14th Annual Miami-Dade Healthcare Preparedness Coalition
AHCA Updates
April 11, 2024
11:15AM-12:15PM

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Deputy Secretary

Health Care Policy and Oversight

Agency for Health Care Administration

Objectives

- Understanding Emergency Response
- Agency's Health Facility Reporting System (HFRS) Updates and Reminders
- Lessons learned from past hurricanes
- Overview of data
  - evacuation
  - survey data

Agency Overview

- Mission
  - Better Health Care for all Floridians
- Core Functions
  - States Chief Health Policy and Planning Entity
  - Administering the Florida Medicaid Program
  - Licensure and Regulation of nearly 50, 000 health care facilities

Understanding the Emergency Response Process

- Emergencies can happen at any time due to severe weather, infectious disease outbreaks or intentional acts, they are unpredictable and may change in scope and impact.

- During an emergency, there are consequences for every moment that a provider or supplier is unable to function effectively.

- Examples of emergencies include hurricanes, cyber-attacks, infectious disease outbreaks, Ebola, Zika Virus, lightening strike, sink hole, active shooter, fires, weather events, etc...

Why Emergency Preparedness?

- Everyone has a critical role to play in preparedness and response.

- Preparedness addresses how each of us meet the needs to patients and residents if essential services break down as a result of disaster/emergency.

- A coordinated response is essential to success during an emergency.

- Could be single event (fire) or disaster (hurricane)

Emergency Cycle

- **Preparedness**
  - Get ready and practice so you're able to respond to disasters and emergencies.
- **Response**
  - Local response is always first to respond with public health and medical services in a disaster.
- **Recovery**
  - Starts when a disaster or emergency starts.
- **Prevention**
  - Improve situational awareness
- **Mitigation**
  - Efforts to reduce or eliminate disaster risks.

Collaboration

- Challenges evolve during different phases of a disaster.
- Communication, collaboration, and coordination are essential to promoting effective emergency preparedness and response.
- Personal preparedness is our foundation to be best prepared.

HFRS- Reminders

- Prior to event, communication will go out asking providers to update HFRS daily.
- Verify contact information is accurate (phone #s and email addresses) and check routinely throughout the year (we had lots of bounce back emails, old contacts, main office #s not answered).
- Ensure contacts have cell #s or a number they will answer at all times listed in HFRS (main # at a facility is not helpful, especially when it's evacuated).

HFRS- Reporting

- Updates should be done by designated time each morning (typically 10am) **AND** if anything changes after daily reporting is complete (e.g.: reentry complete, power restored, off generator, etc.). Don't wait until the next morning to report those changes otherwise you will continue to receive calls requesting the facility status.
- We have added a question to include transfer center information (whether hospitals have a transfer center and if so, the contact name/number so hospitals can work together to coordinate transfers)

Changes to HFRS

- Require Facility Re-Entry Date

- Removed a few questions from Systems and Services tab

- Removed a question from Generators/BackUp Power Status
- Require mobile phone number

Four Provisions for All Provider Types

Federal Emergency Preparedness Requirements

- Develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.
  - Emergency Plan
  - Policies and procedures
  - Communication plan
  - Training and testing
  - Emergency and standby power systems
  - Integrated healthcare systems

Emergency Plan

- Sheltering in place
  - Facilities should consider the ability of the building to survive a disaster and what steps the facility would take prior to an emergency to facilitate sheltering in place or transferring of patients to alternate settings.

Surge Planning

- Staffing strategies and surge planning surrounding are event-specific and focus on evacuations, transfers, and staffing assistance from areas which are not impacted by the emergency.

- Does the policy/procedures include surge?

- Was pre-planning and collaboration completed prior to emergency?

Training and Testing

- Training must be provided and include:
    - Based on risk assessment and communication plan;
    - Individual-based response activities in event of natural disasters, such as what the process is for staff in the event of forecasted hurricane;
    - Shelter in place or evacuate; and
    - Should include how the facility manages the continuity of care to its patient population, such as triage processes and transfer/discharge during mass casualty or surge events.

Lessons Learned

- Hospitals
    - Transfers
        - Patient/Resident Needs
        - Behavioral Needs
        - Transportation
        - Communication
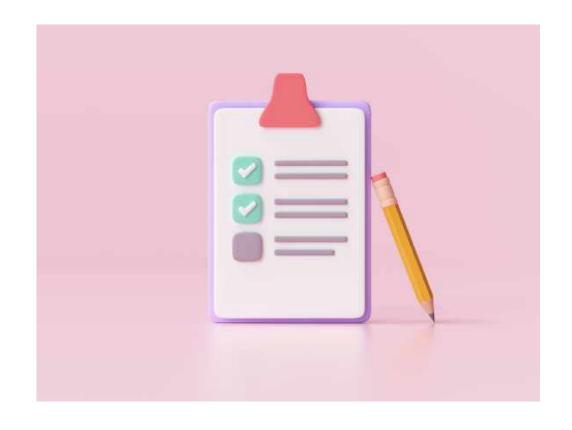   - Surge
        - Staffing
        - Space

Lessons Learned, cont.

- All provider types
    - Know your evacuation location
    - Make sure staff know your plan and are trained
    - Communicate with local and state officials
    - Timely update HFRS

Survey Data

CY 2023 All Federal Provider Types

Rank	Requirement	Tag
1	Develop, establish, and maintain a comprehensive emergency preparedness program {updated every 2 years except nursing homes which must be updated annually}.	E-0004
2	ESRD Only- Condition for Coverage. Policy/Procedures must address a process by which staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator, and emergency drugs are on the premises at all times and immediately available.	E-0028
3	Testing. The facility must conduct exercises to test the emergency plan annually.	E-0039
4	Emergency Plan must be facility based and community-based risk assessment utilizing an all-hazards approach. Include strategies for addressing events identified by the risk assessment.	E-0006
5	Communication plan that included names and contact information: staff, entities providing services under arrangement, patients physicians, other facilities and volunteers	E-0030

Evacuation Data

Evacuation Data- Hurricane Ian

Facility Type	Facility Type Detail	Facilities	Residents Patients
ASSISTED LIVING FACILITY	ASSISTED LIVING FACILITY	131	4,627
HOSPITAL & HOSPITAL-ED	HOSPITAL HOSPITAL-ED	12	542
NURSING HOME	NURSING HOME	47	4, 102
Other	CRISIS STABILIZATION AND SHORT-TERM RTF	4	69
	HOSPICE - INPATIENT	6	33
	RESIDENTIAL TREATMENT FACILITY	15	267
Grand Total		**229**	**9, 681**

Evacuation Data- Hurricane Idalia

Facility Type	Facility Type Detail	Facilities	Residents Patients
ASSISTED LIVING FACILITY	ASSISTED LIVING FACILITY	44	1, 632
HOSPITAL & HOSPITAL-ED	HOSPITAL HOSPITAL-ED	8	196
NURSING HOME	NURSING HOME	25	2,040
Other			
	HOSPICE - INPATIENT	1	5
	RESIDENTIAL TREATMENT FACILITY	6	50
Grand Total		84	3,923

Get Involved

- Know your resources
- Know your County Emergency Manager
- Train staff and make sure they understand plan
- Conduct some sort of table exercise to reinforce knowledge
- Talk to staff not involved in developing plan to see what would help them perform their jobs

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