



Mission to Care. Vision to Lead.

**Hurricane Irma
After Action Report / Improvement Plan
September 6 – September 17, 2017**

Submitted by:

Florida Hospital Association

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FHA Hurricane Irma After Action Report / Improvement Plan

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Executive Summary

FHA is required to provide an after-action report to the Florida Department of Health of the lessons learned and recommendations for improvement. Below is a timeline of declarations and events for Hurricane Irma:

- An Executive Order was signed on September 4 by Governor Scott declaring a state of emergency in every county in the State of Florida.
- The state emergency operations center activated to a level 1, full activation on September 5.
- FHA was activated to the state emergency operations center on September 6.
- A public health emergency was declared by the U.S. Department of Health and Human Services on September 7 and a presidential declaration was approved on September 10.
- The state emergency operations center returned to a Level 3 (monitoring) on October 8.
- State ESF8 requested input for the ESF8 after-action report on October 23.

This report outlines information obtained by FHA based on the active involvement with hospitals and health systems in Florida impacted by Hurricane Irma. FHA identified several areas where hospitals responded successfully. Specific areas included:

- Hospital leadership responded efficiently and effectively;
- Hospitals managed patient surge regardless of the challenges;
- The focus was on life safety;
- Hospitals supported the community's health and medical needs; and,
- Unmet needs were managed without significant difficulty.

Certainly, following any event or incident, there are areas of improvement. Hurricane Irma posed challenges to Florida health and medical system and there is a need for enhancements in different areas across the continuum of care. These include:

- Non-acute provider preparedness;
- Utility restoration prioritization for licensed health care facilities;
- At-risk population support;
- Improved individual and community preparedness;
- Better local / state coordination;
- Access to transportation;
- Medical staff and employee augmentation;
- Supporting the continuum of care;
- Community pharmacy closure;
- Community dialysis provider closure; and,
- Home health agency closure.

FHA used the lessons learned from the 2016 hurricane season in responding to the needs of hospitals and other health care providers during Hurricane Irma. The hurricane season of 2017 has demonstrated there is always a time to celebrate success stories and a time to rethink the response framework within the health care community. The information in this report is designed to provide insight into what worked and where there remains room for growth and development. FHA is pleased to provide information that may help improve the collective preparedness, response and recovery actions of the health and medical system in Florida.

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Overview

FHA Incident Management Team

FHA's Incident Management Team for Hurricane Irma included:

- Bruce Rueben, President
- John Mines, Senior Vice President
- Crystal Stickle, Vice President of Government Affairs
- Sarah McBrearty, Vice President of Communications
- Monica Corbett, Vice President of Public Affairs
- Martha DeCastro, Vice President for Nursing and Clinical Care Policy
- Rich Rasmussen, Vice President for Member Relations
- Kathy Reep, Vice President of Financial Services
- Kim Streit, Vice President for Healthcare Research and Information
- John Wilgis, Director of Emergency Management Services
- Steve Thornton, Director of Computer Services

FHA's Incident Command Structure is outlined below:

- Incident Command – Bruce Rueben
- Safety Officer – Sarah McBrearty
- Liaison – Crystal Stickle
- Planning – Rich Rasmussen
- Operations – John Wilgis
- Finance – Kathy Reep
- Logistics – John Mines
- Public Information – Monica Corbett
- Medical - Technical Specialists – Kim Streit and Martha DeCastro

FHA Roles and Responsibilities as Support Organization to State ESF-8

The primary roles and responsibilities of FHA's Incident Management Team are:

- Serve as a support agency to the State Emergency Response Team and our activities are coordinated at the State Emergency Operations Center in Tallahassee, Florida.
- Coordinate hospital response activities ensuring hospitals' needs are met and to communicate essential information to hospitals and health systems.
- Assist hospitals with communications among response partners, validating requests and following up on request for unmet needs.
- Work to identify the status of hospitals (i.e., evacuation, bed availability, major structural damage impeding the delivery of care and/or services or forcing an evacuation, etc.) and to disseminate information to hospitals on a timely basis.
- Facilitate conference calls with hospitals, as needed.

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- Assist hospitals with reimbursement information and knowledge of processes for accessing available relief funds.

Partner Organizations

FHA's Incident Management Team worked with the following partner agencies and organizations during the response to Hurricane Irma:

- U.S. Senator Bill Nelson
- U.S. Senator Marco Rubio
- Florida Governor Richard Scott
- Florida Division of Emergency Management (FDEM)
- Agency for Health Care Administration (AHCA)
- Florida Department of Health (FDOH)
- Florida Department of Law Enforcement (FDLE)
- Florida Public Service Commission (PSC)
- Florida Department of Children and Families (DCF)
- Florida Department of Elder Affairs (FDEA)
- Florida Fire Chiefs Association (FFCA)
- Florida Emergency Professional Association (FEPA)
- Kidney Community Emergency Response (KCER)
- Florida Health Care Administration (FHCA)
- Leading Age
- Florida Argentum
- Florida Assisted Living Association (FALA)
- American Hospital Association (AHA)

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Analysis of Capabilities

It is important to align Florida's health and medical provider community's preparedness, response and recovery actions with the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) [2017-2022 Health Care Preparedness and Response Capabilities guidance](#), which is part of the Hospital Preparedness Program (HPP)¹. ASPR's guidance describes, "... what the health care delivery system... have to do to effectively prepare for and respond to emergencies that impact the public's health."² Following the September 11 attacks in New York City and Washington, D.C., Florida has participated in the HPP which has provided funding for health and medical preparedness for Florida's health and medical community providers. Since 2011, Florida has been focusing HPP funding on building and sustaining health care coalitions (HCCs) which is simply a group of individual healthcare organizations in a specified geographic area who work together to enhance their response to emergencies or disasters.³

The comments below outline the [2017-2022 Health Care Preparedness and Response Capabilities](#) and FHA's observations on how those capabilities were met, or not met, during the run-up, response and recovery to Hurricane Irma.

Foundation for Health Care and Medical Readiness

The goal of this capability essentially lays the building blocks of a HCC. Florida's HPP funding currently supports 10 HCCs. A [map of Florida's HCCs](#) outlines the geographic location of these HCCs, as well as lists the names of each HCC and the domestic security region the HCC is located in.

This includes the day-to-day operation of the HCC's business functions. Establishing a HCC's readiness also involves identifying the hazards a HCC and its members face within their community and establishing a plan to address those risks. Readiness capability entails training for the health care workforce. And finally, this capability area promotes operational sustainment in the face of shrinking federal funding support.

Observation(s): FHA is providing the following observations with the intent of exploring strategies and methods of improving a HCC's ability to provide effective support to a local community and its health and medical providers. Please consider the following observations:

- Florida's 10 HCCs are well formed as federally recognized non-profit organizations [501(c)3].
- Each HCC has established a system of governance that allows them to conduct business as a sub-grantee of Florida's HPP according to Florida statutes and federal law.
- HCCs have been conducting hazard vulnerability analysis and community risk assessments with their members and local partners involved in disaster preparedness, response and recovery.
- HCCs have developed plans to address the gaps and the greatest risks identified and have worked to share this information with their members in a reasonable fashion.
- HCCs have been providing several types of training (clinical and non-clinical) that enhance the HCC member's workforce capability to respond more effectively to any hazard event or incident.
- The HCCs have been examining how they can operate more independently of federal funds so they are more self-sufficient.
- Florida has been working to consolidate the HCCs to better align with the state's seven (7)

¹ Hospital Preparedness Program information available at:
<https://www.phe.gov/preparedness/planning/hpp/pages/default.aspx>

² HHS ASPR (2017) 2017-2022 Health Care Preparedness and Response Capabilities. Available at:
<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

³ The Health Care Coalition in Emergency Response and Recovery. Available at:
<https://www.phe.gov/Preparedness/planning/mscc/Documents/mscctier2jan2010.pdf>

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domestic security regions with nominal success. This is being done to maximize the impact of federal grant funds for HCC development and sustainment.

- Some HCCs are resistant to consolidation and this may limit the impact HCC domestic security region alignment and federal funds on regional preparedness.

Health Care and Medical Response Coordination

This capability is centered on a HCC their jurisdictional partners, and the ESF-8 lead agency planning and collaboration to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Observation: FHA is providing the following observations with the intent of exploring strategies and methods of improving a HCC's ability to provide effective coordinate the health and medical response within a given community, region, or as part of the state's response. Please consider the following observations:

- There is variability across Florida's HCCs on how they coordinate plans with their members, share situational information, respond with their ESF-8 lead (local and state), share or make available resources to their members, or other HCCs based on a request for resources, and communicate relevant information based on the event.
- Many coalitions believe there are statutory limitations on their ability to respond to a declared incident or emergency event.
- HCCs do assist their members in developing or improving their emergency management plans.
- HCCs attempt to share information in a variety of ways (e.g., meetings, teleconferences, newsletters); but, there is poor visibility and awareness at the state ESF-8 level on what information a HCC is sharing or collecting with and from its members, or what means they are using to communicate that information.
- FHA is aware of reports of HCCs communicating and sharing information with their members in coordination with their local ESF-8 lead agency during Hurricane Irma.
- FHA is also aware of that many hospital executives have limited awareness of HCCs and are not regular recipients of situational information or communications from HCCs.
- There is room for HCCs to improve sharing situational information with members, state ESF-8 and hospital executives.

Continuity of Health Care Service Delivery

This capability is aimed at ensuring the HCC, together with their ESF-8 lead agency provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure.

Observation: FHA is providing the following observations with the intent of exploring strategies and methods of improving a HCC's ability support health care delivery within a community or across a region in response to Hurricane Irma. Please consider the following observations:

- Per ASPR's guidance, the HCC may assist in supporting and maintaining the mission essential functions that include:
 - Pre-hospital care
 - Inpatient services
 - Outpatient care
 - Skilled nursing facilities and long-term care facilities
 - Home care
 - Laboratory
 - Radiology
 - Pharmacy
 - Supply chain management (leasing, purchasing, and delivery of critical equipment and supplies such as medical

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- devices, blood products, personal protective equipment (PPE), and pharmaceuticals
- Facility infrastructure
- Utilities (water, electricity, gas, sewer, and fuel)
- Medical gases
- Air handling systems (heating, ventilation, and air conditioning [HVAC])
- Telecommunications and internet services
- Information technology (e.g., software and hardware for EHRs and patient billing)
- Central supply
- Transportation services
- Nutrition and dietary services
- Security
- Laundry
- Human resources

FHA is not aware of any activities by HCCs during Hurricane Irma that supported these essential functions.

- While HCCs have been developing continuity of operations plans for themselves and their members, FHA is not aware of any activity where HCCs worked with their members to sustain operations, per the HCC or facility's plans during Hurricane Irma.
- Some HCCs maintain and manage a cache of non-personnel resources. FHA had no awareness of the use of these resources by HCCs in support of their member's response or maintenance of operations during recovery. HCCs could improve informing state ESF-8 on how they are making resources available to local providers to maximize the use of state resources and reduce the time spent by state ESF-8, and their supporting agencies and organizations, in managing a request for resources for a health or medical provider.
- FHA had no visibility as to how a HCC may have assisted in protecting information systems and networks of a local provider.
- FHA had no visibility how HCCs supported responder safety and health. FHA is aware that regional emergency response advisors and other forward operating team members coordinated with HCC partners during Hurricane Irma for initial damage assessment and recovery operations.
- FHA has no knowledge of HCC support or coordination for facility evacuation and relocation. In assisting hospitals with moving patients before the storm's impact, FHA experienced some local push-back and resistance with mission requests for transportation assets or identifying available beds for patient movement that delayed response. FHA was not aware of any HCC involvement with patient movement, hospital evacuation or relocation.
- FHA is not aware of any HCC involvement with facility recovery and the reopening of closed or evacuated hospitals following Hurricane Irma's impact.
- There is room for HCCs to be more involved in the delivery of health and medical services to a local community or region; and, to share those activities and actions with State ESF-8 and their support agencies and organizations. Such improvements would better prepare their members for response and would better coordinate resources with State ESF-8 for mission support.

Medical Surge

This capability guides HCCs, including hospitals, EMS, and out-of-hospital providers, to have the ability to deliver timely and efficient care to patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, should work to coordinate information and available resources for its members to maintain conventional surge response.

Observation: FHA is providing the following observations with the intent of exploring strategies and methods of improving a HCC's ability to support a medical surge event of any magnitude within a local community and its health and medical providers. Please consider the following observations:

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- Medical surge was a significant problem for hospitals with Hurricane Irma, before, during and after the storm.
- FHA received no reports from hospitals of HCC activity to reduce the impact of medical surge within their facility.
- Community preparedness complicated the problem.
- The state's sheltering system failed to adequately meet the needs and demand of people in both general population and Special Needs shelters – primarily due to insufficient resources, both material and personnel. Because of this, hospitals absorbed more people from the community – adding to the surge of patients hospitals were already exploring.
- HCCs can improve how they coordinate medical surge within their communities and their members; how they communicate those activities locally and with state ESF-8.

Over the years, FHA has worked well with the department and supported the HPP projects and programs within Florida. FHA remains concerned about the inactivity of some HCCs and the impact it may pose on hospitals, first responders and other non-acute providers. FHA is also concerned about the poor communication between local ESF-8 lead agencies and the HCCs – and their communication with State ESF-8. If information is being shared vertically to State ESF-8, it is not being shared horizontally among all State ESF-8 support agencies and organizations. FHA recommends the sharing of information is improved at all levels through a simplified report on local provider and HCC actions and activities. FHA recommends that State ESF-8 conduct routine conference calls with HCC leads during an incident like Hurricane Irma to improve coordination and communication, as well as resource support.

FHA supports the effective and efficient use of federal grant funds to improve the health and medical response at the local, regional and state level. Since 2016, FHA, along with other support agencies and organizations has had no specific information related to the use and allocation of HPP funds at any level. FHA recommends the department re-establish a statewide oversight group to improve transparency to the use of such funds and to solicit feedback and input on how to best structure the use of preparedness funding.

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FHA Lessons Learned

FHA's response to Hurricane Irma followed our national involvement with the response to Hurricane Harvey. We also experienced an overlap in response due to the impact to Puerto Rico from Hurricane Maria. FHA responded to the state emergency operations center on October 6 and demobilized on October 17. FHA's activities during Hurricane Irma were enhanced from the lessons learned during the 2016 hurricane season (i.e., Hurricanes Hermine and Matthew).

Below is a summary of FHA's lessons learned:

FHA Incident Command

- Command:
 - FHA's command structure is limited but effective.
 - FHA is versatile in its ability to scale its response, and command structure to effectively respond to ESF-8's needs.
 - Internally, FHA will work to train all employees on specific roles within the organization's plan.
- Safety:
 - FHA encourages staff have personal preparedness plans and provides information on how an individual/family plan can be developed.
 - FHA staff safety was paramount with regards to the internal operations of the organization.
 - FHA's team members responding to the state emergency operations center took personal safety in mind with their response and worked virtually during the peak impact of the storm.
- Liaison:
 - FHA augmented its response capability by maximizing our use of a liaison officer to facilitate information between hospitals, state agencies, private organizations and Florida's elected delegation (state and federal).
 - FHA can better refine the functional role of this position.
- Public Information:
 - FHA experienced some challenges with managing hospital calls due to state agency leaders' schedules.
 - FHA found daily calls with hospitals to be effective and informational.
 - FHA responded to the usual amount of media requests for information and responded in an appropriate and timely manner.
 - FHA will work to develop consistent times for reporting tools and updates in alignment with other data and information shared by the state emergency response team and state ESF-8.
- Planning
 - FHA revises it's plan regularly but not annually.
 - FHA will begin reviewing and updating its plan on an annual basis.
 - FHA will inform staff of changes to the plan, their individual role in the plan's operation, and the effects to their specific work-related duties.
- Operations

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- FHA responded to the state emergency response team effectively within the 6-hour threshold as contracted by the Florida Department of Health.
- FHA rotated staff effectively through the state emergency operations center and within the organization.
- FHA will work to capture the hours worked by each team member when activated to serve the state emergency response team.
- FHA daily hospital calls were well received by the hospital community.
- Logistics
 - FHA had no interruptions in supplies for the mission-critical operations of the organization.
 - FHA worked with several hospitals and non-acute providers to inform them of logistic options and services available within the FHA Management Corporation.
- Finance
 - FHA will work to better monitor the expenses of the organization as it relates to any given response with State ESF-8.

State ESF-8

- FHA's role with State ESF-8 is best served with the patient movement branch and situation unit.
- FHA and State ESF-8 should work to better coordinate hospital calls for a consistent approach and assurance of the Department of Health's representation availability.
- State ESF-8 provided adequate time for FHA's response to the state emergency operations center.
- State ESF-8 should ensure work area access (for buildings/rooms and internet) are provided ahead of time and made available upon support organization's arrival.
- State ESF-8 should provide point-of-contact information for all personnel at the state emergency operations center, for regional emergency response advisors and county ESF-8 points of contact (primary phone number, secondary phone number and email) to all support organizations.
- State ESF-8 could improve its contingency planning for anticipated events resulting from a hurricane's impact given lessons learned from past events and advise / counsel from the support agencies and organizations.

HCCs

- FHA had no visibility of how HCCs were assisting local health and medical providers respond to Hurricane Irma, either through information sharing or resource allocation.
- HCCs should define their role and share it with State ESF-8 and provide regular updates of their activities through a declared event / incident.

Hospitals

- Hospital performed exceptionally well, given the widespread impact of Hurricane Irma.
- 36 hospitals evacuated.
- While there were requests to State ESF-8 and FHA for support, there were no unmet needs for hospitals that were not addressed.
- Hospitals across Florida worked to provide shelter and medical care to non-acute providers, community special needs shelter evacuees, individuals from the community at risk or with special needs for extended periods of time.

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- Hospitals expressed a need for housing / sheltering for staff and family members of essential medical personnel.
- Providing hospitals with cell phone numbers of state leadership and agency leads bypasses the local EM structure and complicates the response process.
- Hospitals who lost utility provision (e.g., water, sewage or power) did not have those utilities restored in a uniform manner as critical infrastructure.

Non-Acute Providers

- Non-acute providers planning needs improvement to better align with the new requirements by the Center for Medicare and Medicaid Services.
- Non-acute providers struggled with evacuation for many reasons (e.g., ineffective planning, failure to activate their plans within a timely manner, inadequate resource support, poor integration with local partners, etc.).
- Non-acute providers sent patients to hospitals and special needs shelters as a response to inadequate plans and response.
- Power interruption and inadequate alternate power resources caused many non-acute providers to evacuate their facilities and move patients after the storm passed.
- Providing non-acute providers with cell phone numbers of state leadership and agency leads bypasses the local EM structure and complicates the response process.

Utility Providers and Power

- Utility providers, primarily at the local level, struggle to categorize hospitals as critical infrastructure and respond appropriately to restore utilities (e.g., water, sewage and power) in a timely manner before other business and residential areas within a given community.
- Public and private utility providers should immediately act to restore power and provide generator refueling for acute care hospitals, critical access hospitals, long-term acute care hospitals, skilled nursing facilities, assisted living facilities and Special Needs Shelters as a priority along with other critical infrastructure components; and do so at their own expense.
- State ESF-8 should have direct contact information for local utility providers, in collaboration with ESF-12.

Patient Movement

- The patient movement branch performed effectively.
- Having the federal ambulance strike team coordination personnel in the room with the patient movement branch was very helpful.
- Re-entry and re-opening procedures for licensed, residential health care providers were provided by the Agency for Health Care Administration in a timely manner.
- 36 hospitals evacuated.

Resource Allocation

- State ESF-8 and the Department of Health should consider programs and procedures that are automated for effect given specific hazards to improve local response. Specific examples include:
 - Placard program for essential medical resource transportation assets allowing access into evacuated / impacted areas where there is a hospital within the community needing re-supply;
 - Establishing multiple vendor relationships for critical supply needs (e.g., oxygen, generators, fuel, etc.); and,

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- Augmenting the State Logistics Resource Center and other Department of Health storage facilities to utilize a health care supply chain management company to provide vendor-managed inventory of health and medical supplies for emergency response for acute care hospitals, critical access hospitals, long-term acute care hospitals, skilled nursing facilities, assisted living facilities, EMS agencies, and Special Needs Shelters.

Medical Volunteers

- It continues to be evident the state does not have a working system to roster functional teams of medical volunteers of any size or to serve.
- The Florida Department of Health should consider alternative mechanisms to develop, train, sustain, roster and activate volunteer medical teams.

At-Risk Populations and Special Needs Shelters

- Special Needs Shelters within many counties were unable to meet the demand of the citizens they serve.
- The Department of Health should consider proposals to improve the existing sheltering system for the general population and individuals with special needs to ensure the resources, both material and personnel, are adequate to meet the needs of all individuals seeking safe harbor within a local, shelter environment. FHA supports achieving a fully functional, sheltering system.
- FHA encourages non-acute providers to regularly enroll medically fragile clients with the state's Special Needs Registry system to better identify the health and medical needs of the most at-risk individuals within a licensed, non-acute health care facility.

FLHealthSTAT

- FLHealthSTAT (FHS) worked well without major difficulties.
- FHA has provided the support team developing FHS with specific recommendations for improvement. Recommendations included:
 - Providing more training to end users;
 - Developing a simpler reporting tools that provides critical information in a short format; and,
 - Providing group access for hospital systems.
- FHS still does not address patient tracking.

Community Preparedness

- There is a need for more community preparedness (e.g., personal preparedness planning).
- More promotion and marketing of the Special Needs Registry should be provided to the public to reduce the number of unregistered people reporting to shelters with no prior knowledge or resources to support their needs.

Recovery Operations

- The Division of Emergency Management was more forthcoming with information about the recovery process with hospitals and other licensed health facilities.
- Key points of contact were shared early in the recovery process.
- The Division of Emergency Management was responsive to questions from hospitals and provided follow-up in a timely manner.
- There is no single, easy to use, reference document or guidelines for licensed health care facilities instructing them on the recovery process.

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Conclusion

FHA is pleased to provide feedback and information to the Department and State ESF8 on hospital and health and medical system response to Hurricane Irma. As stated, this information is designed to provide insight into strengths and weaknesses that may help drive improvement at all levels of preparedness, response and recovery actions.

FHA encourages all agencies and groups to work together to improve the emergency management of incidents like Hurricane Irma for health care facilities and providers, public agencies and the communities across Florida deserving of a resilient health and medical system.

FHA will work to provide information, support, guidance and resources for improvement to hospital emergency management. The lessons learned from Hurricane Irma will be reflected in those activities, publications and information.

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