

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

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

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

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

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

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

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

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

The Coalition's goals are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

