

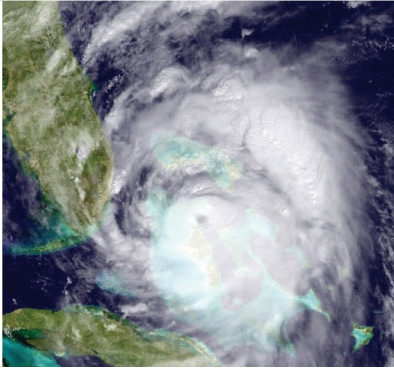
2020-2022



HEALTHCARE EMERGENCY
RESPONSE COALITION
of Palm Beach County



COMMUNITY REPORT



HERC IS A PROGRAM OF



Celebrates 20 Years

Before Palm Beach County started a coalition, it had a history of multiagency initiatives that included the Governor's Council on Public Private Partnerships, Safe Communities, Healthy Communities, and other stakeholders. All had a mission and vision statement, a diverse group of members, and activities that supported their agendas. After Hurricane Andrew hit South Dade County in 1992, hospitals joined together to help a number of impacted hospitals, healthcare facilities, and shelters that had been damaged, lost power and water, and needed to be evacuated. Staff volunteered to work to relieve exhausted hospital personnel, transported supplies, and worked in medical tents to support primary and emergency care. To support Hurricane Andrew relief efforts, the Palm Beach County Medical Society (PBCMS) organized a Healthcare Hurricane Preparedness Task Force.

In December 2000, the Healthcare Preparedness Task Force merged with the County Terrorism Task Force, shifting away from a sole focus of tropical storms. The subsequent events associated with September 11, 2001, were felt locally. A meeting with hospitals, public health authorities, and emergency response partners was scheduled on October 4, 2001, to discuss a federal directive to plan for biological and chemical drills. There wasn't a lot of interest in the topic until beepers started going off simultaneously around the room and one by one, people had to leave to answer them. They quickly learned about the anthrax incident at the American Media Institute building in Boca Raton. Palm Beach County recorded the nation's first anthrax fatality as a result of a contaminated letter that had been sent to that location. There was a new awareness of how healthcare needed to work together with other emergency response agencies. There was also rapid realization that hospitals were not yet ready for this type of public health emergency – they did not all have the right personal protective equipment and mass decontamination equipment and they needed training on how to use it. Palm Healthcare Foundation rose to the challenge with a \$250,000 grant for an initial purchase of communications equipment, hazardous materials suits, and mobile decontamination units for the thirteen hospitals within Palm Beach County.

A decision was made to formally merge the County Terrorism Task Force with the Palm Beach County Medical Society's Emergency Medical Services Disaster Preparedness Committee. A nationally recognized consultant, Craig DeAtley, PAC, was asked to facilitate the development of initial common protocols that the hospitals could integrate with their planning. Support for the hospitals from emergency response partners such as the Palm Beach County Department of Health (DOH), Palm Beach County Emergency Management (EM), Palm Beach County Fire Rescue, the Palm Beach County Sheriff's Office, and the Palm Beach County Healthcare District led to a second grant award from Palm Healthcare Foundation for the development of a model plan and eventually resulted in the formal development of the structure known as the Healthcare Emergency Response Coalition of Palm Beach County (HERC).

MISSION

TO DEVELOP AND PROMOTE THE HEALTHCARE EMERGENCY PREPAREDNESS, RESPONSE, AND RECOVERY CAPABILITIES OF PALM BEACH COUNTY, FLORIDA.



PURPOSE

- Provide a forum for the healthcare community to interact with one another and other response agencies at a county, regional, and state level to promote emergency preparedness.
- Coordinate and improve the delivery of healthcare emergency response services.
- Foster communication between local, regional (including the Regional Domestic Security Task Force (RDSTF) Health and Medical) and state entities on community-wide emergency planning and response.
- Ensure overall readiness through coordination of community-wide training and exercises.
- Promote preparedness in the healthcare community through standardized practices and integration with multi-discipline response partners, including support and/or management of spontaneous volunteers.



Beth Ruiz, Brenda Atkins, and Lisa Andrews.
Not pictured: Shamilla Lutchman, Ashley Lee

HERC OFFICERS 2020

Chair: Lisa Andrews, Delray Medical Center

Vice Chair: Shamilla Lutchman, Florida Health PBC

Treasurer: Brenda Atkins, Wellington Regional Medical Center

Secretary: Beth Ruiz, Bethesda East & West/Baptist Health SFL

Immediate Past Chair: Ashley Lee, Sandy Pines Hospital

HERC OFFICERS 2021-2022

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PAST HERC CHAIRS

Brenda Atkins, Wellington Regional Medical Center

Ashley Lee, Delray Medical Center

Rebecca Creighton, Delray Medical Center

Michael Self, VA Medical Center

Mary Russell, Boca Raton Regional Hospital

Robbin Lee, JFK Medical Center

Bill Farrell, St. Mary's Medical Center

Some of HERC's Key Activities Include

- Joint Hazardous Vulnerability Analysis
- HSEEP Compliant Exercises
- Multidisciplinary Training
- Standardized Response Guidelines
- Interoperable Communications
- Syndromic Surveillance
- Mutual Aid Agreements

MEMBER ORGANIZATIONS

American Medical Response
Baptist Health South Florida, Bethesda East & West Hospitals
Baptist Health South Florida, Boca Raton Regional Hospital
Delray Medical Center, Palm Beach Health Network
Florida Department of Health Palm Beach County
Good Samaritan Medical Center, Palm Beach Health Network
HCA Florida JFK Hospital
HCA Florida JFK North Hospital
HCA Florida Palms West Hospital
Health Care District of Palm Beach County
Jupiter Medical Center
Kindred Hospital The Palm Beaches
Lakeside Medical Center
Luxe Healthcare at Wellington
MorseLife
Palm Beach County Division of Emergency Management
Palm Beach County Fire Rescue
Palm Beach County Medical Society
Palm Beach County Sheriff's Office
Palm Beach Gardens Medical Center, Palm Beach Health Network
Select Specialty Hospital
St. Mary's Medical Center, Palm Beach Health Network
VA Medical Center
Wellington Regional Medical Center
West Boca Medical Center, Palm Beach Health Network

COMMUNITY PARTNERS

Barrington Terrace at Boynton Beach
Community Home Health Services
Delray Beach Surgery Center
First Choice Home Health, Inc.
Fivestar Homecare Boca/PSL
Interim Healthcare of the Treasure Coast
Manor Care Health Services Delray Beach
Palms Wellington Surgical Center
Specialized Outpatient Surgery Center for Children & Adults
Unique Med Home Health Care
UHealth Bascom Palmer Eye Institute ASC
Vi at Lakeside Village

TRUSTED PARTNERS

Agency for Healthcare Administration
American Red Cross
Community Health Center of WPB
Florida Department of Health (Regional and State Partners)
Florida Health Care Coalitions
Florida Hospital Association
Florida Atlantic University
Fresenius Medical Care
Nova Southeastern University
Palm Beach Atlantic University
Palm Beach County Medical Reserve Corps
Palm Beach County School District
Palm Health Foundation
South Florida Hospital & Healthcare Association



COVID-19 RESPONSE

CORONAVIRUS BACKGROUND

Coronaviruses are a large family of viruses that can cause illness in animals or humans. In humans there are several known coronaviruses that cause respiratory infections. These coronaviruses range from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and COVID-19.

CORONAVIRUS DISEASE 2019 (COVID-19) — ABOUT THE NAME

On February 11, 2020, the World Health Organization announced an official name for the disease: coronavirus disease 2019, abbreviated COVID-19. 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. The virus that causes COVID-19, SARS-CoV-2, is a coronavirus. The word corona means crown and refers to the appearance that coronaviruses get from the spike proteins sticking out of them.

EMERGENCY

COVID-19 was identified in Wuhan, China in December 2019. COVID-19 is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness, which can be spread from person-to-person. Early in the outbreak, many patients were reported to have a link to a large seafood and live animal market, however, later cases with no link to the market confirmed person-to-person transmission of the disease. Additionally, travel-related exportation of cases occurred.

PALM BEACH COUNTY (PBC) – FIRST TWO (2) CASES – MARCH 6, 2020

**PBC EMERGENCY OPERATIONS CENTER & HERC ACTIVATION
MARCH 16,2020 – JUNE 3, 2021**



*National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases,
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/overview/index.html#background>,
6 December, 2021.*

REAL WORLD EVENTS AND EXERCISES

REAL WORLD EVENTS

Hurricane Ian 2022
Hurricane Isaias 2020
COVID 2019
Hurricane Dorian 2019
Hurricane Michael 2018
Hurricane Irma 2017
Hurricane Matthew 2016

Ebola 2014
Tropical Storm Isaac 2012
Haiti Earthquake 2010
Hurricane Wilma 2005
Hurricane Frances 2004
Hurricane Jeanne 2004
Anthrax 2001

EXERCISES

NoFest Terrorism FSE 2022
NoFest Terrorism TTX 2021
Family Assistance Survivor Care Center
(FASCC) TTX 2021
Bio Shield FSE 2019
Bioshield TTX 2019
Points of Dispensing FSE 2019
Heatshield III FSE 2019
Medical Surge TTX 2019
Heatshield II FSE 2018
Medical Surge TTX 2018
Sunshine Endeavor TTX 2017
Hurricane FSE 2017

Operation No Fly Zone FSE 2016
Doff-to-Don FSE 2014
Active Shooter FSE 2013
(Operation New Normal)
Hurricane Exercise TTX 2013
Alternate Care Site TTX 2013
Hospital Evacuation TTX 2008
Radiological TTX 2007
Strategic National Stockpile TTX 2006
Avian Flu TTX 2004
Countywide Hospital Flu FSE 2004
Palm Storm II (WMD) FSE 2003
Palm Storm (WMD) FSE 2001

TRAININGS AND OTHER ACTIVITIES

HAZMAT Training for Healthcare Workers
Medical Countermeasures: Points of Dispensing (POD), Planning and
Response Emergency Medical Operations for CBRNE Incidents
Hospital Emergency Response Training (HERT) for MCI
Pediatric Disaster Response and Emergency Preparedness
Disaster Management Emergency Preparedness (DMEP) Course
Healthcare Coalition and the Integration of Long-Term Care Providers
Hazardous Waste Operations and Emergency Response (HAZWOPER)
Behavioral Health Training for First Responders
Psychosocial Aspects of Bioterrorism and Disasters
Bio-readiness, Emerging Infections & Risk Communication Training
Bioreadiness Training for Healthcare Professionals
Hazard Vulnerability Analysis (HVA)

COVID-19 RESPONSE

HERC member organizations worked in tandem to respond to the COVID-19 pandemic, and below are just some of the activities performed by its partners:

- Emergency Medical Services (EMS) provided testing and vaccination support to long-term care facilities.
- Healthcare facilities (hospitals, skilled nursing facilities) increased surge capacity, created internal COVID-19 wings.
- DOH provided infection control training to long-term care facilities and community health workers.
- Law enforcement provided traffic control at test and vaccination sites.
- The Division of Emergency Management (EM) regularly conducted calls with hospitals.
- EMS and hospitals collaborated to balance and manage surge of patients.
- HERC worked with federal partners (Veterans Administration) to facilitate patient transfer and distribution.
- All members prepared for tropical systems while simultaneously responding to COVID-19 (i.e.: maintaining internal COVID-19 wings, test/vaccination sites, preparing alpha, bravo, and charlie shifts with already depleted staffs, setting up host and special needs shelters).
- DOH worked with the County, the Healthcare District, and other partners to provide testing and vaccinations; DOH also worked with county municipalities to set up PODs.
- HERC held weekly, and often daily calls with hospitals, EM, DOH and state partners.
- Healthcare facilities collaborated with county administration to develop, implement, and activate COVID-19 surge plans.
- Long-term care partners (Skilled Nursing Facilities) collaborated with AHCA to create COVID-19 isolation centers.
- DOH provided Western Shelter support and redistributed personal protective equipment (PPE).
- Region 7 DOH partners delivered monoclonal antibody treatment.
- HERC, an integrated component of Emergency Support Function (ESF) 8, processed PPE, staffing, and other resource requests.
- HERC provided ancillary staff support through its Medical Reserve Corps (MRC) program.

STRENGTHS

CLINICAL ADVISOR:

The president of PBCMS Board of Directors (Infectious Disease Specialist) and DOH Health Officer worked in tandem through conference calls, town hall meetings, recorded videos, press conferences, and other mediums in an effort educate the healthcare sector and community at large about all aspects of COVID-19 (the disease itself, testing, vaccine).

SURGE CAPACITY:

Acute care facilities' ability to create additional surge capacity internally; AHCA allowing facilities to be creative in setting up internal COVID-19 wings.

FACILITY MONITORING:

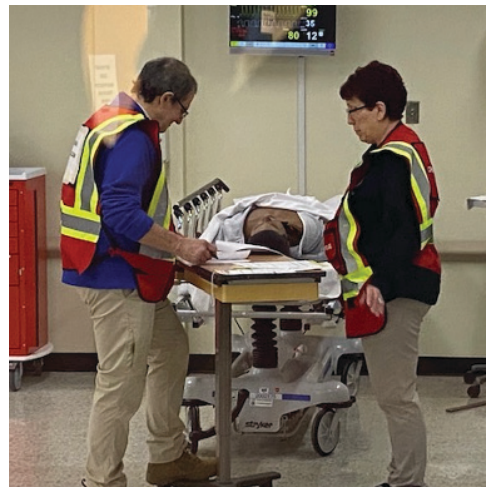
HERC's ability to successfully monitor the situation status, bed status, supply status, and staffing trends of local hospitals.

TELEHEALTH:

Emergence of Telehealth as many providers began to provide services remotely.

EXISTING PROTOCOLS:

The communications protocols between EMS and hospitals that were created/implemented in 2014 to notify emergency departments of a suspected Ebola patient being transported, were also used during COVID-19.



AREAS FOR IMPROVEMENT

COMMUNICATION:

Public Messaging – improve communication to the public; provide clearer/better messaging, like explaining the difference between essential and elective procedures, and when to seek care.

The need for better communication between ESF8/County Staging Area and providers when mission requests can't be completely filled, create prioritization criteria when allocating scarce supplies.

CRISIS STANDARDS OF CARE:

Identify the appropriate partner/agency to address the triggers, indicators and ultimately who would determine the shift to Crisis Standards of Care practices.



2020-2022 TANGIBLE COST SAVINGS

ANNUAL MEMBERSHIP DUES\$500

TRAININGS AND EXERCISES \$19,385/23 = \$843

READYOP SYSTEM..... \$36,000/12 = \$3,000

PAPRS AND COVID-19 PPE..... \$149,123/14 = \$10,652

STOP THE BLEED INITIATIVE \$15,001/23 = \$652

\$15,147

RETURN ON INVESTMENT: = (GAIN FROM INVESTMENT - COST OF INVESTMENT)
(COST OF INVESTMENT)

= \$15,147 - \$500

\$500

= \$29.29

FOR EVERY \$1 SPENT FOR MEMBER DUES,
\$29.29 WAS RETURNED
INTANGIBLE COST SAVINGS: PRICELESS

thank you to our
FUNDING PARTNERS



PBCHERC.ORG



**HEALTHCARE EMERGENCY
RESPONSE COALITION**
of Palm Beach County

FOR MORE INFORMATION, CONTACT:

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