



Continuity of Healthcare Service Delivery Plan

*Approved by CFDMC Board
June 15, 2021*

Table of Contents

| | |
|---|-----|
| Promulgation Letter | ii |
| Record of Changes and Distribution | iii |
| Introduction | 1 |
| Purpose..... | 1 |
| Scope..... | 1 |
| Background..... | 1 |
| Plan to Ensure Continuity of Healthcare Service Delivery in Region 5..... | 2 |
| Facility Requirements..... | 2 |
| CFDMC Requirements..... | 2 |
| Promoting COOP..... | 2 |
| Providing COOP Training..... | 2 |
| Providing PPE..... | 3 |
| Providing Exercise Opportunities..... | 2 |
| Assessing and Improving Supply Chain Integrity..... | 3 |
| Coordinating and Supporting Information Sharing Platforms..... | 4 |
| Sharing the CFDMC COOP..... | 4 |
| Priorities for 2020-2021..... | 4 |

Promulgation Letter

According to the Office of the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness and Response Capabilities, Capability 3-Continuity of Healthcare Service Delivery, Objective 2-Plan for Continuity of Operations (COOP), “The foundation for safe medical care delivery includes a robust, redundant infrastructure and availability of essential resources. Healthcare organizations should determine their priorities for ensuring key functions are maintained during an emergency, including the provision of care to existing and new patients. Facilities should determine those services that are critical to patient care and those that could be suspended (e.g., closing a hospital’s outpatient clinics to preserve staff to manage an elevated inpatient census). In addition, the healthcare coalition (HCC) should have a plan to maintain its own operations. During continuity preparedness activities, healthcare organizations and the HCC should consider what disaster risk reduction strategies should be implemented in order to lessen the likelihood of complete and total failure. The HCC should facilitate each individual member’s approach to risk reduction and promote a regional approach to addressing critical infrastructure (e.g., utilities, telecommunications, and supply chain).”

The local HCC, the CFDMC, is designated as the Region 5 lead ESF-8 agency and is responsible for preparing a regional continuity of healthcare service delivery plan. This plan includes information on how CFDMC and member organizations ensure continuity of healthcare services during and after a disaster.

The Board approved the CFDMC Continuity of Healthcare Service Delivery Plan update on **June 15, 2021**

Attestation:

A handwritten signature in black ink, appearing to read 'Eric Alberts', with a long horizontal flourish extending to the right.

Eric Alberts,
CFDMC 2020 Board Chair

RECORD OF CHANGES & DISTRIBUTION

| Changes | Distribution |
|--|--|
| Original Continuity of Healthcare Delivery Plan developed May 2015 | Report was provided to the Board and Contract Manager |
| Draft Update Developed May 2020 | Distributed to Members for Comment 5/16/20 Approved by Board on 6/16/20 Posted to Website 6/30/20 |
| Plan Updated May 2021 | Data and priorities updated Distributed to Members for Comment 5/7/21 Approved by Board on 6/15/21 Posted to Website XX |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Introduction

Purpose: Continuity of Operations (COOP) planning ensures the ability to continue essential business operations, patient care services, and ancillary support functions across a wide range of potential emergencies. The healthcare organization's COOP plan may be an annex to the organization's Emergency Operations Plan (EOP) and during a response should be addressed under the incident command system (ICS). Regardless of the format, the COOP plan should include the following elements:

- Identification of Mission Essential Functions
- Activation and Response Functions (call down/notification process)
- Delegations of Authority
- Immediate Actions and Assessments to be Performed in Case of Disruptions
- Safety Assessment and Resource Inventory to Determine Ability to Continue to Operate

Scope: This plan applies to the healthcare delivery system within RDSTF Region 5, comprised of Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties. The healthcare delivery system is defined as the network of healthcare facilities and persons who carry out the tasks of providing healthcare services to the public. This includes hospitals and health systems, public health, EMS providers, long-term care providers, behavioral and mental health providers, specialty service providers (dialysis, pediatrics, urgent care, district Medical Examiners, funeral directors, etc.), support service providers (laboratories, pharmacies, blood banks, poison control, etc.), primary care providers, community health providers, and other healthcare and response stakeholders.

Background: CFDMC developed its initial Continuity of Healthcare Service Delivery Plan in May 2015. CFDMC surveyed its 99 member organizations at that time to determine the extent of their Continuity of Operations Plans (COOPs). Results showed:

9% Reported No COOP developed or COOP was under consideration

21% Reported COOP currently under development

17% Reported COOP developed but not yet exercised

34% Reported COOP developed and exercised at least once

19% Reported Robust COOP which has been fully tested and improved

In the assessment, member organizations requested COOP training and exercises.

Plan to Ensure Continuity of the Healthcare Delivery System in Region 5:

Facility Requirements: In November 2017, the Centers for Medicare and Medicaid (CMS) implemented an emergency preparedness rule which emphasizes the need for facilities to maintain access to healthcare services during emergencies, safeguard human resources, and maintain business continuity and protect physical resources. Every healthcare facility's emergency preparedness program must include the following elements:

- Identification of Mission Essential Functions
- Risk assessment and emergency planning
- Policies and procedures
- Communication plan
- Training and testing

Facility COOP plans are subject to audits by CMS and licensing agencies.

CFDMC Requirements:

Promoting COOP: CFDMC regularly presents at county level health and medical facility workshops and state healthcare associations. These presentations emphasize the importance of COOP and encourage organizations to join CFDMC and take advantages of resources provided to assist organizations in developing the COOP.

Providing COOP Training: CFDMC has provided numerous trainings to prepare and assist healthcare organizations in developing a COOP. A series of four webinars for inpatient facilities and four webinars for outpatient/home health facilities were held during October to prepare for the implementation of the new CMS Preparedness Rule, including the requirement for a COOP. 85 registered for the inpatient facility webinars and 58 registered for the outpatient/home health facility webinars. The webinars were recorded and posted until November 15 to allow facilities extended access. Participants were surveyed and the webinar overall satisfaction rate and engagement rate were both 100%, with overall satisfaction top box at 83% and engagement top box at 75%.

Since 2017, CFDMC has offered four one-day COOP workshops per year. CFDMC contracts with BOLDPlanning to provide the training, which includes a free one-year subscription to a software for developing a COOP Plan.

Since July 2017, more than 122 participants from the following organizations have participated in these workshops:

- Hospitals – 20
- Emergency Management – 2
- Emergency Medical Services – 2
- Public Health – 8
- Long-term Care Facilities – 49
- Other Healthcare – 30
- Federally Qualified Healthcare Centers – 6

The Coalition has worked with the training vendor and contracted for one-on-one consultations with organizations who have developed a COOP to further refine these plans.

Providing PPE:

The Coalition provides personal protective equipment (PPE) to hospitals within the region. The minimum hospital equipment package includes decontamination PPE. The Coalition recently purchased and distributed PPE for highly infectious diseases to each hospital to cover a three-man shift for four hours, with the ability to deploy a regional cache as needed within four hours.

Providing Exercise Opportunities:

Three tabletop exercises were held across the region in November 2017 (one in St. Lucie County, one in Orange County, and one in Volusia County). More than 120 organizations, healthcare facilities and response partners participated in these workshops (42 in St. Lucie, 59 in Orlando and 21 in Volusia). Participants were surveyed and overall satisfaction and engagement rate with the tabletops were both 95% (with overall satisfaction top box at 68% and engagement at 77%).

In December 2019, CFDMC offered members a Healthcare Recovery tabletop during its annual conference, which included a module on continuity of healthcare service delivery. Nine organizations participated in this tabletop.

The Coalition also holds an annual Coalition Surge Test exercise in which we demonstrate the region's ability to find appropriate bed placements and transportation for 20% of the region's acute care hospital beds.

CFDMC currently offers three annual community-based exercises to all members (a tornado drill each January, a generator drill each June, and an active shooter drill each September). Based on member input, CFDMC is partnering with the region's emergency management offices to offer an annual COOP exercise. This was planned to begin in the fall of 2020 but has been delayed due to the pandemic. We hope to implement this beginning in 2022.

Assessing and Improving Supply Chain Integrity: In 2019, CFDMC conducted a supply chain integrity survey with the region's hospitals. The results showed no significant supply chain gaps, although there was concern over dependence on a single blood bank organization. In 2020, CFDMC surveyed long-term care and other healthcare members. During the COVID-19 response, supply chain issues were significant, and we captured these in the after-action report. The results of both surveys and the pandemic AAR were used to develop a supply chain integrity mitigation strategy which was presented to the Coalition Board for approval in June 2021.

Coordinating and Supporting Information Sharing Platforms: Communications is a high priority for CFDMC and its members. A Communications forum was held on February 21, 2020 with hospitals, emergency managers, EMS, public health and long term care to finalize essential elements of information and to review all existing communication platforms. A matrix was developed to determine and prioritize communication gaps and to identify communication platforms to close gaps. To streamline information being sent to hospitals and other members, the Coalition produces regular situation reports during major events with information from conference calls, weblinks and other sources of vital information. The Coalition is partnering with the Florida Hospital Association for an 18 month pilot of a new communications platform beginning in the summer of 2021.

Sharing the CFDMC COOP: CFDMC updated its COOP in May 2021; this will be posted to CFDMC website upon approval by the Board.

Priorities for 2021-2022:

The following are the Continuity of Healthcare Delivery System priorities for the coming year:

- Continue to offer a minimum of four COOP workshops per year. Beginning in 2021, a one-on-one consultation will be added for organizations who have already developed a COOP.
- Add an annual community-based COOP exercise for members beginning in
- Implement the supply chain integrity mitigation strategy.
- Pilot a new communications platform, e-ICS, among the region's healthcare and emergency response partners. This will be evaluated during the October 2021 full scale exercise.