



**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.