

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan



Mission to Care. Vision to Lead.

**Hurricane Michael
After Action Report / Improvement Plan
October 7 – October 16, 2018**

Submitted by:

Florida Hospital Association

307 Park Lake Circle

Orlando, FL 32803

407-841-6230

February 19, 2019

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

Handling Instructions

1. The title of this document is the FHA Hurricane Michael After Action Report / Improvement Plan.
2. The information gathered in this AAR/IP is classified as **For Official Use Only (FOUO)** and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from [agency] is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. Points of Contact:

a. **John Wilgis**

Vice President – Member and Corporate Services
Florida Hospital Association
307 Park Lake Circle
Orlando, FL 32803
Office – 407-841-6230
Cell – 850-524-2037
Fax – 407-422-5948
john@fha.org

b. **Crystal Stickle**

Executive Vice President
Florida Hospital Association
306 E. College Avenue
Tallahassee, FL 32301
Office – 850-222-9800
Cell – 850-445-4544
Fax – 850-561-6230
crystals@fha.org

FHA Hurricane Michael After Action Report / Improvement Plan

Contents

Administrative Handling Instructions 2

Contents 3

Executive Summary 4

Overview 5

- FHA Incident Management Team 5
- FHA Roles and Responsibilities as Support Organization to State ESF-8 5
- Partner Organizations 6

Impacted Hospitals 6

Analysis of Capabilities 8

- Foundation for Health Care and Medical Readiness 8
- Health Care and Medical Response Coordination 9
- Continuity of Health Care Service Delivery 9
- Medical Surge 11

FHA Lessons Learned 11

Conclusion 13

FHA Hurricane Michael After Action Report / Improvement Plan

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 Michael:

- An Executive Order was signed on October 7 by Governor Scott declaring a state of emergency in 26 counties in the State of Florida. On October 8 the Executive Order was amended to include 9 additional counties.
- The state emergency operations center activated to a level 1, full activation on October 8.
- FHA was activated to the state emergency operations center on October 8.
- A public health emergency was declared by the U.S. Department of Health and Human Services on October 9 and a presidential declaration was approved on October 11.
- The state emergency operations center returned to a Level 3 (monitoring) on November 13.

ESF-8ESF-8This report outlines information obtained by FHA based on the active involvement with Florida's hospitals and health systems impacted by Hurricane Michael. 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 Michael 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 and 2017 hurricane seasons in responding to the needs of hospitals and other health care providers during Hurricane Michael. The hurricane season of 2018 continues to demonstrate there is room for improvement while celebrating success stories and the implementation of best practices. The information in this report is designed to provide insight into what worked well 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.

FHA Hurricane Michael After Action Report / Improvement Plan

Overview

FHA Incident Management Team

FHA's Incident Management Team for Hurricane Michael included:

- Bruce Rueben, President
- John Mines, Senior Vice President
- Crystal Stickle, Executive Vice President
- Sarah McBrearty, Strategic Planning Officer
- Monica Corbett, Senior Vice President
- Martha DeCastro, Vice President for Nursing and Clinical Care Policy
- Kathy Reep, Vice President of Financial Services
- Kim Streit, Senior Vice President
- John Wilgis, Vice President of Member and Corporate 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 – John Wilgis
- 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.
- Assist hospitals with reimbursement information and knowledge of processes for accessing available relief funds.

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

Partner Organizations

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

- 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 Department of Children and Families (DCF)
- Florida Emergency Professional Association (FEPA)
- Kidney Community Emergency Response (KCER)
- Florida Health Care Administration (FHCA)
- American Hospital Association (AHA)
- Emerald Coast Health Care Coalition
- Big Bend Health Care Coalition
- American Medical Response, Inc. / AMR Medical Transportation
- Century Ambulance

Impacted Hospitals

FHA's Incident Management Team worked directly with the following impacted hospitals, health systems and their subsidiaries:

- Ascension Florida, Sacred Heart Health System, Inc. and Ardent Health Services
 - Bay Medical Sacred Heart
 - Sacred Heart Hospital on the Emerald Coast
 - Sacred Heart Hospital on the Gulf
 - Sacred Heart Hospital of Pensacola
- Baptist Health Care
 - Baptist Hospital, Inc.
- HCA North Florida Division
 - Gulf Coast Regional Medical Center
 - Twin Cities Hospital
 - Fort Walton Beach Medical Center
 - Capital Regional Med Ctr, Gadsden Memorial Campus
 - Capital Regional Medical Center
- Universal Health Services, Inc.

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

- Emerald Coast Behavioral Hospital
- Encompass Health
 - Encompass Health Rehabilitation Hospital of Panama City
- Calhoun-Liberty Hospital Association, Inc.
- Doctors Memorial Hospital
- Florida State Hospital
- George E. Weems Memorial Hospital
- Jackson Hospital
- Northwest Florida Community Hospital
- Select Medical Corporation
 - Select Specialty Hospital-Panama City
 - Select Specialty Hospital-Pensacola
 - Select Specialty Hospital-Tallahassee

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 are 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 Michael.

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 15 HCCs. The HCCs are managed through HPP grants to 10 contracted entities. 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.

Management 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.

- Florida's 15 HCCs are well formed through 10 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.

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/mscc-tier2-jan2010.pdf>

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

- The HCCs have been examining how they can operate more independently of federal funds so they are more self-sufficient.

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 coordination of the health and medical response within a given community, region, or as part of the state’s response.

- 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. During Hurricane Michael, 2 HCCs (Emerald Coast HCC and Big Bend HCC) were actively working with local and state partners with mixed results.
- 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 Michael.
- Emerald Coast and Big Bend HCCs actively ran mission support with local and state ESF-8.
- 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 providing response support through the sharing of situational information and augmenting resource allocation 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 Michael.

- 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

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

- Supply chain management (leasing, purchasing, and delivery of critical equipment and supplies such as medical 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

During Hurricane Michael, Emerald Coast and Big Bend HCCs attempted to support the following essential functions:

- Pre-hospital care
 - Inpatient services
 - Outpatient care
 - Skilled nursing facilities and long-term care facilities
 - Pharmacy
 - Supply chain management (leasing, purchasing, and delivery of critical equipment and supplies such as medical devices, blood products, personal protective equipment (PPE), and pharmaceuticals)
 - Facility infrastructure
 - Utilities (water, electricity, gas, sewer, and fuel)
 - Medical gases
 - Telecommunications and internet services
 - Transportation services
 - Nutrition and dietary services
 - Security
 - Laundry
 - Human resources
- FHA had no visibility how HCCs supported responder safety and health; however, it has been reported that Emerald Coast HCC provided Crisis Incident Stress Team support for first responders throughout the activation period of Hurricane Michael.
 - FHA is aware that regional emergency response advisors and other forward operating team members coordinated with HCC partners during Hurricane Michael for initial damage assessment and recovery operations.
 - Emerald Coast and Big Bend HCCs were active in their support or coordination for facility evacuation, patient movement and relocation. In assisting hospitals with moving patients because of the storm's impact, FHA experienced resistance and lack of coordination with mission requests for facility support, medical assistance team and transportation assets for patient movement. FHA recognizes entire communication systems were damaged along with significant utility interruption – both of which limited initial response efforts. There was a long-term need for patient transportation between facilities secondary to the devastation of the communities health and medical infrastructure.
 - FHA is not aware of any HCC involvement with facility recovery and the reopening of closed or evacuated hospitals following Hurricane Michael'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

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

support agencies and organizations. Better coordination is needed for this to occur without disruption and interference of normal workflow and emergency management processes. Such improvements would better prepare coalition 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 non-acute 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.

- Hurricane Michael's speed and strength limited pre-landfall evacuation of hospitals in the area of impact.
- Hurricane Michael's impact crippled inpatient capacity and capability across the region.
 - The storm seriously damaged and caused the need for immediate evacuation post-landfall of 4 acute care hospitals.
 - Some hospitals were able to evacuate prior to landfall and suffered considerable damage to their structures, delaying their reopening of inpatient beds.
 - Other hospitals that partially evacuated were affected with facility damage further limiting inpatient capacity for the affected area.
- Medical surge was a significant problem for hospitals across the region before, during and after the storm.
- Community preparedness complicated the problem.
- The state's sheltering system in the region was quickly overwhelmed and hospitals across the region experienced additional medical surge from patients who could not go to a shelter seeking medical care in emergency departments.
- There were many reports of over-crowded hospitals discharging patients to special needs and general population shelters.
- HCCs in domestic security regions 1 and 2 attempted to assist in the coordination of medical surge within their communities and their members; however, there were mixed results in how they responded.

Over the years, FHA has worked well with the department and supported the HPP projects and programs within Florida. FHA remains concerned about the response role of HCCs and the impact it may pose the health and medical community. FHA recommends State ESF-8 include HCC leads on select conference calls or briefings during an incident like Hurricane Michael to improve coordination and communication, as well as resource support.

Lessons Learned

State ESF-8

- FHA's role with State ESF-8 is best served with the patient movement branch and situation unit; however, FHA should also be asked to serve in other roles where Florida's hospital community may be affected by decisions made.
- State ESF-8 provided adequate time for FHA's response to the state emergency operations center.

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

- State ESF-8 should continue to improve 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

- HCCs should define their role and share it with State ESF-8 and provide regular updates of their activities through a declared event / incident.
- FHA supports HCCs having a role in response with their local and regional partners.

Hospitals

- Hospitals performed well given the widespread impact of Hurricane Michael.
- There is a continued need for hospital incident command training at all levels.
-
- Hospitals across the region worked to provide medical care to individuals from the community despite having no, or severely limited inpatient capacity for extended periods of time.
- There is continual need for housing / sheltering for staff and family members of essential medical personnel.
- Hospitals need to explore additional methods to communicate in a situation when the community's communication systems are off-line.
- Hospital recognized the long-term impact to staff for personal needs and psychological support.
- While State ESF-8 supported community and regional patient movement post-storm, hospitals experienced a limitation of resources to support the financial cost for day-to-day patient transportation.
- Hospitals worked well with local, regional and state resources to coordinate patient movement.

Non-Acute Providers

- Non-acute providers need continued focus on better alignment with the new emergency preparedness requirements by the Center for Medicare and Medicaid Services.
- Non-acute providers continue to struggle with evacuation for many reasons.

Utility Providers and Power

- Utility providers experienced catastrophic damage to the electrical, water supply and communications grid across the community and the lasting impact on hospitals and other health and medical providers was significant.

Patient Movement

- The patient movement branch performed effectively, moving over 6,000 individuals to safety.
- Having the federal ambulance strike team coordination personnel in the room with the patient movement branch continues to be a model FHA supports.

Emergency Status System

- The Emergency Status System (ESS) worked but needs continued improvement for end-user utilization
- State ESF-8 and its support organizations and agencies would benefit from routine reports that provide a succinct assessment of the data being provided.
- ESS should provide a dashboard for quick review of information.

FOUO – For Official Use Only

FHA Hurricane Michael After Action Report / Improvement Plan

- FHA has provided the support team developing ESS 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.
- ESS does not address patient tracking.
- ESS does not provide HCCs with a view or report of their jurisdictional member's status.

Community Preparedness

- There is a need for more community preparedness (e.g., personal preparedness planning).

Recovery Operations

- There is a continued need for long-term recovery support at all levels.
- 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 continues to be no single, easy to use, reference document or guidelines for licensed health care facilities instructing them on the recovery process.

Conclusion

FHA is pleased to provide feedback and information to the Department and State ESF-8 on hospital and health and medical system response to Hurricane Michael. 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 Michael for health care facilities and providers, public agencies and the communities across Florida deserving of a resilient health and medical system.