

## Hurricanes Hermine and Matthew After Action Information Florida Hospital Association (FHA)

December 1, 2016

Below is a summary of information and lessons learned FHA experienced from Hurricanes Hermine and Matthew. This information is outlined using standard accepted and adopted incident command system terminology, as follows:

**Command** – The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

**Public Information** – Processes, procedures, and systems for communicating timely, accurate, accessible information on the incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).

**Safety** – Monitoring incident operations and advising on all matters relating to operational safety, including the health and safety of emergency responder personnel.

**Liaison** – A form of communication for establishing and maintaining mutual understanding and cooperation.

**Planning** – Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan (IAP). Also, maintains information on the current and forecasted situation and on the status of resources assigned to an incident.

**Operations** – Responsible for all tactical incident operations and implementation of the IAP.

**Logistics** – The process and procedure for providing resources and other services to support incident management. Responsible for providing facilities, services and material support.

**Finance** – Responsible for all administrative and financial considerations surrounding an incident.

The information provided is broken down into 4 sections:

1. FHA's coordination with local, state and federal agencies (highlighted in tan);
2. FHA's internal and external coordination and response (highlighted in blue);
3. Key aspects of hospital preparedness, response and recovery information (highlighted in green); and,
4. Important policy and regulation considerations for the future (highlighted in orange).

This information was collected through input of FHA leadership and FHA's interaction with the hospital community, and local, state and federal agency partners.

The information provided will serve to develop action items and educational information for FHA's implementation and use.

### FHA Coordination with Local, State and Federal Agencies

#### **Command –**

- FHA appreciated the direct engagement from the Division of Emergency Management (DEM) and Emergency Support Function 8 – Health and Medical Services (ESF8), the Florida Department of Health (FDOH), and the Agency for Health Care Administration (AHCA) leadership for the run-up and response to Hurricane Matthew.

- FHA would like to continue to explore ways to encourage state agency leadership involvement with hospital executives to provide actionable information and data that is beneficial to local hospital response and recovery activities.

#### **Public Information –**

- ESF8 should continue to work with local and state agencies to explore mechanisms to provide public information that is relevant to hospital (and other licensed health care providers) that details preparedness, response and recovery information from a state and local perspective.
- ESF8, the FDOH and AHCA should continue to work with the Executive Branch, and other elected leaders, to improve the messaging of information in an appropriate manner. There is a way to express to the public a sense of urgency and need to evacuate an area without instilling unnecessary elements of fear. Public Information and Crisis and Emergency Risk Communication teaches us better techniques to communicate with the public.

#### **Safety –**

- NA

#### **Liaisons –**

- FHA appreciates the opportunity to serve as a liaison to ESF8 for the hospital community in Florida.
- FHA did not experience any connection with state ESF8 response activities and the health care coalitions (HCC). Local activity may have taken place, or may not have, but there was no collaboration with activities that FHA, as an ESF8 Liaison, (and others) were working on as compared to what a HCC may or may not have been working on. It would have been good to have some awareness of what each HCC was doing to help their members respond to the storm.
- FHA encourages ESF8 and the FDOH to support daily conference calls with acute care providers to provide situational information, communicate key messages to providers, and to gain actionable intelligence within a specific area (e.g., unmet needs, evacuation, etc.) from providers.

#### **Planning –**

- FHA was impressed with how effective and efficient FDOH's Patient Movement Plan worked. FHA supports continued improvement within the plan for other sub-acute / long term care providers in their need to move patients and evacuate out of an impacted area.
- FHA encourages ESF8 and FDOH to improve the activation and operationalization of the state medical response system. It was our understanding that teams were vetted and staged for deployment yet there were delays and poor coordination of how these teams were deployed – to the extent that when deployed, the immediate need for a team was diminished and the resources were allocated to another facility. This can be improved with better communication (at all levels) and coordination.
  - Teams should be scalable and nimble to move quickly into an area based on the need of a provider / community.
  - Better communication of this process is needed for local providers to understand the capability and capacity of a specific size team and the resources they bring to bear for assistance.
- As health care facilities are evacuating from an area, ESF8 (and its partners) should consider the implications of evacuating providers and those sheltering in place to the local community's ability to provide health care services. Just as we plan for equal distribution of trauma patients in a mass casualty event or an evacuation scenario so that no one hospital is overwhelmed with medical surge – so should we plan to ensure that those hospitals that shelter in place have the resource support (material and human) to provide health care services effectively and efficiently without a deviation from the standard of care until other providers have restored their operations.

- Having a plan and guidance for the utilization of scarce resources and a deviation from the standard of care is needed.
- ESF8, AHCA and the FDOH should work to improve processes, procedures and policies / plans with End Stage Renal Dialysis (ESRD) providers to provide dialysis to an impacted community.
- It would be beneficial if ESF8 could provide GIS maps that overlay every hospital with flood plains, storm track, etc., county by county. The same could be said for other providers as well. If available in a quick, user friendly method, it would enable individual ESF8 staff and liaisons to have useful information to anticipate the need for evacuation, utility failure, and resource support.
- Include more FHA contact and hospital specific information on ESF8 Dashboard.

### Operations –

- The decision of where and when to deploy a state medical response team (or material resources) should not involve a single point of contact with a hospital; rather, the discussion should involve all stakeholders within the impacted community so that resources are best utilized for everyone’s benefit.
  - The HCC should assist state ESF8 to achieve this coordination.
- There should be better control and coordination of when a state asset will be used versus a federal asset. FHA was unclear why federal responders were deployed when state response teams were staged. FHA believes better coordination and communication between local, state and federal partners (public and private) can improve response capability in this area.
- FHA appreciates ESF8’s activity to help ensure utility restoration for hospitals ( as critical infrastructure) was more of a priority for utility providers than in the recent past.
- FHA would like to work with ESF8, the FDOH and AHCA to determine a single process for hospital outreach and communication. FHA is aware the Governor’s office, AHCA leadership and staff, FDOH staff, and ESF8 liaisons were contacting hospitals directly requesting similar information. This is a poor use of every agency / organization’s resources. Better coordination is needed so that one entity is reaching out to individual hospitals and reporting information back to ESF8 and others within the state emergency response team.
- As the FDOH and AHCA move into a new reporting tool (FLHealthSTAT), ESF8 would be best served if there were one common operating picture / dashboard for all regions and counties that provides a standard template of data. FHA would also recommend that a statewide dashboard would assist ESF8 in determining the health and medical posture of a geographic area.
- ESF8 and its partners should explore mechanisms to encourage local coordination and communication. FHA has received many reports of hospitals that were trying to contact their county ESF8 partner but were unsuccessful in making contact. Also, information provided to hospitals from county agencies and county ESF8 was limited in providing actionable intelligence needed to support critical decision making (i.e., the need to evacuate, conditions of the health and medical footprint in a community, etc.). ESF8 can assist in this area and benefit from data that supports the anticipation of unmet needs and resource support.
- ESF8, the FDOH and AHCA should explore a mechanism to track and administrate inappropriate patient transfers from one provider to another. “Dumping” patients are inappropriate and creates undue medical surge on an already stressed health care provider.

### Logistics –

- FHA continues to seek opportunities to work with ESF8 to improve resource allocation, transportation and use of medical materiel – outside of the state’s contracted partners. Doing so, would provide a level of resource support that may be implemented before a request is filed with state / federal resources.

- ESF8 would benefit if there was awareness of what health and medical resources are available at the local level through HCCs and their partners.
- Include specific information on ESF8 Dashboard.

#### **Finance –**

- FHA encourages ESF8, FDOH, AHCA, DEM and their partners, to provide information related to federal financial assistance to hospitals and other providers. This would include program information, damage assessment information, process information and points of contact for outreach and questions.
  - This is specifically relevant to the recovery process.
- Include specific information on ESF8 Dashboard.

#### **FHA Coordination and Response**

##### **Command –**

- Improve direct communication with Bruce.
  - Recommend a standing twice a day call during height of emergency with John, Rich, Monica and Sarah. Times to be determined but suggest 8:00 a.m. and 5:00 p.m. updates. These calls can determine needs (i.e., EOC staffing, contacting / outreach to hospitals, legislative / policy impacts, etc.). Calls can also determine next steps (e.g., member communication) or if we need to have a full leadership team debrief.
  - Build internal capacity. Determine specific needs and the cost of training.
- Improve communication with FHA leadership and incident response team.

##### **Public Information –**

- Develop a master list of cell numbers for every CEO (member / non-member).
  - Develop a process for single point of contact to reach out to CEOs. Work with state agencies (i.e., AHCA, FDOH, Governor’s office) to control hospital outreach process.
  - Ensure there are secondary and tertiary phone numbers for hospital CEOs.
  - Update information bi-annually.
- Improve communications process.
  - Internally –
    - Examine how to best inform FHA workforce related to:
      - Situational awareness and updates
      - Office status / closure
      - Assistance with response
    - Determine training needs of staff
  - Externally –
    - Establish regular conference calls with hospital members / CEOs (based on the situation and need).
      - Statewide
      - Regional

- GOAL – Address the concerns that hospitals who need resources (material or human) and improve communication and information sharing among the hospital community.
  - Refine reporting format
    - Types of report and content
    - Schedule of delivery
  - Identify key points of contact for message dissemination
    - Request update of hospital database twice a year.
    - Define key roles needed
    - System leads to assist in determining needs and sharing information
  - Identify external organizations to share / receive information
    - Identify points of contact and process
    - Local, state and federal
    - Health care coalitions
- Coordinate information sharing and reporting with FDOH and AHCA reports
- Identify best method(s) of communication
  - Email
  - Phone
  - Social media
  - Text messaging / mass notification system
  - Internal and external
  - Determine who communicates, process and schedule (if needed).
  - Adjust agenda to provide information on resources and information available specific to hospital needs.
- Identify and coordinate relevant data and information to share with hospital community (e.g., school closures, road conditions / closures, etc.).
- Provide hospitals with additional resources / provider information for specific services (e.g., dialysis, utility providers, AHCA district office contacts, county EM contacts, etc.).
- Improve use of EMResource and FLHealthSTAT
  - Identify users within FHA
  - Determine training requirements
  - Promote and facilitate training with hospitals points of contact.
- Improve use of Line1 communications
  - Inform FHA leadership of system
  - Determine points of contact for Line1
  - Determine other capabilities Line1 offers FHA communications plan
- Build a document library of resources for member use.
  - Provide information to members of other resources

### **Safety –**

- Provide timely notification to staff supporting office hours / closure.
- Encourage personal planning of entire FHA staff.

### **Liaisons –**

- Determine other organizations and state agencies that serve as liaisons.
  - FHA needs / support
  - Member needs / support
  - Data / Information dissemination

### **Planning –**

- Revise FHA plan to reflect lessons learned.
  - Consolidate information and simplify. Use plain English as much as possible.
  - Define response roles for key leadership responsibilities. Include response roles for staff assistance.
- Determine cyber-security issues and recommendations
- Determine legal / regulatory criteria impacting hospital planning, response and recovery.
  - Build member tools and resources to assist member understanding and compliance with policy / regulation.
  - Facilitate the improvement of mutual aid agreements (locally, regionally and statewide) among hospitals and their community partners.
    - Memorandums of Understanding
    - Memorandums of Agreement
- Develop hospital evacuation planning tools and share with members.
  - Consider education / training programs supporting planning tools.
  - Decision-based
  - Link with equipment / resource needs
  - Include staff support for before, during and after event information / considerations / recommendations.
  - Include area of impact re-entry information / considerations / recommendations.
- Provide hospitals with damage assessment and recovery information to include:
  - Public assistance and federal program information
  - Process / procedures
  - Point of contact
  - Example forms / templates
  - Expected timeframes

### **Operations –**

- Work with hospitals, utility providers and local government agencies to ensure hospitals and health systems are on a priority list for power and water restoration.
- Determine methods to evaluate hospital evacuation and impact on other community health providers.

- Coordinate and share information with FDOH patient movement and evacuation processes for real-world, real-time use.
- Provide recommendations and planning tools to hospitals with regards to providing community dialysis before, during and after a hurricane.
- Provide recommendations and planning tools to hospitals related to hospital workforce response and safety.
- Provide recommendations and information to hospitals related to reporting inappropriate care delivery or patient care transport / transfer from community health providers.
- Better engage hospitals and health care coalitions.
  - Provide mechanism to communicate and coordinate response activities and resource needs with HCC leaders.
- Improve operational aspects / coordination of state medical response team activation and deployment with local hospitals.
  - Identify teams and their leadership.
  - Provide recommendations for improvement to FDOH.
  - Provide recommendations and alternative solutions to support staffing prior to state / federal team activation / deployment.
    - MOUs / MOAs for staffing
  - When activated, share information with hospitals on how to request a team and expectations.
    - Request process
    - Size of team vs. need
    - Process
    - Timelines
    - Hospital campus considerations (e.g., location of work, etc.).
- Examine regulatory criteria for other health care providers (e.g., ambulatory surgical centers, skilled nursing facilities, assisted living facilities, etc.) for closure and evacuation within and across a community / region.
  - Examine impacts of community-based health care provider's evacuation / closure to medical surge on a local hospital(s).
  - Examine mechanisms to prevent, or effectively respond to, medical surge on local hospitals resulting from a community-based health care provider's evacuation / closure.

#### **Logistics –**

- Provide members with recommend equipment and supplies needed for emergency response activities
- Provide supply chain recommendations for member consideration supporting sustenance needs
- Provide members with supply chain solutions through corporate members / underwriters
  - Identify external companies (e.g., Intalere, Belfore, etc.).
- Provide hospitals with additional resources / provider information for specific services (e.g., dialysis, utility providers, AHCA district office contacts, county EM contacts, etc.).
- Consider and evaluate resource needs for FHA response.

## Finance –

- Develop financial preparedness, response and recovery information
  - Public programs
  - Hospital specific
  - Types of assistance
  - Process
  - Local, state and federal contacts
- Develop training programs and toolkits for members working in financial services
- Identify corporate member contacts to assist hospitals (when requested).
- Identify insurance programs and solutions to recommend to members
  - Engage corporate members / underwriters as subject matter experts

## Key Aspects of Hospital Preparedness, Response and Recovery

### Command –

- Continue to promote and facilitate hospital incident command system (ICS) training and education.
- Provide resources to assist hospitals with ICS.

### Public Information –

- Continue to promote and facilitate crisis and emergency risk communication programs and platforms.
- Provide resources to assist hospitals with public information communication.

### Safety –

- Promote safety for all stakeholders (e.g., patients, workforce, visitors, etc.) before, during and after an event / incident.
- Continue to promote and facilitate training programs based on safety.

### Liaisons –

- Promote the use of and provide examples of liaisons that may assist a hospital improve incident response coordination with local, state or federal partners.

### Planning –

- Promote and provide planning tools and resources to the hospital community specific to:
  - Prevention
  - Protection
  - Mitigation
  - Response
  - Recovery
- Provide subject matter experts to assist hospitals with planning needs.

### Operations –

- Encourage hospitals to strengthen relationships with local partners (e.g., public health, county emergency management, EMS providers, etc.) to improve planning, response and recovery efforts.

#### **Logistics –**

- Improve network of resource providers beyond current levels.

#### **Finance –**

- Improve the understanding and process for financial assistance / reimbursement from public, federal programs (e.g., Stafford Act, FEMA programs, etc.).

#### **Important Policy / Regulation Considerations**

- Provide educational material and programs related to the Centers for Medicare and Medicaid Services (CMS) final rule on emergency preparedness for Conditions of Participation.
  - Electronic resources / material
  - Webinars
  - Implementation Guideline workshops
- Monitor and provide comment and information to AHCA related to emergency preparedness rule hearings for hospitals as related to:
  - Comprehensive emergency management plans
  - Mandatory reporting information / timeframes
- Provide educational material and programs related to financial recovery through public, federal assistance and reimbursement programs.

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