</p>	<p>Annual mass casualty exercise</p> <p>The Coalition has met this contract requirement but is planning for a regional full-scale medical surge exercise in April 2022.</p>

<p>Objective 3: HCCs, in conjunction with ESF8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information.</p> <p>Objective 4: Health care organizations and the HCC in conjunction with ESF8, will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible are under such conditions.</p>		
<p>Task #23 (formerly #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>	<p>Quarterly & 6/30/22</p>	<p>Continue research to identify mechanism acceptable to stakeholders; participate in state effort (the state is exploring a statewide solution)</p> <p>The Coalition will begin training on E-Track (part of the Juvare suite) in January 2022. This will be tested during the April 2022 exercise.</p>
<p>Task #24 (formerly #25) - RTAB: 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>	<p>N/A</p>	<p>Deliverable completed.</p> <p>Although this deliverable is completed, the Coalition continues to support the Region 5 Trauma Advisory Board and its committees. In October, the committees met and in December we presented on the regional trauma coordination center at the National Healthcare Coalition Preparedness Conference.</p>
<p>Task #25 (formerly #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 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>6/30/22</p>	<p>Expand use of TRAIN evacuation tool to other pediatric and adult hospitals.</p> <p>No action this quarter.</p>
<p>Task #26 (formerly #27) - Website: Update the HCC's website located at www.centralfloridadisaster.org, a <u>minimum of one-time each quarter</u>. Submit a summary</p>	<p>Quarterly</p>	<p>Updated website at least quarterly</p>

of the updates in Quarterly Progress Reports.		The website is updated at least monthly. Updates this quarter included posting monthly member updates, Board and Coalition meeting minutes, COVID resources, training and exercise opportunities, etc.
Task #27 (formerly #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.	N/A	This deliverable was completed in FY 17-18.
Task #28 (formerly #29) - CMS (Centers for Medicaid and Medicare) 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.	N/A	<p>This deliverable was completed in FY 17-18</p> <p>Although this deliverable is completed, the Coalition continues to sponsor a minimum of three community-based exercises in which all members can participate. On September 22, 2021, the Operation Protect & Secure (active shooter) exercise was held. An after action report was sent to participants in November.</p>
<p>Task #29 (formerly #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> <p>See objectives below</p>	7/15/22	<p>Implement, monitor thru traffic light, annual update (see objectives below):</p> <p>Progress on strategic objectives is reviewed bi-monthly by the Board via the traffic light report.</p>
Task #30 (formerly #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.	7/15/22	<p>Diversity membership, measure and improve engagement (target EMS and LTC)</p> <p>A slogan contest was held in November and the Board voted to approve a new slogan which will be embedded with the logo as part of our marketing strategy. The contest winner and new logo were announced at the December conference.</p>

<p>Task #31 (formerly #32) - Training Plan: Develop an HCC training plans 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>	<p>7/15/22</p>	<p>Conduct training needs assessment and provide high priority trainings.</p> <p>The focus for this year is on infection prevention, and mental health/wellness and resiliency.</p> <p>The Coalition sponsored NIPP (Nursing Home Infection Prevention Program) training in October 2021. Two COOP trainings were held in December - one for new users and one for those who already created a plan. The Coalition partnered with Osceola Emergency Management to offer the L-954 All Hazards Safety Officer Course in October 2021. Two ICS trainings were offered on 12/16/21 - HICS and nursing home/small facility ICS.</p>
<p>Task #32 (formerly #33) - FAC Response Team: Develop a regional family assistance center (FAC) response team (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 AAR/IP for the exercise. Submit a list of equipment purchased, a description of each item, and a copy of the AAR/IP 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 AAR/IP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report. 	<p>7/15/22</p>	<p>Full scale exercise</p> <p>The FAC workgroup met in October 2021. UCF has announced that it will be postpone its exercise until 2023. We will incorporate the FAC into a regional exercise on March 18 at the Daytona International Airport.</p>

<p>Task #33 (formerly #34) - ACS Plan: Update and exercise the regional Provider's alternate care site (ACS) plan by June 30, 2022, as follows:</p> <p>a. 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 scenarios, attendance lists showing the name and type of organization, and the AAR/IP 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 AAR/IP 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 AAR/IP and submit it along with sign-in sheets and agendas for exercise to the Contract Manager by July 15, 2022.</p>	<p>6/30/22</p>	<p>Exercise and update plan</p> <p>The ACS plan was exercised during the October 16, 2021 Sanford Airshow exercise. We are working on an AAR.</p>
<p>Task #34 (formerly #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 AAR/IP 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 and an exercise agenda to the Contract Manager with the Quarterly Progress Report.</p> <p>e. Revise the mutual aid agreements and the mass fatality regional plan based on lessons learned from exercises and real events by June 30, 2022. Submit copies of the updated plan and agreements with the Quarterly Progress Report.</p>	<p>6/30/22</p>	<p>Continue to develop MOUs among regional medical examiners; develop MF risk communications; distribute MF guidelines; integrate MF into exercise.</p> <p>The region's medical examiner officers met in November, updated the mass fatality plan, and agreed to pursue obtaining signatures on the regional MF MOU.</p>

<p>Task #35 (formerly #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 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>6/30/22</p>	<p>Host four COOP workshops; update continuity of healthcare service delivery plan</p> <p>The Coalition sponsored two COOP workshops in December (one for new organizations and one refresher/update training).</p> <p>See COPAI-2122-Q2-Task#35-December COOP Workshops</p>
<p>Task #36 (formerly #37) - DBH Plan: Increase the ability to respond to behavioral health (DBH) needs of the service area after a disaster within 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 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</p>	<p>6/30/22</p>	<p>Integrate DBH into exercise by 6/22</p> <p>Mental wellness and resiliency are a high priority following the COVID-19 response. The Coalition is working with the DEEP Center to develop a training program and resources for healthcare employers and members.</p> <p>The Coalition is sponsoring ongoing Mental Health First Aid training for members.</p> <p>The regional DBH strike team will be incorporated into the March 2022 regional exercise at Daytona Airport.</p>

<p>item, and a copy of the AAR/IP 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 AAR/IP 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 #37 (formerly #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>Quarterly CST 3/31/22</p>	<p>Maintain minimum readiness standards; complete evacuation assessment and identify standards; Coalition Estimator Tool</p> <p>One hospital (OH Reunion) received its EID equipment this quarter.</p> <p>A plan for purchase of the remainder of this year's hospital equipment will be presented to hospitals in January 2022.</p> <p>See COPAI-2122-Q2 -Task#37- Hospital Equipment Report</p>
<p>Task #38 (formerly #39) - RMAT: Coordinate the regional medical assistance team (RMAT) 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>	<p>6/30/22</p>	<p>Maintain medical surge and alternate care site capabilities through training and exercises.</p> <p>The team provided an alternate care sit at the Sanford Air Show in October. This was used as the ACS exercise for this year.</p> <p>The team will also be providing support at the Disney marathon in January.</p> <p>The Suddath warehouse lease ended 12/31/21 and team equipment has moved to the new Orange County warehouse. The team is also working on an equipment inventory and updating its mission ready packages.</p>
<p>Task #39 (Formerly #40) - Contributions: Using the template provided by the Contract Manager, submit 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.</p>	<p>12/31/20 & 6/30/22</p>	<p>Meet 10% match requirement.</p> <p>The in-kind contributions for July through December 2021 totaled \$69,325.04, which exceeds the required \$60,000 match for the six months of this fiscal year.</p> <p>See COPAI-2122-Q2-Task#39- Contributions</p>

<p>Task #40 (formerly #41) - Quarterly Report: 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 15 calendar days following the end of each quarter.</p>	<p>Quarterly</p>	<p>Create quarterly project report and budget report.</p> <p>A quarterly report was submitted along with a quarterly expenditures report.</p> <p>See COPAI-2122-Q2 -Task#40-Quarterly Report and COPAI-2122-Q2 -Task#40-Quarterly Expenditure Report</p>
<p>Task #41 (formerly #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 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>6/30/22</p>	<p>Create annual report and annual financial report (includes audit readiness, annual tax preparation)</p> <p>The Coalition submitted its 2020 990 this quarter.</p>
<p>Task #42 (formerly #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>	<p>7/30/21 10/31/21 4/1/22 5/1/22</p>	<p>Update annual work plan and budget.</p> <p>The Coalition's final work plan and budget for FY 21-22 were uploaded into the CAT in October 2021.</p>
<p>Task #43 (formerly #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>	<p>Ongoing</p>	<p>The Coalition is in compliance with the terms of the Data and Security Confidentiality provisions at all times.</p>
<p>FHA Project</p>	<p>4/30/24</p>	<p>The nursing home consultation project continues; to date 18 facilities have completed site visits and several are being contacted to</p>

		<p>determine if they will complete the process. With approval from FHA, funding was shifted from this project to support COVID-19 response; once all facilities have completed the progress we will determine how many additional nursing homes can be added.</p> <p>Fit-test train-the-trainer will resume when face to face trainings are deemed safe.</p>
<p>ASPR Deliverables (not in contract)</p> <p>Update work plan and budget in CAT</p> <p>Burn Annex & Tabletop</p> <p>Surge Estimator Tool</p>	<p>10/31/21</p> <p>Draft 4/1/22 Final 6/30/22</p> <p>3/31/22</p>	<p>A draft burn annex was developed this quarter and the tabletop was held December 10.</p>
<p>Goal: Ensure Sustainability: By 2022, identify diverse and sustainable funding streams (secure input from ASPR on fees/consulting; explore grant opportunities)</p>	6/30/22	<p>Achieved grants.gov access this quarter. On behalf of HCCTF, partnered with OH to submit a federal grant in September 2021.</p>
<p>Goal: Ensure Sustainability: By 2019, develop a succession plan (assess workload, develop plan to sustain key staff and board members)</p>	12/31/19	Completed
<p>Goal: Increase Diversity: By 2021, expand and diversify members (use data to identify gaps, use peers to engage new members; demonstrate member value)</p>	12/31/22	Board (part of Board expectations)
<p>Goal: Increase Diversity: By 2021, develop marketing strategy (develop slogan, communicate mission, highlight effective responses, make coalition a household name)</p>	12/31/22	Slogan will be adopted at the December Board meeting.
<p>Goal: Increase Engagement: By 2021, engage local/government leaders (assess level of support, demonstrate value)</p>	12/31/22	Board (part of Board expectations)
<p>Goal: Increase Engagement: By 2022, increase members' engagement in meetings, providing input, and projects (new member orientation, incentives)</p>	6/30/22	<p>New member orientation completed</p> <p>Engagement - focus on nursing homes and EMS. Two new Board members were added to represent these disciplines.</p>
<p>Goal: Build/Sustain Capabilities: By 2019, increase response and resiliency (partner with other coalitions, annual workplan review, explore other response assets)</p>	12/31/19	Completed

Goal: Build/Sustain Capabilities: By 2022, achieve all ASPR performance measures (monitor progress via BSC, CAT)	6/30/22	Final year - expect to achieve by 6/30/22.
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