

9/19/19 Central Florida Disaster Medical Coalition Meeting Minutes

Welcome, Announcements, Introductions: Lynda W. G. Mason, 2019 Board Chair, welcomed all and thanked those participating. She asked those present in person to introduce themselves, and asked those participating via webinar or conference call to email the coalition to document attendance.

NOTE: Due to technical difficulties, the recording of the meeting is not available.

Hurricane Michael: A Health Ministry's Response and Story of Healing (Sacred Heart Hospitals)

Emily S. Avery, M.S.H.A., CHSP, Regional Director-Emergency Management EC & Safety: Emily presented on the hospital system's experiences during Hurricane Michael. See attached presentation. Questions included how coalitions can help in response. She explained that Florida's coalition structure differs from Alabama, but the most important element is the ability to form relationships so that you can call on a partner when needed. Communications is also critical and they are now using First Net. See attached presentation.

Hurricane Dorian Lessons Learned: Lynda W.G. Mason spoke about the impact of Dorian on the Bahamas and how that community responded. Lynda advised that the region is also focused on standardization, which was extremely helpful in the Bahamas following Dorian's impact. Coalition members shared their experiences and lessons learned from Dorian. Wayne Struble from Health First shared their experience in evacuating (see attached presentation). The hospital used Teletrack for patient tracking; the Coalition will follow-up with Health First to get additional information on this. Ashley Fisher shared information on Halifax's evacuation of behavioral health beds. She stated that lessons learned included the issue of pet sheltering, the shelter managing needing additional assistance, and the need to create time/task documentation. Alan Harris advised that Seminole County Emergency Management had previously worked with Nemours to create a shelter for 69 medically complex children and this was the first opening; they introduced telemedicine at the shelter. Bill Litton stated that Osceola Emergency Management worked with DOH on special needs shelter and evacuated one of the largest long-term care centers. Matt Meyers advised that the Coalition monitored local ESF8 mission requests; two requests were received but both were cancelled. The coalition also provided situational awareness to members. Clint Sperber reported on St. Lucie activation and stated that the State ESF8 pre-staged resources. He stated that a lesson learned is the need for AHCA at the EOC, and the need for additional training on ESS. There is a need to address the special needs criteria related to the homeless or transitional patients who need additional discharge planning service. There is also need for additional planning related to special needs children. Todd Stalbaum introduced a representative from Maxim Health Care as a partner in preparing for the needs of medically complex children. The Maxim representative provided an overview of the organization, operating in Brevard, Orange and Osceola Counties, and providing services to technology-dependent children.

Recognition of Dave Freeman: Lynda W. G. Mason and the Coalition recognized Dave Freeman on his retirement as Executive Director. Dave will continue to serve as an RDSTF Co-Chair and as a Coalition Board member. Lynda and Eric Alberts, 2020 Chair, presented a plaque to Dave in recognition. Other spoke about Dave's visionary leadership and mentoring.

Other Announcements: Eric Alberts reminded hospitals that in order to bring in federal grant dollars, they must work with the Coalition to submit the requested information in the surge estimator tool, and participate in the coalition surge test exercise scheduled for October 18. Eric advised that Orlando Health is holding its annual alternate care site exercise, Mannequin Apocalypse, on October 31, and invited members to attend. He encouraged all to save the date for the December 3 first annual conference; an agenda and registration will be sent out soon. Amanda Freeman invited members to participate in the Stolen Thunder tabletop on September 25.

Lynda thanked all for attending and reminded members to complete the meeting survey which will be sent out via email following the meeting.



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

September 19, 2019

Note: Meeting is being recorded



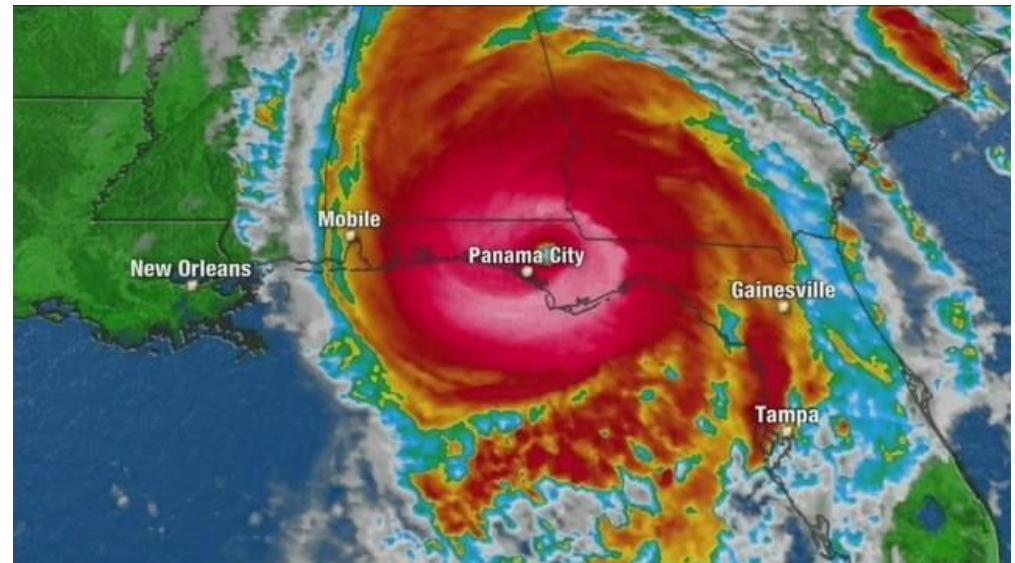
Lynda W. G. Mason, 2019 Chair

Introductions

For Those on Webinar, Please Confirm Attendance
by Emailing: info@centralfladisaster.org

Hurricane Michael: A Health Ministry's Response and Story of Healing

- ▶ Emily S. Avery, MSHA, CHSP, Regional Director, Emergency Management EC & Safety
- ▶ Mike Matroni, Regional Emergency Management Officer



Break



Hurricane Dorian: Experiences & Lessons Learned

- ▶ Health First: Wayne Struble
- ▶ Halifax: Ashley Fisher
- ▶ Other Hospitals
- ▶ Other Emergency Managers / ESF8s
- ▶ Other Partners



Recognition of Dave Freeman Founding CFDMC Executive Director





- ▶ **Other Announcements:**

Eric Alberts: Coalition Surge Test Exercise & Coalition Surge Estimator Tool

- ▶ **First Annual Coalition Conference on December 3
at Valencia College School of Public Safety**
- ▶ **Meeting Evaluation (e-survey will be sent following meeting)**



Hurricane Michael: A Health Ministry's Response and Story of Healing

Ascension Florida

September 19, 2019

Who is Medxcel?



Largest sole provider of healthcare facilities services in the U.S.

SERVICES

Medxcel Facilities Management

- Emergency Management & Safety
- Compliance Consulting
- Life Safety
- Mechanical, Electrical, Plumbing
- Heating, Ventilation and Air Conditioning
- Landscaping

Medxcel Planning, Design & Construction

- Capital Planning
- Master Planning
- Design & Construction Standards
- Construction Project Management

Medxcel Energy

- Energy Efficiency
- Waste & Chemical Management
- Education & Communication
- Water Conservation
- Energy Consumption



Largest sole provider of healthcare facilities services in the U.S.,
using an integrated model to best serve our customers.



Emergency Management, EC & Safety

Direct Chain of Command Ensures:



Standardization



Optimization

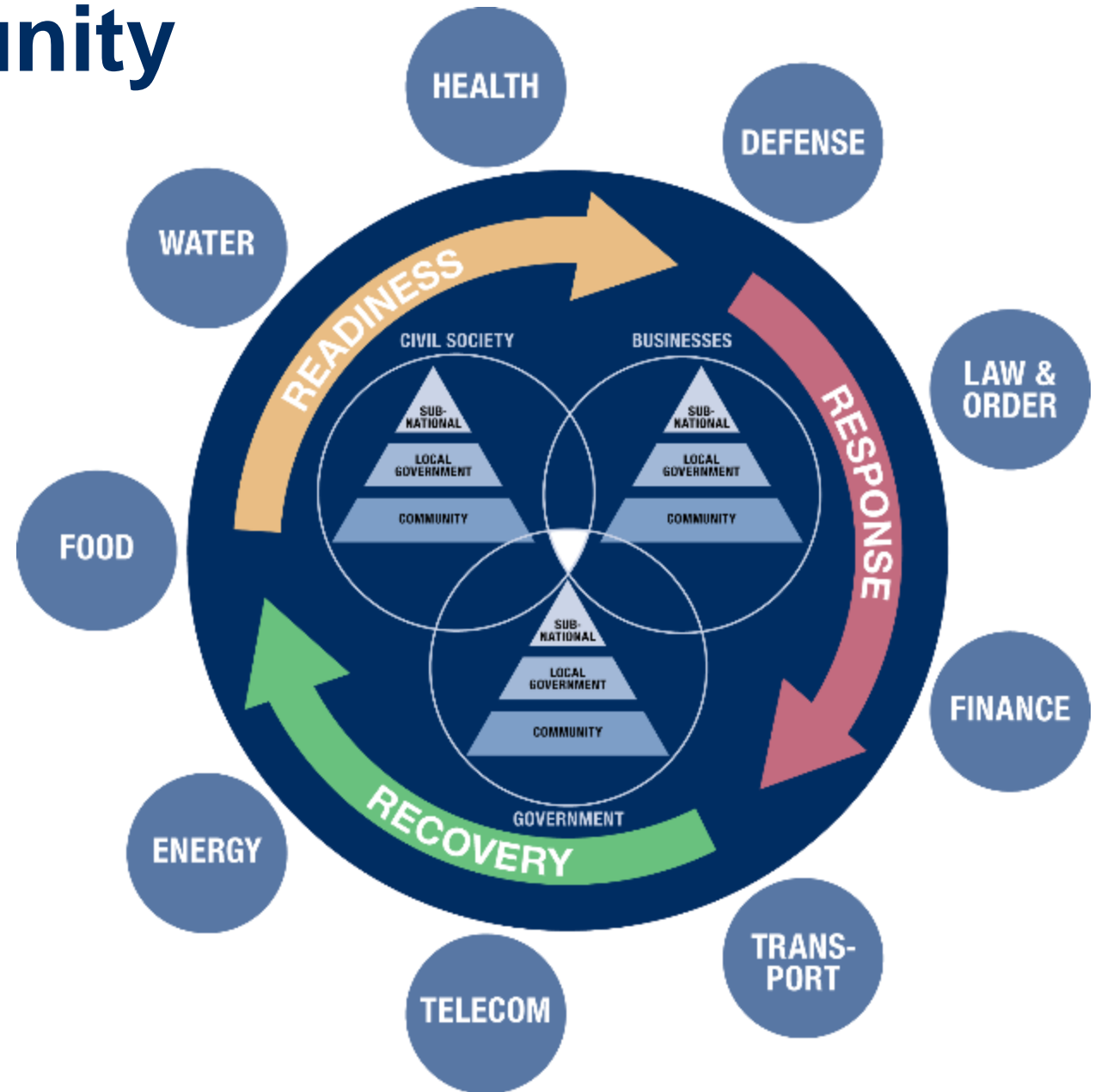


Communication

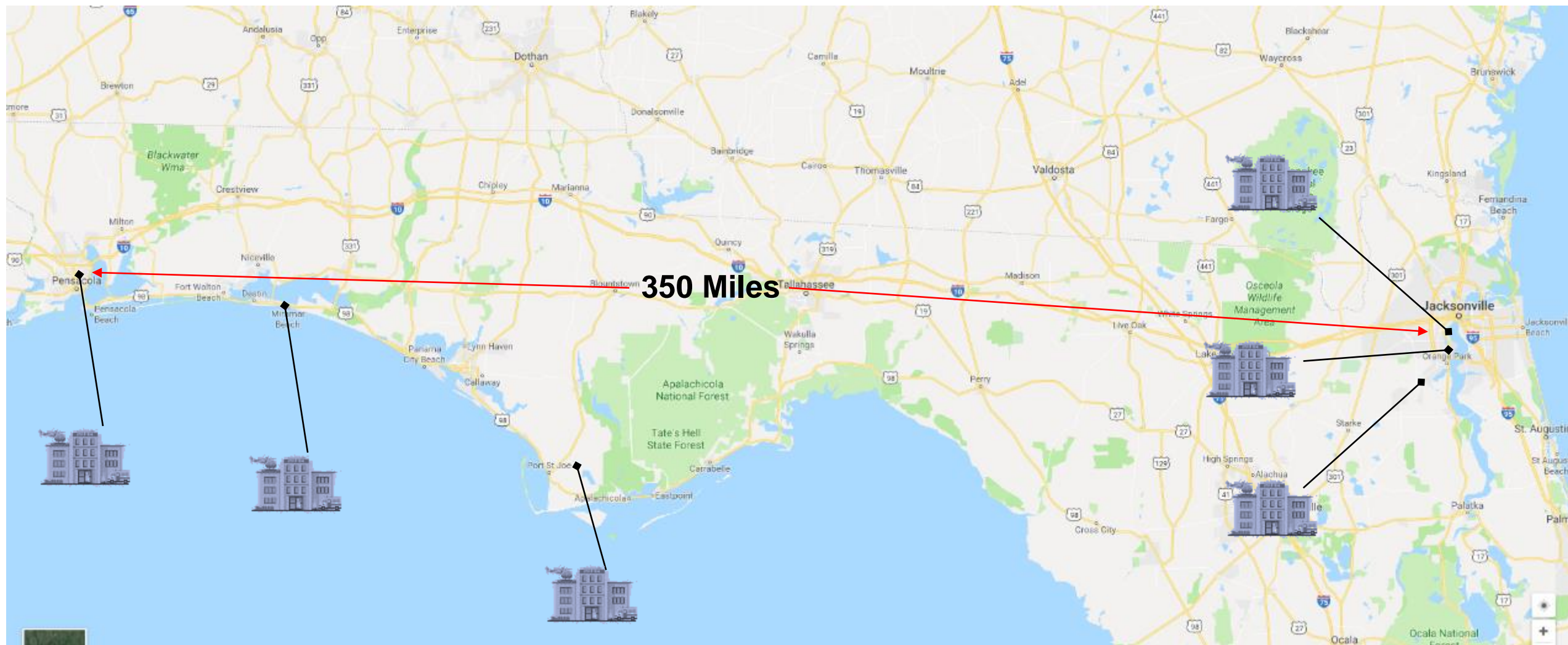


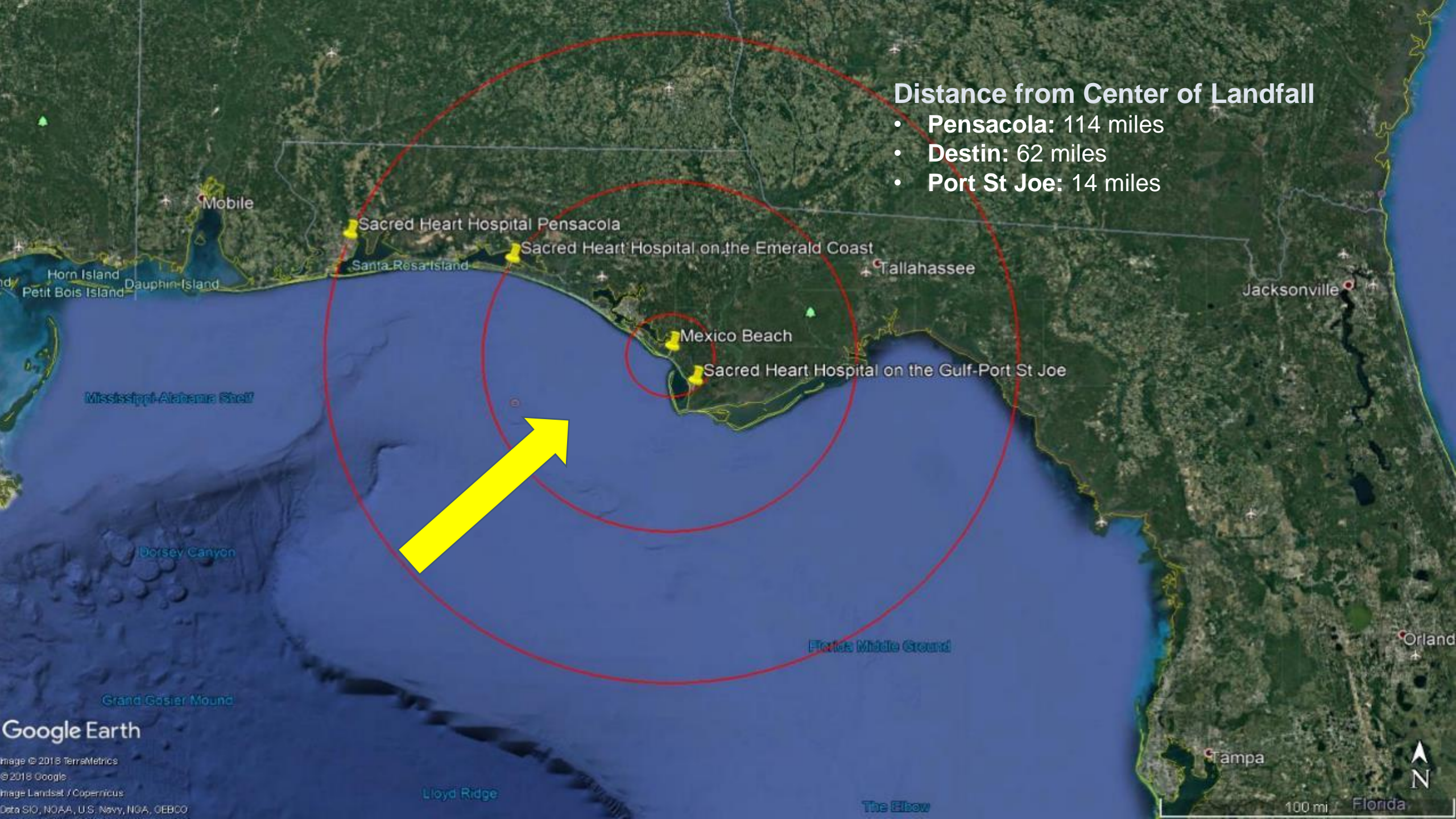
Corporate Community Approach

All businesses and facilities are aligned and organized for a robust response to disasters



Florida Hospitals – Area of Responsibility





Distance from Center of Landfall

- **Pensacola:** 114 miles
- **Destin:** 62 miles
- **Port St Joe:** 14 miles



BEFORE THE STORM

5 Critical Pre-Storm Steps

1

Activated
Preparedness Plans

2

Logistical
Coordination

3

Modify Incident
Command Across All
Stakeholders

4

Pre-storm Deployment
of Regional & National
Teams

5

Pre-storm Deployment
of Generators &
Remediation Team

- **Protect patients and associates**
- **Protect the building envelope**
 - » Ensure no wind gets inside where the pressure can cause damage
- **Protect the perimeter of the building**
 - » Ensure power stays on
 - » Remove potential debris that could
 - » Protect patients and associates





BEFORE THE STORM

Teams in Action

- National, regional and local incident commands
 - » Operational decisionmaking
- Facility Hardening:
 - » Bracing Doors to Mitigate Wind Intrusion; pre-staging drying equipment
 - » Remove Potential Debris that Could be Hurlled Into Building
 - » Pre-Staging of Generator and Remediation teams



BEFORE THE STORM – Pensacola

- Facility Hardening
- Extra supplies ordered
- Storm block of pharmaceuticals ordered
- Additional food/water on standby
- Incident Command stood up at 1500 on 10/9/2018 (Tuesday)



BEFORE THE STORM – Emerald Coast (Destin)



- Facility Hardening
- Extra supplies ordered
- Additional food/water on standby
- Incident Command stood up at 0900 on 10/8/2018 (Monday)
- Patients discharged/evacuated on 10/9/2018 (Tuesday)
- Skeleton staff to ride out storm (incident command/emergency dept/facilities)
- Medxcel RD imbedded with incident command pre landfall.

BEFORE THE STORM – Port St Joe

- Facility Hardening
- Patients discharged/evacuated on 10/8/2018
- Operations suspended.
- Incident Command (stood up on 10/8/2018 (Monday)) and care taker staff only to ride out storm
- Augmentation from Pensacola FM team
- Additional generator brought on-site prior to storm
- Remediation team imbedded prior to storm
 - » Tremco/Complete DKI on standby for immediate post-storm response
- Medxcel RD imbedded with incident command



Magnitude Unleashed



The Prediction

- » Category 2 storm
- » **85mph** winds



The Reality

- » Category 5 storm
- » **155mph** winds



Hurricane Michael: The Destruction of Mexico Beach





DURING THE STORM

Strength blows past expectations

- Landfall at 155 mph
- Associate Safety and Well-Being
- Building Protection
- Loss of Power & Communication Failure
- Remediation Response



AFTER THE STORM



The Washington Post

AFTER THE STORM

Preparedness Pays Off

Primary Goals:

- Associate Care and Well-Being
- Returning SHHGulf to Normal Operations
- Supporting Bay Medical Evacuation



Critical Focus Areas:

- Site-based Leadership and Incident Command
- Utility Outages
- Telecommunications
- Staffing and Accommodations/Food
- Security
- Community Partnerships
- Patient Movement and Transportation

AFTER THE STORM

Preparedness Pays Off

- Sacred Heart Gulf only hospital in the Gulf area taking Patients the Day After the Storm
- Unified Incident Command Streamlined Recovery Efforts
- FM Global Adjusters On-site the Day After the Storm



AFTER THE STORM – Port St Joe

- Hospital sustained only minor damage
- Sustaining skeleton staff
- Post storm assessment of facility:
 - » Generator supplying load
 - » No communication systems available
 - » No potable water
 - » No natural gas



AFTER THE STORM – Port St Joe (cont)

- Boilers and chillers running, no BAS; intermittent normal/generator power fluctuations
- Medxcel RD to site with President and CMO, assumes role of incident commander
 - » Attends daily EOC briefing at Gulf County EOC
 - » Priority of work: Power, Water, Communication
- Emergency Services provided in limited capacity starting on 10/11/18.
 - » Augment staff from Jacksonville and Pensacola deployed
 - » All patients transferred if needing admission
- Florida Search and Rescue Task Force co-located at SHHG.
 - » Provided communications capability early in the response.
 - » Hospital provided logistic support to the Task Force as needed.
 - » Armed Security



AFTER THE STORM – Port St Joe (cont)

- Unified Incident Command providing support and supplies
- Procured potable water, portable toilets and handwashing units, supplies, anti-venom, additional diesel for generators
- Additional Medxcel leadership provided on-site support post landfall; rotated leadership
 - » Touchpoint personnel from Atlanta/Indianapolis deployed
- AT deployed mobile data center (Sungard) and associates.
- Medxcel and Ascension National Support
 - » National contracts
 - » Experts in IT, Building and Construction, BAS





AFTER THE STORM – Bay Medical

- › 1000 +/- individuals in building(s) – patients, associates, and families
- › Multiple buildings suffered major structural damage and unable to sustain patient care. Evacuations critical, access difficult. Ground transport = 4 hrs
- › Generator power; incomplete inventory of areas dependent on EM power
- › Community infrastructure for all utilities disrupted
- › Loss of equipment (AC units blown off roof)
- › All elevators non-functional



AFTER THE STORM – Bay Medical (cont)

- › Tremendous water intrusion throughout; movement of ICC multiple times
- › Loss of city water; had to go “out of the box” to move water from well to chillers
- › Loss of external and internal communications
 - › Sat Phone antenna blown off roof
 - › Community infrastructure for all utilities destroyed
 - › Inability to maintain community situational awareness-couldn't talk to EOC or other area hospitals.
 - › Repeater failure for internal radio communications
- › Poor illumination from internal emergency lighting

EVACUATION

HURRICANE MICHAEL'S IMPACT

POWER OUTAGES



Florida: 105,816

Georgia: 95,000

Alabama: 25,602

EVACUATION – Emerald Coast (Destin)

- › Thursday, Oct. 11
 - » Expecting 30 patients from Bay Medical in up to 25 vehicles
 - » 11 patients evacuated from SHHEC pre-landfall returned
- › Friday, Oct. 12
 - » All departments surged
 - » Nursing support from other Ascension facilities; housed locally
- › Sunday, Oct. 14
 - » SHHEC beyond capacity (96 patients)



EVACUATION – Pensacola

- Received request for evacuation of patients from Bay Medical immediately post landfall
 - » Initially agreed to take 70 patients (20-ICU/50-MedSurg)
- First patients arrived first light on Thurs., 10/11
- Multiple helicopters were in the initial wave
 - » 18 landings on 10/11



EVACUATION – Pensacola

- Ground Ambulance (4-5 hour drive due to conditions) began arriving around noon on 10/11 and steady over the next 1.5 days
- Total of 93 patients received as of 10/30.



SYSTEM COORDINATION

- Sacred Heart Health System stood up an area command structure on 10/11 to coordinate activities of 3 hospital incident command centers
- Assisted coordination with Bay Medical parent company, Ardent Health, during evacuations
- As Pensacola and Emerald Coast command centers deactivated, System Coordination focused on the hardest hit area, Port St Joe.
- Provided liaison between Ascension Corporate and Medxcel Corporate.
 - » Included Ascension Technologies who brought in large scale voice and data connectivity to support SHHG.
- Supported comms with State EOC (ESF8) due to multiple challenges to operationalize SHH Gulf and meet associate personal needs





A Story of Healing

A Community Unites



A STORY of HEALING

CARING for our Associates

- Needs assessments
- Cleaned properties, tarped roofs
- Water and basic necessities
- 10 Portable generators
- Gasoline
- Housing and disaster pay
- Short and long term aid



A STORY of HEALING

CARING for our Community

- Medical care, helping PCPs and Dialysis open
- Cleaned properties
- Water and basic necessities
- Hot food distribution multiple days; 3,000 box lunches alone one day



A STORY of HEALING

- Re-opening of the hospital
 - » ED only immediately post-storm
 - » Full services 12 days post-storm





Thank You

Questions?

Emily Avery, M.S.H.A., CHSP

Regional Director SE – EM/EC/Safety

emily.avery@medxcelfm.com



HealthCare Facility Evacuation

WAYNE G. STRUBLE

Health First Inc. Cape Canaveral Hospital



Cape Canaveral Hospital

- Licensed 150 bed acute care hospital
 - Includes 21 bed level II ED
 - Mother / baby, labor / birth unit
 - 12 bed intensive care unit
 - Inpatient hospice unit
- Located on the Banana river and only 1 mile from the Atlantic Ocean

Evacuation Planning

- Pre Plan
- Involve community partners
- Agreements in place
- COOP is an asset
- Consider back up plans
- **Exercise to test the plan**
 - We exercise this every year



Timely Decisions

- Timely decision makes the difference
- Delays can be critical
- Political and Financial concerns
- May need to shelter in place if decision is delayed
- Contingency plans



Dorian Timeline Concerns

- Storm delay created changes in plans
- The delay in the storm provided ability to reduce the census even further
- Special patient considerations
- ICU patients “mostly” evacuated on Thursday and Friday
- Delay allowed Mother/Baby couplets to be discharged

Patient Tracking

- Teletracking
- Include Health Information Management Team in planning and exercises
- Electronic and paper tracking methods
- Consider you may have an IT downtime or power failure
- Family and Press considerations
- PIO area defined
- Family assistance center considerations

Electronic Tracking

- Teletracking
 - Disaster Console
 - Rapidly assign beds within a system
- Used by 60% of the hospitals in Florida
- Regional view available
 - View allows to see available bed types by hospital with no PHI

Teletracking



Evacuation

- Evacuated 32 patients (2 ICU) on Sunday
- Beds were assigned within 10 minutes
- ICU patients were flown
- Coastal EMS provided transports
- Strike team consideration
- Delay in evacuation caused prolonged evacuation of four hours

Facility Process

- We turn half of ED into Transport out area
- Patients systematically processed by floor when possible (ICU considerations)
- When room is clear use marking system on door
- When floor is clear use marking system on elevator and stair controls / doors
- Take a walkthrough (twice) to confirm each floor or unit is evacuated
- Unit gets paperwork together and primary report to receiving facility

Continued

- Patient then moved to staging area
- HIM / HIT confirms documentation is correct and complete
- Transportation provider has a liaison in the ED or staging area
- Have someone act as the transportation officer to work with transport providers
- Notify receiving facility when patient leaves facility (tracking and accountability)
- Receiving facility should notify of patient arrival (Confirm numbers between facilities for accountability)

Re-opening

- Facility evaluated Wednesday
 - AHCA Checklist
- Reopening process started Thursday morning
- Facility opened to patients at 1900
- ED, ICU, M/B, 1 Med/Surgical Unit, Cath lab opened
- Friday 5 patients transferred back

Planning Checklist

- Create checklists for each position / location
 - Include list of documentation / responsibilities / procedures
- Remember to include consideration of supplies and staffing support for receiving facilities
- Have back up and tertiary facilities in other areas
- Remember resources may not be available
- Pre identified map directions can be helpful
- Make sure to do a primary and secondary search of the facility to confirm it has been evacuated of EVERYONE that should be gone!

CFDMC Meeting Sign-In Sheet

September 19, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Alan Harris	Seminole County	charlie@seminolecountylga.gov	407-665-5017
Bill Litton	Osceola County	Bill.Litton@osceola.org	407-742-9010
Valerie Risher	FDOH	Valerie.Risher@flhealth.gov	772 473-5795
LYDIA WILLIAMS	FDOT-ST. LUCIE	Lydia.Williams@flhealth.gov	772 873 4911
EDWARDS BRASLEY	FDOH - MARTIN	EDWARDS.BRASLEY@FLHEALTH.GOV	772 530 9830
Robin Hanson	Osceola County	Robin.Hanson@osceola.org	407 742 9012
Stacey King	Orlando Health	Stacy.King@orlandohealth.com	321 842 0350
Eric Alberts	Orlando Health, Inc.	Eric.Alberts@orlandohealth.com	407-384-6283
Todd Stalburg	OCOMD	Todd.Stalburg@ocf1.ga	407-836-6515
Dore Friesman	CFone	dore@cfone-disaster.org	321-231-9880
Jennifer Cevallos	Maxim	jeharding@maxhealth.com	407-301-2308

CFDMC Meeting Sign-In Sheet

September 19, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Stacy Brock	DOH-Indian River	Stacy.brock@flhealth.gov	772-794-7479
Lynne Brown	CFD.mc		
Racquel Reid	Orlando Health	Racquel.Reid@orlandohealth.com	4076253177
JOHN CORFIELD	ORLANDO HEALTH	JOHN.CORFIELD@ORLANDOHEALTH.COM	4078081443
Wayne Stubble	Health First Inc.	Wayne.Stubble@HF.ORG	321-307-1514
Sheri Blanton	D9 Medical Examiner	Sheri.Blanton@oehf.net	407-836-9432
Cynthia Dux-Gibson	CFDMC / Northland	Chaplain2@gmail.com	407-272-5699
Margaret Hart	Osceola County EM	margaret.hart@osceda.org	407-742-9013
RICHARD HAZEL	DOH-SEMINOLE	richard.hazel@flhealth.gov	407-868-0458

CFDMC Meeting Sign-In Sheet

September 19, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Karen Cauli	FL Alliance for Healthcare Value	karen@thealliancevalue.org	407 425 9500
Brenna Young	AdventHealth	brenna.young@adventhealth.com	571 215 2151
Collins Walker	CFDMC	response@centralflhealthcare.org	321-295-6253
Melanie Black	DOH-Volusia	melanie.black@flhealth.gov	386-481-4345
Clint Speck	DOH-St Lucie	clint-speck@flhealth.gov	772-873-4949
Paula Brass	AdventHealth	paula.brass@adventhealth.com	407 398 2845
Megan Milonise	DOH-Lake	Megan.Milone@flhealth.gov	352 516 6190
Kesley (Kah) Richards	CFDMC	Kesley.Richards_nph@gmail	904-813-1764
Matt Meyers	DOH	Matt.Meyers@flhealth.gov	904 880 412
Molly Ferguson	Community Health Ctrs.	m.ferguson@cheh.org	407 905-8887 x1064

September 19, 2019

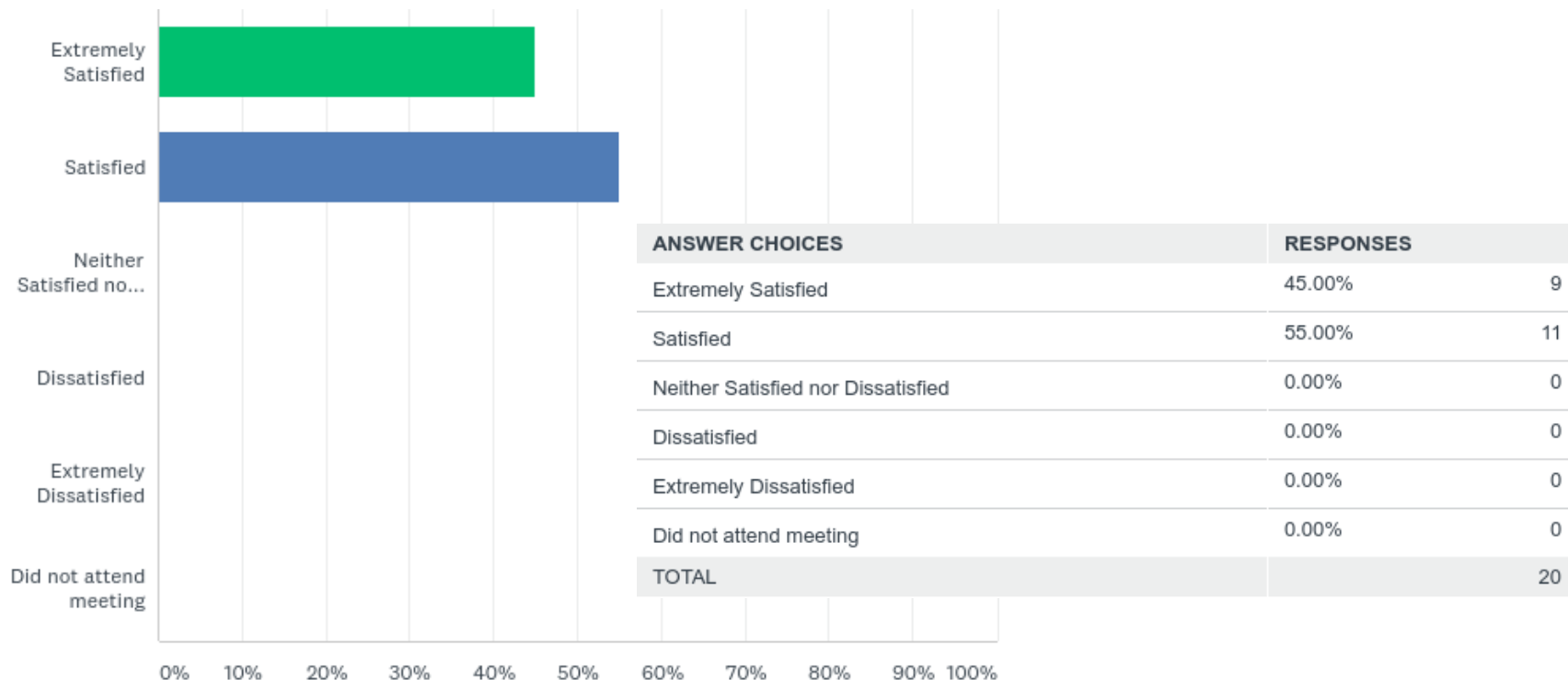
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September 2019

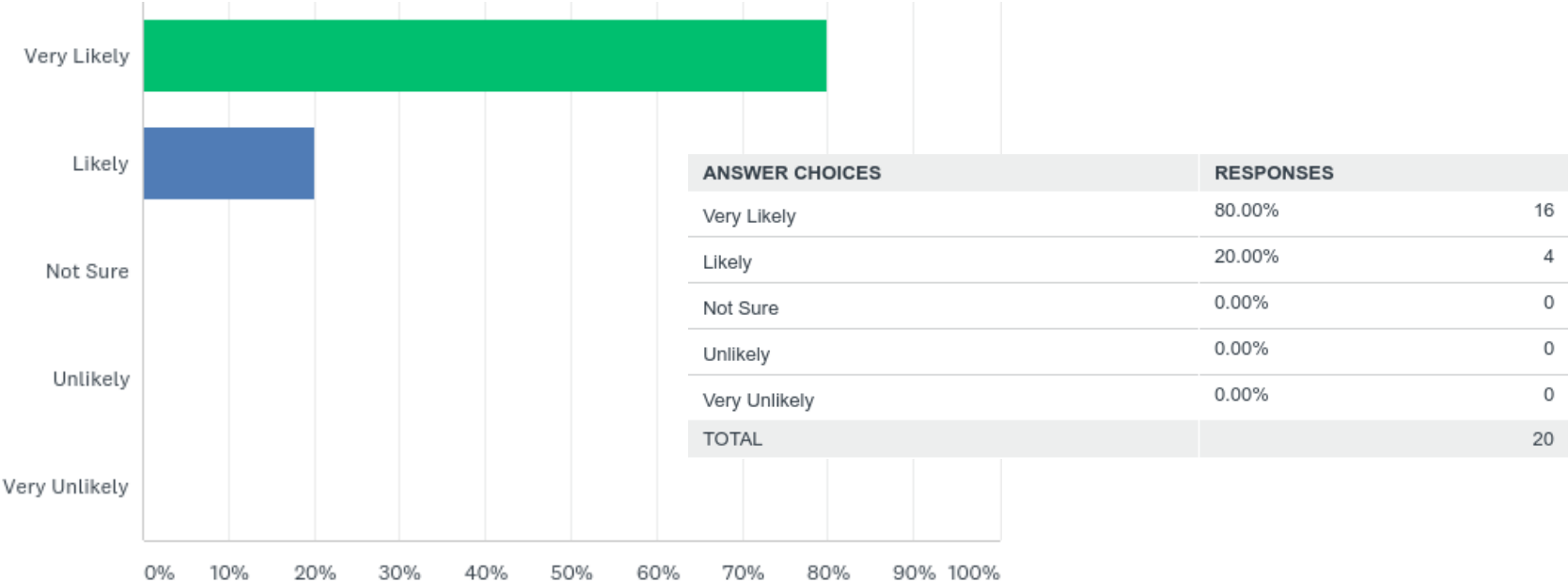
CFDMC Meeting Survey Results

20 Responses

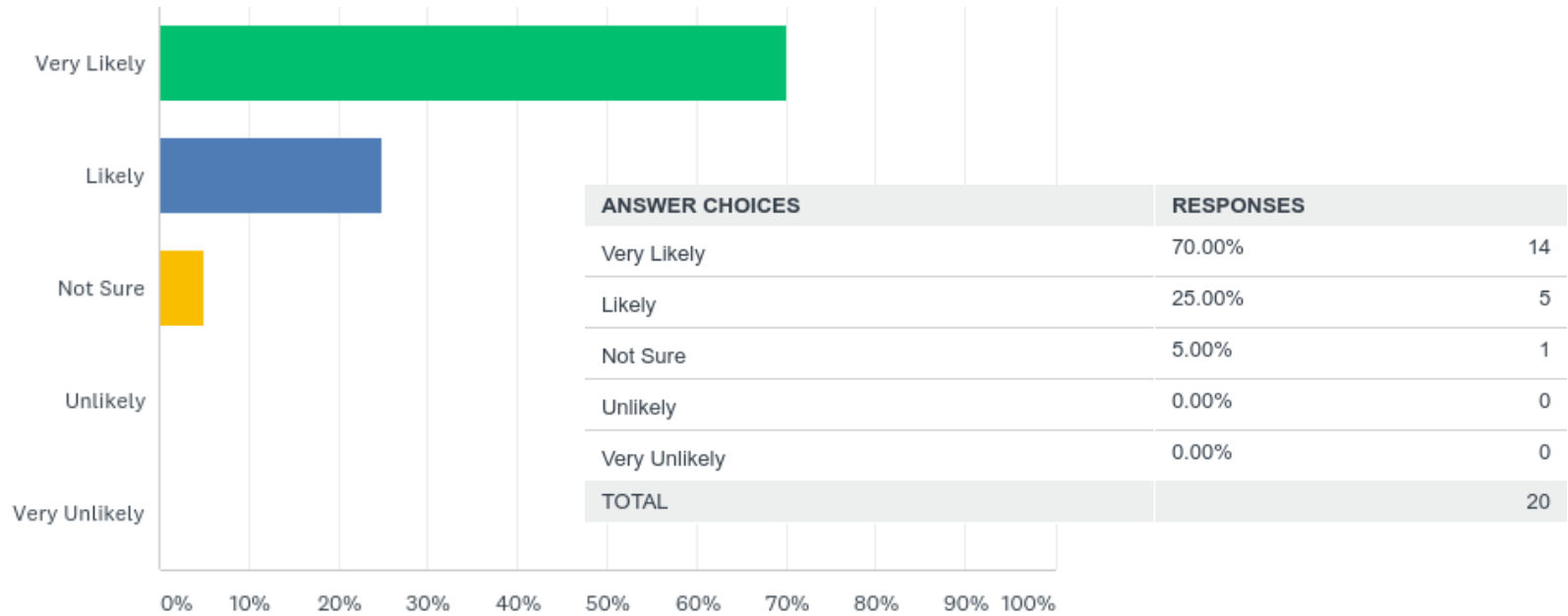
Overall satisfaction with the September 19 Coalition meeting: 100% (45% Top Box)



Likelihood to attend future coalition meetings: 100% (80% Top Box)



Likelihood to recommend joining the coalition to others: 95% (70% Top Box)



Most Valuable

- Updates and networking
- Lessons learned from Hurricane Michael
- Networking
- Hurricane experiences and lessons learned
- Networking
- learning best practices about hurricane response
- Lessons learned from the different hospital responses to Hurricane Michael and Dorian.
- The meeting was closer to the downtown. The meetings are normally too far for me to attend.
- Networking
- It was very educational
- Listening to how other healthcare facilities and other entities handled the recent hurricane.
- Everything, always hear and learn new things
- Sharing lessons learned with other hospitals and ESF-8 partners
- Info regarding Hurricane Dorian

Opportunities:

- Meetings are specifically geared to the hospital settings. We would benefit to education on the Hospice requirements and hearing from other hospices.
- none at this time
- keep up the great work
- n/a
- Keep the meetings in Osceola County or closer to where most of the medical community is. The southern three counties are important but they have a small number of the total medical community.
- include home health information and maybe there has been in the past - this was my first meeting
- Have a technical guru for any audio problems. Lynne Drawdy usually solves all the problems, give her some help!
- Continue to share best practices and lessons learned

9-19-19 CFDMC Coalition Member Meeting

Webinar/Call Attendees:

B. Steverson

Lisa Spalding

Norbert Citron

Karen Street

Jemima Douge

Octavia Cruz

Xiomara Solares

Ronny Chapman

Steve Wolfberg

Sven Normann

Taylor Anderson

Wayne Smith

Aaron Kissler

Amy Johnson

Ashley Fisher

Deborah Mertick

Judy Head

Judy Moschette

Kate Kocevar

Kelly Jenkins

Lea Collins

Lisa Poziomek

Luis Hernandez

Maria Crumlich

Cheryl Modica

Rebecca Hale

Nancy Woolshin

Melissa Callahan

Gauis Hall

Deborah Rowan Nunez

John Wilgis

Lauren Possinger

American Pride Home Care APHCS