

Summary of September 24, 2013 Region 5 Healthcare Coalition Meeting

Attendees: See Sign-in Sheet

Welcome & Introductions: Matt Meyers welcomed the group and explained the meeting objectives are to educate the Central Florida health care community on the reason for the Coalition, and Coalition requirements, to provide a historical overview of Region 5 Healthcare Preparedness, and to seek input from health and medical preparedness partners. Each participant introduced him/herself.

Healthcare Coalition Requirements: John Wilgis presented an overview of health care coalitions, including the definition, functions, essential partners and other stakeholders, and the requirements over a three year period. The presentation will be made available to the health and medical preparedness partners.

Region 5 Healthcare Preparedness: Dave Freeman provided an overview of Region 5's health and medical preparedness journey during the past dozen years.

Discussion Forum: A facilitated discussion forum was held to seek input from partners on strengths, areas of concerns, missing partners, and defining and marketing the WIIFM (what's in it for me) to engage those missing. Input from the discussion forum is attached.

Next Steps: Matt Meyers asked partners to continue to submit suggestions for additional partners. A steering committee will begin to draft the Coalition infrastructure, and we will continue to seek input from and engage the region's health and medical stakeholders. Lynne Drawdy and Matt Meyers are points of contact.

Input from Health and Medical Stakeholders – Strengths/Concerns/Missing Partners/WIIFM

- Concern re smaller county allocations (some sources targeted to urban areas)
- RDSTF – HCC is a strength
- Resources centralized (equity-access)
- County partnerships
- Engaging all essential partners, all agencies, all counties
- State resources (FHA)
- Region 5 EM meeting tomorrow – leadership
- RHS – capacity
- ID where stuff is (repository – knowledge base)
- Identify boundaries – reach out, meeting, governance, working committees, risk assessment, resources, identify gaps
- 5 years to get to Stage 3
- Hospital contracts require 50% participation in HCC
- Information-sharing – need structure. Communication, document libraries
- Same players – some not engaged at all (e.g. 2 or 3 hospitals are always there)
- Lots of participation at local level – elevate to regional
- Some parts not as strong in all areas (e.g. EM in one county)
- Lack of direction
- Don't know all the players – identify those
- Pharmacies, home health agencies, faith-based organizations, mental health/behavioral health
- Some counties don't have local structure with exercises
- In one county, ½ of EOC is ESF*
- Grant – USF – training for COADS – can help with infrastructure, technical assistance, support
- How do we manage large partnerships
- Define WIIFM (what's in it for me) –by discipline, function, county, etc.
- No concern from three counties so far – ending up with leftover \$
- Disconnect/duplication between emergency management and health
- Board – need business plan – looking for input – small committee
- MRC – strike teams need input
- Long-term Care – Florida Healthcare Long Term Association
- Sort wants from needs
- Communication – response breakdown
- Build relationships – education, exercises
- Sign-in for additional meetings, subcommittees