

## 6-20-19 CFDMC Member Meeting

**Welcome, Announcements, Introductions:** Lynda W. G. Mason, 2019 Board Chair, welcomed all attendees. She let the group know that the meeting was being recorded. She asked those attending virtually to confirm their attendance via email to the coalition. Each participant introduced him/herself.

**Hepatitis A Outbreak:** Kimberly Kossler of DOH-St. Lucie and the Region 5 Epi Team Leader, gave an update on the Hepatitis A outbreak. Region 5 has 458 cases or about 20% of the total number of cases in Florida. All counties in Region 5 are impacted with the exception of Indian River County, with Orange and Volusia having the largest number of cases. She provided a flyer with additional information (see attached). The response is focused on targeting vaccinations in high-risk populations.

**2018-2019 Accomplishments:** Lynne Drawdy provided a recap on the Coalition's projects over the past year (see attached presentation). Eric Alberts, Corporate Director, Emergency Preparedness, Orlando Health, presented results from the April regional mass casualty exercise. He reported that 37 hospitals across eight counties played, with 1,500 victim volunteers and more than 100 agencies participating. He stated that the regional opportunities for improvement included communication across counties and disciplines, the need to recruit and sustain decontamination teams, the need to ensure hospitals have a decedent coordinator and morgue space, and the need for a process for providing information on foreign nationals. The After Action Report has been completed and the Coalition will lead the improvement planning efforts. Lynda W. G. Mason advised that the Coalition Board updated its strategic plan, with a focus on succession planning. She announced that Dave Freeman has retired as Coalition Executive Director but Dave will remain as an RDSTF Co-Chair and Board Member. She advised the Board appointed Lynne Drawdy as Executive Director, and a new response coordinator will onboard in July.

**2020 & Beyond Exercise:** Lynne reviewed the ASPR Hospital Preparedness Program (HPP) capabilities, and provided an overview of funding restrictions. Participants broke into one of four break-out sessions (inpatient, outpatient, response and mass fatality). A survey was sent to all members to allow input from those participating virtually or not in attendance. During the breakouts, facilitated discussions were held to seek member input on needs to achieve and sustain the ASPR HPP capabilities, including plans, equipment, training, exercises and other needs. Each breakout group reported on the information captured (see attached). This information will be combined with the input received in the survey and will be used to update this year's and next year's work plans

**Wrap-up:** Lynda W. G. Mason thanked Brevard for hosting the meeting, and thanked all participants for attending. She announced that the next meeting is scheduled for September 19. A meeting survey will be sent via email following the meeting and she encourage all participating to provide input on how we can make these meetings more meaningful.

**ESS Training:** Mandi Manzie, Agency for Healthcare Administration, provided training on the AHCA ESS system (see attached). Mandi's contact information is: 850-412-4462 (Office) or [Mandi.Manzie@ahca.myflorida.com](mailto:Mandi.Manzie@ahca.myflorida.com).



# Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

June 20, 2019

**Note: Meeting is being recorded**



Lynda W. G. Mason, 2019 Chair

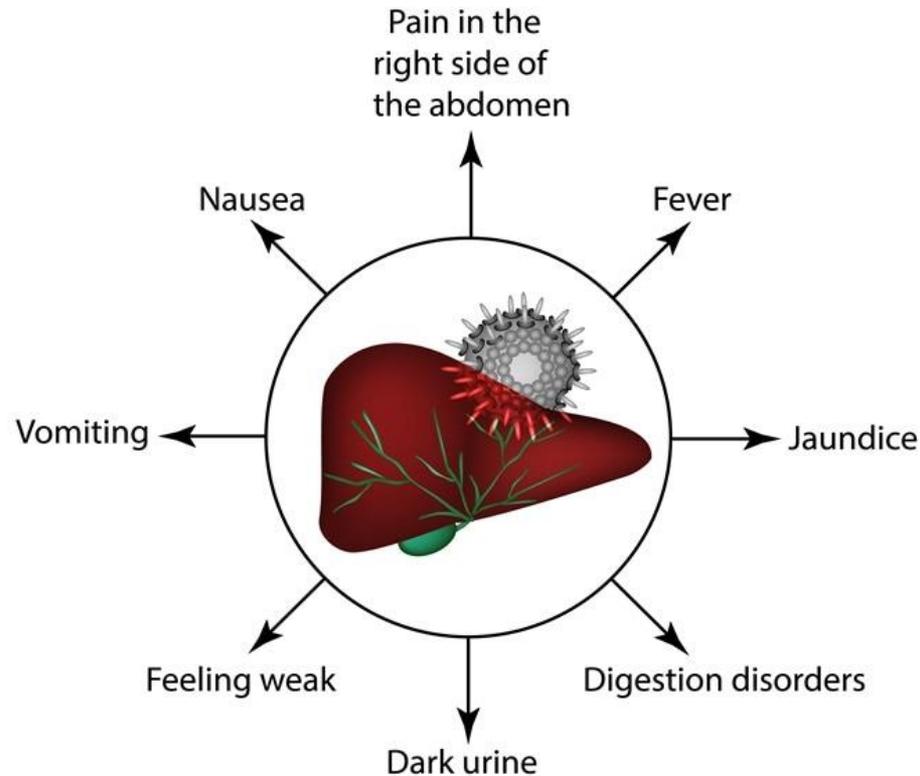
Introductions

For Those on Webinar, Please Confirm Attendance  
by Emailing: [info@centralfladisaster.org](mailto:info@centralfladisaster.org)

# Hepatitis A Update

Kimberly Kossler,  
Region 5 Epi Team Leader

## SYMPTOMS OF HEPATITIS A



# 2018–2019 Accomplishments:



# Plans



- ▶ Updated ACS Logistics Plan
- ▶ Updated HVA
- ▶ Updated Preparedness Plan
- ▶ Updated Disaster Behavioral Health Plan
- ▶ Updated Family Assistance Center Plan
- ▶ Updated Emerging Infectious Disease Plan / Best Practices
- ▶ Drafted Coalition Operations / Response Plan
- ▶ Completed Phase I of Supply Chain Assessment

# Equipment

- ▶ Maintaining minimum hospital readiness equipment (decontamination, PPE, mass fatality) – New Hospitals & Expiring Equipment
- ▶ Highly Infectious Disease PPE



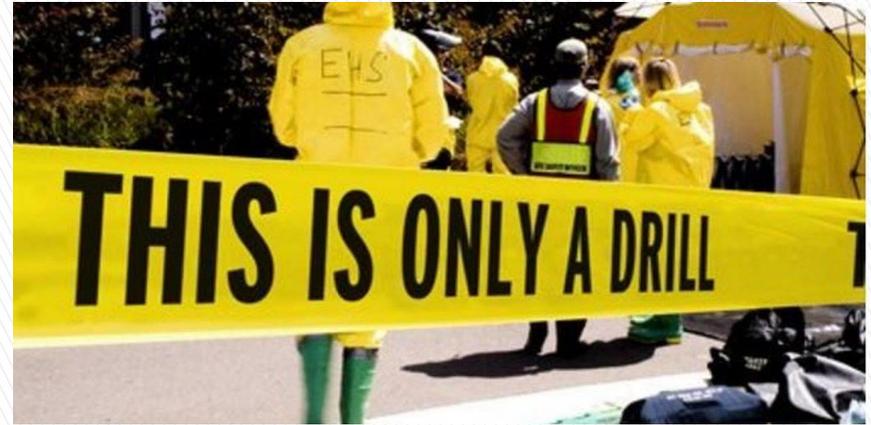
# Training



- ▶ Human Trafficking
- ▶ Dementia Awareness
- ▶ HICs / NH ICS
- ▶ COOP
- ▶ SAVE
- ▶ FCRT
- ▶ CHEP
- ▶ Promoted training provided by others

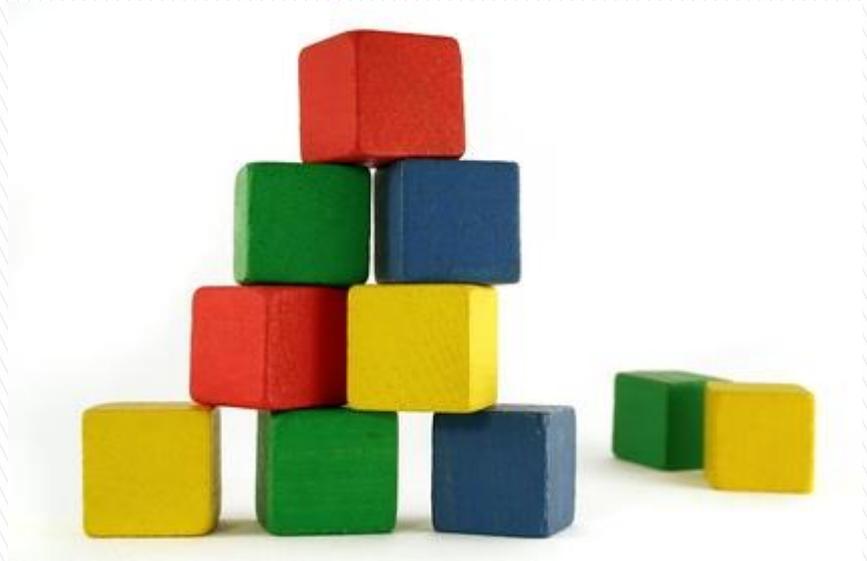
# Exercises

- ▶ 7/18 ACS Tabletops (Lake, Orange, Osceola)
- ▶ 9/18 Operation Protect & Secure
- ▶ 12/18 Mass Fatality Tabletop
- ▶ 12/18 Emerging Infectious Disease Tabletop
- ▶ 1/19 Great Tornado Drill
- ▶ 2/19 Coalition Surge Tool Exercise
- ▶ 4/19 Region 5 Full Scale Mass Casualty Exercise



# Other Projects

- ▶ Regional Medical Assistance Team (EDC, Disney Marathons, TICO Airshow)
- ▶ Region 5 Trauma Advisory Board (Clinical Leadership Committee, Preparedness Committee, System Support Committee, Executive Committee)

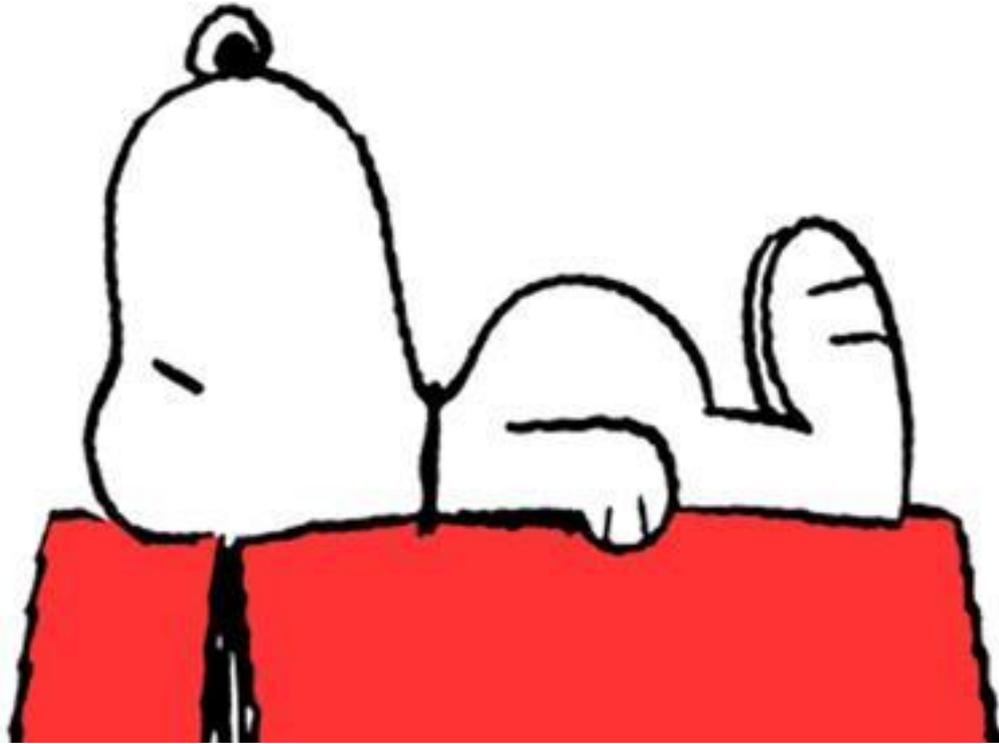


# Strategic Plan

- ▶ Focus on Succession Planning & Long-Term Sustainability
- ▶ Balanced Scorecard
- ▶ Engaging Community/Government Leaders
- ▶ Marketing Strategy
- ▶ Building/Sustaining Hospital Preparedness Program Capabilities



# Break



# 2020 & Beyond Exercise

- ▶ For Those Who Are Virtual:  
Complete Survey & Rejoin for Recap
- ▶ ASPR Hospital Preparedness Capabilities
- ▶ Funding Restrictions
- ▶ Four Breakout Groups
- ▶ 5 Minute Report-outs





**Lynda W. G. Mason**

- ▶ **Other Announcements**
- ▶ **Next Meeting: September 2019**
- ▶ **Meeting Evaluation (e-survey following meeting)**
- ▶ **ESS Training**



# Hepatitis A virus is a vaccine-preventable form of infectious hepatitis.

Florida Department of Health • FloridaHealth.gov

## Hepatitis A is contagious & can harm your liver.

Hepatitis A virus is in the poop of people who have the virus. If a person with the virus doesn't wash his or her hands after going to the bathroom, poop can transfer to people, objects, food and drinks.

### Symptoms

You can have hepatitis A for up 2 weeks without feeling sick, but during that time you may be spreading the virus to others.

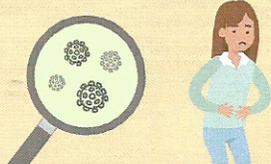
Symptoms usually start 2–6 weeks after infection and last less than 2 months. Some people can be sick for up to 6 months.

#### COMMON SYMPTOMS:

- Stomach pain.
- Nausea and vomiting.
- Yellow skin or eyes (jaundice).

#### OTHER SYMPTOMS:

- Diarrhea.
- Loss of appetite.
- Joint pain.
- Pale or clay colored stool.
- Fever.
- Tired.
- Dark-colored urine.



## Think you're at risk? See your health care provider.

#### You're at risk if you:

- Are in close contact, care for or live with someone who has hepatitis A.
- Have recently visited a country where the virus is common—or been in close contact with someone who has.
- Are having sex with someone who has the virus.
- Are a man who has had sex with other men.
- Use injection or non-injection drugs.
- Are homeless or in temporary housing.

- Have recently been incarcerated.

#### Your health care provider:

- Will talk to you about your risks and symptoms.
- May take a blood sample to test you for the virus.

#### If you have hepatitis A, you will need to:

- Get lots of rest.
- Eat healthy food.
- Drink plenty of fluids.
- Keep all medical appointments with your health care provider.

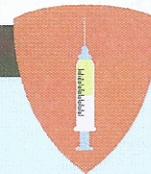
## Stay home from work if you have hepatitis A.

If you have some symptoms and a close friend, relative or roommate who has been diagnosed with hepatitis A in the past 30 days, see a health care provider immediately.

#### LET YOUR BOSS KNOW IF:

- You're seeing a health care provider because you have symptoms.
- You've seen a health care provider and you have hepatitis A.

## Prevent the spread of hepatitis A.



Talk to your health care provider about getting vaccinated.

Hepatitis A can spread person-to-person from any sexual activity with a person who has the virus—using a condom will not prevent the virus. People who have the virus should avoid sexual contact, and people who are at-risk should get vaccinated.

## Wash your hands after you use the bathroom.

Wash with soap and warm, running water for at least 20 seconds:

#### BEFORE YOU

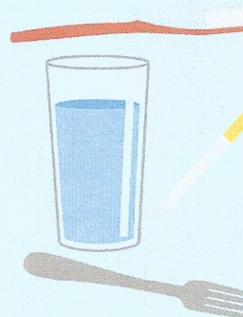
- Prepare food.
- Work with food that isn't already packaged.

#### AFTER YOU

- Touch people or public surfaces.
- Use the restroom.
- Change a diaper.
- Cough, sneeze or use a handkerchief or tissue.
- Use tobacco, eat or drink.



ALCOHOL-BASED HAND SANITIZERS DON'T KILL HEPATITIS A GERMS!



#### DON'T SHARE:

Towels, toothbrushes or eating utensils.

#### DON'T TOUCH:

Food, drinks, drugs or cigarettes that have been handled by a person with hepatitis A.

## The hepatitis A vaccine is safe & effective.

- If you're at risk, you should get vaccinated.
- The vaccine is given as 2 shots, 6 months apart. You need both shots for the vaccine to work long-term.
- Contact your county health department if you don't have health insurance at this time and you need help getting a vaccination.

## Have questions? Like to learn more?

Contact the Florida Department of Health's Hepatitis Section: 850-245-4303 or visit [FloridaHealth.gov/HepA](http://FloridaHealth.gov/HepA).

Learn more: [CDC.gov/Hepatitis](http://CDC.gov/Hepatitis), [Immunize.org/Hepatitis-A](http://Immunize.org/Hepatitis-A)



## 2020 & Beyond Breakout Groups

June 20, 2019

### Inpatient:

- Evacuation equipment
- Patient tracking and transfer
- Communication system (including Public safety repeaters, and comms between facilities)
- Decedent storage – capacity and cooling
- Mass patient movement planning
- EID training (including clinical staff, patient transport plans, negative airflow areas, etc.)
- Radiological training (clinical staff, decon, etc.)
- Decon operations continuity and recovery (technical decon and cleaning equipment)
- ACS equipment and teams
- Pandemic -u nit isolation equipment (negative air flow) and training
- Regional hospital mutual aid (equipment lists) and transporting it
- Regional Hospital Incident Management Team (including nursing homes, etc.)

Outpatient (included home health, FQHCs)

- List of Standardized PPE by event and purchase of equipment
- Expand medical surge planning/exercises to whole healthcare system
- Home health – need tabletop on safety after event (e.g. trees down, power lines, flooding, etc.)
- Want to participate in medical countermeasures planning, training, exercises - can be a force multiplier
- Need to connect to local EM – ESF8 (some don't have any contact)
- Need resources on how to conduct a tabletop
- Communications – where they fit in response (e.g. what hospitals and how many medical surge – when will the hospitals start discharging home, POC at hospital). Keep Everbridge drills open longer (at least 8 hours -suggest 24). Need some sort of cell phone alert system. Volo? If all comms out – how can they communicate with EM – radios?

Marketing: The Coalition should provide a narrative about the value it provides to members, along with some testimonials from members.

## Response

### Capability 2: Healthcare and medical response

- Medical surge
- Behavioral health – training
  - Victims in the community
  - Short on subject matter experts
- Behavioral health for DOH staff
- Nonprofit agencies – through emergency management
- Faith-based organizations
  - Difficult to depend on volunteers during event. Most may be available after an incident.

### Capability 3: Continuity of Healthcare service delivery

- Information out to the public
- Outreach to those who may need SPNS
- Patient tracking and getting info to EOC
- Consistent patient tracking
- Additional training on WebEOC. Make sure that numbers are accurate
- Share CEMP for nursing homes, etc.
- AHCA sites CEMP info, generator, transportation, etc. (get with AHCA to give them more information) ability to see other counties
- ESS

### Capability 4: Medical Surge

- Hospital participation
- Training
- Build with ESF8 meeting with partners
- ESF8 boot camp – Region 1
- Managing mass fatalities training

### Other

- Infectious disease training, emerging diseases
- Recommend using medical students to volunteer, make it mandatory if possible

## Mass Fatality

### Communications with local partners

- # of channels
- First Net (purchase of device for medical personnel – first responder network)
- Works best for responders when cell service is jammed

### Increase in staff

- Can the coalition become the broker?
- Ins. Falls under whom?
- Drafting up a mutual aid agreement. NGO?
- Collaborating with EM to help aid initiative

### Response Transportation

- Mobile truck/trailer for deceased (RMAT)
- Recruitment from local funeral homes? Educating
- Body bags – count? Each district can purchase their own

### Family Assistance Plan (Behavioral Health) Response Team

1. Continuing education on mass fatality
2. Aspire, Life Stream (county) – state funded
3. 311

### Mass Fatality Plan

- Regional

# Emergency Status System Overview June 20, 2019

Mandi Manzie

Division of Health Quality Assurance  
Agency for Health Care Administration  
Florida





- Provider Types in ESS
  - Adult Family Care Home
  - Assisted Living Facility
  - Crisis Stabilization/Short Term RTF
  - End Stage Renal Disease Dialysis Facility (not required to use)
  - Homes for Special Services
  - Inpatient and Residential Hospice
  - Hospitals and Standalone Emergency Department
  - Intermediate Care Facility
  - Nursing Home
  - Residential Treatment Center
  - Residential Treatment Facility
  - Transitional Living Facility
  - VA Hospital (not required to use)



# Emergency Preparedness Resources

Below are links to resources available to providers, partners and the public to assist with preparing for any emergency.

- Emergency Preparedness Resources website: [http://ahca.myflorida.com/MCHQ/Emergency\\_Activities/index.shtml](http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml)
  - Link to ESS for login purposes
  - List of providers who use ESS
  - Instructional Materials

**Online Emergency Reporting System - ESS**

The Agency requires all licensees providing residential or inpatient se emergency status, planning or operations. The Agency has transition information: [Emergency Status System \(ESS\)](#). This new system rele new enrollment process.

## Instructional Documents for Emergency Status System (ESS)

| Details   | Summary   |
|---|---|
| <b>AHCA Providers</b>   |   |
| <a href="#">How to Log Into the Emergency Status System (ESS)</a>       | <a href="#">How to Log Into the Emergency Status System (ESS)</a>       |
| <a href="#">How to Gain Access to the Emergency Status System (ESS)</a> | <a href="#">How to Gain Access to the Emergency Status System (ESS)</a> |
| <a href="#">How to Create and Maintain Provider User Accounts</a>       | <a href="#">How to Create and Maintain Provider User Accounts</a>       |
| <a href="#">How to Locate and Enter Preseason Information</a>           | <a href="#">How to Locate and Enter Preseason Information</a>           |
| <a href="#">How to Locate and Enter Event Information</a>               | <a href="#">How to Locate and Enter Event Information</a>               |
| <a href="#">How to Locate Providers</a>                                 | <a href="#">How to Locate Providers</a>                                 |

# Sample Registration Invitation

**From:** [no-reply@ahca.myflorida.com](mailto:no-reply@ahca.myflorida.com) [mailto:[no-reply@ahca.myflorida.com](mailto:no-reply@ahca.myflorida.com)]  
**Sent:** [REDACTED]  
**To:** W [REDACTED] <[REDACTED]@[REDACTED]>  
**Subject:** Register for the Agency for Health Care Administration's Emergency Status System (ESS)

**DO NOT FORWARD THIS REGISTRATION REQUEST. THIS INVITATION CANNOT BE FORWARDED OR USED BY ANOTHER USER.**

**You have been invited to register for access to the Emergency Status System.**

**Facility Name:** NCH NORTHEAST

The Agency for Health Care Administration (AHCA) has implemented a newly developed emergency management database called the Emergency Status System (ESS).

Please complete registration, log-in, and input all of the requested information within 7 days of receipt of this email. You are required to designate a safety liaison and encouraged to create additional users for your provider/ facility.

Click the below link to begin your registration process.

[Click here to Create Your Account](#)

**DO NOT FORWARD THIS REGISTRATION REQUEST. THIS INVITATION CANNOT BE FORWARDED OR USED BY ANOTHER USER.**

Please note: this invitation will expire if not used before 11/20/2018 6:00:05 AM.

Florida Statute 408.821 requires a residential or inpatient provider/facility to utilize this agency approved database for reporting the provider's emergency status, planning, or operations. ESS replaces both EMResource and FLHealthSTAT as the agency approved database.

Please visit our website for informational materials. [http://ahca.myflorida.com/MCHQ/Emergency\\_Activities/index.shtml](http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml)

Registration Quick Steps:

1. Click on link to go to Emergency Status System (ESS).
2. Read the instructions and click 'Start My Registration'.
3. User 'Sign Up' will open and automatically contain your registration email address.
4. Create your password and click 'Log in'.
5. Verify your contact information and click 'Save'.
6. If adding more contacts or users, click 'Add New Contact'
7. Enter individual's information and click 'Save'
8. Click 'Invite Contact to Register' next to name of contact, select role, and click 'Create'

Remember to enter information into Facility Info, Utilities, Generators, Planned Evacuations and Transportation tabs; this task may be delegated to another system user.



# How to Gain Access

- AHCA Licensed Providers
  - CEOs & Administrators emailed invitations automatically
  - Once registered, able to maintain other system users
    - Add & send invitations
    - Revoke access to provider
    - Change role

MEMORIAL HOSPITAL JACKSONVILLE  
HOSPITAL - DUVAL County - Lic# 4447  
3625 UNIVERSITY BLVD S

Facility Info | **Contacts** | Utilities | Generators | Planned Evacuations

Add New Contact

|         |                            | Name           | Title                | Primary Phone  | Pr  |
|---------|----------------------------|----------------|----------------------|----------------|-----|
| Details | Invite Contact to Register | Test User9     | Other-Staff Member   | (888) 888-7777 | 96  |
| Details | Invite Contact to Register | User80 Sample  | Maintenance Director | (525) 423-5435 | Us  |
| Details | Revoke Registration        | Sample Test    | Other-Staff Member   | (000) 000-0000 | tes |
| Details | Revoke Registration        | User 88 Sample | Maintenance Director | (767) 647-4745 | Us  |
| Details | Resend Invitation          | User91 Sample  | Other-Staff Member   | (564) 545-6466 | Us  |
| Details | Invite Contact to Register | Test User 0    | Maintenance Director | (222) 222-2222 | 06  |
| Details | Revoke Registration        | User41 Sample  | Other-Staff Member   | (424) 222-2442 | Us  |
| Details | Revoke Registration        | Sample User19  | Maintenance Director | (333) 333-3333 | us  |
| Details | Revoke Registration        | Dewey McDuck   | Maintenance Director | (850) 412-4462 | tes |
| Details | Invite Contact to Register | User 8         | CEO/Administrator    | (222) 222-2222 | TE  |

| Role      | Switch Role |
|-----------|-------------|
| User      | Switch      |
|           |             |
| Superuser | Switch      |



# How to Gain Access

- Partners
  - Designate Superuser
  - Once registered, able to maintain other system users for partner group
    - Add & send invitations
    - Revoke access
    - Change role

## Test Partner State Agencies

Add New Contact

|         |                            | Name              | Primary Phone  | Primary Email       | Invitation Sent     | Invitation Expires  | User Registered     | Role              | Switch Role |
|---------|----------------------------|-------------------|----------------|---------------------|---------------------|---------------------|---------------------|-------------------|-------------|
| Details | Revoke Registration        | Ernie Orange      | (850) 111-1111 | Ernie@sesame.com    | 06/12/2018 8:20 AM  | 06/13/2018 8:26 AM  | 06/12/2018 8:27 AM  | Partner User      | Switch      |
| Details | Revoke Registration        | Big Bird          | (850) 412-4462 | mm1613@hotmail.com  | 06/12/2018 8:17 AM  | 06/13/2018 8:05 AM  | 03/17/2019 4:06 PM  | Partner User      | Switch      |
| Details | Invite Contact to Register | Test Partner3     | (333) 333-3333 | test@partner.info   | 09/07/2018 1:44 PM  | 09/08/2018 1:46 PM  |                     |                   |             |
| Details | Revoke Registration        | Test Partner      | (111) 111-1111 | blue.ice@gmail.com  | 06/15/2018 9:22 AM  | 07/21/2018 11:29 AM | 07/20/2018 11:36 AM | Partner Superuser | Switch      |
| Details |                            | Test Partner      | (850) 123-4567 | testahca5@gmail.com | 06/14/2018 3:00 PM  | 06/15/2018 3:00 PM  | 06/14/2018 3:02 PM  | Partner Superuser | Switch      |
| Details | Invite Contact to Register | test info         | (999) 999-9999 | info@fr.ee          | 12/18/2018 6:15 PM  | 12/19/2018 6:15 PM  |                     |                   |             |
| Details | Revoke Registration        | Scrooge McDuck    | (850) 412-4462 | testacha4@gmail.com | 06/13/2018 11:58 AM | 06/14/2018 11:58 AM | 06/13/2018 12:03 PM | Partner Superuser | Switch      |
| Details | Revoke Registration        | Blue Power Ranger | (888) 888-8888 | blue@power.ranger   | 08/29/2018 8:27 AM  | 08/30/2018 8:27 AM  | 03/17/2019 4:03 PM  | Partner Superuser | Switch      |
| Details | Invite Contact to Register | Oscar Grouch      | (850) 412-4462 | oscar@sesame.com    | 03/16/2019 12:17 PM | 03/17/2019 12:17 PM |                     |                   |             |
| Details | Invite Contact to Register | User90 Sample     | (321) 312-3123 | User90@sample.info  | 03/16/2019 12:17 PM | 03/17/2019 12:17 PM |                     |                   |             |



1 - 10 of 10 items





## Dashboard - Facility

Please remember to use the "Log Out" button to log out of ESS; closing your browser is not the same as logging out.

You will be logged out after 20 minutes of inactivity.

Note: The accuracy of the data contained within the Emergency Status System is solely based on provider-reported information.

This system is used by the Agency for awareness and reporting purposes.

|        | Facility                                | Provider Type            | Address  | In Event              |
|--------|---|--------------------------|--|-----------------------|
| Select | BAYFRONT HEALTH PORT CHARLOTTE          | HOSPITAL                 | 2500 HARBOR BLVD, PORT CHARLOTTE, FL 33952           | None                  |
| Select | BROOKDALE BLUEWATER BAY                 | ASSISTED LIVING FACILITY | 1551 MERCHANTS WAY, NICEVILLE, FL 32578              | 2019 v3.0 UAT Testing |
| Select | PORT CHARLOTTE ARTIFICIAL KIDNEY CENTER | END STAGE RENAL DISEASE  | 4300 KINGS HWY STE 406 D17, PORT CHARLOTTE, FL 33952 | None                  |
| Select | DESTIN EMERGENCY CARE CENTER            | HOSPITAL - ED            | 200 TEQUESTA DR, DESTIN, FL 32541                    | 2019 v3.0 UAT Testing |





## Dashboard - Partner

Please remember to use the "Log Out" button to log out of ESS; closing your browser is not the same as logging out.

You will be logged out after 20 minutes of inactivity.

Note: The accuracy of the data contained within the Emergency Status System is solely based on provider-reported information.

This system is used by the Agency for awareness and reporting purposes.

### Active Events

| Event Name | Event Type | Event Description | Affected Provider Types | Affected Counties |
|------------|------------|-------------------|-------------------------|-------------------|
|------------|------------|-------------------|-------------------------|-------------------|



# Facilities

**Facility Name** 
**Provider Type** 
**AHCA Region**

**License Number** 
**County** 
**RDSTF Region**

**File Number** 
**Event** 
**CMS Region**

**Search**

= Facility is currently in an active event

|                         |  | Name                 | Street Address                                   | License Number | File Number | Provider Type                           | County  | AHCA Region    | RDSTF Region    | CMS Region | Out of Service? |
|-------------------------|--|----------------------|--|----------------|-------------|---|---------|----------------|-----------------|------------|-----------------|
| <a href="#">Details</a> |  | APALACHEE CENTER     | 202 SW CARSON AVE, MADISON, FL 32340             | 8629           | 32960351    | RESIDENTIAL TREATMENT FACILITY          | MADISON | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 2634K CAPITAL CIR NE, TALLAHASSEE, FL 32308      | 8628           | 32960342    | RESIDENTIAL TREATMENT FACILITY          | LEON    | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 2634E CAPITAL CIR NE, TALLAHASSEE, FL 32308      | 8663           | 32960395    | RESIDENTIAL TREATMENT FACILITY          | LEON    | Field Office 2 | Florida RDSTF 2 | TAL        | Unknown         |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 2634G CAPITAL CIR NE, TALLAHASSEE, FL 32308      | 441            | 32910141    | RESIDENTIAL TREATMENT FACILITY          | LEON    | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 77 LASALLE PATH, QUINCY, FL 32351                | 8650           | 32960381    | RESIDENTIAL TREATMENT FACILITY          | GADSDEN | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 2634B CAPITAL CIR NE, TALLAHASSEE, FL 32308      | 446            | 17910052    | CRISIS STABILIZATION AND SHORT TERM RTF | LEON    | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 2600 N POINT CIR, TALLAHASSEE, FL 32308          | 444            | 32910142    | RESIDENTIAL TREATMENT FACILITY          | LEON    | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |
| <a href="#">Details</a> |  | APALACHEE CENTER     | 2634B CAPITAL CIR NE FL 1, TALLAHASSEE, FL 32308 | 8538           | 17960158    | CRISIS STABILIZATION AND SHORT TERM RTF | LEON    | Field Office 2 | Florida RDSTF 2 | TAL        | Unknown         |
| <a href="#">Details</a> |  | APALACHEE CENTER INC | 79 LASALLE PATH, QUINCY, FL 32351                | 8673           | 32960410    | RESIDENTIAL TREATMENT FACILITY          | GADSDEN | Field Office 2 | Florida RDSTF 2 | TAL        | N/A             |



## Facility Details

|                               |  |
|-------------------------------|--|
| <b>License Status</b>         | LICENSED   |
| <b>Current Moratorium</b>     | No   |
| <b>Physical Address</b>       | 1551 MERCHANTS WAY NICEVILLE, FL 32578   |
| <b>Phone Number</b>           | (850) 729-3323 ext:  |
| <b>Email Address</b>          | TEST3718@BETA.COM  |
| <b>Website</b>                | WWW.BROOKDALE.COM  |
| <b>Mailing Address</b>        | 1551 MERCHANTS WAY NICEVILLE, FL 32578   |
| <b>Owner</b>                  | BROOKDALE SENIOR LIVING COMMUNITIES, INC.  |
| <b>AHCA Inspection Region</b> | Field Office 1   |
| <b>RDSTF Region</b>           | Florida RDSTF 1  |
| <b>CMS Region</b>             | PEN  |
| <b>Evacuation Zone</b>        | Select  |

Save



|                               |  |
|-------------------------------|--|
| <b>License Status</b>         | LICENSED                                       |
| <b>Current Moratorium</b>     | No   |
| <b>Physical Address</b>       | 1611 NW 12TH AVE MIAMI, FL 33136               |
| <b>Phone Number</b>           | (305) 585-1111 ext:                            |
| <b>Email Address</b>          | TEST9918@BETA.COM                              |
| <b>Website</b>                | http://www.jacksonhealth.org/jackson-north.asp |
| <b>Mailing Address</b>        | 1611 NW 12TH AVE MIAMI, FL 33136               |
| <b>Owner</b>                  | PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY       |
| <b>AHCA Inspection Region</b> | Field Office 11                                |
| <b>RDSTF Region</b>           | Florida RDSTF 7                                |
| <b>CMS Region</b>             | MIA  |
| <b>Hospital Class</b>         | Class 1 Hospital                               |

**Evacuation Zone**

**Does facility have decontamination facility?**

**Does facility have airborne infection isolation rooms?**

**Does facility have dialysis stations?**

**Does facility have ventilators?**

Save



## Facility Utilities

|                         | Type              | Utility/Service Company Name | Account Numbers   | Phone Number |
|-------------------------|-------------------|------------------------------|---|--------------|
| <a href="#">Details</a> | Electricity       | power on                     | 653343, 5423523, 653465234, 8957, 542, 65346524             |              |
| <a href="#">Details</a> | Water             | waterworks                   | 54234523, 7647647, 5423542354                               |              |
| <a href="#">Details</a> | Sewer             |                              |   |              |
| <a href="#">Details</a> | Piped Natural Gas |                              |   |              |
| <a href="#">Details</a> | Telephone         | hear me                      | 5423, 8975, 784356, 653, 7645, 653542, 65345423, 4324231432 |              |
| <a href="#">Details</a> | Internet          | worldwide                    | 5423333, 763574576  |              |

## Facility Generators

Does the facility have a quick connection for a temporary generator?

Yes

[Add New Generator](#)

|                         | Make/Model  | Type                  | Fuel Type |
|-------------------------|-------------|-----------------------|-----------|
| <a href="#">Details</a> | todays best | Permanently Installed | Diesel    |
| <a href="#">Details</a> | Test Gen 4  | Portable              | Gasoline  |

# Facility Planned Evacuation Locations

Add New AHCA Licensed Evacuation Location

Add New Other Evacuation Location

|                         | Evacuation Location Name  | Address                           | Phone Number   | AHCA Facility? | Has MOU? |
|-------------------------|---------------------------|-----------------------------------|----------------|----------------|----------|
| <a href="#">Details</a> | LOWER KEYS MEDICAL CENTER | 5900 COLLEGE RD, KEY WEST, FL,    | (305) 294-5531 | Yes            | Yes      |
| <a href="#">Details</a> | no name location          | ad, asd, asdff, LA,               |                | No             | Yes      |
| <a href="#">Details</a> | NORTHWEST BROWARD AKC     | 2514 N STATE ROAD 7, MARGATE, FL, | (954) 977-7555 | Yes            | Yes      |
| <a href="#">Details</a> | NORTHDALE ALF, INC        | 4815 CENTERBROOK CT, TAMPA, FL,   | (813) 961-5425 | Yes            | No       |

## Facility Transportation

Does this facility own or lease  
Ambulance/Aeromedical transportation?

Yes

[Save](#)

## Contracted Carrier Transportation

[Add New Carrier](#)

|                         | Carrier Name | Phone          | Passenger Capacity |
|-------------------------|--------------|----------------|--------------------|
| <a href="#">Details</a> | test         | (333) 333-3333 | 100                |

⏪ ⏩ 1 ⏪ ⏩

1 - 1 of 1 items

## Facility Owned Transportation

[Add New Vehicle](#)

|                     | Make/Model | Passenger Capacity | Fuel Type |
|---------------------|------------|--------------------|-----------|
| No items to display |            |                    |           |

⏪ ⏩ 0 ⏪ ⏩

No items to display



- **Event Info**

- Census & Bed Availability
- Evacuation Status & Re-Entry or Accepting Evacuees (if not evacuating)
- Utilities & Services
- Generators
- Damages
- Resource Needs
- National Reporting
- Communication Log (AHCA & Partners only)



## Hospital Census and Available Beds

Emergency Department Status: Select ▾

|                           | Licensed Beds | Current Bed Census | Staffed Capacity | Available Beds |
|---------------------------|---------------|--------------------|------------------|----------------|
| <b>Total Beds</b>         | 304           | 0                  | 0                | 0              |
| <b>Total Acute Care</b>   | 304           | 0                  | 0                | 0              |
| <b>Adult ICU</b>          |               |                    |                  |                |
| <b>Pediatric ICU</b>      |               |                    |                  |                |
| <b>Adult Med Surg</b>     |               |                    |                  |                |
| <b>Pediatric Med Surg</b> |               |                    |                  |                |
| <b>Burn</b>               |               |                    |                  |                |
| <b>General Acute Care</b> |               |                    |                  |                |

|                                  |   |  |  |  |
|----------------------------------|---|--|--|--|
| <b>NICU Level2</b>               |   |  |  |  |
| <b>NICU Level3</b>               |   |  |  |  |
| <b>Adult Psych</b>               |   |  |  |  |
| <b>PediatricPsych</b>            |   |  |  |  |
| <b>Adult Substance Abuse</b>     |   |  |  |  |
| <b>Pediatric Substance Abuse</b> |   |  |  |  |
| <b>Skilled Nursing</b>           |   |  |  |  |
| <b>Long Term Care</b>            | 0 |  |  |  |
| <b>Comp Med Rehab</b>            |   |  |  |  |

Save
Save and Proceed
Undo Changes

## Stand Alone Emergency Department Status

Emergency Department Status: Select ▾

Save
Save and Proceed
Undo Changes



## ESRD Stations Census and Availability

|  |                                       |
|--|---------------------------------------|
| <b>Total ESRD Stations</b>                       | <input type="text" value="12"/>       |
| <b>Peritoneal Patient Census</b>                 | <input type="text"/>                  |
| <b>Home Peritoneal Patient Census</b>            | <input type="text"/>                  |
| <b>Hemodialysis Patient Census</b>               | <input type="text"/>                  |
| <b>Home Hemodialysis Patient Census</b>          | <input type="text"/>                  |
| <b>Percentage of Patients Accounted For</b>      | <input type="text"/> %                |
| <b>Are you able to take displaced patients?</b>  | <input type="text" value="Select"/> ▾ |
| <b>Do you have isolation stations available?</b> | <input type="text" value="Select"/> ▾ |

Save

Save and Proceed

Undo Changes



## Census and Available Beds

Licensed Beds

Current Resident Census

Current Total Bed Available

Non-Gender Specific Beds Available

Male Beds Available

Female Beds Available

### Resources

Does your facility have Bariatric Beds available?

How many are available?

What is the number of residents/patients with the following dependencies?

Electricity

Insulin

Life Support/Ventilator

Oxygen

Trach Care

Dialysis

Non-Ambulatory

Mental Health/Cognitive Impairments

Save

Save and Proceed

Undo Changes

## History

| Date Submitted      | User |
|---------------------|------|
| No items to display |      |



## Evacuation Status

Are you planning to or are you currently evacuating your facility?

Yes

Evacuation Status

Select

Evacuation Start Date

Evacuation Complete Date

Are ALL residents/patients being evacuated?

Select

Total Number of Residents/Patients Evacuating

Total Number of Staff Evacuating with Residents/Patients

## Re-Entry After Evacuation

Is your facility Fully Operational?

Select

Facility Re-Entry Status

Select

Facility Re-Entry Start Date

Facility Re-Entry Completed Date

Select from Planned Evacuation Locations

Add AHCA Licensed Evacuation Location

Add Other Evacuation Location

|                                   | Type                        | Name               | Phone          | Number of Residents/<br>Patients | Number of Staff |
|-----------------------------------|-----------------------------|--------------------|----------------|----------------------------------|-----------------|
| <div>Edit</div> <div>Remove</div> | Planned Evacuation Location | NORTHDALE ALF, INC | (813) 961-5425 | 15                               | 2               |



## Accepting Resident/Patient Evacuees

Are you willing and able to accept residents/patients into your facility from another evacuating healthcare provider?

Yes

Number of resident/patient evacuees you are able to accept at your current staffing level

Number of resident/patient evacuees you are able to accept with additional staffing

Number of additional staff needed

Number of Pediatric Ventilators Available

Number of Adult Ventilators Available

What is the number of resident/patient evacuees with the following dependencies your facility is able to accept?

Electricity

Insulin

Life Support/ Ventilator

Oxygen

Trach Care

Dialysis

Non-Ambulatory

Mental Health/Cognitive Impairments



## ⚠ System and Services Status

Are you currently running any generators at your facility?

Select

What is the status of the following:

Electricity

NO POWER

Facility Lost Power from the Utility Company at any point During the Event

Date Power Loss

Date of Power Restoration

Anticipated Date of Restoration

Waiting on Utility Company Repair

Waiting on Facility / Provider Repair

Water

Select

Sewer

Select

Telephone

Select

Internet

Select

Natural Gas

Select

Propane

Select

Hot Water Heater

Select

Heating & Air Condition Status

Select

Are you able to maintain a safe temperature for all residents/patients and staff in your facility?

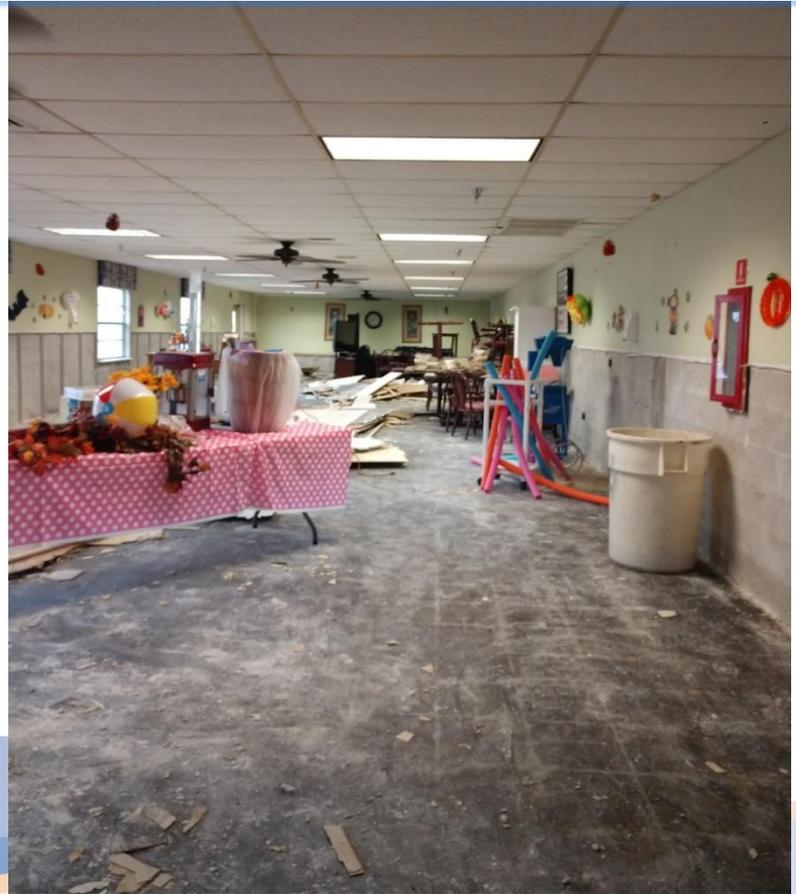
Select



# ⚡ Generators Status

| Make/ Model | Type | Fuel Type | Currently Running Generator | Generator Run Time at Current Fuel Supply (Hours) | Refill Status | Next Refill Date |
|-------------|------|-----------|-----------------------------|---|---------------|------------------|
|-------------|------|-----------|-----------------------------|---|---------------|------------------|

|              |                     |         |   |                      |   |   |
|--------------|---------------------|---------|---|----------------------|---|---|
| today's best | Permanently Install | Diesel  | Select <input type="button" value="v"/> | <input type="text"/> | Select <input type="button" value="v"/> | <input type="text"/> <input type="button" value="📅"/> |
| Test Gen 4   | Portable            | Gasolin | Select <input type="button" value="v"/> | <input type="text"/> | Select <input type="button" value="v"/> | <input type="text"/> <input type="button" value="📅"/> |



# ☹ Damages

Did the facility sustain any damages?

Yes

Is the facility out of service due to damages?

No

Damage Type

Floor

Damage Severity

Moderate

Date Damage Occurred

Date Resolved



Damage Description

\* For Damage Description - Character Limit: 500



As a result of the emergency, do you currently have any needs for the facility?

Select all needs that currently apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes Supplies            | <input type="checkbox"/> Food                   |
| <input type="checkbox"/> Dialysis Supplies            | <input type="checkbox"/> Fuel                   |
| <input type="checkbox"/> Gases                        | <input type="checkbox"/> Generator              |
| <input type="checkbox"/> Medical/Pharmaceuticals      | <input type="checkbox"/> Ice                    |
| <input type="checkbox"/> Oxygen Equipment/Ventilators | <input type="checkbox"/> Personnel              |
| <input type="checkbox"/> PPE Supplies                 | <input type="checkbox"/> Portable Toilets       |
| <input type="checkbox"/> Other Medical Supplies       | <input type="checkbox"/> Transportation         |
|   | <input type="checkbox"/> Water                  |
|   | <input type="checkbox"/> Other Resources Needed |

Provide a point of contact who can be reached to answer questions about these needs:

Name

Telephone Number

Have your needs been reported to your EOC?

Provide the Mission/Tracking Number(s)

Add

List of Mission/Tracking Numbers

Remove



**Have any residents/patients been injured during this emergency event?**

**How many residents/patients have been injured?**

**Have any residents/patients expired during this emergency event?**

**How many residents/patients have expired?**



# Event Communication Log

|                                       |   |
|---------------------------------------|---|
| <b>Facility Name</b>                  | DESTIN EMERGENCY CARE CENTER  |
| <b>Date and Time of Communication</b> | 5/10/2019 10:16 AM <input type="button" value="Calendar"/> <input type="button" value="Clock"/> |
| <b>Communication Requestor</b>        | Select <input type="button" value="v"/>   |
| <b>Communication Type</b>             | Select <input type="button" value="v"/>   |
| <b>Communication Made</b>             | Select <input type="button" value="v"/>   |
| <b>Facility Contact Name</b>          | <input type="text"/>  |
| <b>Communication Email</b>            | <input type="text"/>  |
| <b>Communication Phone</b>            | <input type="text"/>  |
| <b>Information Collected By</b>       | <input type="text"/>  |
| <b>Information Entered By</b>         | Una Corn  |
| <b>Communication Details</b>          | <div style="border: 1px solid gray; height: 150px; width: 100%;"></div>                         |

\*Limit is 1000 characters.

\*Reminder: Do not enter patient data or HIPAA protected information into ESS.

Save

Undo Changes



## History

|                         | Date & Time of Communication | Communication Type | Communication Made | Information Collected By | Date Submitted      | Communication Details                                  |
|-------------------------|------------------------------|--------------------|--------------------|--------------------------|---------------------|--|
| <a href="#">Details</a> | 03/27/2019 4:55 PM           | Phone - Mobile     | No                 | Tommy                    | 03/28/2019 4:56 PM  | testing logging with event selected                    |
| <a href="#">Details</a> | 03/14/2019 8:00 PM           | Email              | No                 | Diane                    | 03/18/2019 12:55 PM |  |
| <a href="#">Details</a> | 03/12/2019 3:30 PM           | On-Site Visit      | Yes                | Fran                     | 03/18/2019 12:54 PM | New Event Tab - Facility Event Communication Log       |
| <a href="#">Details</a> | 03/09/2019 11:00 AM          | On-Site Visit      | Yes                | Lara                     | 03/18/2019 12:53 PM | Under Event Communication Log, On-site Visit shoul ... |
| <a href="#">Details</a> | 03/07/2019 7:30 AM           | Phone - Office     | Yes                | Sue                      | 03/18/2019 12:51 PM | Verify "Facility Lost Power From Utility Company a ... |
| <a href="#">Details</a> | 03/07/2019 1:00 AM           | Phone - Mobile     | No                 | Fred                     | 03/18/2019 12:52 PM | Left VM  |
| <a href="#">Details</a> | 03/02/2019 3:00 PM           | Email              | Yes                | Ed                       | 03/18/2019 1:04 PM  | New event tab - Like all the other event tabs, thi ... |
| <a href="#">Details</a> | 03/01/2019 9:00 AM           | Phone - Office     | Yes                | Kyle                     | 03/18/2019 1:01 PM  | New event tab - Like all the other event tabs, thi ... |



# Communication Log

Search and Select an AHCA Licensed Facility

 Clear

(OR)

Enter Other Facility Name

Event Related To Communication

TS Michael/Hurricane Michael  
test 3  
2019 v3.0 UAT Testing  
Beta Test 3.0 Event

Date and Time of Communication

5/10/2019 10:23 AM 📅 🕒

Communication Requestor

Select

Communication Type

Select

Communication Made

Select

Facility Contact Name

Communication Email

Communication Phone

Information Collected By

Information Entered By

Una Corn



# Reporting Capabilities

 [ESS\\_BedAvailability-Hospitals](#)

 [ESS\\_BedAvailability-Others](#)

 [ESS\\_Call Down List](#)

 [ESS\\_CEO-AdministratorChanges](#)

 [ESS\\_CEO-AdministratorContactInformation](#)

 [ESS\\_ContactAssociatedFacilities](#)

 [ESS\\_ContactsMissingInformation](#)

 [ESS\\_EmergencyDepartmentStatus](#)

 [ESS\\_ESRDCensusandAvailability](#)

 [ESS\\_EvacuationandRe-entryStatus](#)

 [ESS\\_EvacuationPowerDamageandNeedsStatuses](#)

 [ESS\\_EventCommunicationLog](#)

 [ESS\\_EventNotification](#)

 [ESS\\_HospitalResources](#)

 [ESS\\_PlanningInfoforPlanners](#)

 [ESS\\_PowerStatusandGeneratorInfo](#)

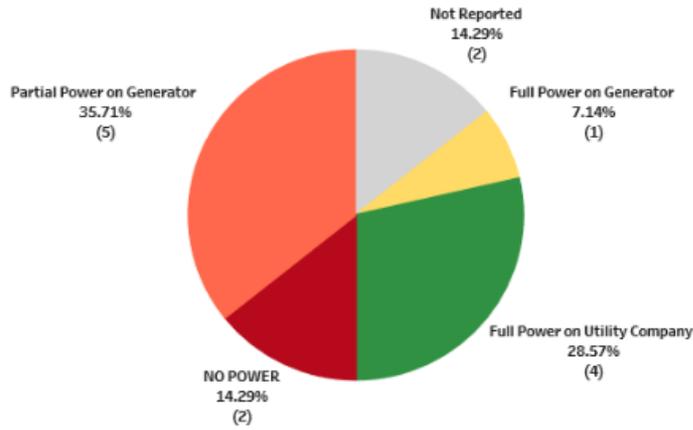
 [ESS\\_SafetyLiasons](#)

 [ESS\\_UserAccountStatus](#)

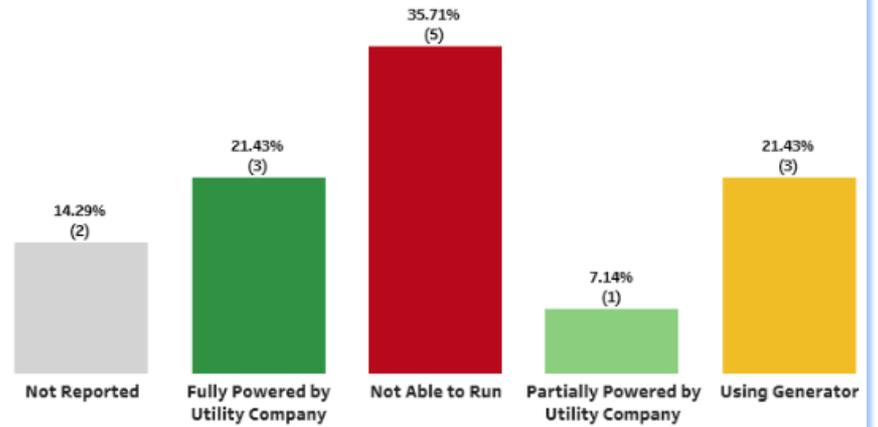
 [ESS\\_UilitiesStatus](#)



**Electricity Service Status** Last Data Update: 9/21/2018 11:01:56 AM



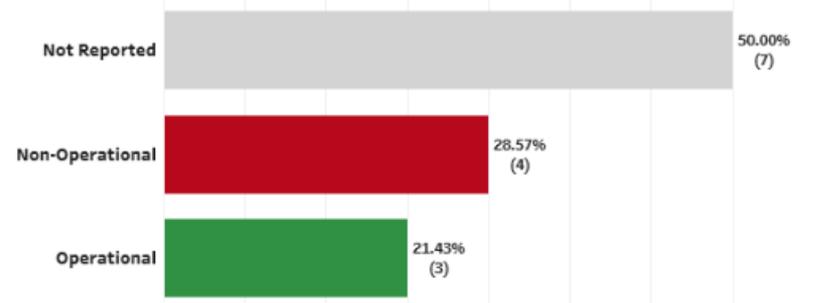
**HVAC Status**



**Water Service Status**



**Sewer Service Status**



| Provider Type            | Provider Name                          | File Number | Address             | City              | Zip Code | County   | AHCA Region | RDSTF Region    | Phone Number | Electric Service Status    | Electric Utility Name | Electric Account Number | Is Generator Running | Generator Type        | Gener |
|--------------------------|--|-------------|---------------------|-------------------|----------|----------|-------------|-----------------|--------------|----------------------------|-----------------------|-------------------------|----------------------|-----------------------|-------|
| ASSISTED LIVING FACILITY | BELVEDERE COMMONS OF FORT WALTON BEACH | 11965472    | 2000 PRINCIPAL LANE | FORT WALTON BEACH | 32547    | OKALOOSA | 01          | Florida RDSTF 1 | 221-222-2122 | Partial Power on Generator | Powerman              | ABCDEF                  | Yes                  | Permanently Installed | Power |
|                          | BROOKDALE BLUEWATER BAY                | 11964709    | 1551 MERCHANTS WAY  | NICEVILLE         | 32578    | OKALOOSA | 01          | Florida RDSTF 1 | 221-222-2122 | Partial Power on Generator | power on              | ABCDE                   | No                   | Portable              | Yes   |



# Reporting Capabilities

ESF-8 Sit Report

<https://bi.ahca.myflorida.com/#/site/ABICC/views/ESF-8/ESF-8?:iid=2>

Executive Dashboard with multiple

tabs: [https://bi.ahca.myflorida.com/t/ABICC/views/ExecutiveDashboard/Overview?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display\\_count=no&:showVizHome=no](https://bi.ahca.myflorida.com/t/ABICC/views/ExecutiveDashboard/Overview?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no)

Bed Availability Hospital:

[https://bi.ahca.myflorida.com/t/ABICC/views/ESSHospitalBedAvailabilityReport/Sheet1?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display\\_count=no&:showVizHome=no](https://bi.ahca.myflorida.com/t/ABICC/views/ESSHospitalBedAvailabilityReport/Sheet1?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no)

Bed Availability Non-Hospital:

[https://bi.ahca.myflorida.com/t/ABICC/views/ESSOtherBedAvailabilityReport/Sheet1?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display\\_count=no&:showVizHome=no](https://bi.ahca.myflorida.com/t/ABICC/views/ESSOtherBedAvailabilityReport/Sheet1?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no)



# Who to Contact?

## **Licensed Providers-AHCA Licensing Unit**

### **Assisted Living Unit**

850-412-4304, [assistedliving@ahca.myflorida.com](mailto:assistedliving@ahca.myflorida.com)

### **Long Term Care Services Unit**

850-412-4303, [LTCStaff@ahca.myflorida.com](mailto:LTCStaff@ahca.myflorida.com)

### **Hospital and Outpatient Services Unit**

850-412-4549, [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com)

### **Laboratory and In-Home Services Unit**

850-412-4500, [LabStaff@ahca.myflorida.com](mailto:LabStaff@ahca.myflorida.com)

## **Partners, Associations, Emergency Management- Systems Management Unit**

[AHCAESS@ahca.myflorida.com](mailto:AHCAESS@ahca.myflorida.com)

## **DOH Staff-**

Bureau of Preparedness and Response, Dayle Mooney



**CFDMC Meeting Sign-In Sheet**  
**June 20, 2019**

| NAME                 | ORGANIZATION                      | EMAIL ADDRESS                    | PHONE          |
|----------------------|-----------------------------------|----------------------------------|----------------|
| Lynda D.W. Et. Mason | CFDMC Board & Northland Church    | choplain27@gmail.com             | 407-242-5699   |
| Catherine Billen     | CFDMC                             | adminasst@centralfladisaster.org | (407) 242-2848 |
| Pat Bullock          | FHS                               | dbullock@fhs.us                  | 321 752 4495   |
| LYDIA WILLIAMS       | FDOH-S+LUCIE                      | lydia.williams@flhealth.gov      | 772-873 4911   |
| Stacy Brock          | DOH-Indian River                  | stacy.brock@flhealth.gov         | 772-294-2475   |
| Mandi Manzie         | AHCA                              | Mandi.Manzie@ahca.ny.florida.com | 8504124462     |
| Jean Pohl            | Majestic Oaks @ John Knox Village | jpohl@johnknox.com               | 386-775-2008   |
| Nancy Woloshin       | DOH-Brevard                       | nancy.woloshin@flhealth.gov      | 321-634-6339   |
| Greg Pereira         | Newman's Children's Hospital      | greg.pereira@newmans.org         | 407-883-4668   |
| Tom Stalbaum         | OCOMD                             | Tom.Stalbaum@OCFL.net            | 407-836-6571   |
| Elizabeth Hamlett    | FDOH-Crange                       | elizabeth.hamlett@flhealth.gov   | 321-947-2994   |
| Lynne Dravos         | CFDMC                             |                                  |                |

CFDMC Meeting Sign-In Sheet  
 June 20, 2019

| NAME           | ORGANIZATION             | EMAIL ADDRESS                      | PHONE              |
|----------------|--------------------------|------------------------------------|--------------------|
| Carl Charlotte | Lady Lake Specialty Care | Carl.Charlotte@greystonehealth.com | 352-552-5545       |
| John Corfield  | ORLANDO HEALTH           | JOHN.CORFIELD@ORLANDOHEALTH.COM    | 321-841-8239       |
| Kim Kossler    | DOH St Lucie             | Kimberly.Kossler@flhealth.gov      | 772-462-3951       |
| Karen Street   | DOH Brevard              | Karen.street@flhealth.gov          | 321-634-3595       |
| Eric Alberts   | Orlando Health, Inc.     | Eric.Alberts@orlandohealth.com     | 407-344-6083       |
| Clint Sperber  | DOH St Lucie             | Clint.Sperber@flhealth.gov         | 772-873-4949       |
| Sheri Blanton  | D9/25 ME                 | Sheri.Blanton@ocfl.net             | 407-836-9432       |
| Deb Mentink    | Treasure Coast Hospice   | dmentink@treasurehealth.org        | 772-631-5062       |
| Wayne Stuble   | Hea Hh First In. Wayne.  | Wayne.Stuble@HF.ORG                | 321-434-1534       |
| Amanda Freeman | Advent Health            | amanda.freeman@advent.com          | 311-438-7143       |
| Amy Johnson    | Adt New Smyrna           | amy.l.johnson@adventhealth.com     | 386-804-2841       |
| Susan Nichols  | Comm. Health Centers     | S.nichols@chcfi.org                | 407-905-8827 X1023 |

# CFDMC Meeting Sign-In Sheet

June 20, 2019

| NAME                  | ORGANIZATION               | EMAIL ADDRESS                  | PHONE        |
|-----------------------|----------------------------|--------------------------------|--------------|
| Ann Culley            | VNA Home HealthSpace Coast | aculley@vna.com                | 321-506-2934 |
| Samantha Taylor       | DOH-Seminole               | samantha.taylor@fhealth.gov    | 407-665-3107 |
| Richard HAZEL         | DOH-Seminole               | richard.hazel@fhealth.gov      | 407-866-4335 |
| Norberto Cinton       | Palm Garden PSL            | Norberto.Cinton@palmgarden.com | 772-618-0560 |
| CLAUDIA BAKER         | FDEM                       | claudia.baker@em.myflorida.com | 850-519-6734 |
| SPURGE PIERCE         | DASH                       | kamm.pier@fhealth.gov          | 821-454-7155 |
| JENNIFER SANSSEVERINO | Family Home Health Serv.   | j.sansseverino@fhs.us          | 386846904    |
|                       |                            |                                |              |
|                       |                            |                                |              |
|                       |                            |                                |              |
|                       |                            |                                |              |
|                       |                            |                                |              |

# CFDMC Meeting Sign-In Sheet

June 20, 2019

| NAME             | ORGANIZATION                  | EMAIL ADDRESS                    | PHONE                |
|------------------|-------------------------------|----------------------------------|----------------------|
| Megan Milanese   | DoH - Lake                    | Megan.Milanese@FlHealth.gov      | 352 516 0190         |
| Lindsey Bayer    | NEO DS/DZY                    | Lindsey.Bayer@MCH1onCountyFl.org | 352-326-5461         |
| Molly Ferguson   | Community Health Strs         | m.ferguson@chcfl.org             | 407<br>905-8827x1064 |
| Norberto Cintion | Palm garden PSL               | Norberto.Cintion@palmgarden.com  | 772-618-0560         |
| Kyle Dawson      | ucf student<br>home volunteer | Kdawsah@gmail.com                | 954-655-7805         |
| Joseph Chapman   | Reedy Creek FD                | JChapman@RCFD.org                | 407-488-2376         |
|                  |                               |                                  |                      |
|                  |                               |                                  |                      |
|                  |                               |                                  |                      |
|                  |                               |                                  |                      |
|                  |                               |                                  |                      |

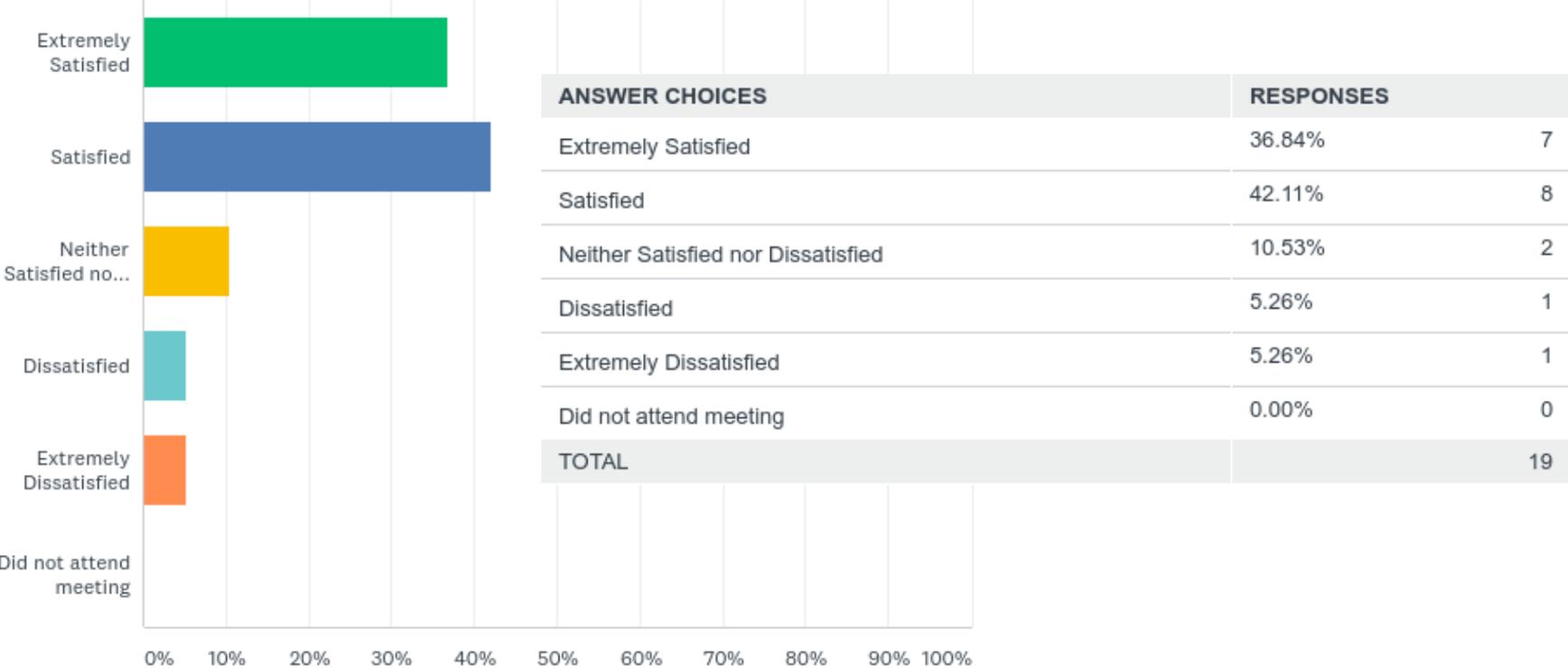
## 6/20/19 CFDMC Meeting Attendees Via Webinar/Conference Call

- Elmer Arcenal, Florida Homecare Specialists, 352-857-6410
- Kim Merkel <KMerkel@orthodb.com>, East Coast Surgery Center
- Judy Moschette, RN & Debbie Nunez, Community Home Health Services
- American Pride Home Care Services Corp
- Dr. Karen van Caulil, President/CEO, Florida Alliance for Healthcare Value (Board Member)
- Denise White <denisewhite1931@yahoo.com>
- Margaret Hart, EM Officer (Training & Exercise), Osceola County Office of Emergency Management
- Samuel W. Thurmond, Jr., ILO, Assistant Fire Chief – EMS Operations, Seminole County Fire Department
- Frank Denoff II, Ability Rehabilitation
- Aaron Kissler, Lake County Health Department (Board Member)
- Steve Wolfberg, Martin Health (Board Member)
- Brenda Steverson. DCC Dialysis
- John Infante, Facility Administrator, Superior Care
- Eric Whitwam, Bright Dialysis, American Renal Associates
- Becky Hale. Halifax Health Hospice
- Felicia Gaylord, RN, BSN, Clinical Manager, FKC Brevard #4718
- Paula Bass, AdventHealth Orlando
- Christen.Stewart, Orlando Health Home Care
- Tammy Holt RN, LHRM, Administrator, Orlando Ophthalmology Surgery Center
- David Warnick, EMT in attendance
- Melyssa Callahan, Osceola Regional
- Tim Fulford, Lakeshore Medical Center
- Georganna Kirk, FHCHC (Board Member)
- Robyn Connor, FHCHC
- Mark Wolcott, Volusia County Emergency Medical Administration
- Georgianne Cherry, Osceola Health Department

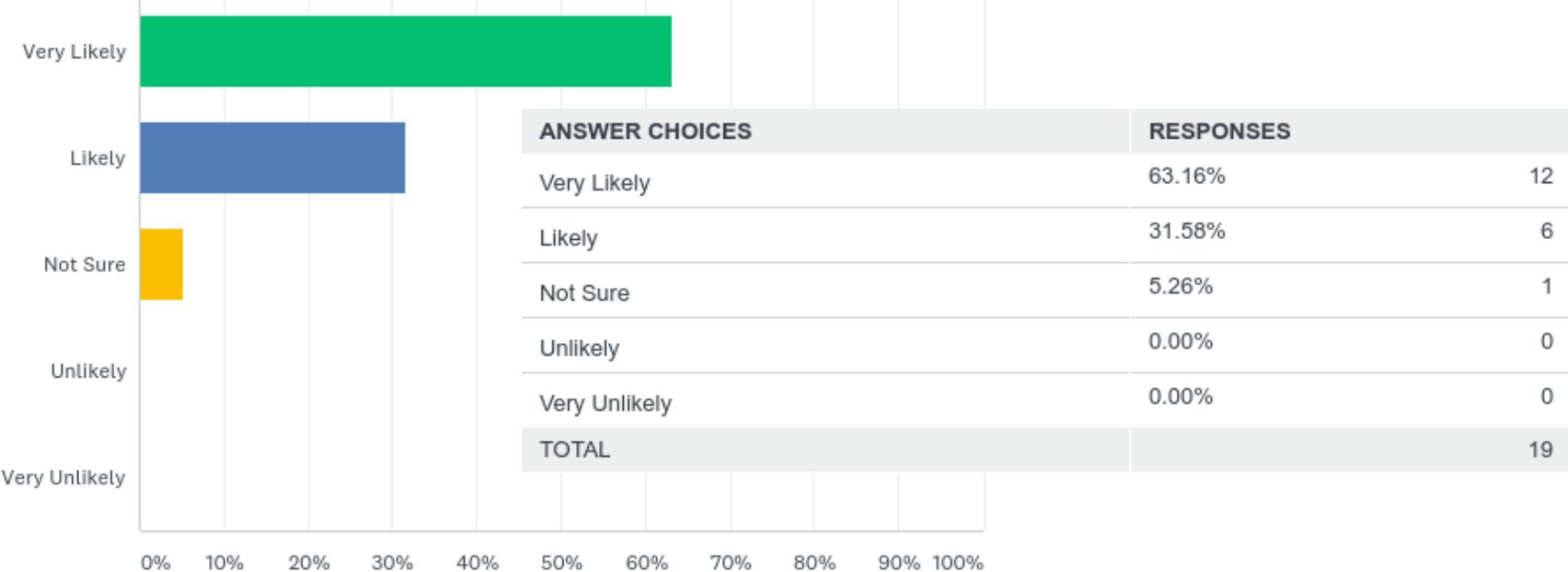
# June 2019 CFDMC Meeting Survey Results

## 19 Responses

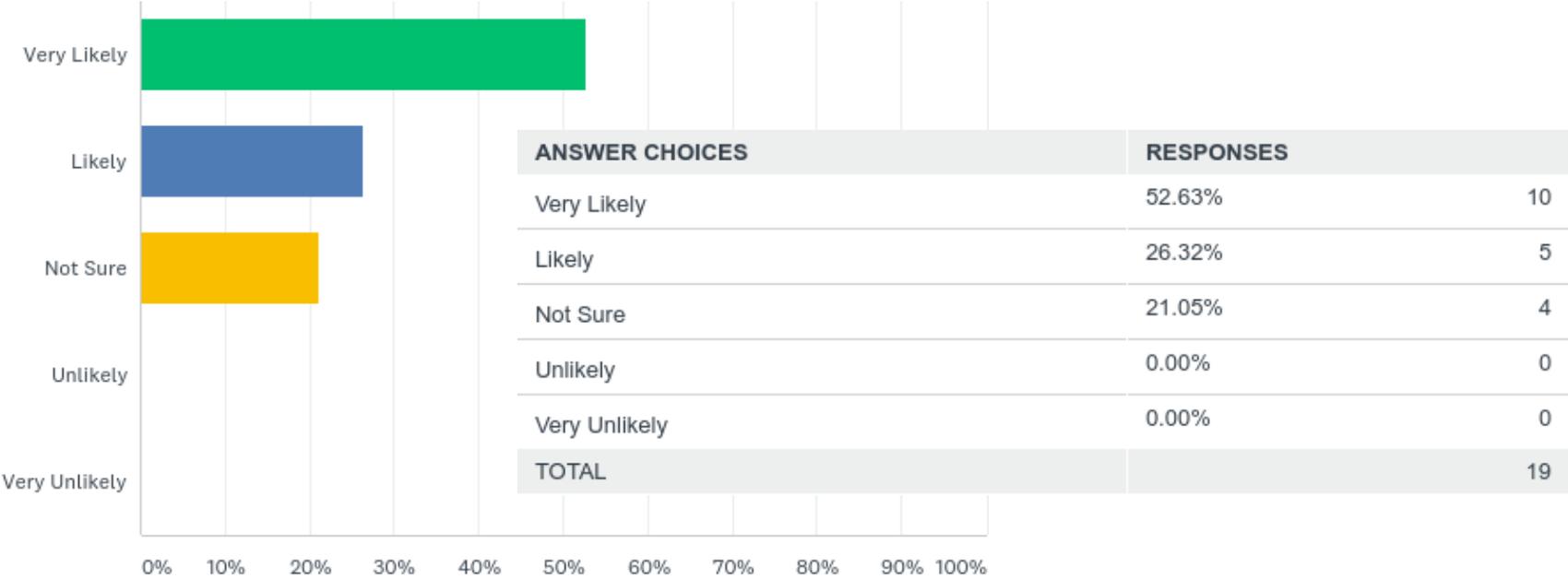
# Overall satisfaction with the June 20 Coalition meeting: 79%



# Likelihood to attend future coalition meetings: 95%



# Likelihood to recommend joining the coalition to others: 79%



## Most Valuable:

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- The information that is provided is always valuable and meeting the different coalition members and getting different perspective on things and utilizing their knowledge and experience.
- The breakaway with group types and review of all of our results.
- Finally Home Health was recognized and contributed to the meeting.
- The break out session
- The communication, between the emergency agency
- ESS Training
- The content
- Keeps everyone up to date on latest issues
- Good information about the direction of the coalition and current situations to be aware of. Great information
- Different speakers
- Collaboration regarding assistance for home health services
- collaboration
- Hearing others opinions but I did have to leave for work reasons.

# Suggestions for Improving Meetings/Future Topics

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- Nothing at this time.
- Partnering with so many other groups
- Include Home Health's contribution as to how we can help more in disasters. Discuss the communication chain from hospitals to home health with anticipated census surge. Supply chain integrity with supplying home health clinicians with gas alongside first responders. provide some sort of definite communication to home health from emergency management with possibly crank hand radios should wireless phones not able to work.
- More paper work for my life safety book
- Unfortunately what I took to be valuable in item #4 became less so due to the constant interruptions by the caller shown as American Pride Home Care. I'm hoping that situation will be addressed prior to any future meetings.
- The online meeting was broken up, unable to hear the speakers
- It was difficult to hear at times. Some of the interference was from people that did not mute their lines, but in some cases it became very choppy with the connection. If there is a way to iron out the technical issues that would be great. Thanks
- Connection bad from time to time
- Re-entry safety post disaster for first (or second) responders
- n/a
- EXTREMELY difficult hearing the speaker. It was cutting out and we were only getting every other word or every third word. However, the speakers that were on the phone were fairly clear. I would say we missed half of the content. Wanted you to know so you could work on it for the future.
- Should would be nice if people would learn to mute their audio!!!