

April 14, 2015 Coalition Meeting Minutes
Bill Posey Conference Center, DOH-Brevard
2555 Judge Fran Jamieson Way, Viera, FL 32940

Welcome & Introductions: Randy Hartley, 2015 Coalition Chair and Chief Operating Officer of Nemours Children's Hospital, welcomed those present and expressed appreciation for the diversity of the group. He asked each participant to introduce him/herself.

Tribute to Larry Lee: Clint Sperber, DOH-St. Lucie Administrator and Region 5 Health and Medical Co-Chair, advised that Larry Lee passed away February 27. Larry served as the DOH-St. Lucie Administrator for many years. At a tribute last week, the St. Lucie health department building was dedicated to Larry and many of his peers were present to pay tribute to his accomplishments. Dave Freeman, Orange County Emergency Management and Region 5 Health and Medical Co-Chair, stated that Larry served as one of the region's three health and medical co-chairs for several years, and was recognized as a leader in preparedness and response.

Board Recognition: Randy Hartley announced the appointment of Mike Hilliard, Lake County EMS, to the Board. He recognized Dr. Jan Garavaglia, Chief Medical Examiner for District 9, for her contributions to the Board and Coalition. Dr. Garavaglia is retiring and moving to Washington. Randy also recognized the retirement of Board member and Treasurer Carmen Weatherford.

Everbridge: Clint reminded Coalition members that Everbridge is Florida's health alert network. This is used by DOH, Division of Emergency Management, local MRCs and other community partners as a communication and information sharing system, allowing access to information by email, phone and mobile devices. The Coalition provides free access to Everbridge to its members. Bill McDeavitt, Director of Safety for Florida Hospital and Region 5 Health and Medical Co-Chair, stated that Everbridge is a great benefit to members and encouraged all to join the coalition to gain access and to utilize this tool.

Toxic Knight: Eric Alberts provided an overview of the March 12 Region 5 full scale exercise, Toxic Knight. The exercise was a mass casualty incident at the UCF campus involving an active shooter with multiple gunshot wounds and trauma resulting from panic, along with a Hazmat incident involving 4,000 to 5,000 individuals exposed to Chloramine gas. More than 60 partners, including law enforcement, Fire/Rescue and EMS, hospitals, Orange County Public Schools, VA, the Salvation Army, Lynx and others participated in the exercise. There were 250 victims at UCF. The Coalition was responsible for the Barnett Park reception center, processing 419 student victim volunteers and chaperones to 14 area hospitals. Eric showed photos depicting the volunteer management, medical surge and decontamination capabilities. Eric and the Board commended the volunteer management staff and hospital staff who participated in the exercise. An After Action Report is being prepared and will be shared.

2014-2015 Coalition Deliverables: Matt Meyers, Region 5 Operations Analyst, reported that the Coalition has completed two of its three deliverables for the fiscal year ending June 30. The first set of deliverables was submitted in January, and included a description of the coalition boundaries and members, an update to the bylaws, a communications check using Everbridge, and a spending plan. The second set of deliverables will be submitted April 15 and includes the community risk-resource assessment completed by Coalition members last year, the MYTEP (multi-year training and exercise

pan) and an updated spending plan. The final set of deliverables is due May 30 and will include the Toxic Knight After Action Report, two trainings provided to Coalition members (the Ebola Virus Disease Seminar and today's healthcare Incident Command System training), a Coalition member COOP assessment which will be included in today's breakout session, and a final spending plan

2015-2016 Expectations: Dave Freeman announced that the Strategic Planning Oversight Committee voted healthcare coalitions as the #1 priority for federal ASPR (Assistant Secretary for Preparedness & Response) funding for this coming year; the State Medical Response Teams were #2 and the Medical Reserve Corps (MRCs) were #3. He stated that Mike McHargue has provided direction to the Coalitions to integrate into emergency management and RDSTF structures. Dave reported the Coalition expects to receive both base funding and special project funding in the new contract which will be effective July 1, 2015. The Coalition will use the funding process outlined at the November meeting, which includes discipline specific committees which will identify capabilities, gaps and develop projects. Dave advised that Coalition members will be kept informed on the status of funding over the next few months.

CFDMC Strategic Plan: Dr. Mike Gervasi, 2015 Coalition Vice Chair and President and CEO of Florida Community Health Centers, presented the draft coalition strategic plan. He reported that the Board met in October 2014 to draft the plan, including reviewing and updating the mission, vision and bylaws, and using the ASPR 19 developmental factors for healthcare coalitions as objectives. The Bureau of Preparedness and Response recently provided Florida-specific guidance on these developmental factors and these were used to align and integrate the coalition's objectives within the existing emergency management and RDSTF structures. Dr. Gervasi previewed the mission, goals and vision, and advised that the plan includes objectives with supporting leads and measures. Lynne Drawdy, Coalition project manager, advised that the plan will be posted to the Coalition website for a 30 day review period and encouraged members to review and provide input on the plan. Dr. Gervasi stated that in May the Board will finalize and distribute the plan, and provide regular progress updates to members.

Partner Updates:

- Dave Freeman provided an update on the Statewide Hurricane Exercise and the State Medical Response Teams. The State Medical Response Teams will be activated during the exercise, including an Advance Team to complete a healthcare system assessment, and a virtual rostering of a Medical Surge Strike Team. He stated that Regions 1, 5 and 7 also have a field hospital capability which will be demonstrated at the DOH planners meeting in June in Tallahassee.
- Statewide Florida Crisis Consortium (FCC)/Disaster Behavioral Health (DBH) Training Exercise & Meeting: Lynda W.G. Mason provided an overview of a recent FCC/DBH event. She stated that the FCC has been working with the deaf community to ensure there are trained interpreters to serve the deaf and hard-of-hearing in an event. She stated that the FCC will also focus on addressing the needs of children in a disaster.
- The group discussed guidance re new requirements for Alzheimer's patients in shelters. DOH training has been developed and is available to partners. This training is also available on the TRAIN learning management system.

- Terry Freeman was recognized for receiving a national Red Cross Award of Excellence last month.

COOP Breakouts:

Lynne Drawdy reminded members of an electronic survey sent out earlier asking members to identify their COOP status. Paper copies of the survey were made available to those who had not completed the electronic survey. Two COOP breakouts were held:

The first breakout session provided “how to develop your plan” guidance by Joan Rivera, Lisa Posniak and Karen Street.

The second breakout included a facilitated discussion among partners who have a COOP plan. Key points identified during the discussion include:

- Most healthcare facilities and partners have strong COOPs for IT systems.
- Most healthcare facilities and partners have a COOP plan.
- Several hospitals identified succession planning as a gap, and stated that executives are reluctant to delegate authority to others in the event they are unavailable during a disaster.
- Many partners stated that COOP training is provided annually so new employees may not know about the COOP.
- Hospitals expressed concern about how quickly volunteers can be credentialed. All have a process (this is an accreditation requirement) but many did not feel that the process can be completed in a timely manner. This might be a good hospital tabletop exercise.
- Healthcare partners expressed concern about the lack of uniform crisis standards of care, and felt the state should develop these and they should be in statute.
- The group discussed patient evacuation, and many were unaware of the state’s patient movement plan. This will be shared with partners.
- Sonji Hawkins reported on a web-based COOP software being used in Region 6. The coalition will explore this for its members.
- It was suggested that COOP be included in Florida Administrative Code a requirement in the CEMPs that are required to be submitted to emergency management.

Wrap-up: Randy Hartley thanked members for their participation, and advised that a satisfaction survey would be sent to participants following the meeting.



Coalition Meeting Minutes
Thursday, September 24, 2015
DOH-Brevard, Viera or via Conference Call

Welcome & Introductions: Randy Hartley, Board Chair, welcomed attendees, and asked those present and on the phone to introduce him or herself. He thanked members for their participation and stated that we must continue to be vigilant in preparing, as Central Florida is at risk for highly infectious diseases; which will increase with the expansion at Orlando International Airport. He pointed out that because of Central Florida's tourism industry, we are also at risk of a terrorist event.

Clint Sperber asked member for good wishes for Mike McHargue and his family. Mike suffered a stroke on Tuesday and is currently in a Central Florida hospital. Mike is the Bureau of Preparedness and Response Chief, and the acting Division Director for Emergency Preparedness and Community Response. Mike has been a strong advocate for the Coalitions and State Medical Response Teams.

Coalition Updates:

Regional Trauma Agency Pilot: Dr. Peter Pappas, Board Member, provided an overview of the regional trauma agency pilot; an overview handout was distributed (see attached). Dr. Pappas advised that this will be a long-term journey to strengthen and ensure that Central Florida has the best trauma system in the country.

Annual Budget: Randy Hartley presented the 2015-2016 Coalition budget. He pointed out that last year the Coalition received \$100,000 in base funding but the special project funding was cut. This year, the Coalition will receive a total of \$200,000 in a fixed price contract. The Board approved \$80,000 for operating costs, including salaries, accounting, website, board insurance, and meeting/training/exercise expenses, and \$120,000 in special project funding. Randy announced that the project funding process will be reviewed later in the agenda.

2015-2016 Contract Deliverables: Matt Meyers & Lynne Drawdy provided an overview of the deliverables required under this fiscal year's fixed price contract (see attached presentation). Lynne advised that in August members were surveyed to seek their input on methods for meeting these. Members asked for quarterly meetings at a central location, and identified mass fatality, alternate care site and infectious diseases as the priorities for training. Members also want short, specific surveys in providing needed information. The first member survey has been distributed to seek input on member organizational capabilities; input is due by September 28. Quarterly communication drills are required and an Everbridge SERVFL drill will be conducted before the end of September. The Coalition will update members on status and completion of deliverables.

ICAR Pilot Update: Region 5 was selected to participate in a pilot to evaluate and improve hospital preparedness for highly infectious diseases. The Coalition is managing the project, with a budget of \$174,999.00. There are four workgroups, and the leads for each workgroup provided a status report:

- Assessment Hospital Workgroup: Sarah Matthews advised that she and Karen Duncan are leading the workgroup to complete site visits at seven of the region's hospitals, to assess hospital preparedness against the CDC criteria for managing patients with a highly infectious

disease for up to five days. She advised that the workgroup held a call on August 2 and reviewed the CDC checklist. Sarah reported that CDC criteria are not as rigorous as the Florida requirements in some areas and the workgroup agreed to add Florida's requirements to the assessment tool. One regional hospital will have a site visit conducted by the CDC in October; members of the workgroup will audit this site visit to develop the process we will use. The workgroup is putting together a cadre of site visitors and have asked participating hospitals to identify potential dates for the site visit.

- Frontline Hospital Workgroup: Eric Alberts reported on the frontline hospital workgroup. He stated that at any time, a highly infectious patient can show up at a hospital. He stated that in this process, hospitals are assessed against the CDC criteria to identify, isolate, report and transport highly infectious patients. The process will be similar to the assessment hospital but less intense. To date, six hospitals have registered to participate in this process, and the goal is that all hospitals within the region not participating in the assessment hospital process will participate in the frontline hospital assessment process. Eric asked other hospitals to consider participating. He stated that in both the assessment and frontline hospital process, hospitals will be assigned an identifying code and information will not be released using hospital names. Miranda Hawker suggested that the information be send to the county health departments to reach out to hospitals in their county and encourage participation.
- EMS Workgroup: Matt Meyers advised that this workgroup will develop an inventory of EMS providers, with contact information, capable of transporting patients with highly infectious diseases, including from the field to the hospital, inter-facility transports, and transport to a treatment facility.
- Hospital Area Command Workgroup: Steve Wolfberg advised that he and Dave Freeman will lead a workgroup to develop a concept of operations for a regional area command system for hospitals. The purpose of the area command is to support responding hospitals in communications and resource sharing, and to serve as a liaison between local and state ESF8. He stated that the first step in the process will be meeting with the Florida Hospital Association.

Randy thanked the workgroup leads for their reports and advised members that they will continue to receive updates from these workgroups.

Assistant Secretary for Preparedness & Response (ASPR) Coalition Assessment: Lynne Drawdy reported that the ASPR is the federal funder supporting healthcare coalitions. The Region IV ASPR Project Officer, Captain Paul Link, will visit Florida and meet individually with coalitions to facilitate a self-assessment against the ASPR criteria for coalitions. This assessment will provide a roadmap to achieving required capabilities and the output will be used to update the Coalition's strategic plan. CFDMC has received a tentative date of October 28 for his visit.

Bioshield Update: Clint Sperber provided an update on the regional Bioshield exercise scheduled for November 2 through 6. He stated that the exercise will test the county and region's preparedness to manage a highly infectious disease event, including receipt, breakdown and distribution of the Strategic National Stockpile and points of distribution. He reported that Bioshield is a federal initiative that came into being followed the 2001 anthrax event and includes surveillance, testing, and logistical support. The exercise is being supported by Sarah Cox and others at the DOH Bureau of Preparedness and Response Training and Exercise unit. There will be exercise play at the county level across the week and the Coalition will hold a tabletop exercise on November 6. Clint advised

that this is the Coalition's required exercise for this fiscal year as well as the qualifying exercise for the five year budget period. Members requested additional information on Bioshield, and it was agreed that the Coalition would invite George Merceron to present this at the December meeting.

2016 Annual Hospital Full-Scale Exercise: Eric Alberts reported on the annual hospital full scale exercise, scheduled for the morning of March 10, 2016. He announced that 14 local hospitals and the VA will participate. The scenario is an active shooter at a middle school with 1,800 students. There will be 500 victim volunteers participating from area schools and the Boy Scouts. Matt Meyers advised that they are seeking evaluators for the exercise.

Other County/Discipline Updates: Randy asked if there were any other county or discipline updates and there were none. Randy reminded members that the Coalition's website has resources and a calendar of trainings and exercises.

Board Nominations/Election Process – Randy Hartley advised that the Bylaws allow for a 21 member Board of Directors, representing the essential partnerships groups and each county within the region. The current Board includes organizational and clinical leaders from across the region; the Board's bios are available on the website. The Board is seeking nominations from members for five vacancies, one each for Seminole, Martin, Volusia, Osceola, and Indian River Counties, and representing disciplines such as hospitals, emergency management, urgent care, Medical Society or practitioners, home health, EMS and blood banks. A survey will be sent out in October to solicit nominations. The Coalition will follow-up with those nominated to seek their willingness and secure a bio. A ballot will be developed and members will elect the new Board members in December.

Funding Process – Clint advised that there is some national dialogue regarding the number of coalitions. Region 5 has a regional coalition which meets the federal intent. He stated that although the Coalition does not feel it received equitable funding this year, the Coalition did receive enough funding to dedicate \$120,000 for risk-based projects. Lynne reviewed the funding process, which is modeled after the Florida State Homeland Security Grant Program funding process which has been in place for more than a dozen years. Each essential partnership group will have a committee led by a Board member to document capabilities and resources, identify healthcare delivery deficiencies, and identify capability and resource gaps. The committees may propose up to three projects to fill the identified gaps. There is a limit of \$30,000 per project; projects must have a regional focus, and will be due January 31. Each committee will identify one individual to serve as a peer reviewer. The peer review committee will meet in February to vet the projects and the peer review score will count for 30% of the total score. The projects will be vetted by the Coalition Board in March and the Board score will count for 70% of the total score. Projects will be prioritized and funded based on the total score until funds are depleted. Lynne pointed out that the Coalition does not yet have these funds; as deliverables are completed each quarter, the Coalition may invoice for a quarter of the contract amount.

Wrap-up: Randy Hartley thanked everyone for their participation in the meeting, and expressed appreciation to DOH-Brevard for hosting the meeting. He reminded members that there will be Coalition meetings on December 17, 2015, March 24 and June 23, 2016. He encouraged members to provide input on how to make future meetings more value-added by providing input on the electronic survey that will be distributed. Randy also encouraged members to contact him, Dave Freeman or Lynne Drawdy with any input.



Coalition Meeting Minutes
Thursday, December 17, 2015
DOH-Brevard in Viera or via Webinar

Participants: See sign-in sheets

Welcome & Introductions: Randy Hartley, Board Chair, welcomed attendees, and asked those present and on the phone to introduce him or herself. He thanked members for their participation and stated that as threats continue to grow and evolve, the coalition and its members must continue to be vigilant in preparing for these threats.

Board Election: Randy Hartley previewed the Board ballot (see attached ballot) and recognized the nominees. He asked members present to complete the ballot and place it in the ballot box provided by 10:30 a.m. He asked those on the webinar to email their vote to info@centralfladisaster.org by 10:30 am. He advised that the votes will be tallied and the new Board members announced at the end of the meeting.

Bioshield & Cities Readiness Initiative (CRI): George Mercer provided an overview of the Bioshield program and the recent regional full-scale exercise. Stephanie Anspaugh-Naples provided an introduction to the CRI program (see attached presentation).

Coalition Updates:

- **Everbridge:** Dave Freeman reported the in the second quarter Everbridge drill, the response rate improved from 40% to 65%. He reminded members that Everbridge is the emergency alert notification system used by the state and the coalition. He encouraged members to log onto Everbridge and update the profile so they can easily receive these alerts and respond to the quarterly drills. Members can choose to receive alerts in a variety of ways, including by cell phone and email, so that you can instantly receive and respond to these alerts. Several individuals asked how to get access to Everbridge. Dave reminded those present that this is a member benefit. To get access to Everbridge, simply go to the coalition website (see footer) and click on the Join link, and complete the Charter/Code of Conduct. You will soon after receive an email invitation and instructions to log onto Everbridge and set up your profile.
- **ICAR (Infection Control and Response) Pilot:** Workgroup leads provided updates on the ICAR pilot. Matt Meyers advised that one assessment hospital site visit has been completed and the others are scheduled from February through April. The site visit team members received training on December 14. More than 20 hospitals have signed up for the frontline hospital site visit process and these site visits are being scheduled. Todd Stalbaum advised that a survey has been created for EMS providers to self-assess against CDC guidelines to determine capability to transport patients with highly infectious diseases. Dave Freeman advised that a draft concept of operations has been developed a hospital area command and this will be vetted by the region's hospitals. Lynne Drawdy reported that the coalition has just received a contract amendment with an additional \$110,000 to complete several deliverables to prepare for a highly infectious disease like Ebola. These deliverables include 1) conduct a

gap analysis of services/capabilities of member organizations to identify, isolate, inform, treat and transport Ebola patients including access to PPE and response training and exercises; 2) hold a planning meeting to coordinate duties of member organizations in an outbreak; 3) ensure first responders have access to PPE and prepare a Resource Plan to close gaps in availability of PPE; 4) perform an assessment of member organization's ability to identify, isolate and begin treatment of individuals with highly infectious diseases that have a potential to cause a medical surge, 5) provide a training session to members on the proper methods to identify, isolate, inform and treat suspected or confirmed patients with Ebola; and 6) participate in one HSEEP compliant exercise specific to Ebola.

- **Regional Trauma Agency Pilot:** Dr. Peter Pappas provided an update on the regional trauma agency pilot and previewed the organizational structure for the agency (see attached presentation). He has vetted this through the Florida Committee on Trauma and the EMS Advisor Council, as well as with the region's trauma Medical Directors and program managers. He is in the process of vetting this with the EMS Medical Directors and Chiefs. The next step will be to present at a meeting with all stakeholders. Dave Freeman thanked Dr. Pappas for his leadership in this pilot.
- **2016 Annual Full Scale Exercise:** Eric Alberts reported that planning is underway for the regional hospital exercise, scheduled for March 10, 2016. The exercise scenario is an active shooter at a middle school. Fifteen hospitals are participating along with more than 500 local high school students who will act as victims. There was a discussion regarding the need for a patient tracking system within the region.
- **Other Announcements:**

Dave Freeman reported on the recent national coalition conference. He stated that CFDMC was recognized as a best practice for creating a 501c(3). He stated that a key message from the conference was that coalitions need to focus on sustainability and look for other revenue and funding sources.

Clint Sperber announced that Dave Crowe, the Region 5 Emergency Response Advisory will be on special assignment to a national terrorism group in Washington D.C. for a year, beginning in February.

Todd Stalbaum reported that the region had good results from the HavABed drill during the Bioshield exercise. Todd is the regional EMS system administrator and is available to hospitals to provide technical assistance.

Funding Committee Breakouts: Members self-selected into a funding committee breakout to begin the process to identify gaps, capabilities and propose projects.

Wrap-up:

Randy Hartley advised that the funding committee chairs will be in touch with members early in the new year to continue the process to determine gaps and potential projects. Projects submissions are due February 29, 2016. A peer review committee comprised of one member from each funding committee will vet all projects and vote to prioritize these (this counts for 30% of the final project score). The projects are then presented to the Board for their prioritization (this counts as 70% of the

final project score). The Coalition will then fund prioritized projects until funding is depleted, and will hold unfunded projects until additional funds are received. There was a question if funding will be allocated so that each funding committee will receive funding for at least one project. The process is designed so that projects are prioritized across funding committees.

Randy announced the results of the Board election and introduced the new Board members:

- Wayne Smith, representing Specialty Service Providers and Brevard, Indian River, St. Lucie and Martin Counties
- Alan Harris, representing Emergency Management and Seminole County
- Daniel Harshburger, representing EMS and Martin County
- Aaron Kissler, representing Public Health and Lake County
- Steve Wolfberg, representing Hospitals and Martin and St. Lucie Counties

Randy asked members for suggested topics for the next Coalition meeting, scheduled for March 24, 2016. Suggestions included a CFIX threat picture for the region, and an update on the funding process and projects.

Randy thanked members for participating, and encouraged those present to complete a meeting evaluation. He reminded members that the Coalition tabletop exercise will be held beginning at 1 pm and the Medical Examiner/FEMORS meeting is scheduled for 1 pm in the front conference room.