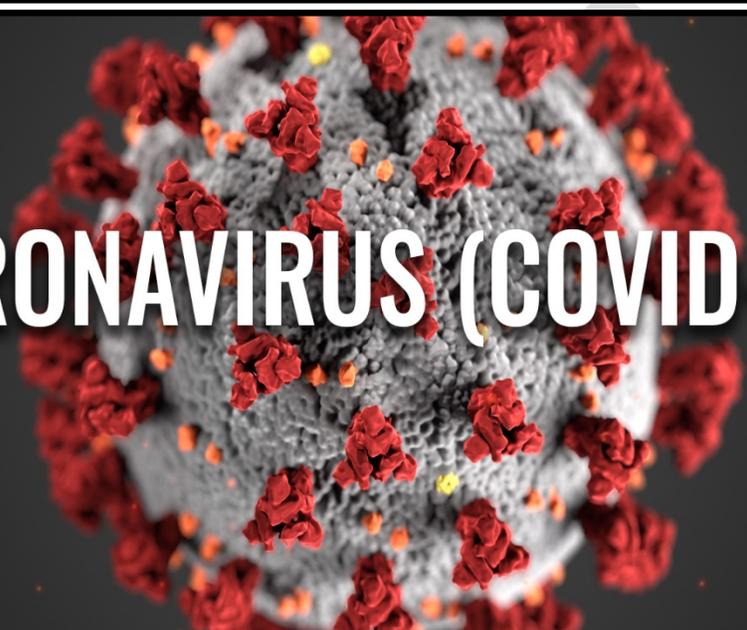
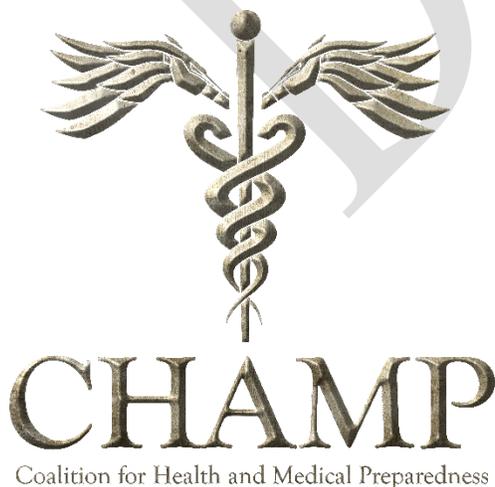


Region 3 Healthcare Coalition Alliance

COVID-19 After-Action Report/Improvement Plan



CORONAVIRUS (COVID-19)



REAL WORLD EVENT OVERVIEW: COVID-19

Event Name	COVID-19 Response (Real World Event)
Real World Event Information & Important Dates	<p>The Region 3 Healthcare Coalition Alliance (Alliance) began monitoring the COVID-19 outbreak since it was first reported in China in December 2019. Alliance member organizations began to implement preparedness measures for the eventual impacts to the healthcare sector in Florida. As Florida began to report increasing cases of COVID-19 in March 2020, healthcare systems escalated response to manage the surge of patients and fatalities resulting from the virus. The Alliance activated its Operational Plan which included communication with the state of Florida, local government agencies and healthcare organizations to determine available resources and needed support.</p> <p>The Region 3 Healthcare Coalition Alliance activated their Operational Plan in response to COVID-19 beginning on March 13, 2020.</p> <p>Significant dates that initiated statewide response to COVID-19.</p> <ul style="list-style-type: none"> • State: Florida Public Health Emergency declared on 03/01/2020 [Executive Order Number 20-51] • State: Florida State of Emergency declared on 03/09/2020 [Executive Order Number 20-52] • Presidential Declaration: President Trump issued a federal disaster declaration pursuant to Section 501(b) of the Stafford Act for Florida COVID-19 (EM-3432) on 3/13/2020. The incident period is January 20, 2020 and continuing. • A Major Disaster Declaration (FEMA-4486-DR) was approved for Florida on March 25, 2020.
Mission Area	Response
Healthcare Preparedness & Response Capabilities	<p>Capability 1: Foundation for Health Care and Medical Readiness</p> <p>Capability 2: Health Care and Medical Response Coordination</p> <p>Capability 3: Continuity of Health Care Service Delivery</p> <p>Capability 4: Medical Surge</p>
Hazard & Scope	Pandemic: Real World Event – March 2020 to September 2020
Sponsor	Member Coalitions of the Region 3 – Healthcare Coalition Alliance
Participating Organizations	Reference Appendix B for a list of agencies/organizations who participated in the development of this after-action report and improvement plan (AAR-IP).

Event Name

COVID-19 Response (Real World Event)

Point of Contact

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DRAFT

ANALYSIS OF HEALTHCARE PREPAREDNESS & RESPONSE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Healthcare Preparedness & Response Capability	Healthcare Preparedness & Response Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Foundation for Health Care and Medical Readiness	Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, including volunteer management support, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.	P			
2. Health Care and Medical Response Coordination	In conjunction with or through ESF 8, local coalition partners can demonstrate the ability to enhance situational awareness by sharing Essential Elements of Information (EIs).		S		
3. Continuity of Health Care Service Delivery.	HCCs, in conjunction with ESF 8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information.		S		
4. Medical Surge	Health care organizations, and the HCC, in conjunction with ESF 8, will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible care under such conditions.			M	

Table 1. Summary of Healthcare Preparedness & Response Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each Healthcare Preparedness & Response Capability, highlighting strengths and areas for improvement.

Capability 1: Foundation for Health Care & Medical Readiness

The community's health care organizations and other stakeholders - coordinated through a sustainable HCC - have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Objectives:

- 1) Establish and Operationalize a Health Care Coalition
- 2) Identify Risks and Needs
- 3) Develop a Health Care Coalition Preparedness Plan
- 4) Train and Prepare the Health Care and Medical Workforce
- 5) Ensure Preparedness is Sustained

Strengths

The full or partial capability level can be attributed to the following strengths:

Strength 1: The three (3) Healthcare Coalitions (HCCs) in the Region 3 – Healthcare Coalition Alliance (Alliance) have defined geographic boundaries. These geographic boundaries have been established to coincide with catchment areas for healthcare service delivery. These boundaries encompass more than one of each member type (e.g. Hospitals, EMS, ESF-8) to enable coordination.

HCC Service Areas:

- Coalition for Health and Medical Preparedness (CHAMP) – Marion County
- North Central Florida HealthCare Coalition - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties.
- Northeast Florida Healthcare Coalition – Baker, Clay, Duval, Flagler, Nassau, and St. Johns counties

Capability 1 Reference: Objective 1 - Establish and Operationalize a Health Care Coalition; Activity 1 – Define Health Care Coalition Boundaries

Strength 2: The HCCs include a diverse membership to ensure a successful whole community response. All three (3) HCCs in the Alliance have bylaws that provide guidance on membership, healthcare sector representation, and voting rights. Each HCC has a defined core set of members in the following disciplines: Hospitals, EMS, Emergency Management, and Public Health. Additionally, each HCC has added other healthcare disciplines (e.g. Long-Term Care, Home Health, Surgery Centers, Hospice, etc.) to their membership as each organization has grown in their geographic area.

Current Membership of the HCCs in the Region 3 – Healthcare Coalition Alliance stands at 697 people who represent a broad range of healthcare sector disciplines.

Capability 1 Reference: Objective 1 - Establish and Operationalize a Health Care Coalition; Activity 2 – Identify Health Care Coalition Members

Strength 3: All three (3) HCCs in the Alliance have a defined governance structures and bylaws that guide their actions. These bylaws highlight the organizational structure of the HCC, authorities, policies and procedures, membership and voting guidance, operational functions, and methodology for making changes.

Additionally, the Region 3 – Healthcare Coalition Alliance has a governance structure and set of bylaws that guide the executive committee of the Alliance, with similar topic areas that are addressed in the individual HCC bylaws.

Capability 1 Reference: Objective 1 - Establish and Operationalize a Health Care Coalition; Activity 3 – Establish Health Care Coalition Governance

Strength 4: The Region 3 – Healthcare Coalition Alliance has completed a Hazard Vulnerability Assessment (HVA) and accompanying Healthcare Jurisdictional Risk Assessment (JRA). The Alliance created a team of emergency management, public health and planning subject matter experts (SME) to analyze and evaluate the regional data to create these Plans. The 2020 response to COVID-19 was used to update and validate the current HVA.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 1 – Assess Hazard Vulnerabilities and Risks

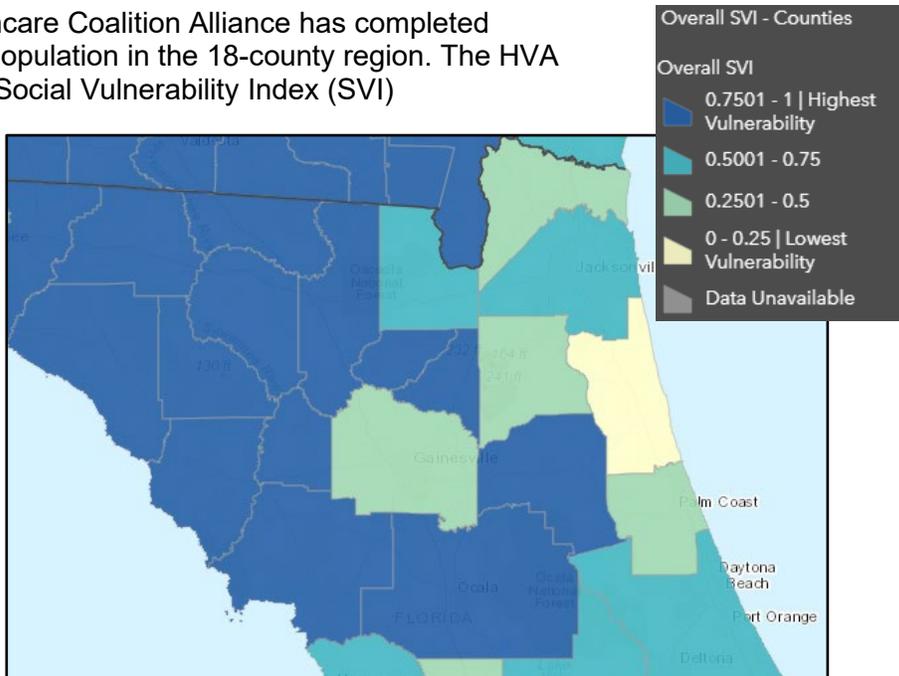
Region 3 Healthcare Hazards	
Level of Risk	Hazard
Major	Hurricane / Tropical Storm (including storm surge)
	Regional Electrical Failure (i.e. blackout)
	Flooding with potential for disruption / harm
	Cyber Terrorism
	Infectious Disease
Moderate	MCI Incident General Injuries
	Regional Communications Disruption
	Multi-Jurisdictional Wild Fire
	Widespread Supply Chain Interruption
	Armed Individual/Active Shooter incident (Large Scale)
	Tornado or Microburst
	Pandemic
	Multiple Facility Evacuations
	Regional Sewer / Water Treatment Failure
	Regional Water Disruption / Interruption
Minor	Widespread Transportation Disruption / Failure
	Regional Fuel Shortage(s)
	Temperature Extremes
	MCI involving chemical, biological or radiological materials
	MCI involving conventional weapons
Winter Weather Event	

Strength 5: The Region 3 – Healthcare Coalition Alliance has completed a Jurisdictional Risk Assessment (JRA). The JRA is used to identify the effects specific hazards have on regional jurisdictions and populations. The assessment further recommends mitigation strategies to lessen these effects on the healthcare delivery system. The JRA, along with the Region 3 Healthcare Hazard and Vulnerability Assessment (HVA) are used to identify gaps and inform the HCCs planning, training, and project selection/funding decisions. Impacts associated to a pandemic (COVID-19) have been included in the HVA and JRA planning documents.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 3 – Prioritize Resource Gaps and Mitigation Strategies

Strength 6: The Region 3 – Healthcare Coalition Alliance has completed demographic assessments of the population in the 18-county region. The HVA contains two primary data sets: 1) Social Vulnerability Index (SVI) 2) HHS emPower.

The Social Vulnerability Index (SVI) uses U.S. Census data to determine the social vulnerability of every Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks each tract on 14 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking.



Region 3 Alliance SVI Vulnerability Levels

The U.S. Department of Health and Human Services emPOWER map provides information on Medicare beneficiaries who rely on electricity-dependent medical and assistive equipment, such as ventilators, at-home dialysis machines, and wheelchairs. The HHS emPOWER Map gives every public health official, emergency manager, hospital, first responder, electric company, and community member the power to discover the electricity-dependent Medicare population in their state, territory, county, and ZIP Code. When combined with real-time severe weather and hazard maps, communities can easily anticipate and plan for the needs of this population during an emergency.

County	Medicare Beneficiaries	Electric Dependent Beneficiaries
Alachua	42,980	1,794
Baker	4,538	275
Bradford	4,871	331
Clay	39,949	1,906
Columbia	14,833	851
Dixie	3,731	302
Duval	153,530	7,076
Flagler	35,409	1,244
Gilchrist	3,705	209
Hamilton	2,980	145
Lafayette	1,035	67
Levy	10,448	580
Marion	105,995	4,759
Nassau	21,150	899
Putnam	17,973	1,053
St. Johns	54,926	1,812
Suwannee	10,436	583
Union	2,091	156
Totals	530,580	24,042
REGION 3 emPower DATA (May 2020)		

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 4 – Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs

Strength 7: The Region 3 – Healthcare Coalition Alliance monitored and distributed regulatory compliance requirements and guidance specific to COVID-19 through the development and distribution of regional healthcare Situation Reports (SitReps). The SitReps provided links to the Governor’s Executive Orders, CMS and AHCA requirements, and CDC guidance and resources. This information changed on a regular basis and our members expressed their appreciation of the efforts put forth to provide timely and trustworthy information.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 5 – Assess and Identify Regulatory Compliance Requirements

Strength 8: The Region 3 – Healthcare Coalition Alliance adopted a Preparedness Plan in 2018 and completed updates to the Preparedness Plan in May of 2020. The Preparedness Plan supports the short and long-term objectives defined in the Strategic Plans for the CHAMP Coalition, Northeast Florida Healthcare Coalition, and the North Central Florida Healthcare Coalition. These objectives were developed with full coordination of member organizations and based on hazard vulnerabilities and gaps identified in planning documents of the HCCs and Alliance. The Preparedness Plan addresses those issues that are experienced across the 18 counties in Region 3, to allow for effective coordination and collaboration in preparedness and to efficiently recover from an emergency.

The real-world events and experiences from the 2016 & 2017 hurricane seasons and the ongoing 2020 response to COVID-19 have allowed the Coalitions and all of Region 3 to better understand the risk and the extent of the needs for the healthcare community during a natural disaster and/or public health emergency. This Plan is reviewed and updated regularly.

Capability 1 Reference: Objective 3 – Develop a Health Care Coalition Preparedness Plan

Strength 9: Member HCCs of the Alliance have assisted health care organization members with numerous National Incident Management System (NIMS) trainings and through annual validation exercises. NIMS provides stakeholders across the whole community with the shared vocabulary, systems and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS defines operational systems that guide how personnel work together during incidents. These NIMS-based trainings and exercises have aided healthcare facilities with navigating the preparedness and response phases of COVID-19.

The following NIMS related training and exercises have been offered to HCC members:

Training or Exercises	Source/Provider
IS-100.b - (ICS 100) Introduction to Incident Command System	FEMA – (Independent Study)
IS-200.b (ICS 200) ICS for Single Resources and Initial Action Incidents	FEMA – (Independent Study)
IS-700.a National Incident Management System (NIMS), An Introduction	FEMA – (Independent Study)
IS-702.a National Incident Management System (NIMS) Public Information Systems	FEMA – (Independent Study)
IS-703.a NIMS Resource Management Course	FEMA – (Independent Study)
IS-800.b National Response Framework, An Introduction	FEMA – (Independent Study)
ICS-300: Intermediate Incident Command System for Expanding Incidents, ICS-300	FEMA – Local Emergency Mgmt.
ICS-400: Advanced ICS for Command and General Staff–Complex Incidents	FEMA – Local Emergency Mgmt.
Hospital Incident Command Systems (HICS)	Health Care Coalitions
Nursing Home Incident Command Systems (NHICS)	Health Care Coalitions
Coalition Surge Test (CST) Exercise – Conducted Annually	Health Care Coalitions

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 1 - Promote Role-Appropriate National Incident Management System Implementation

Strength 10: The Region 3 – Healthcare Coalition Alliance has adopted a Strategic Plan that identifies preparedness and response gaps. In reply, each HCC has implemented annual workshops to develop training priorities and implementation timelines. This annual process has assisted each HCC with the development of a 3-year Training and Exercise Plan (TEP).

Annual updates to the TEP have always included infectious disease education and support courses. These opportunities have helped member organizations with preparing for and responding to the COVID-19 epidemic. The following training opportunities have been provided to HCC members, with the Infectious Disease “Best Practices” Workshops being implemented in each HCC region in March of 2020:

Training or Workshops
Basic Healthcare Emergency Management
Advanced Healthcare Emergency Management
MGT 409 - Community Healthcare Planning & Response to Disasters
PER 320 - Personal Protective Measures for Biological Events
MGT 319 – Medical Countermeasures: Points of Dispensing (POD), Planning, and Response
PER 211 – Medical Management of Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Events
Infectious Disease “Best Practices” Workshops

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 2 – Educate and Train on Identified Preparedness and Response Gaps

Strength 11: Each HCC in the Alliance has planned and conducted multiple discussion-based and operations-based exercises to assess the health care delivery system’s readiness. One example of an operations-based exercise is the annual Coalition Surge Test (CST) Exercise. The CST is designed to help health care coalitions identify gaps in their surge planning through a low- to no-notice exercise. The CST tests a coalition’s ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a coalition’s staffed acute-care bed capacity.

Additionally, several exercises have been completed to address concepts associated to infectious disease. The HCCs used the 100-year anniversary of the 1918 Pandemic Influenza (Spanish Flu) to conduct five (5) tabletop exercises across the region in FY 19-20. This allowed participating healthcare facilities and support agencies to identify gaps in their planning, policies, equipment, and training and exercises as they relate to pandemic influenza.

Infectious Disease Related Exercises
Measles Virus Tabletop Exercise – St. Johns County (2015)
Pandemic Influenza Tabletop Exercise – Duval County (2018)
Pandemic Influenza Tabletop Exercise – Clay County (2019)
Pandemic Influenza Tabletop Exercise – Gilchrist County (2019)
Pandemic Influenza Tabletop Exercise – Putnam County (2019)
Pandemic Influenza Tabletop Exercise – St. Johns County (2019)

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 3 – Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

Strength 12: All exercises planned, implemented, and evaluated for the HCCs use Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals, as well as integrate requirements from Joint Commission and the Centers for Medicare Medicaid Services (CMS).

The HCCs have played an active role in developing and providing exercise documentation to assist healthcare facilities with meeting their training and exercise requirements. This remains true for the infectious disease exercises highlighted in the previous section. All exercise participants were provided with the following exercise documents to assist with meeting exercise requirements.

- Sign-in Sheets
- Situation Manual
- Exercise Presentation
- Participant Evaluation Forms
- Exercise Participation Letter from the HCC
- After-Action Report/Improvement Plan Template – facilities complete their own AAR-IP

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 4 – Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements

Strength 13: The HCCs coordinated with their members and other response organizations to complete after-action reports and improvement plans (AAR-IP) following exercises and real-world events. The development of this regional COVID-19 AAR-IP for a real-world event supports the 2017-2022 Healthcare Preparedness and Response capability, objective, and associated activity for evaluating exercises and responses to emergencies.

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 5 – Evaluate Exercises and Responses to Emergencies

Strength 14: The Region 3 – Healthcare Coalition Alliance conducted Infectious Disease “Best Practices” Workshops on March 3-5, 2020. Recent occurrences and outbreaks of infectious diseases such as influenza, Ebola and the 2019 Novel Coronavirus (2019-nCoV) have illustrated the importance of using effective infection control measures. These workshops allowed for infectious disease subject matter experts from across the healthcare sector to develop an Infectious Disease and Infection Control Best Practices Framework.

The Infectious Disease and Infection Control Best Practices Framework provided guidelines to assist healthcare organizations and community partners in planning and training for infectious diseases. This document has been broken into four “intervals” that represent an escalation in an infectious disease and its impact on the ability of healthcare organizations to provide healthcare services. This document is meant to be used by healthcare organizations for planning and response phases. It is not meant to replace or supersede existing plans.

The 2020 Infectious Disease Best Practices Framework was adopted and distributed to HCC member organizations in June of 2020. This Framework was also posted to the Region 3 – Healthcare Coalition Alliance website for open source use and reference.

Capability 1 Reference: Objective 4 – Train and Prepare the Health Care and Medical Workforce; Activity 6 – Share Leading Practices and Lessons Learned

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: The Healthcare Coalitions were underutilized by the lead healthcare regulatory agencies and State response agencies to conduct and coordinate healthcare resource assessments in preparation to and during the response to COVID-19.

Capability 1 Reference: Objective 2 – Identify Risks and Needs; Activity 2 – Assess Regional Health Care Resources

Analysis: The Agency for Health Care Administration (AHCA), Florida Division of Emergency Management (FDEM), and Florida Department of Health (FDOH) are the lead agencies for healthcare coordination and response to the COVID-19 Pandemic.

The Region 3 - Healthcare Coalition Alliance implemented an initial call from State ESF-8 (Health and Medical) to request resource information from our members to support planning for COVID-19 surge. Since that initial request, AHCA has made several updates and improvements to their Emergency Status System (ESS) for healthcare facility reporting. AHCA requires all licensees providing residential or inpatient services to use the ESS database for reporting its emergency status, and for planning or operations. ESS includes reporting data associated to clinical services, critical infrastructure supporting healthcare, caches of healthcare supplies and equipment, alternate care sites, healthcare supply chain, and more.

Efforts should be made by Region 3 – Healthcare Coalition Alliance staff to coordinate with AHCA to better determine how the HCCs can support their ESS data collection needs at the regional and local level. Coalition staff can act as a force multiplier with our members and can include relevant reporting information in the regional healthcare Situation Reports.

Capability 2: Health Care & Medical Response Coordination

Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Objectives:

- 1) Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans*
- 2) Utilize Information Sharing Procedures and Platforms*
- 3) Coordinate Response Strategy, Resources, and Communications*

Strengths

The full or partial capability level can be attributed to the following strengths:

Strength 1: HCC's in the Region 3 – Healthcare Coalition Alliance have conducted several Comprehensive Emergency Management Plan (CEMP) or Emergency Operation Plan (EOP) development workshops for the membership. Most recently, in coordination with Americares, the HCCs hosted “Preparedness Health Center Resiliency Bootcamps” in August of 2019. The Health Center Resiliency Bootcamps were 2-day trainings designed for organizations with existing emergency plans or mandates requiring plans be developed (such as FQHCs). Participants completed documents throughout the training that were specific to their organization and could be integrated into existing plans.

CEMP/EOP Development Workshops covered the following areas:

- Planning Strategies - Foundational preparedness concepts and the importance of improving effective and efficient decision making
- Program Management - Emergency Management Committee, Incident Command System, Succession Planning and Emergency Operations Center
- Communications - Internal and External Communications
- Essentials Services - Defining essential services during and immediately after a disaster, limitations and expansions in services
- Staffing - Identifying staffing needs and operations with limited staffing
- Resources - On-hand resources, procuring resources, supply chain
- Partnerships - Discuss partnerships with local organizations and other health facilities

While the HCCs are not a health care regulatory agency, these types of CEMP/EOP Development Workshops support our healthcare members with meeting Agency for Health Care Administration (AHCA) guidance regarding requirements for healthcare facilities to have an approved comprehensive emergency management plan (CEMP).

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 1 – Develop a Health Care Organization Emergency Response Plan

Strength 2: The Region 3 – Healthcare Coalition Alliance approved an Operational Plan (Response Plan) in June of 2019. The Operational Plan establishes and describes the operational and response roles and responsibilities of the HCC and its members during all hazards events that threaten the healthcare system within the HCC boundaries.

Each county’s Emergency Operations Center is responsible for coordinating the overall disaster response within its jurisdiction. HCCs can be used in support of an EOC’s Emergency Support Function 8 - Health and Medical (ESF-8) or Operations Section activities.

During COVID-19, the Region 3 - Healthcare Coalition Alliance functioned as a Multi-Agency Coordination Center (MACC) which is a multi-disciplinary organizational model that allows healthcare entities means to obtain additional support during disasters. The MACC provided offsite support of ICS and EOC organizations and served as a “clearing house” by collecting, processing, and disseminating data and information to HCC members and partners during the COVID-19 pandemic.

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 2 – Develop a Health Care Coalition Response Plan

Strength 3: The Operational Plan (Response Plan) of the Region 3 – Healthcare Coalition Alliance has guidance for information sharing. This guidance provides a framework that can bend and flex to the demands of each incident. The framework highlights the types of communications systems that can be leveraged by ReadyOp (primary communications platform) such a phone, email, and text but also includes activation triggers and contains reference forms to State ESF-8 Essential Element of Information (EEl)s).

It is important to note that the Agency for Health Care Administration (AHCA) and State ESF-8 (Health & Medical) are the primary agencies for data collection, analysis, and information sharing. The HCCs play a support role by sharing this information to our members to provide greater situational awareness.

Capability 2 Reference: Objective 2 – Utilize Information Sharing Procedures and Platforms; Activity 1 – Develop Information Sharing Procedures

Strength 4: The Protective Security Advisor (Mr. Kirby Wedekind) from the Cybersecurity and Infrastructure Security Agency (CISA) of the Department of Homeland Security is a member and partner agency of the HCCs in the Region 3 – Healthcare Coalition Alliance. Mr. Wedekind gave presentations to the North Central Florida HealthCare Coalition and Northeast Florida Healthcare Coalition at their February 2020 Executive Board Meetings. The presentations contained information on free resources and assistance that can be provided to the healthcare sector by CISA such as data and access protection, cybersecurity, infrastructure protection, and supply chain management.

Mr. Wedekind was been in direct contact with the HCCs throughout the COVID-19 response. He has provided regular emails with situational awareness items related to cybersecurity and infrastructure protection of the healthcare sector. CISA information and guidance have been incorporated into the healthcare Situation Reports that have been developed and regularly distributed to HCC members.

Topics have included:

- CISA's activities related to Novel Coronavirus (COVID-19)
- Risk Management for Novel Coronavirus (COVID-19)
- COVID-19 Cyber Scams
- Enterprise VPN Security
- Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response
- CISA: Safety Practices for Critical Workers
- Phishing against US healthcare providers
- Telework Security Best Practices
- Information and Communications Technology (ICT) supply chain

Capability 2 Reference: Objective 2 – Utilize Information Sharing Procedures and Platforms;
Activity 2 – Identify Information Access and Data Protection Procedures

Strength 5: HCCs in the Region 3 – Healthcare Coalition Alliance utilize existing primary and redundant communications systems and platforms, as referenced in the Operational Plan. This includes systems for HCC communications, as well as systems that support communication and information sharing across the healthcare sector. The following table highlights the primary and secondary communications system by topic.

Topic	Primary System	Secondary System
Coalition Member Lists	ReadyOp	ReadyOp
Partner Contact Lists	Outlook	Red Book (printed)
Healthcare Facility Status	ESS (AHCA)	ReadyOp
Resource Requests & Coordination	WebEOC (FDEM)	ReadyOp
Patient Tracking	Local EMS Tracking/Hospital Processes	ReadyOp developing beta

Capability 2 Reference: Objective 2 – Utilize Information Sharing Procedures and Platforms;
Activity 3 – Utilize Communications Systems and Platforms

Strength 6: HCC member organizations used the Agency for Health Care Administration's (AHCA) Emergency Status System (ESS) for daily reporting. AHCA requires all licensees providing residential or inpatient services to use the ESS database for reporting their emergency status, planning or operations. The COVID-19 epidemic required AHCA to add several new data fields to the ESS system to manage situational awareness specific to the COVID-19 threat. Our member healthcare organizations were quick to adapt to new ESS reporting requirements.

In addition to the ESS reporting system, healthcare facilities coordinated with local emergency management offices on resource needs such as personal protective equipment (PPE). County Emergency Management used the WebEOC Interface to communicate local essential elements of information (EEI) and to coordinate local healthcare resource needs with the Florida Division of Emergency Management.

County Emergency Management and ESF-8 (Health & Medical) partners have used the ESS reporting system and WebEOC Interface to support information exchange and resource management throughout the COVID-19 response.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 1 – Identify and Coordinate Resource Needs during an Emergency

Strength 7: The Region 3 – Healthcare Coalition Alliance assisted the Florida Department of Health with collection of hospital ventilator availability and capacity data during the early-stages of the COVID-19 response. These efforts supported FDOH with data for ventilator capacity planning prior to ventilator information requirements were implemented in AHCA's ESS reporting system.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 1 – Identify and Coordinate Resource Needs during an Emergency

Strength 8: The Region 3 – Healthcare Coalition Alliance and County ESF-8 (Health & Medical) partners have been provided semi-daily hospital bed availability data from the Agency for Health Care Administration. Facility specific and aggregated county level data has been made available for planning purposes. The information is self-reported from hospital facilities using AHCA's ESS reporting system.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 1 – Identify and Coordinate Resource Needs during an Emergency

Strength 9: Region 3 – Healthcare Coalition Alliance staff had a proactive role in sharing accurate and timely information regarding COVID-19 with member organizations. These efforts included attending statewide and regional coordination calls with various healthcare disciplines and the development and distribution of regular Situation Reports.

Alliance staff participated in the following statewide or regional coordination calls in support of the COVID-19 response:

- EMS Provider Call
- County Health Department Call
- Florida Hospital Association Call
- Behavioral Health Centers Call
- Healthcare Provider Call
- Home and Community-based Provider Call
- Florida Health Care Association & Nursing Home Call
- First Coast Disaster Council Call (NE Florida hospitals)
- SERT/County Emergency Management Call
- Florida Healthcare Coalition Task Force Call

Information and data collected from these coordination calls assisted Alliance staff with the development of healthcare specific Situation Reports (SitReps). The SitReps contained

information on infections per county, emergency rules, regulatory guidance, healthcare resources, and training. The SitReps were developed and distributed to the 697 members of the Alliance on a regular basis. A total of 66 SitReps were distributed to HHC members and posted to the Region 3 – Healthcare Coalition Alliance website (<https://www.flregion3hcc.org/COVID-19-response/>) from March 2020 to September 2020.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 3 – Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Strength 10: HCC members were surveyed regarding the Healthcare Situation Reports developed and distributed by Alliance staff. Members were asked about their overall satisfaction with the document, as well as the trustworthiness of the information being shared. Both areas received high marks and several positive comments from the membership.

Members were asked the following questions, along with the results of the survey.

Question: The Healthcare Coalition has been providing daily or weekly COVID-19 Situation Reports to our members. Please rate your satisfaction with the Situation Reports.

Survey Result: 71 of the 74 member responses rated the Situation Reports as “Very Useful” or “Useful.” This means that over 95% of members surveyed found the regular situation reports as a useful resource to support planning and response activities

	VERY USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS REGULARLY	USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS PERIODICALLY	NEUTRAL - I RECEIVE SIMILAR INFORMATION FROM OTHER PARTNERS	NEEDS HELP - MOST OF THE INFORMATION WAS NOT RELEVANT TO ME OR MY ORGANIZATION	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	67.57% 50	28.38% 21	2.70% 2	0.00% 0	1.35% 1

Question: Is the Healthcare Coalition Situation Report a trusted source of healthcare specific information?

Survey Result: 73 of the 74 member responses said that the Healthcare Situation Reports have been a trusted source of healthcare information during the COVID-19 response. Almost 40% of survey participants said the SitReps were their primary source of regional healthcare information, while almost 60% said they used the Sit Rep in conjunction with other healthcare information sources.

	YES - THIS IS MY PRIMARY SOURCE FOR REGIONAL HEALTHCARE INFORMATION	YES - I TRUST THE INFORMATION IN CONJUNCTION WITH OTHER HEALTHCARE INFORMATION SOURCES	NO	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	39.19% 29	59.46% 44	0.00% 0	1.35% 1

Sample Member Comments:

- The Situation Reports are concise, informative, current and includes intelligence outside of my area for strategic planning purposes in the event an evacuation would be necessary. This would allow me greater flexibility on which mutual aid agreement I would select depending on the path/information of the storm or emergency presented in these reports.
- I used them regularly in our meetings and review of current COVID status. Those SitReps were great compilations of information and resources for SNFs and even our staff with questions.
- While I do obtain information from other sources, I have found this report to be user-friendly. A quick go-to with other sources. I have found that I often have to "dig" for the information or go through link after link to find this information.
- Again, the use of information from dozens of sources and sharing it in a user-friendly format was very important in our response to COVID-19.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 3 – Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Results from the Region 3 – Healthcare Coalition Alliance COVID-19 After-Action Survey show that over 95% of respondents had to make updates to organizational plans, policies, or procedures as it relates to this infectious disease.

Updates to Plans/Policies/Procedures	95.95%	71
Total Respondents: 74		

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 1 – Develop a Health Care Organization Emergency Response Plan

Analysis: While the HCCs have provided CEMP/EOP Development Workshops in the past, the results of this survey show the need to provide additional opportunities for health care facilities to update and amend plans, policies, and procedures.

Traditionally, CEMP and EOP development has been driven by the hazards we face on a regular basis such as flooding or impacts from tropical systems. Local and State emphasis has been placed on these primary threats due to increase tropical activity and flooding events since 2015. Healthcare facility CEMPs have gone through significant updates and reviewing agencies have provided stringent oversight in recent years due to impacts to the healthcare sector from storms like Hurricane Irma (2017).

It is recommended that the HCCs in the Regional 3 – Healthcare Coalition Alliance provide additional CEMP/EOP Plan Development workshops to our membership. Two types of

workshops should be provided to member organizations to assist with agency specific planning and for special considerations concerning infectious diseases.

- Workshop 1 - General Healthcare CEMP/EOP Plan Development
- Workshop 2 – CEMP/EOP Plan Updates for COVID-19 (or any infectious disease)

Area for Improvement 2: The Operational Plan (Response Plan) of the Region 3 – Healthcare Coalition Alliance makes reference to the use of Airtable as a member management system. Airtable is no longer being used for HCC member management.

Capability 2 Reference: Objective 1 – Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans; Activity 2 – Develop a Health Care Coalition Response Plan.

Analysis: The Region 3 – Healthcare Coalition Alliance recently transitioned from Airtable to ReadyOp as the member management system. Updates should be made to the Operational Plan “Section 3.2 Member Management” to reflect these changes. These amendments can be made as part of the annual review and approval process as outlined in the Plan (by the Board of Directors of each Coalition and the Region 3 - Coalition Alliance Board by June 30 of each year).

Area for Improvement 3: The Region 3 – Healthcare Coalition Alliance was not integrated into statewide communication or coordination activities for COVID-19 response.

Capability 2 Reference: Objective 3 – Coordinate Response Strategy, Resources, and Communications; Activity 2 – Coordinate Incident Action Planning During an Emergency

Analysis: It appears that the HCCs are not considered a support entity for healthcare sector communication and coordination to disasters. HCCs were never given objectives or encouraged to develop strategies to assist the healthcare sector or ancillary partners. The HCCs have been woefully underutilized to support State, regional, and local healthcare sector planning, coordination, and response activities to COVID-19.

Federal guidance says that the HCC is useful for all phases of Comprehensive Emergency Management, but its primary mission should be to support healthcare organizations. While Florida HCCs are not defined response organizations through Florida Statute, their goals are to (1) augment local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event and as (2) a vehicle to coordinate and maintain current hospital preparedness levels while enhancing disaster preparedness and resiliency in other portions of the healthcare system.

Several efforts were made to engage lead response agencies (Florida Department of Health, Agency for Healthcare Administration, Florida Health Care Association) to establish relationships and to leverage our capabilities in support of the COVID-19 response. Each effort was met with no response or barriers to engagement.

It is recommended that the Region 3 – Healthcare Coalition Alliance and members of the Florida Healthcare Coalition Task Force work together to develop a strategy on regulatory and lead response agency engagement. At a minimum, engagement activities should include the following:

- Marketing of HCCs and Support Resources
- Request for Inclusion in Planning Meetings
- Request for Inclusion on their Agency distribution lists – assist with providing our members with accurate and timely information, as well as for inclusion in Healthcare Situation Reports that are distributed to HCC members.
- HCC Assistance at the local level (force multiplier)

DRAFT

Capability 3: Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the Emergency Support Function - 8 (ESF-8) lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or, ideally, improved operations.

Objectives:

- 1) *Identify Essential Functions for Health Care Delivery*
- 2) *Plan for Continuity of Operations*
- 3) *Maintain Access to Non-Personnel Resources during an Emergency*
- 4) *Develop Strategies to Protect Health Care Information Systems and Networks*
- 5) *Protect Responders' Safety and Health*
- 6) *Plan for and Coordinate Health Care Evacuation and Relocation Plans*
- 7) *Coordinate Health Care Delivery System Recovery*

Strengths

The full or partial capability level can be attributed to the following strengths:

Strength 1: The HCCs within the Region 3 – Healthcare Coalition Alliance have offered numerous Continuity of Operations Plan (COOP) development workshops to our members. Continuity of Operations Plans (COOP) are a necessary component of every organization's readiness for emergencies and disasters that effect the organization's ability to "stay in business" through and following an emergency or disaster.

The following COOP Resources were provided to HCC Members in FY 18-19 & FY 19-20:

- **COOP Planning Materials**
 - COOP program included a COOP Plan Template that aligned with national standards (CMS Emergency Rule and NFPA 1600 – Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs)
 - National Standard reference materials
 - Logistics checklists
- **COOP Planning Workshops – 6 offerings made available in the Region**
 - A free 4-hour workshop available to any HCC member or organization
 - Workshop provided an overview of the COOP template and reference materials
 - Specific "how to" prompts were provided throughout the template and discussed in the workshop
 - All workshop participants received COOP program materials on a USB memory device for their use
- **COOP Planning Technical Assistance**
 - Workshop attendees had access to COOP Planning Technical Assistance

- Technical assistance by COOP planning specialists was available on scheduled days throughout the region

Capability 3 Reference: Objective 2 – Plan for Continuity of Operations; Activity 1 – Develop a Health Care Organization Continuity of Operations Plan

Strength 2: The HCCs in the Region 3 – Healthcare Coalition Alliance adopted a Continuity of Operations Plan (COOP) in June 2020, which included considerations for COVID-19 and other infectious diseases. This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of mission essential functions for the Alliance. The COOP outlines communication and coordination systems, succession and delegation of authority, and actions to be taken by the Alliance during an emergency. Additionally, the COOP focuses on the following components:

- Ensures the Alliance is prepared to provide the mission essential services required
- Identifies normal operations and secondary functions and includes a phased approach to the restoration of these functions.

Capability 3 Reference: Objective 2 – Plan for Continuity of Operations; Activity 2 – Develop a Health Care Coalition Continuity of Operations Plan

Strength 3: The Northeast Florida Regional Council (NEFRC) serves as the administrative and fiduciary agent for the Region 3 – Healthcare Coalition Alliance. Administrative and fiduciary services for the Alliance have been maintained throughout the COVID-19 pandemic. The NEFRC has implemented components of their COOP Plan to maintain mission essential functions. As a result, all contract deliverables and quarterly financial reports submitted to the Florida Department of Health have been approved.

Capability 3 Reference: Objective 2 – Plan for Continuity of Operations; Activity 3 – Continue Administrative and Finance Functions

Strength 4: The Northeast Florida Healthcare Coalition and Northeast Florida Local Emergency Planning Committee (LEPC) for hazardous materials implemented a pilot Shelter-in-Place (SIP) Training and Exercise program for healthcare facilities throughout FY 2019-2020. Many SIP concepts taught at the training and implemented during facility specific exercises have a nexus with strategies and tactics used during the COVID-19 response. This includes:

- Decision-making criteria and authorities
- Identification of patient and non-patient care locations to provide protection from the external environment
- Operational procedures for shutting down HVAC, lock-down, and access control
- Assessment of internal capabilities and needs
- Acquisition of supplies, equipment, pharmaceuticals, and other necessary resources for sustainment (e.g., water and food)
- Internal and external communications plans, including plans for communicating with patients' and workforce's families
- Triggers for lifting shelter-in-place orders

Summary of the SIP Program:

In January and February of 2020, the Northeast Florida Healthcare Coalition (HCC) and Northeast Florida Local Emergency Planning Committee for Hazardous Materials (LEPC), programs of the Northeast Florida Regional Council, partnered to implement a pilot training and exercise program. The goal of this program was to enhance Shelter-in-Place (SIP) capabilities of healthcare facilities for a hazardous materials incident and to assist healthcare facilities with meeting CMS training and testing requirements.

Healthcare agencies were asked to participate in a four (4) step Shelter-in-Place training and exercise program for facilities to receive a letter or participation from the Healthcare Coalition. LEPC staff conducted Shelter-in-Place “Train-the-Trainer” courses and gave participating organizations training resources to implement Shelter-in-Place training at their facility. Once the internal Shelter-in-Place training was complete, the HCC initiated a community-wide Shelter-in-Place exercise. A notification was provided to healthcare facilities and community organizations for them to enact their Shelter-in-Place protocols at 10am on February 25, 2020.

The following highlights the 4-step process of the pilot program:

- 1) **PREPARE** - Attend an LEPC sponsored Shelter-in-Place training (training offered in Baker, Clay, Duval, Flagler, Nassau, Putnam, & St. Johns counties)
- 2) **IMPLEMENT TRAINING** - Participants conducted a staff training at their healthcare facility or community organization on Shelter-in-Place concepts and developed a Shelter-in-Place kit
- 3) **CONDUCT EXERCISE** – Participants conducted a Shelter-in-Place exercise at their healthcare facility or community organization on February 25th
- 4) **EVALUATE EXERCISE** – Participants completed a predeveloped after-action report for their facility exercise and submitted results through an online survey.

By the Numbers	
# of people who attended LEPC sponsored Shelter-in-Place training	106
# of counties where LEPC sponsored Shelter-in-Place training was held	7
Total # of agencies/organizations that conducted a Shelter-in-Place Exercise	48
# of people who participated in the Shelter-in-Place Exercise	812
# of counties where an agency/organization conducted a Shelter-in-Place Exercise	12

Capability 3 Reference: Objective 2 – Plan for Continuity of Operations; Activity 4 – Plan for Health Care Organization Sheltering-in-Place

Strength 5: The Region 3 – Healthcare Coalition Alliance began a supply chain integrity program in 2019. The initial phase of this program was implementing a supply-chain assessment through the collection of survey information/data from in-patient facilities, such as hospitals, skilled nursing, and long-term care facilities.

Survey responses were received from 52 facilities; 15 hospitals, 29 long-term care; 1 behavioral health, 1 home health, 1 primary care, and 5 listed as other. Preliminary results were captured in the following healthcare sector supply-chain areas:

- Transportation
- Fuel

- Hazardous Waste
- Biomedical Equipment
- Medical Gas
- Disposable Supplies
- Blood and Blood Products
- Personal Protective Equipment (PPE)

In future phases, the Alliance will collect the data from other healthcare partners and from manufacturers and distributors. The data will be aggregated and used to identify gaps and vulnerabilities, and to develop mitigation strategies

Capability 3 Reference: Objective 3 – Maintain Access to Non-Personnel Resources during an Emergency; Activity 1 – Assess Supply Chain Integrity.

Strength 6: The Region 3 – Healthcare Coalition Alliance is served by agencies and organizations directly involved in cybersecurity preparedness and response activities. These entities include the Department of Homeland Security, Regional Domestic Security Task Force, and local Fusion Centers.

To combat risks associated to healthcare information systems and networks, these partners have begun to provide presentations and resource materials to healthcare coalition members. The Protective Security Advisor (Mr. Kirby Wedekind) from the Cybersecurity and Infrastructure Security Agency (CISA) of the Department of Homeland Security recently gave presentations to the North Central Florida HealthCare Coalition and Northeast Florida Healthcare Coalitions at their February 2020 Executive Board Meetings. The presentations contained information on free resources and assistance that can be provided to the healthcare sector by CISA such as data and access protection, cybersecurity, infrastructure protection, and supply chain management. Additionally, CISA has offered free assistance to healthcare facilities who have experienced any cybersecurity incident.

Capability 3 Reference: Objective 4 – Develop Strategies to Protect Health Care Information Systems and Networks

Strength 7: While healthcare coalitions are not in Florida Statute for disaster response, the Region 3 – Healthcare Coalition Alliance has supported the COVID-19 response through the procurement and distribution of Personal Protective Equipment (PPE) for our long-term care and home health member organizations. PPE shortages have been a hallmark of the COVID-19 response. In reaction, Alliance staff developed over 200 PPE care packages that were boxed and shipped to individual healthcare facilities. PPE care packages contained nitrile gloves, face masks, ear saves, and educational training specific to COVID-19 impacts in the long-term care setting.

Alliance staff has received numerous comments and emails from receiving facilities thanking the Alliance for their PPE Care Package and continued support from the health care coalition.

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 1 – Distribute Resources Required to Protect the Health Care Workforce

Strength 8: Annual project funding has been allocated to the healthcare sector to address gaps and vulnerabilities associated to infectious disease. Over the last three fiscal years, the HCCs in the Alliance have funded over \$130,000 in member projects with a nexus to infectious disease.

Examples of HCC funded projects include:

- Personal Protective Equipment (PPE) Assessments
- Decontamination Equipment and Supplies
- Respiratory Infection Training and PPE
- Powered Air Purifying Respirators (PAPR) and associated equipment
- Healthcare Culinary Preparation Training for the COVID-19 Environment
- AeroClave Decontamination Systems – for use in EMS vehicles

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 1 – Distribute Resources Required to Protect the Health Care Workforce

Strength 9: The Northeast Florida Regional Council, the administrative agency of the Region 3 – Healthcare Coalition Alliance, has entered into an agreement with the Florida Hospital Association as a subgrantee to implement ASPR funding for COVID-19 preparedness and response activities. While direct program guidance and funding conditions have not been finalized, it is the intent of the money to be used to provide resources to the healthcare sector to address gaps in COVID-19 or other infectious disease preparedness and response. Once a finalized agreement is in place, an implementation strategy will be developed for the distribution of up to \$300,000.

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 1 – Distribute Resources Required to Protect the Health Care Workforce

Strength 10: As previously stated in this after-action report (Capability 1; Objective 2; Activities 3 & 4), the HCCs in the Alliance have implemented multiple trainings, drills, and exercises to develop knowledge, skills, and abilities to effectively respond to a pandemic or other infectious disease. These opportunities have helped member organizations with preparing for and responding to the COVID-19 pandemic. The following training opportunities have been provided to HCC members, with the Infectious Disease “Best Practices” Workshops being implemented in each HCC region in March of 2020:

Training or Workshops
Basic Healthcare Emergency Management
Advanced Healthcare Emergency Management
MGT 409 - Community Healthcare Planning & Response to Disasters
PER 320 - Personal Protective Measures for Biological Events
MGT 319 – Medical Countermeasures: Points of Dispensing (POD), Planning, and Response
PER 211 – Medical Management of Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Events
Infectious Disease “Best Practices” Workshops

Additionally, several exercises have been completed to address concepts associated to infectious disease. The HCCs used the 100-year anniversary of the 1918 Pandemic Influenza (Spanish Flu) to conduct five (5) tabletop exercises across the region in FY 2019-2020. This

allowed participating healthcare facilities and support agencies to identify gaps in their planning, policies, equipment, and training and exercises as they related to pandemic influenza.

Infectious Disease Related Exercises
Measles Virus Tabletop Exercise – St. Johns County (2015)
Pandemic Influenza Tabletop Exercise – Duval County (2018)
Pandemic Influenza Tabletop Exercise – Clay County (2019)
Pandemic Influenza Tabletop Exercise – Gilchrist County (2019)
Pandemic Influenza Tabletop Exercise – Putnam County (2019)
Pandemic Influenza Tabletop Exercise – St. Johns County (2019)

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 2 – Train and Exercise to Promote Responders’ Safety and Health

Strength 11: The Region 3 – Healthcare Coalition Alliance partnered with Jacksonville University’s Healthcare Simulation Center to develop a COVID-19 training initiative targeting Long-Term Care (LTC) facilities across North Florida. This initiative was meant to assist with educating staff on issues specific to COVID-19 in the LTC setting.

The COVID-19 educational materials and training videos were downloaded on thumb drives and distributed to LTC facilities, along with Alliance developed PPE Care Packages. The educational materials and videos were also made available to members via the Region 3 – Healthcare Coalition Alliance website (<https://www.fregion3hcc.org/long-term-care-training/>). The training package contained a training video, a pre and post-test, and training evaluation. The tests and evaluation could be used to validate the training concepts before and after the training, as well as be used to document annual training at the healthcare facility.

Training concepts covered were:

- Overview of COVID-19
- Preparing Long-Term Care Facilities
- Hand Washing, PPE Donning and Doffing
- Mental Health Assessment of Staff
- Mental Health and Suicide Risk Assessment of Residents
- Long-Term Care Resident Nursing Assessment
- Nursing Assistants Toileting and Transfer of Residents
- Nursing Assistant Doffing PPE

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 2 – Train and Exercise to Promote Responders’ Safety and Health

Strength 12: The HCCs have integrated mental/behavioral health training into their Training and Exercise Plans (TEP). Initial efforts and training opportunities have been provided due to the growing demand for these services across the healthcare sector. Prior to the COVID-19 activation, Alliance staff coordinated with faculty at the University of Florida’s PIE Center to provide “Disaster Mental Health Recovery and Response Workshops.” These 2-day workshops were implemented in January and February of 2020.

The Disaster Mental Health Recovery and Response Workshops provide community members active in disasters the skills needed to address mental health needs and issues following disasters. The first portion of the training included Mental Health First Aid training, which is a course developed by the National Council for Behavioral Health. The second portion of training focused on understanding the needs of families and community members during a disaster, and how to best support individuals in the context of a disaster.

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 3 – Develop Health Care Worker Resilience

Strength 13: In response to COVID-19, Alliance staff coordinated with partners on the Region 3 Incident Management Team to determine how the healthcare coalitions could best support our Long-Term Care partners. There were general concerns regarding mental and behavioral health impacts associated to the COVID-19 for frontline healthcare staff, as well as inpatient residents. As a result, the Region 3 – Healthcare Coalition Alliance partnered with Jacksonville University’s Healthcare Simulation Center to develop a COVID-19 training initiative targeting Long-Term Care (LTC) facilities across North Florida. Part of initiative and associated training video addressed the following areas:

- Mental Health Assessment of Staff
- Mental Health and Suicide Risk Assessment of Residents

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 3 – Develop Health Care Worker Resilience

Strength 14: The Region 3 – Healthcare Coalition Alliance conducts the Coalition Surge Test (CST) Exercise on an annual basis, with the last Regional exercise taking place on March 11, 2020. The CST is designed to help HCCs identify gaps in their surge planning through a low- to no-notice exercise. The exercise’s foundation comes from a real-world health care system disaster challenge—the evacuation of a hospital or other patient care facility. The CST tests a HCCs ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a HCCs staffed acute-care bed capacity.

The entire CST takes approximately 3 hours to complete and includes the two following phases:

- Phase 1: Functional Exercise (90 minutes) - Evacuating facilities are instructed to take a current patient count and to work (using whatever communication mechanisms it would during a real evacuation) to find appropriate destinations and transportation for each patient (no movement of actual patients). A patient is considered “placed” when (1) there is verbal or written agreement from another facility that it can provide an appropriate destination for the patient, and (2) players have identified appropriate transportation assets that could move patients to their new locations. The exercise ends when all patients are placed or after 90 minutes, whichever comes first.
- Phase 2: Facilitated Discussion (60-90 minutes) - After a break, the participants join a facilitated discussion that explores issues raised during the exercise, including more detailed transportation planning, the capacity of receiving hospitals, patient tracking and public information, the needs of at-risk patients, and continuity of operations.

Recent CST Participating Hospitals include:

- UF Health – Duval County (2018)
- St. Vincent's Riverside – Duval County (2018 & 2020)
- Flagler Hospital – St. Johns County (2018)
- Baptist Medical Center: South – Duval County (2019)
- Baptist Medical Center: Downtown – Duval County (2019)
- Mayo Clinic – Duval County (2019)
- Orange Park Medical Center – Clay County (2019 & 2020)
- UF Health Shands – Alachua County (2019)
- Putnam Community Medical Center – Putnam County (2020)

Capability 3 Reference: Objective 6 – Plan for and Coordinate Health Care Evacuation and Relocation; Activity 1 – Develop and Implement Evacuation and Relocation Plans

Strength 15: While HCCs do not have a direct response role under statutory authorities in Florida, the Region 3 – Healthcare Coalition Alliance documented gaps in medical transportation capacity during multiple hospital evacuation exercises. In an effort to address these capacity gaps, the Alliance developed an “Evacuation and Transportation Alternative Tool.”

The Evacuation and Transportation Alternative Tool includes an inventory of transportation assets available in the region. Additionally, a listing of nontraditional transportation assets, including contact information and deployment requirements are included. The accepted end-goal was to create a tool that lists available transportation assets, both conventional or unconventional that may be used by healthcare coalition members during the most devastating of catastrophes, a local emergency or a medical surge exercise.

Capability 3 Reference: Objective 6 – Plan for and Coordinate Health Care Evacuation and Relocation; Activity 2 – Develop and Implement Evacuation Transportation Plans

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: The healthcare sector covers a broad range of primary and support disciplines, of which many organizations do not have formal Continuity of Operations Plans (COOP) that identify Mission Essential Functions (MEFs).

Capability 3 Reference: Objective 1 – Identify Essential Functions for Health Care Delivery

Analysis: There are key healthcare functions that should be continued after a disruption of normal activities. There should be priorities for restoration should any Mission Essential Functions (MEF) be compromised. Continuity of Operations Planning and associated COOP Plans assist healthcare organizations with maintaining or restoring these Mission Essential Functions following a disaster.

While many Continuity of Operations Planning workshops have been implemented across the region by the HCCs, there are still numerous healthcare providers who need these planning services. Impacts from COVID-19 have caused several disruptions to healthcare service

delivery and these impacts should be documented and used to develop or amend facility specific COOP Plans. It is recommended that the HCC continue offering COOP workshops, with special consideration associated to Mission Essential Functions that maintain healthcare service delivery during COVID-19 or other infectious diseases.

Area for Improvement 2: Facility specific COVID-19 response could be improved by addressing capability gaps associated to Shelter-in-Place (SIP).

Capability 3 Reference: Objective 2 – Plan for Continuity of Operations; Activity 4 – Plan for Health Care Organization Sheltering-in-Place

Analysis: Healthcare facilities have been faced with several challenges throughout the COVID-19 response. Many of these challenges have been associated to the following areas, which are similar to concepts and planning considerations for Shelter-in-Place.

- Decision-making criteria and authorities
- Identification of patient and non-patient care locations to provide protection
- Operational procedures for access control
- Assessment of internal capabilities and needs
- Acquisition of supplies, equipment, pharmaceuticals, and other necessary resources for sustainment (e.g., water and food)
- Internal and external communications plans, including plans for communicating with patients' and workforce's families

As a result, the pilot SIP Training and Exercise program implemented by the Northeast Florida Healthcare Coalition should be implemented across the 18-county region. Efforts should be made to coordinate these programming activities from the following organizations to assist with these efforts across their respective geographic regions.

CHAMP

- East Central Florida Local Emergency Planning Committee - serving Marion County

North Central Florida HCC

- North Central Florida Local Emergency Planning Committee – serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee and Union Counties
- Northeast Florida Local Emergency Planning Committee – serving Putnam County

Northeast Florida HCC

- Northeast Florida Local Emergency Planning Committee – serving Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties

Area for Improvement 3: While an initial supply-chain assessment was completed with inpatient facilities, health care organization members and other stakeholders have yet to develop a joint understanding and strategies to address supply-chain vulnerabilities.

Capability 3 Reference: Objective 3 – Maintain Access to Non-Personnel Resources during an Emergency; Activity 1 – Assess Supply Chain Integrity

Analysis: The Region 3 – Healthcare Coalition Alliance began a supply-chain integrity program in 2019. The goal of this program is to conduct a supply-chain integrity assessment and develop mitigation strategies based on results of the assessment. An initial supply-chain assessment was completed using a survey of inpatient medical facilities across the 18-county region. Data was collected in the following healthcare sector supply-chain areas:

- Transportation
- Fuel
- Hazardous Waste
- Biomedical Equipment
- Medical Gas
- Disposable Supplies
- Blood and Blood Products
- Personal Protective Equipment (PPE)

The Region 3 – Healthcare Coalition Alliance recently conducted a member survey to determine COVID-19 impacts to the healthcare sector. Members were asked **“Has COVID-19 affected your medical supply chain for resources?”** Over 90% of the respondents (66 of 73) reported having major or minor supply-chain disruptions, with over 35% reporting major disruptions that are still ongoing.

ANSWER CHOICES	RESPONSES	
No	9.59%	7
Minor Disruptions - we are back to normal	54.79%	40
Major Disruptions - we still have supply chain issues	35.62%	26
TOTAL		73

It is recommended that the Region 3 – Healthcare Coalition Alliance conduct the following activities to address supply-chain impacts from COVID-19.

- I. Conduct a new supply-chain assessment survey of the inpatient facilities in the region. The COVID-19 response has significantly impacted the supply-chain in ways that were not envisioned prior to the pandemic. Federal, State, and local agencies/organizations have reported supply deficiencies related to hazardous waste disposal, biomedical equipment, disposable supplies, and PPE.
- II. Develop a Supply-Chain Mitigation Strategy based on the results of the updated supply-chain assessment. The Strategy should include opportunities for input from HCC members and key stakeholders and be approved by the voting bodies of the HCCs in the Alliance.

Area for Improvement 4: Efforts to provide mental and behavioral health resources during COVID-19 have been focused on the long-term care setting, while other healthcare disciplines could have benefited from similar resources during the response.

Capability 3 Reference: Objective 5 – Protect Responders’ Safety and Health; Activity 3 – Develop Health Care Worker Resilience

Analysis: COVID-19 has exposed a significant gap in mental and behavioral health services and education. All healthcare disciplines are reporting a greater need for education, training, and services for staff and the patients/clients they serve. It is recommended that the HCCs in the Region 3 – Healthcare Coalition Alliance take the following actions to address mental and behavioral health to promote health care worker resilience.

- Recruitment and expansion of mental/behavioral health discipline members
 - Formation of a Mental/Behavioral Health Working Group
 - Convene Subject Matter Experts (stakeholder engagement)
 - Conduct an assessment to identify gaps and vulnerabilities
 - Identify Mental/Behavioral Health Best Practices
 - Develop educational and training materials for distribution to members
 - Identify local/regional resources that can support the healthcare community
-

Capability 4: Medical Surge

Health care organizations - including hospitals, emergency medical services (EMS), and out-of-hospital providers - deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Objectives:

- 1) Plan for a Medical Surge
- 2) Respond to a Medical Surge

Strengths

The full or partial capability level can be attributed to the following strengths:

Strength 1: As previously addressed under Capability 3, the Region 3 – Healthcare Coalition Alliance conducts the Coalition Surge Test (CST) Exercise on an annual basis. The CST is designed to help HCCs identify gaps in their surge planning through a low- to no-notice exercise. The exercise's foundation comes from a real-world health care system disaster challenge—the evacuation of a hospital or other patient care facility. The CST tests a HCCs ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a HCCs staffed acute-care bed capacity.

CST Exercise participating hospitals have incorporated lessons learned from this operations-based exercise into their EOPs.

Capability 4 Reference: Objective 1 – Plan for Medical Surge; Activity 1 – Incorporate Medical Surge Planning into Health Care Organization Emergency Operations Plan

Strength 2: The HCCs within the Alliance have implemented several training courses for members with a nexus to surge planning. Patient surge impacts require the whole community to successfully manage. As such, our member disciplines have been able to participate in training, collaborate across healthcare disciplines, and to plan for surge from disasters.

An example course offered to Alliance members was MGT 409: Community Healthcare Planning and Response to Disasters. Large-scale incidents are likely to overwhelm healthcare systems and communities must work together to address the needs of an overwhelming number of patients. Community Healthcare Planning and Response to Disasters prepares communities to effectively plan for, respond to, and recover from disasters. The course specifically dealt with concepts associated to communities affected by a large-scale incident involving mass casualties such as a natural disaster, a pandemic outbreak, or a terrorist attack. In these events, response activities require integration of emergency management, healthcare providers, public health officials, public safety officials, and other agencies operating in a community.

Participants were able to take lessons gathered in the training and associated group activities to enhance operational coordination and communication during a real patient surge event, such as COVID-19.

Capability 4 Reference: Objective 1 – Plan for Medical Surge; Activity 1 – Incorporate Medical Surge Planning into Health Care Organization Emergency Operations Plan

Strength 3: Public and private EMS agencies have incorporated medical surge into all of their Emergency Operations Plans (EOPs) throughout the region. The various EMS providers have EOPs that address dispatch, response, pre-hospital triage and treatment, transportation, supplies, and equipment.

In addition to medical surge planning efforts for individual EMS providers, the EMS discipline has a statewide Council known as the EMS Advisory Council. The Emergency Medical Services Advisory Council (EMSAC) was created for the purpose of acting as an advisory body to the Emergency Medical Services agencies in Florida. Medical surge planning efforts in the EMS discipline have been organized at the local, regional, and state level through EMSAC and in coordination with State ESF-8 (Health & Medical).

Capability 4 Reference: Objective 1 – Plan for Medical Surge; Activity 2 – Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan

Strength 4: In advance to major COVID-19 impacts in north Florida, inpatient medical facilities began to plan for a surge of patients infected with COVID-19. Hospitals and other inpatient facilities developed COVID-19 Surge Plans that accompanied already established EOPs. These plans touched on many areas, but key elements included the following:

- Planning Strategies - Additional Surge Areas (increased capacity)
- Staffing
- Essential Resources (equipment & supplies)
- Communications (internal and external)
- Coordination (internal and external)

These Surge Plans have been maintained and are routinely updated to reflect changes in the COVID-19 response.

Capability 4 Reference: Objective 2 – Respond to a Medical Surge; Activity 1 – Implement Emergency Department and Inpatient Medical Surge Response

Strength 5: The HCCs in the Alliance have implemented several programs to enhance infectious disease preparedness and surge response. This after-action report and improvement plan provides a variety of ways in which training, resources, exercises, and situational awareness updates have played a key role in the response to COVID-19. Just a few examples of how the HCCs have addressed gaps are:

- Training – PER 320: Personal Protective Measures for Biological Events
- Resources –
 - PPE Care Packages for Long-Term Care
 - PPE Supplies (gloves, masks, ear-saves)
 - PPE Training Video (donning and doffing of PPE)

- HCC Project funding in excess of \$130,000
- Situational Awareness – 66 Healthcare Situation Reports developed and distributed by Alliance staff.
 - The Sitreps included information on patient relocation facilities for COVID+ discharges that could not go home or back to their long-term care facility.

Capability 4 Reference: Objective 2 – Respond to a Medical Surge; Activity 9 – Enhance Infectious Disease Preparedness and Surge Response

Florida Healthcare Coalitions do not have a defined response role in Florida Statute. As such, the HCCs in the Alliance have played a limited role in surge planning for COVID-19. Many of the strengths highlighted in Capability 4: Surge Planning are a result of preparedness programs and initiatives conducted prior to COVID-19.

Due to the limited response role of the HCCs in the Alliance, many of the activities under Capability 4, Objective 2: Respond to Medical Surge have not been addressed in this COVID-19 after-action report and improvement plan.

Appendix A: IMPROVEMENT PLAN

This IP has been developed specifically for member coalitions of the Region 3 – Healthcare Coalition Alliance as a result of the COVID-19 Pandemic real world event that began to impact Florida in March 2020.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: AAR/IP PARTICIPANTS

A total of 74 survey responses were received from 68 agencies/organizations.

Participating Agencies & Organization

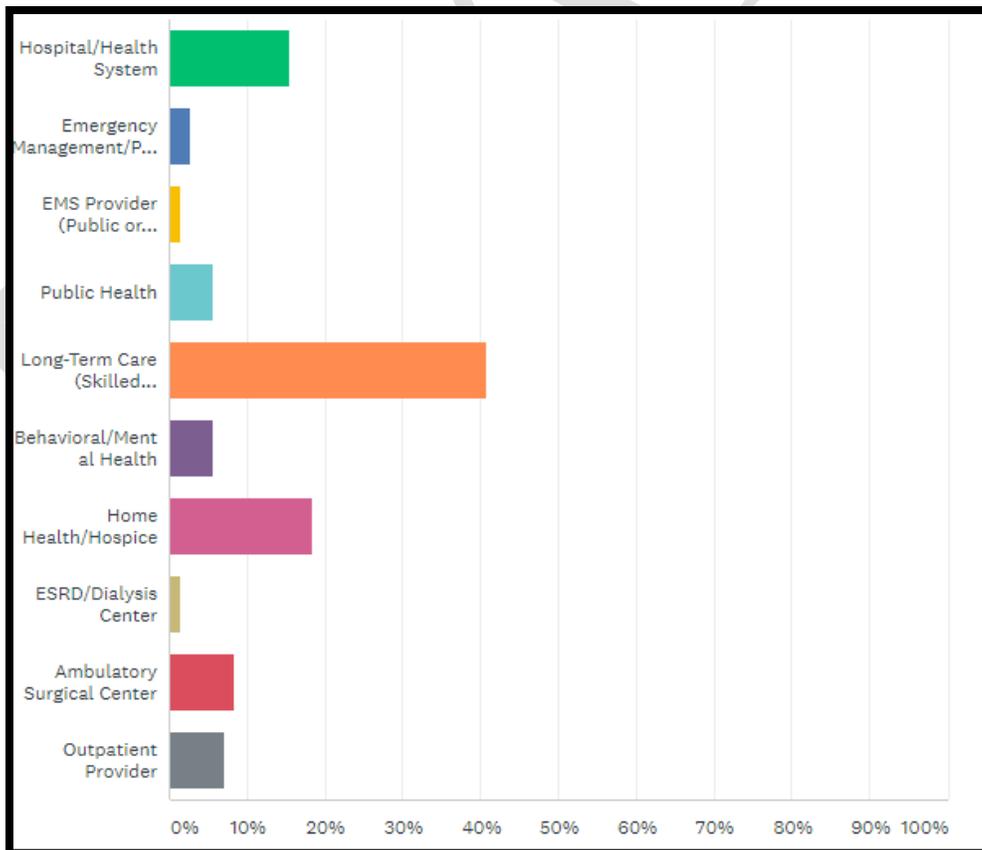
1	AccentCare	36	Lake Centre Home Care
2	All Care Home Nursing Services, LLC	37	Lake Endoscopy Center, LLC.
3	Alliance Foundation of Florida	38	Lakewood Nursing Center
4	Annie's House ALF	39	Lanier Rehabilitation Center
5	Apex Home Healthcare	40	Macclenny Nursing and Rehab
6	Ascension St. Vincent's Southside	41	Marion County Fire Rescue
7	Atria Park of San Pablo	42	Marion Oaks Assisted Living
8	Ayers Health and Rehabilitation Center	43	Memorial Hospital Jacksonville
9	Aza Health	44	Mental Health Resource Center
10	Baker County Sheriff's Office	45	Moultrie Creek Nursing and Rehab
11	Baptist Medical Center - Beaches Campus	46	Northeast Florida State Hospital
12	Baptist Medical Center - JAX/Wolfson Children's Hospital	47	Oak Hammock at the University of Florida
13	Baptist Medical Center - South	48	Ocala Health and Rehab
14	Brookdale Southside	49	Ocala Oaks Rehabilitation Center
15	Brooks Rehabilitation	50	Orange Park Medical Center
16	Camelot Chateau Assisted Living	51	Pacifica Senior Living Ocala
17	Cathedral Gerontology Center, Inc	52	Palm Garden of Ocala
18	Chatham Glen Healthcare and Rehabilitation Center	53	Precise Home Care, LLC
19	Children's Medical Services	54	Project Health, Inc. d/b/a Langley Health Services
20	Community Hospice & Palliative Care	55	Putnam Community Medical Center
21	Consulate Healthcare of Orange Park	56	Rainbow River Medical
22	DCF- North Florida Evaluation and Treatment Center	57	River Garden Hebrew Home for the Aged
23	FDOH - Flagler County	58	Salem Homes of Florida
24	Encompass Health	59	Signature Healthcare of Middleburg
25	Fernandina Beach Rehabilitation & Nursing	60	Silver Creek St. Augustine
26	Fleming Island Surgery Center	61	Suwannee County Division of Emergency Management
27	FDOH - St. Johns County	62	Taylor Care Center
28	Fresenius Kidney Care	63	The Club Health and Rehabilitation Center
29	Genesis/ Oakhurst Center	64	The Plaza Health and Rehab
30	Grace Surgery Center	65	Tr-County Nursing Home
31	Haven Hospice	66	Trenton Medical Center Inc DBA Palms Medical Group
32	Hospice of Marion County	67	UF Health Jacksonville
33	Jacksonville Beach Surgery Center	68	W. Frank Wells Nursing Home
34	Jacksonville Center for Endoscopy		
35	Jacksonville Surgery Center		

APPENDIX C: AAR/IP SURVEY RESULTS

1) What is your Discipline?

Answered: 71 Skipped: 3

ANSWER CHOICES	RESPONSES	
Hospital/Health System	15.49%	11
Emergency Management/Public Safety	2.82%	2
EMS Provider (Public or Private)	1.41%	1
Public Health	5.63%	4
Long-Term Care (Skilled Nursing Facility/Assisted Living Facility)	40.85%	29
Behavioral/Mental Health	5.63%	4
Home Health/Hospice	18.31%	13
ESRD/Dialysis Center	1.41%	1
Ambulatory Surgical Center	8.45%	6
Outpatient Provider	7.04%	5
Total Respondents: 71		



2) What is your County?

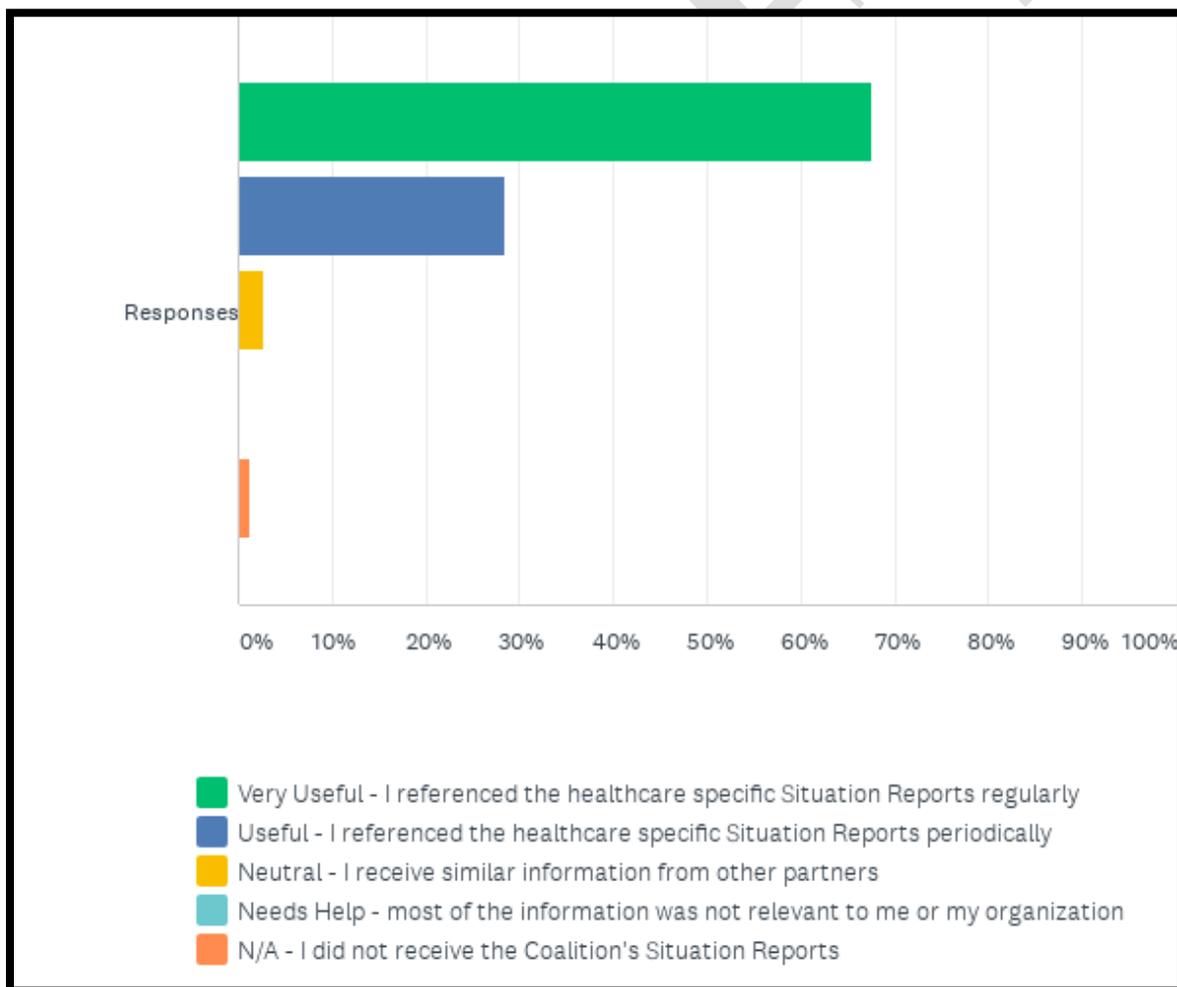
Answered: 74 Skipped: 0

ANSWER CHOICES	RESPONSES	
Alachua	9.46%	7
Baker	5.41%	4
Bradford	0.00%	0
Clay	5.41%	4
Columbia	0.00%	0
Dixie	0.00%	0
Duval	32.43%	24
Flagler	1.35%	1
Gilchrist	2.70%	2
Hamilton	0.00%	0
Lafayette	0.00%	0
Levy	0.00%	0
Marion	20.27%	15
Nassau	2.70%	2
Putnam	2.70%	2
St. Johns	5.41%	4
Suwannee	1.35%	1
Union	0.00%	0
Regional (in multiple counties)	10.81%	8
TOTAL		74

3) The Healthcare Coalition has been providing daily or weekly COVID-19 Situation Reports to our members. Please rate your satisfaction with the Situation Reports.

Answered: 74 Skipped: 0

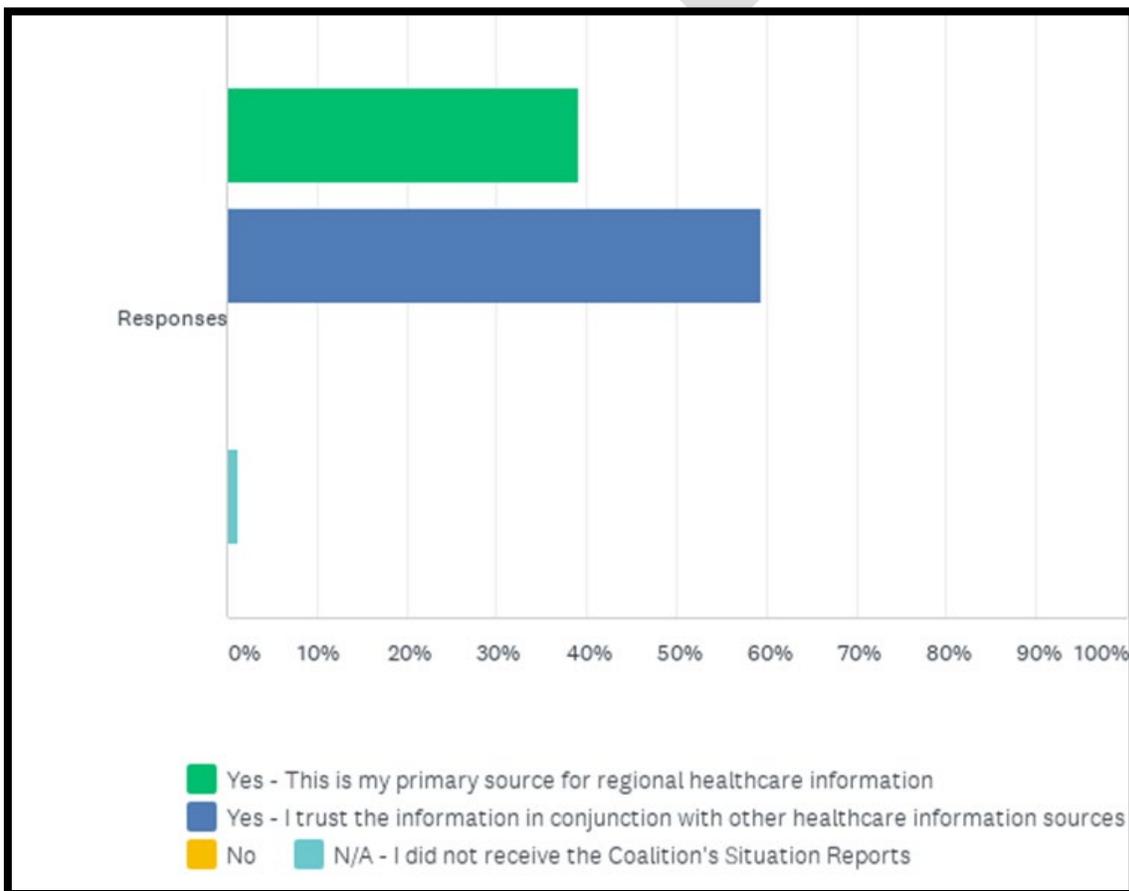
	VERY USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS REGULARLY	USEFUL - I REFERENCED THE HEALTHCARE SPECIFIC SITUATION REPORTS PERIODICALLY	NEUTRAL - I RECEIVE SIMILAR INFORMATION FROM OTHER PARTNERS	NEEDS HELP - MOST OF THE INFORMATION WAS NOT RELEVANT TO ME OR MY ORGANIZATION	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	67.57% 50	28.38% 21	2.70% 2	0.00% 0	1.35% 1



4) Is the Healthcare Coalition Situation Report a trusted source of healthcare specific information?

Answered: 74 Skipped: 0

	YES - THIS IS MY PRIMARY SOURCE FOR REGIONAL HEALTHCARE INFORMATION	YES - I TRUST THE INFORMATION IN CONJUNCTION WITH OTHER HEALTHCARE INFORMATION SOURCES	NO	N/A - I DID NOT RECEIVE THE COALITION'S SITUATION REPORTS
Responses	39.19% 29	59.46% 44	0.00% 0	1.35% 1



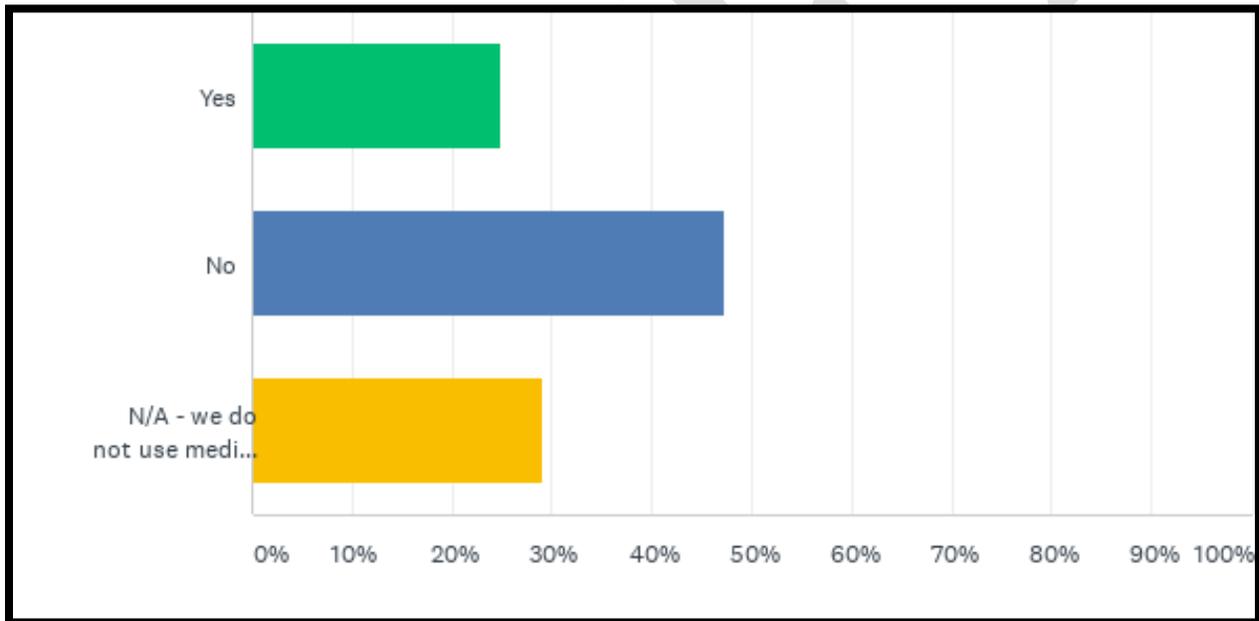
Member Comments: Coalition Situation Reports

- The Situation Reports are concise, informative, current and includes intelligence outside of my area for strategic planning purposes in the event an evacuation would be necessary. This would allow me greater flexibility on which mutual aid agreement I would select depending on the path/information of the storm or emergency presented in these reports.
- The SitReps were a great compilation of information from multiple sources.
- I do receive other Sit Reps. However, I like to look at all that I receive to establish consistency of information received.
- Outstanding information resource.
- We would use the Situation Reports daily to update our key personnel.
- Conference call highlights, State-wide conference call dial in numbers, Tropical weather updates, COVID numbers by county.
- I found these very helpful and more informative than what was received from FDOH.
- Great information and was so important during the onset and spikes in COVID. The emergency status reports on weather are also very useful.
- Very helpful for our specific area! All-inclusive information.
- This is the most comprehensive information and hyperlinks embedded. Very useful information.
- These reports have allowed me to stay up to date on important information.
- Great information. I reviewed on a daily basis.
- The communication and updates are always useful.
- I used them regularly in our meetings and review of current COVID status. Those SitReps were great compilation of information and resources for SNFs and even our staff with questions.
- Excellent collaborative use.
- We would use the Coalition Report along with information from AHCA and FDOH.
- Thank you for your diligence and hard work.
- While I do obtain information from other sources, I have found this report to be user-friendly quick go-to while with other sources I have found that I often have to "dig" for the information or go through link after link to find the information.
- Again, the use of information from dozens of sources and sharing it in a user-friendly format was very important in our response to COVID-19.

5) Has COVID-19 affected your primary medical transportation providers and services they offer?

Answered: 72 Skipped: 2

ANSWER CHOICES	RESPONSES	
Yes	25.00%	18
No	47.22%	34
N/A - we do not use medical transportation services	29.17%	21
Total Respondents: 72		



Member Comments: Medical Transportation

If yes, what were the challenges and how did you overcome those challenges?

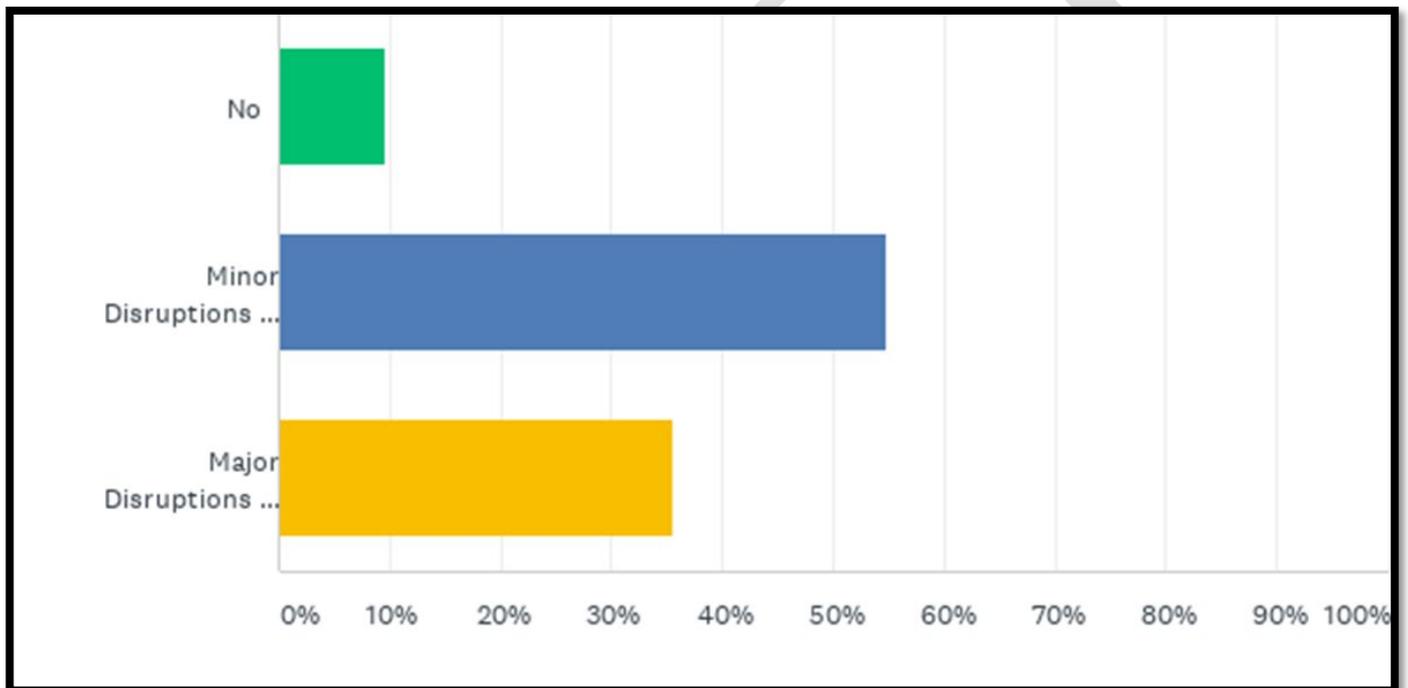
- Transport wait time have changed but the overall operation has not been significantly disrupted, residents have been able to be transported as needed.
- Response time has been extended and availability has been a concern at times. Networked with other providers and the Emergency Order by the governor to allow outside ambulance companies to service out of network organizations.

- FDOH recommended to not use COA public transportation due to the risk it posed to our residents, however the private transportation companies were still able to meet our needs.
- Slow response from medical transportation providers due to their limited PPE resources and absenteeism due to company employees who became infected with the COVID-19 virus. Prioritization of transfers became necessary to get patients who needed transportation the most moved first followed by those patients who could wait. Patients were transported later than usual. Also, our case management department made advance arrangements to allow for better coordination of patient transports.
- Delays in transport times due to increased volume or delays due to a COVID positive patient needing transportation and only certain services willing to transport.
- Some refuse to transfer COVID or PUI residents.
- Medical transportation would not transport our residents to their appointments while we had COVID-19 in the facility. We had to reschedule several appointments due to only having 1 facility van.
- Our Medicaid residents that depend on transportation services have encountered situations where drivers do not wear masks and do not wear gloves when handling resident assistive devices or belongings.
- All patient movement now managed thru our Transfer Center. I know that the private transport companies had continuous meetings with the facility.
- Our transit refused to transport nursing home patients which is a very sad and short-sighted decision on their part. We are working to prevent any unnecessary transports.
- Less drivers. Has affected drop off and pick up times on patients' dependent on transport.
- Drastically. Staff, PPE, Availability and Time of Transport.
- Financial increases due to Covid patients. Increased number of hospitalizations.
- Our county had a facility hit hard w/COVID, ambulances had to decontaminated between patients, shortage of supplies and ppe (tyvex suits) etc. Fire Rescue was able to answer the calls in a timely manner, however, had to move equipment and personnel around to make it happen.
- If patients were Covid Positive had to be transported by ambulance, transportation had to be notified.
- Proof of negative test. Much re-scheduling.
- Discussed with our vendors their need for testing and provided resources as such. Offered them KN95 masks and N95s if we had available for their use in the center and outside. Encouraged them to notify us if another center or building is a hot-spot to assist with observation of our residents and patients.

6) Has COVID-19 affected your medical supply chain for resources?

Answered: 73 Skipped: 1

ANSWER CHOICES	RESPONSES	
No	9.59%	7
Minor Disruptions - we are back to normal	54.79%	40
Major Disruptions - we still have supply chain issues	35.62%	26
TOTAL		73



Member Comments: Supply Chain

If major disruptions, please specify:

- We have had to use alternative means to obtain supplies at times due to back ordered items, allocation practices of our main supplier, and changes in shipment schedules.
- Some PPE is still challenging to receive (x10 comments)
- Many PPE items are still being rationed each month by our contracted providers.
- Difficulty obtaining gloves, disinfecting solutions and wipes. Occasionally still having difficulty obtaining masks or other supplies. DCF and managing entities have been helpful in obtaining

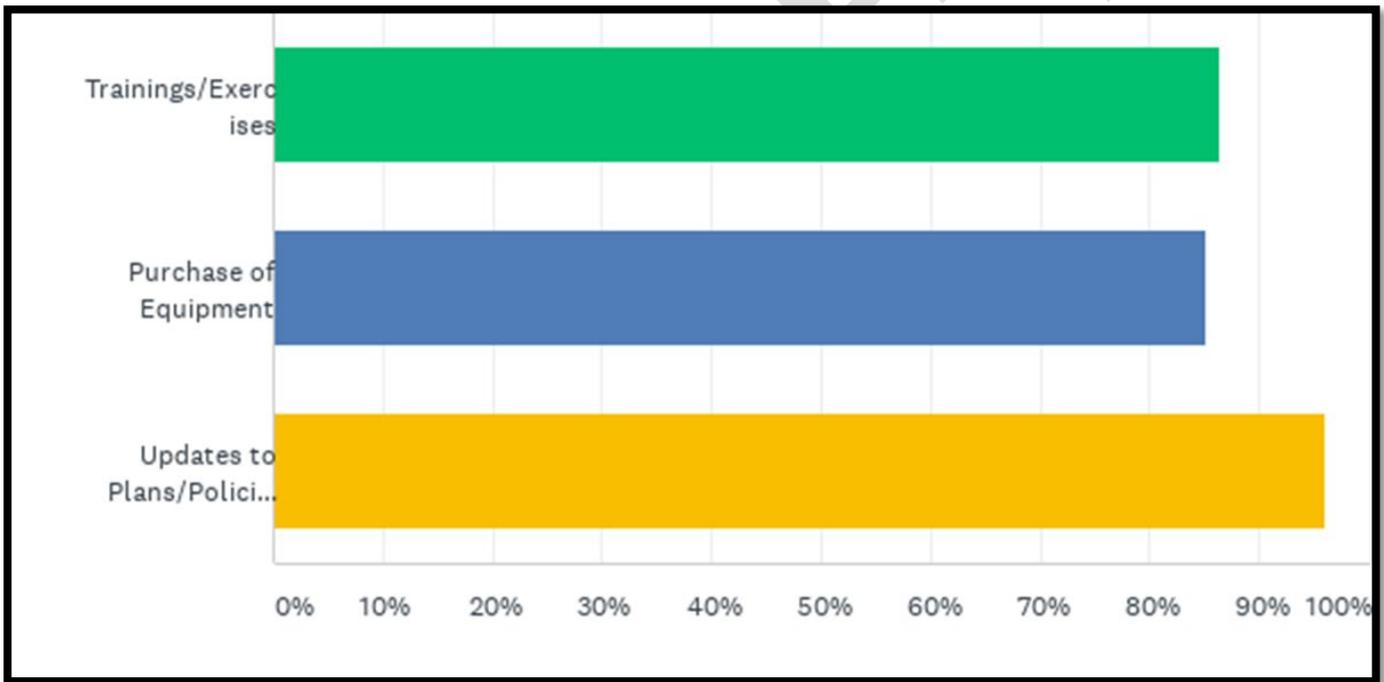
masks (especially masks, gloves, hand sanitizer, gowns). Mask making groups and health department were very helpful in obtaining cloth masks for distribution. We even got some 3D printed face shields from someone in the community.

- 1. Need to acquire PAPRs for high risk employees who cannot be properly fitted with N95 masks. Manufacturers are not able to keep up with the demand for PAPRs. 2. Acquisition of PPE (masks, isolation gowns and gloves) is a challenge. 3. Allocation of Lab reagents, swabs, and transport media. Supply is intermittent.
- We only get a certain "allotment" each month for gloves, gowns, and masks from our main supply chain (based on our pre-COVID orders) and are constantly searching other sources to get more PPE.
- Gloves, masks, hand sanitizer, isolation gowns, food and over the counter medications not in stock and/or they state they are in stock but then the delivery time is more than 30 days out. Other supplies like briefs, gloves and many others are being limited and many times facility is only receiving 25% of what is typically ordered.
- In March, April, May, and June, we were still having serious issues with acquiring PPE. We had to reach out to the county for three shipments of PPE.
- We have major issues getting PPE still. Back order on many items and electrostatic sprayers.
- Seems like every week a product is on back-order or because we had specified allocation arrangements with certain companies, we were not able to buy from other companies that might have had the product in stock.
- Still issues but all are minor. Medications as much as PPE.
- Laboratory testing kits were an issue. Rapid testing capability is still an issue.
- We are not getting N-95 masks and gowns are limited. we generally do not use either, so we were low in the queue to get supplies.
- Supplies are difficult to obtain due to shortages and allotments allowed.
- PPE, Testing kits and delays in most other supply chains due to delays and shutdowns.
- Yes! It continues however, early on I implemented a PPE and infection control product warehouse where large quantities are inventoried. Sites submit on hand inventory to me daily and our facilities staff replenishes to par levels daily. This has proven to be extremely effective and giving me the ability to allocate our resources where the hot spots popped up and we have been able to fully meet the demand thus far
- Mainly on germicidal cleaning wipes and solutions, and PPE. Alcohol for our instruments. We are continuously looking for secondary providers that are FDA approved, and health care appropriate.
- There have not necessarily been any problems ordering some basic supplies and DME. As with all areas, there are still problems obtaining PPE. Although we are now able to order PPE through several vendors, not all vendors are offering the items we need and of course the high pricing is now a challenge with everything we order.
- Still can only order 1 can of Maxiwipes at a time and we have 14 centers.

7) COVID-19 is an infectious disease. What efforts were made at your facility to address infectious diseases for this pandemic (select all that apply)?

Answered: 74 Skipped: 0

ANSWER CHOICES	RESPONSES	
Trainings/Exercises	86.49%	64
Purchase of Equipment	85.14%	63
Updates to Plans/Policies/Procedures	95.95%	71
Total Respondents: 74		



Member Comments: Facility Preparedness and Response

Other items implemented, please specify:

- It made us re-evaluate everything
- Social distancing, masks, temperatures when entering buildings. Staff referrals for testing to testing sites. Providing services via telehealth and telephone versus face to face when possible.
- On the job training and updated information.

- Increasing of our par levels in order to keep up with demands.
- On-going. Just had to revamp the Severe Weather Playbook to meet the new social distancing mandates, etc. Very difficult to house staff during an event. All family and day care provisions have been eliminated during a response.
- Biweekly calls with division guidelines and algorithms.
- Upgrading security at main entrance for health screening purposes.
- Converting rooms, units to negative pressure. Building an internal field hospital.
- Constant supervision and monitoring of types of isolation.
- Modification of everything we do.
- Hiring of an Infection Control Coordinator who works on COVID related issues only.

DRAFT