



NCFHCC GENERAL MEMBERSHIP MEETING

March 24, 2021

MEETING MINUTES

The Board of Directors of the North Central Florida HealthCare Coalition meeting was held virtually on March 24, 2021 at 1:30 via Zoom Join Zoom Meeting <https://nefrc-org.zoom.us/j/89168661472>

Documents provided to the NCFHCC Board via email:

Agenda; Validation of Board Members; Minutes from 2/24/2021; Financial Report; New Member Requests; Training Handouts

CALL TO ORDER

The meeting was called to order by Chair Lyons with a validation of a quorum, with the following new Board members present:

Hospitals: Suzanne DeKay

EMS: Dave Torsell

At-Large Representative: Jason Long

At-Large Representative: Jeff Taylor

Emergency Management: Ralph Smith

Others in Attendance: See Zoom report attached.

Absent:

At-Large Representative: Jim Lyons; Long-Term Care: Logan Andrews; Public Health: Tom Moffses

Introductions

The Vice-Chair called for introductions.

Approval of Minutes

The minutes from February 2021 were provided to Board members via electronic mail.

The Vice-Chair moved approval of the February meeting minutes. Motion carried unanimously.

FINANCIAL

Finance Report

Treasurer, Mr. Torsell presented the finance report for February explaining that this report reflects the mid-year budget adjustments. All current expenditures were normal and customary. The website charge pays for the NCFHCC.org and a portion of the FLRegion3HCC.org websites. Professional Services includes the virtual training services and our marketing services. We will see more charges in this category as our vendors complete their projects. We have not reimbursed any member funded projects. This category should begin to decrease as member complete their projects.

The Vice-Chair moved approval of the February Finance Report. Motion carried unanimously.

Expenditure Requests- None at this time

Management and Administration

Staff reported:

- **CDBG - Mitigation Planning Grant Update:** The Northeast Regional Council continues to work with Florida DEO to finalize the contract for the 3-year project awarded for the health and medical lifeline planning project. Staff anticipates the the project will begin by July.
- **Project Funding Update** – Following

BUSINESS

Approval of New Member Requests

There was one new member request for this month.

The Vice-Chair moved approval of the new members. Motion carried unanimously.

PROGRAM

The HCC was pleased to host a presentation of the post-COVID Infectious Disease and Supply Chain survey results. Critical Integrated Solutions staff members Ben St. John, Mark O’Neill, Charles Hagan and Scott Pritchard presented the data and facilitated discussion with HCC members. The slide presentation is attached.

Upcoming Events

Staff presented the upcoming training events list. Members were encouraged to sign up for these opportunities.

- Hospital Incident Command Systems – Awareness Level May 2021
- Virtual Tabletop Exercise – working for a May/June Delivery
- Disasters and Disability – Virtual Series (3/25/21 and 4/22/21)
 - i. March 25, 2021 – 1200 to 1330 - **COVID-19 and Disability**
Registration link: https://covid_19_and_disability_3_25_2021.eventbrite.com
 - ii. April 22, 2021 – 1200-1330 - **Natural Disasters and Disability**
Registration link: https://natural_disasters_and_disability_4_22_2021.eventbrite.com

Monthly meetings will continue using the Zoom platform.

CLOSING REMARKS AND ADJOURN

The Chair announced the next meeting will be the Board of Directors meeting and held on April 28, 2021 at 1:30 via Zoom. The same link will be used for all meetings. With no additional business, the meeting was adjourned at 3:02 pm.

Join Zoom Meeting <https://nefrc-org.zoom.us/j/89168661472>

13:20:47 From Benny St. John to Everyone : Thanks everyone for participating in the survey!

13:21:49 From Benny St. John to Everyone : It's been a long haul and we've learned much since day one

13:21:52 From ktowles to Everyone : Afternoon Leigh, Kevin Towles from CILNCF

13:22:20 From dtorsell to Everyone : David Torsell

13:23:05 From Benny St. John to Everyone : Lot's of opportunity to share here

13:24:20 From RalphSmith to Everyone : Ralph Smith

13:24:44 From Jesus Rodriguez to Everyone : Jesus Rodriguez

13:24:47 From Rel Perea to Everyone : Rel Perea

13:25:59 From Benny St. John to Everyone : My background 20 years USAF,, multiple years with the the FDOH ESF-8 in the state EOC

13:26:19 From Sasha Nelson to Everyone : Hello everyone, Sasha Nelson

13:27:40 From LongJE to Everyone : Jason Long

13:28:00 From Rel Perea to Everyone : Hey Benny!

13:28:39 From Mark to Everyone : Mark A. O'Neil

13:29:20 From jetaylor to Everyone : Jeff Taylor

13:29:28 From Eric Anderson, NEFRC to Everyone : Eric Anderaon

13:29:33 From Eric Anderson, NEFRC to Everyone : son!

13:29:37 From Scott Pritchard to Everyone : Scott Pritchard

13:31:53 From Mark to Everyone : Eric, I misspelled my last name, too! O'Neill! :{(

13:35:09 From Bouttemj to Everyone : Mary Boutte on the call

13:36:04 From Leah Guthrie to Everyone : Leah Guthrie here

13:51:49 From Benny St. John to Everyone : We have all have had to hold the line. We asked for you for completing surveys and thank you for responding!

13:52:29 From Benny St. John to Everyone : We have collectively worked at testing and vaccination sites.

13:56:10 From Eric Anderson, NEFRC to Leigh Wilsey(Direct Message) : I have to go to my next meeting. You good?

13:56:49 From Leigh Wilsey to Eric Anderson, NEFRC(Direct Message) : Yes thanks

14:02:49 From Leah Guthrie to Everyone : Suicide Prevention Training through Lutheran Service Florida - there are 4 classes between now and July: <https://lsftraining.coursestorm.com/category/suicide-prevention>

14:06:29 From Benny St. John to Everyone : Thank you for the link! This is important!

14:11:41 From Benny St. John to Everyone : Staffing has been difficult, no doubt

14:12:46 From Benny St. John to Everyone : Suzanne how did you you adjust/adapt?

14:22:44 From Leah Guthrie to Everyone : I concur that early on at our behavioral health facilities and programs the long quarantine period was difficult in maintaining staffing. Now, the staffing is more related to nurses going to other hospitals and agencies that are offering higher pay and sign on bonuses. Our unexpected was trying to get supplies as a small business - even now that is at times a problem. Communication was frequent from myself and from our CEO. We've maintained some stable standards which has helped. We offered telehealth and remote working as able. Assisting staff with finding testing and vaccination sites especially.

14:29:52 From Sasha Nelson to Everyone : I have to leave for another meeting. Thank you everyone!

14:31:21 From Benny St. John to Everyone : Leah, thank you. Each move adds a sprinkle of stress and those sprinkles add up

14:32:21 From Benny St. John to Everyone : Thank you for joining Ms. Sasha!

14:34:11 From Benny St. John to Everyone : Yes we did a survey....but what was your personal challenge?

14:41:19 From Benny St. John to Everyone : How much did your supply stock change over the course of the past year?

14:46:00 From Jeff Taylor- ACFR to Everyone : I will need to leave for another meeting. Take care everyone!

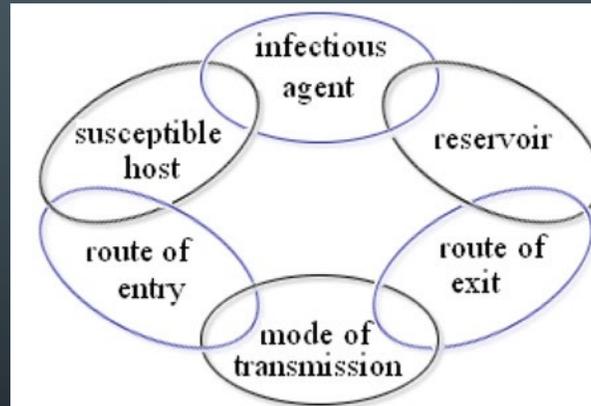
14:46:54 From Benny St. John to Everyone : Every facility is different, how much did you have on hand? Has that changed?

14:46:54 From Suzanne DeKay to Everyone : Our hospital benefitted from our relationship with UF. We had the engineering department 3D printing nasal swabs and face shields, the chemistry department creating needed lab reagents for covid tests, the surgical department sewing masks out of surgical wrap, etc. There are still some items that are hard to get, but our supply chain team has prevented us from being completely unable to manage.

14:49:19 From Benny St. John to Everyone : Excellemt Suzanne! Are others able to leverage that?

14:52:53 From Suzanne DeKay to Everyone : I do not know if there are restrictions for them to sell items, as they may not be FDA approved. We got away with it because we are affiliated and it was a disaster.

Infectious Disease Strategic Planning Meeting for the North Central Florida Healthcare Coalition



OBJECTIVES:

- **Introductions**
- **Review Training Survey Results**
- **Review Logistics Survey Results**
- **Review Planning Survey Results**
- **Identify Gaps and Solutions**



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INTRODUCTIONS



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TEAM MEMBERS

- **Ben St. John—Team Lead**
- **Erin Gillespie—Executive Consultant**
- **Mark O’Neill—Education & Training**
- **Charles Hagan—Logistics / Supply Chain Management**
- **Scott Pritchard—Epidemiologist / Infectious Disease Plan**

SURVEY OVERVIEW

- **125 responses to survey**
- **Not all responded to each section**
- **Additional questions to focus on logistics**
- **Build out on process from early 2020 process**
- **Clear areas of need identified**
- **What was not covered in survey?**

FACILITIES

Hospital – Acute Care	18.40%	23
Hospital – Non-Acute Care	1.60%	2
Dialysis	7.20%	9
Skilled Nursing Facility/ Long Term Care Facility/Assisted Living	26.40%	33
Home Health Agency	12.00%	15
Hospice Agency	2.40%	3
Outpatient Dialysis Facility	1.60%	2
EMS Agency	3.20%	4
Outpatient or Ambulatory Surgery Center	4.80%	6
Physical Therapy Provider	0.00%	0
Behavioral Health Provider	7.20%	9
Federally Qualified Health Center (FQHC)	3.20%	4
Public Health (State or Local)	7.20%	9
Local Emergency Management (county/city)	2.40%	3
Ambulatory Surgery Center	2.40%	3
TOTAL		125

TOP ISSUES IDENTIFIED

- **Staffing/personnel surge**
- **Safety/security of residents/patients/staff**
- **Personal protective equipment**
- **Supply chain management**
- **Communications**



TRAINING



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TOP TRAINING NEEDS IDENTIFIED—(Q-103/69)

- **Infectious disease training (All Staff)**
- **Hand hygiene training (All Staff)**
- **Environmental cleaning/disinfection (Environmental Staff)**
- **PPE—Universal Precautions**
- **Communications (All Staff)**
- **Safety (Facilities/Maintenance)**

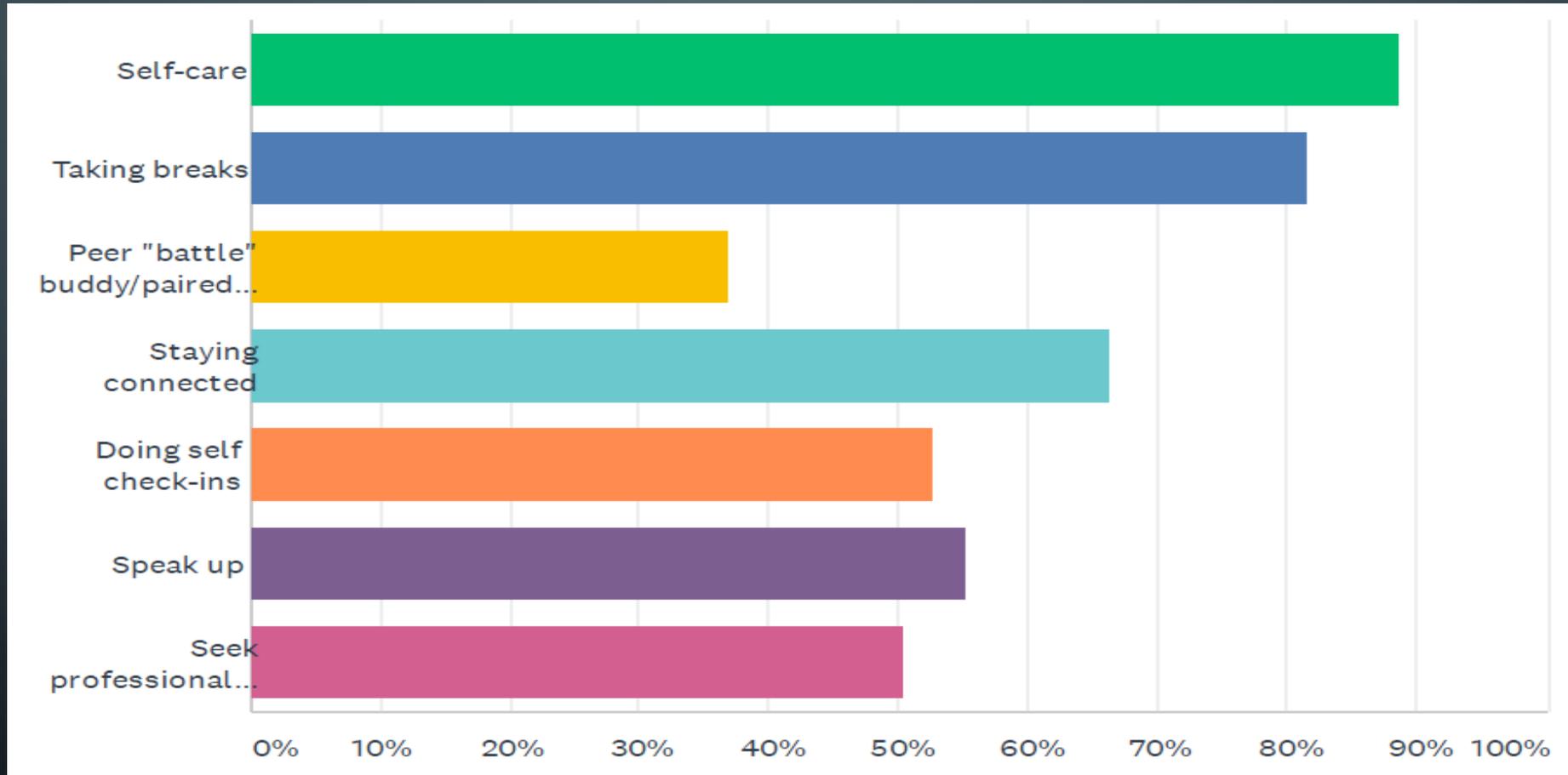
POTENTIAL GAPS

- **Behavioral Health (Q35/125)**
- **Incident Command System (HICS/ICS) (Q32 & Q33/125)**
 - ~60/40 split for use
 - Would it have helped?/Did it help?
- **Communications (Q79—EOP Use/42)**
 - Emergency Management
 - Coalition Members/Coalition
 - Resource Management
- **Isolation/quarantine orders (Q98—More information/42)**

BEHAVIORAL HEALTH ISSUES

Sleep difficulties	58.40%
Decreased sense of safety	32.00%
Physical symptoms (somatic)	28.00%
Irritability, anger	42.40%
Distraction, isolation	42.40%
Depression	42.40%
Anxiety	61.60%
Complex grief	19.20%
Alcohol, tobacco, increased prescription medication usage	16.00%
Family distress	37.60%
Disrupted work/life balance	62.40%
No	24.00%
Total Respondents: 125	

BEHAVIORAL HEALTH PREVENTION/INTERVENTION



TRAINING



Discussion and Questions

Please type in your question into the
“Chat” window.



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INFECTIOUS DISEASE PLAN



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TOP 10 INFECTIOUS DISEASE RESPONSE PLAN NEEDS

- Environmental cleaning and disinfection
- Interfacility communication to improve infection prevention
- Conducting infection prevention and control audits
- Employee health monitoring
- Reporting of infectious diseases to the Florida Department of Health
- Hand hygiene
- Assessment of patients with potentially infectious diseases
- Transmission based precautions
- Use of personal protective equipment
- FL SHOTS vaccine registry use



TOP INFECTIOUS DISEASE THREATS

- COVID-19/COVID-19 variants
- Airborne diseases
- Influenza
- Emerging pathogens
- Future highly transmissible/high consequence disease
- TB, Hepatitis, Mosquitoborne disease



BIGGEST CHALLENGES DURING THE COVID-19 RESPONSE?

- Staffing shortages
- PPE shortages
- Staff anxiety/stress
- Communications
- Providing patient care
- Lab supplies and TAT
- Preventing spread
- Lack of funding
- Lack of leadership support
- Restrictions on visitation

INFECTIOUS DISEASE RESPONSE PLANNING DISCUSSION

- What factors led to staffing shortages in your organization?
- What aspects of COVID-19 response were unexpected?
- What aspects of communication (internal/external) worked well?



INFECTIOUS DISEASE RESPONSE PLANNING NEXT STEPS

- Additional health care coalition meetings to gain further insights
- Utilize the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Coalition Infectious Disease Surge Annex Planning tool to develop a regional plan.





INFECTIOUS DISEASE PLAN

Discussion and Questions

Please type in your question into the
“Chat” window.



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SUPPLY CHAIN HAZARDS, THREATS, AND VULNERABILITIES “CRITICAL PATH INTERDEPENDENCIES”

- A healthcare supply chain is dependent on many variables including raw material availability, machinery and parts, workforce, standards compliance, delivery methods, contracts and regulatory requirements, and underlying critical infrastructure systems such as power, telecommunications systems, and transportation (including vehicle and roadway, airport, railroad, and port components).
- When one element is compromised there can be cascading effects up and down the supply chain. Disruptions to these systems can be caused by various hazards, underlying vulnerabilities, and threats that can directly impact every level of the supply chain.

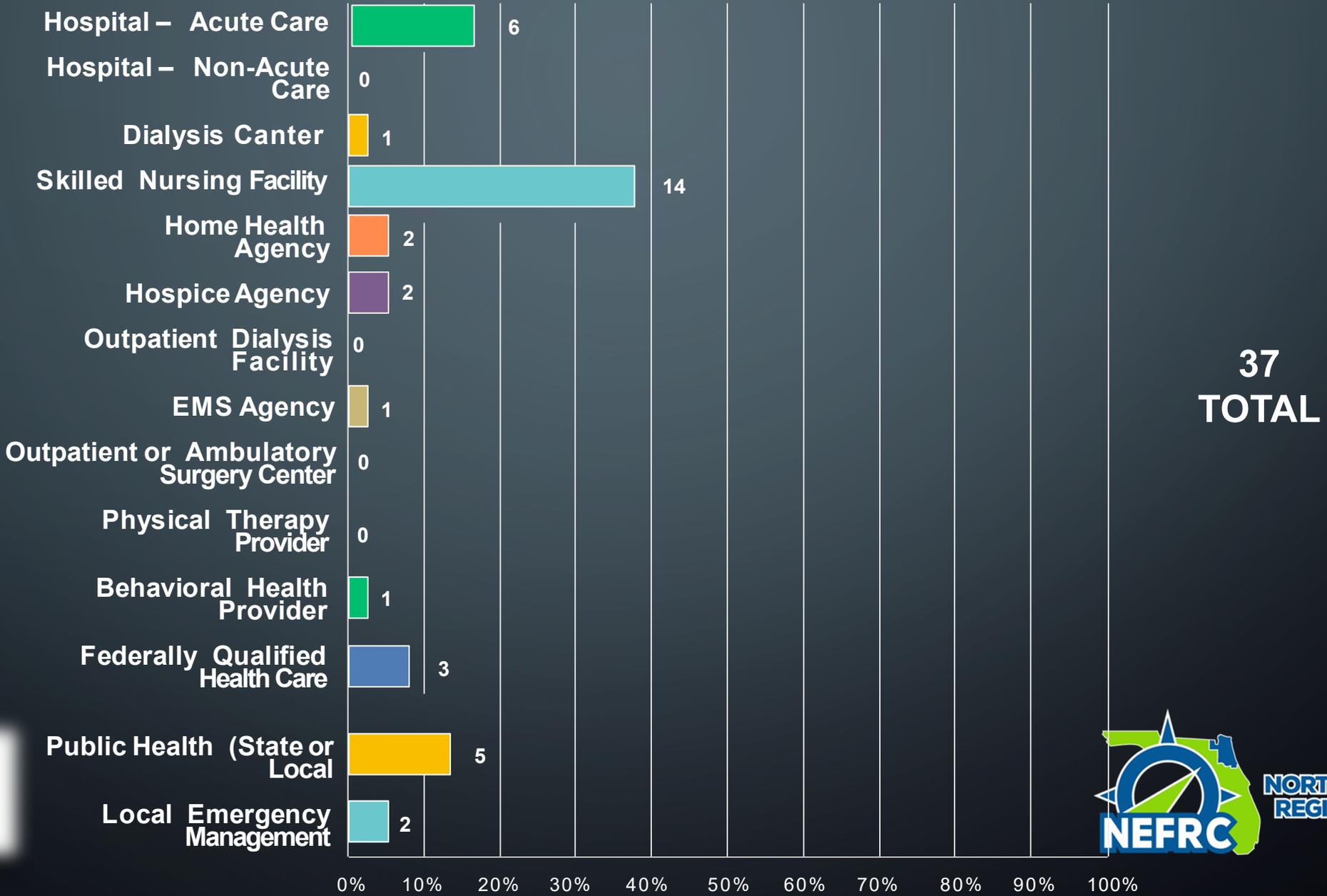


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Survey Respondent Organization Type



Primary Supply Challenges

1. Vendor Inventory Shortages.....	95.65%
2. Manufacturer Production Shortfalls and Production Disruptions...	73.91%
3. Pricing and Hidden Costs.....	34.78%
4. Expired and Recalled Items	17.39%
5. In-house Stock Wastage.....	13.04%
6. Drug Shortages.....	13.04%
7. Overnight Shipping and Shipping Costs.....	13.04%
8. Workflow Inefficiencies'	8.70%
9. Counterfeit Products and Product Scams	4.35%



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Personal Protective Equipment Maintained On-Site

General medical "splash protection" Personal Protective Equipment (PPE)	95.6%
Infectious disease isolation PPE	82.6%
Contact based disease	60.8%
Blood & Virus Protection Example	60.8%
Blood and fluid resistant coveralls with taped seams, elastic wrists, thumb loops, zipper closure with taped flap, and skid-resistant integrated booties	43.4%
5 mil Nitrile Exam Gloves (2 sizes)	78.2%
8 mil extended cuff Nitrile Exam Gloves (3 sizes)	34.7%
Disposable Apron	52.1%
Overboots	39.1%
N95 mask	95.6%
Face Shield with Protective Drape	69.5%
Protective Hood	34.7%
Germicidal Wipes	100%
Encapsulated suits with PAPR's (Powered Air Purifying Respirator)	21.7%



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PPE Recommendations

IF YOU ARE	THIS ACTIVITY	THIS PPE IS REQUIRED				
<p>A Direct patient caregiver (nurse, doctor, RRT, EMS etc.)</p>	<p>Providing direct patient care (non-aerosolized)</p>	<p>medical mask</p> 	<p>gown</p> 	<p>gloves</p> 	<p>face shield or safety glasses various eye protections available</p> 	
<p>A Direct patient caregiver (nurse, doctor, RRT, EMS etc.)</p>	<p>Carrying out aerosolized procedures* (intubation, bronchoscopy, nebulizer, suctioning, collection of viral samples)</p>	<p>Medical mask <small>(over an N-95 mask)</small> Or PAPR</p>  	<p>N-95 mask</p> 	<p>gown</p> 	<p>gloves</p> 	<p><u>FULL</u> face shield, Goggles or PAPR</p> 
<p>Environmental Science, Lab and X-Ray Staff etc.</p>	<p>Entering the room or area</p>	<p>medical mask</p> 	<p>gown</p> 	<p>gloves</p> 	<p>closed-toe shoes</p> 	<p>face shield or safety glasses various eye protections available</p> 



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Personal Protective Equipment

- **Most indicated that they place restocking orders normally 1-2 times per week**
- **74% indicated they have DO have access to fit testing equipment for N95 masks and PAPR's**
- **56.5% indicated they DO have access to laboratory equipment and supplies to test and evaluate potential infectious diseases.**
- **78% indicated that they do NOT maintain chemical, radiological, biological or nuclear detection equipment.**
- **82% Indicated that their current vendors DO meet resource needs**
- **43.2% have Vendor Managed Inventories and 56.5% do not**



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Personal Protective Equipment

- All 23 respondents indicated that they maintain 7-30 days of PPE on premises
- 83% indicate that they maintain emergency cache stocks beyond normal stocks of critical resources
 - 61% On-Site
 - 39% Off-Site
- All respondents indicated that they have established “Par Levels” for their PPE
- 19 of 23 respondents indicated that they calculate “Burn Rates/Usage” for their PPE
- Most indicated that their “Burn Rates” would increase by 100-200% over 30-days in a infectious disease outbreak



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Quality Control to Decrease Burn Rates

- 1. Limiting staff to a specific amount daily..... 56.52%
- 2. Only medically necessary visits..... 39.13%
- 3. Having staff that did not receive preventative vaccines NOT work in areas requiring PPE..... 4.35%
- 4. Limiting staff in restricted areas.....65.22%



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Pre-established Relationships

- **Mutual Aid Agreements with like facilities**
 - 34.7% are working with key stakeholders to establish MOU's or MOA's
 - 65.2% are planning with facilities in advance to coordinate and share resources
 - 17.3% are developing co-op purchasing agreements with other facilities
 - 17.3% are members of Business Emergency Operations Centers
 - None of the respondents were aware of any local facilities that may have gone out of business and have excess supplies
- 56.5% Have contacted and established relationships with local retailers that carry necessary supplies and medications



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Protocols in Place

60.87% of respondents have Mutual Aid Agreements or contracts for staff augmentation or sharing staff between facilities

- **Only 18% of respondents have some sort of protocol to sanitize and/or reuse various types of PPE**
- **73.91% have protocols to either replace or reimburse other healthcare organizations**
- **73.91% are aware that they still receive an invoice or assets requested through the County or State.**



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On-Site Resources

- **95.6% of respondents maintain an emergency generator that will power the ENTIRE facility to include air conditioning**
- **69.5% of respondents maintain emergency communications SEPERATE from typical cell phones**



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Awarded Contracts for Critical Resources

1. General medical splash protection PPE (isolation gowns, masks, gloves, head coverings, and booties) 78.26%
2. Infectious disease PPE and PAPR's (Powered Air Purifying Respirator)
(taped/sealed wet proof gowns/suits with hoods, gloves, booties, masks, and face shield or PAPR's) 17.39%
3. Contact based disease 26.09%
4. Fully Encapsulated suits and PAPR's (Powered Air Purifying Res..... 17.39%
5. Laboratory supplies to detect and evaluate potential infectious
disease? 30.43%
6. Chemical, biological, nuclear detection equipment? 13.04%
7. Essential medical supplies (non-pharmacy) 34.78%
8. General Patient care and cleaning supplies..... 39.13%
9. Medications and IV supplies..... 26.09%



Future Supply Challenges

1. Increased Demand of resources nationally 47.83%
2. Increased Demand of resources during a crisis..... 62.22%
3. Suppliers ability to maintain sufficient stocks..... 78.26%
4. Being aware of systems interdependencies.....17.39%
5. Forecasting future resource requirements39.13%
6. Supporting Telehealth Services.....17.39%
7. Paying invoices during times of increased usage..... 4.35%



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Recommendations Moving Forward

1. Establish a N95/APR/PAPR fit test protocol and PPE donning and doffing training for all staff
2. Determine normal “burn rates”, as well as forecast emergency “burn rates for resources.
3. Establish “par levels” for both routine and critical resources as well as trigger points for reordering.
4. Maintain and emergency cache of PPE packaged in kits, on-site for emergency outbreaks
5. Organizations need to have pre-awarded contingency contracts for all types of resources to support both normal and emergency operations.
 - a. Always maintain primary, secondary and tertiary vendors in each resource category.
 - b. Vendor managed inventories are desirable but difficult to always negotiate or have vendors agree to terms. Most vendors will want a “retainer”
6. If organizations do not have ON-SITE, full power emergency generators, they need to award a contingency contract for such with a 12-hour or less response time.
7. Organizations need to have pre negotiated MOU’s or contract for staff augmentation during emergencies



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CLOSE OUT & NEXT STEPS

- Reviewed Survey Positive Sustainment and Improvement Opportunities
- Clarified Missing Data
- Identified Needs and Plans
- Identified Next Steps
- Thank you for your time!



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