



Entering Event/Situational Awareness Information in the Health Facility Reporting System (HFRS)

Audience: Providers, Partners, and AHCA Staff

An Event is an open, active request for data.

1. Navigate to and log in at the website: <https://apps.ahca.myflorida.com/hfrs>
2. Once logged in, the tabs displayed vary based on the user account's permissions. Locate and select the provider. The provider's "Facility Details" screen will open. If the provider is part of the event, the "Event" tab will display.

Health Facility Reporting System

My Dashboard

BROOKDALE BLUEWATER BAY
ASSISTED LIVING FACILITY - OKALOOSA County - Lic# 9189
1551 MERCHANTS WAY

Facility Info | Contacts | Utilities | Generators/Back Up Power | Planned Evacuations | Transportation | **Event - Last Updated: 04/11/2022 01:00 PM**

Facility Details

3. Click the "Event" tab to open the set of event-specific tabs for information entry. The tabs displayed vary based on the information entered/saved.

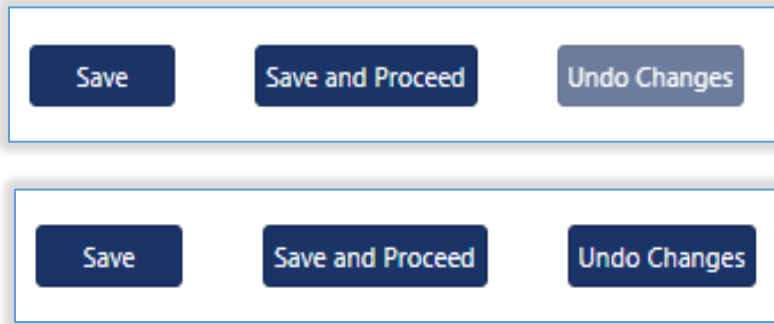
Facility Info

Census and Availability | Evacuation Status | Accepting Resident/Patient Evacuees | System and Services Status | Generators/Back Up Power Status

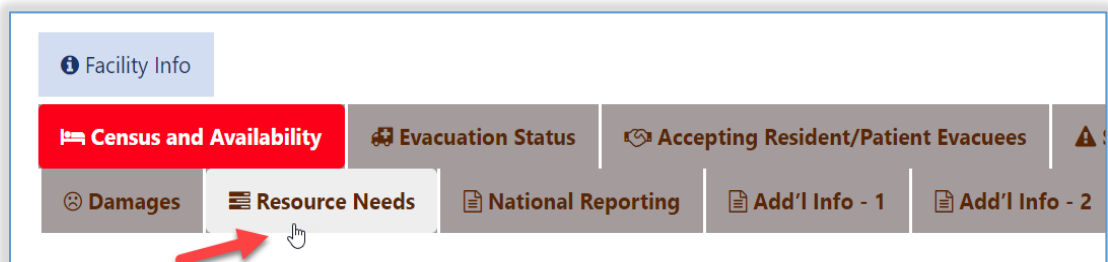
Damages | Resource Needs | National Reporting | Add'l Info - 1 | Add'l Info - 2 | Add'l Info - 3

4. Basic information about the event tabs/screens:
 - a. "Save" button will save the information entered and keep the screen open.
 - b. "Save and Proceed" button will save the information entered and automatically open the next screen. Note: System users must click one of the save buttons or all information entered will be lost.

- c. "Undo Changes" button will only be active once something is entered; use this button to revert all fields to what they were before changes were made. Remember to save once the correct information is input, if needed.



- d. The event tabs may be navigated in order by entering information and then clicking "Save and Proceed" or clicked individually to navigate to that particular screen to view or enter information.



- e. Each screen has a history table at the bottom. This table displays all submitted entries with information about who and when it was submitted. System users may click the "Details" button to view the entire entry, if desired.

History			
	Date Submitted	Date Edited	User
Details	07/28/2022 3:24 PM		example@email.com
Details	04/11/2022 1:00 PM		example@email.com

5. The “Census and Availability” tab is used to enter the provider’s current resident census and demographics; it is also used to enter availability for other residents/patients. The questions vary based on provider type.
- a. **ESRDs (dialysis facilities):** asks for information about the census and available stations.

ESRD Stations Census and Availability

Total ESRD Stations	<input type="text" value="21"/>	
Peritoneal Patient Census	<input type="text"/>	
Home Peritoneal Patient Census	<input type="text"/>	
Hemodialysis Patient Census	<input type="text"/>	
Home Hemodialysis Patient Census	<input type="text"/>	
Percentage of Patients Accounted For	<input type="text"/>	%
Are you able to take displaced patients?	<input type="text" value="Sele"/>	
Do you have isolation stations available?	<input type="text" value="Sele"/>	

b. Hospitals:

- i. If the hospital has an onsite emergency department (ED), a question about the ED’s status will display.
- ii. Enter the number of operating rooms at the hospital. If there are none, input “0” (zero).

Hospital Census and Available Beds

Emergency Department Status:

Sele ▼

Number Of Operating Rooms :

- iii. Current bed census and the number of available beds are entered for each bed type that the hospital has onsite; these are entered into the second and third columns. The first column is view-only and contains the number of licensed bed for each bed type. Overall totals will be calculated based on the values entered in each column.

	Licensed Beds	Current Bed Census	Available Beds
Total Beds	454	1198	1390
Total Acute Care	403	1180	1364
Adult ICU		643	208
Pediatric ICU			
Adult Med Surg		1	921
Pediatric Med Surg			
Burn		0	7
Labor, Delivery, Recovery & Postpartum		58	46
Airborne Infection Isolation		28	10
General Acute Care		450	172

	Other Licensed Bed Types		
NICU Level2	<input type="text" value="10"/>	<input type="text" value="7"/>	<input type="text" value="0"/>
NICU Level3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Psych	<input type="text" value="41"/>	<input type="text" value="17"/>	<input type="text" value="23"/>
PediatricPsych	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pediatric Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skilled Nursing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Comp Med Rehab	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRTF	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="3"/>

c. Hospital-Based Off-Campus Emergency Department (HBOC ED):

- i. HBOC EDs will only be asked for their status and number of operating rooms onsite.

Hospital-Based Off-Campus Emergency Department Status

Emergency Department Status:

Number Of Operating Rooms :

d. All other provider types (i.e. Nursing Homes, Residential Treatment Centers, etc.):

- i. Census and bed availability are input. Availability is split up by bed type. If the provider has any gender specific beds, input those values; this situation arises from multi-occupancy rooms that are already inhabited by at least one other client. The remaining beds in that room will become gender-specific. All other available beds would be entered into the space for non-gender specific beds.

Census and Available Beds

Licensed Beds	<input type="text" value="50"/>
Current Resident Census	<input type="text" value="63"/>
Current Total Bed Available	<input type="text" value="13"/>
Non-Gender Specific Beds Available	<input type="text" value="5"/>
Male Beds Available	<input type="text" value="4"/>
Female Beds Available	<input type="text" value="4"/>

- ii. The “Resources” section is used to gather information about the availability of bariatric beds.

Resources

Does your facility have Bariatric Beds available?	<input type="text" value="Yes"/>
How many are available?	<input type="text" value="2"/>

- iii. The demographics of the residents/patients should also be entered, if applicable. These do not calculate and are not mutually exclusive.

What is the number of residents/patients with the following dependencies?

Electricity	<input type="text"/>
Insulin	<input type="text"/>
Life Support/Ventilator	<input type="text"/>
Oxygen	<input type="text"/>
Trach Care	<input type="text"/>
Dialysis	<input type="text"/>
Non-Ambulatory	<input type="text"/>
Mental Health/Cognitive Impairments	<input type="text"/>

- 6. The “Evacuation Status” tab is used to say if the provider is or is planning to evacuate.

Evacuation Status

Are you planning to or are you currently evacuating your facility?

- a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information about who is evacuating and to what locations. Contact information for a staff member with the evacuated residents/patients should also be entered for each location.

Evacuation Status

Are you planning to or are you currently evacuating your facility?

Evacuation Status

Evacuation Start Date

Evacuation Complete Date

Are ALL residents/patients being evacuated?

Total Number of Residents/Patients Evacuating

Total Number of Staff Evacuating with Residents/Patients

How many of your facility's resident/patient evacuees are dependent on the following:

Electricity

Insulin

Life Support/Ventilator

Oxygen

Trach Care

Dialysis

Non-Ambulatory

Mental Health/Cognitive Impairments

Type	Name	Phone	Number of Residents/ Patients	Number of Staff
------	------	-------	-------------------------------	-----------------

- i. There are 3 ways to enter the evacuation location(s).

1. The “Select from Planned Evacuation Locations” button will allow the user to select from the locations entered in their general information section; all locations saved in the general information section will appear in the “Location Name” dropdown menu. Once a location is selected, enter in the staff contact person and the number of people evacuating to this location.

Evacuation Status

Are you planning to or are you currently evacuating your facility?

Evacuation Status

Evacuation Start Date

Evacuation Complete Date

Are ALL residents/patients being evacuated?

Total Number of Residents/Patients Evacuating

Total Number of Staff Evacuating with Residents/Patients

How many of your facility's resident/patient evacuees are dependent on the following:

Electricity

Insulin

Life Support/Ventilator


Oxygen

Trach Care

Dialysis

Non-Ambulatory


Special Health/Cognitive Impairments



Type	Name	Phone	Number of Residents/ Patients	Number of Staff
------	------	-------	-------------------------------	-----------------

Planned Evacuation Location ✕

Select an evacuation destination from your previously entered planned evacuation locations.

Location Type	<input type="text" value="Planned Evacuation Location"/>
Location Name	<input type="text" value="Select"/> 
Street Address	<input type="text" value="Select"/>
Ste/Apt Number	<input type="text" value="LOWER KEYS MEDICAL CENTER"/>
City	<input type="text" value="no name location"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone Number	<input type="text"/>
Provider's Contact Person	<input type="text"/>
Provider's Contact Person Phone Number	<input type="text"/>
Number of Residents/Patients Evacuated	<input type="text"/>
Number of Staff Evacuated	<input type="text"/>

- The “Add AHCA Licensed Evacuation Location” button will allow the user to enter a location that is AHCA-licensed. This location will not be saved to the list for future use unless the box to add it is checked and the question regarding a memorandum of understanding is answered. Start typing the name of the location in the “Search...” field and a list will generate with matching options. Once a location is selected, enter in the staff contact person and the number of people evacuating to this location.

How many of your facility's resident/patient evacuees are dependent on the following:

Electricity	<input type="text"/>
Insulin	<input type="text"/>
Life Support/Ventilator	<input type="text"/>
Oxygen	<input type="text"/>
Trach Care	<input type="text"/>
Dialysis	<input type="text"/>
Non-Ambulatory	<input type="text"/>
Mental Health/Cognitive Impairments	<input type="text"/>

Non-Planned AHCA Licensed Evacuation Location ×

Search and select an AHCA licensed location as your evacuation site.

Location Type	<input type="text" value="AHCA Licensed Facility Evacuation Location"/>
Search and select an AHCA Licensed Facility	<input type="text"/>
Phone Number	<input type="text"/>
Provider's Contact Person	<input type="text"/>
Provider's Contact Person Phone Number	<input type="text"/>
Number of Residents/Patients Evacuated	<input type="text"/>
Number of Staff Evacuated	<input type="text"/>
Add to Planned Locations	<input type="checkbox"/>

- The “Add Other Evacuation Location” button will allow the user to enter a location that is not AHCA-licensed. This location will not be saved to the list for future use unless the box to add it is checked and the question regarding a memorandum of understanding is answered. Once a location is entered, enter in the staff contact person, if applicable, and the number of people evacuating to this location.

How many of your facility's resident/patient evacuees are dependent on the following:


Electricity	<input type="text"/>
Insulin	<input type="text"/>
Life Support/Ventilator	<input type="text"/>
Oxygen	<input type="text"/>
Trach Care	<input type="text"/>
Dialysis	<input type="text"/>
Non-Ambulatory	<input type="text"/>
Mental Health/Cognitive Impairments	<input type="text"/>

Non-Planned Evacuation Location ×


Select your evacuation location type and complete the requested information.

Location Type	<input type="text" value="Hotel"/>
Location Name	<input type="text" value="Happy Hotel"/>
Street Address	<input type="text" value="121 South St"/>
Ste/Apt Number	<input type="text"/>
City	<input type="text" value="Town"/>
State	<input type="text" value="FL"/>
Zip	<input type="text" value="30000"/>
Phone Number	<input type="text" value="(850) 222-3333"/>
Provider's Contact Person	<input type="text" value="Accompanying Staff"/>
Provider's Contact Person Phone Number	<input type="text" value="(850) 333-4444"/>
Number of Residents/Patients Evacuated	<input type="text" value="23"/>
Number of Staff Evacuated	<input type="text" value="2"/>
Add to Planned Locations	<input checked="" type="checkbox"/>
Does your facility have a Memorandum Of Understanding (MOU) with this Planned Evacuation Location?	<input type="text" value="No"/>

- ii. Information about the location may be edited by clicking the “Edit” button next to the location.

Select from Planned Evacuation Locations		Add AHCA Licensed Evacuation Location					
		Type	Name	Phone	Number of Residents/ Patients	Number of Staff	
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Planned Evacuation Location	LOWER KEYS MEDICAL CENTER	(305) 294-5531	43	2
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	AHCA Licensed Facility Evacuation Location	HIDDEN PINES RETIREMENT CENTER	(352) 854-7171	31	3
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Hotel	Happy Hotel	(444) 444-4444	25	5

- iii. The location may be removed if plans have changed by clicking the “Remove” button next to the location.


Select from Planned Evacuation Locations		Add AHCA Licensed Evacuation Location					
		Type	Name	Phone	Number of Residents/ Patients	Number of Staff	
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Planned Evacuation Location	LOWER KEYS MEDICAL CENTER	(305) 294-5531	43	2
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	AHCA Licensed Facility Evacuation Location	HIDDEN PINES RETIREMENT CENTER	(352) 854-7171	31	3
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Hotel	Happy Hotel	(444) 444-4444	25	5


- iv. The “Re-Entry After Evacuation” section appears after the evacuation information. At the time of evacuation, the re-entry status should be set to “Not Started”. Update this and the other items at the time re-entry is started and completed.

Re-Entry After Evacuation

Is your facility Fully Operational?

Facility Re-Entry Status

Facility Re-Entry Start Date 

Facility Re-Entry Completed Date 

- 7. The “Accepting Resident/Patient Evacueees” tab is used to say if the provider is able to accept evacuees and how many. This tab will only display if the provider’s most recent “Evacuation Status” is not evacuating.

Accepting Resident/Patient Evacuees

Are you willing and able to accept residents/patients into your facility from another evacuating healthcare provider?

- a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information about how many residents/patients may be accepted.

Accepting Resident/Patient Evacuees

Are you willing and able to accept residents/patients into your facility from another evacuating healthcare provider?

Number of resident/patient evacuees you are able to accept at your current staffing level

Number of resident/patient evacuees you are able to accept with additional staffing

Number of additional staff needed

Number of Pediatric Ventilators Available

Number of Adult Ventilators Available

- c. The user may also provide information about what types of residents/patients may be accepted.

What is the number of resident/patient evacuees with the following dependencies your facility is able to accept?

Electricity	<input type="text"/>
Insulin	<input type="text"/>
Life Support/ Ventilator	<input type="text"/>
Oxygen	<input type="text"/>
Trach Care	<input type="text"/>
Dialysis	<input type="text"/>
Non-Ambulatory	<input type="text"/>
Mental Health/Cognitive Impairments	<input type="text"/>

8. The “System and Services Status” tab is used to provide details about the operational statuses of each utility and service (i.e. telephone, hot water heater, HVAC, etc.). This tab is also used to report if the provider is utilizing any generators at the time of reporting.

Utilities, Systems, and Services Current Status

- If you have immediate health or life threatening issues or residents/patients are in danger, call 911.
- You must report any power outages directly to your utility provider.
- If your facility has any resource needs or requests for assistance, you must contact your local Emergency Operations Center: [County Emergency Management Contacts](#)

Are you currently running any generators at your facility?

What is the status of the following:

Electricity

Facility Lost Power from the Utility Company at any point During the Event

Water

Sewer

Telephone

Internet

Natural Gas

Propane

Hot Water Heater

Heating & Air Condition Status

Are you able to maintain a safe temperature for all residents/patients and staff in your facility?

- a. If any generators are being utilized, select what is being powered by the generator(s). Select all that apply.

Are you currently running any generators at your facility?

What systems are currently running on generators:

- Entire Facility
- Life Safety Systems
- Life Support Systems
- Essential Equipment including select lighting
- Full HVAC (Heat & Air)
- Partial HVAC (Heat & Air)
- Food Refrigeration
- Medical Refrigeration

- b. Information being reported should not conflict; if so, a validation message may display. The generators, electricity, and heating/air conditioning systems/services verify against each other.

Are you currently running any generators at your facility?

What is the status of the following:


Electricity

The 'Electricity Status' does not match the 'Systems Currently Running on Generators'. Please correct the appropriate answer.

- c. If the facility loses power at any time, the checkbox next to “Facility Lost Power from...” should be checked. This box will automatically check if the system user saves a selection indicating power loss.

What is the status of the following:

Electricity

 **Facility Lost Power from the Utility Company at any point During the Event**

- d. If the “Electricity” status indicates power loss, the system user will need to supply the date of power loss. The system user will be able to indicate the date of power restoration as well if it occurs prior to the event being closed in the HFRS.

What is the status of the following:


Electricity


Facility Lost Power from the Utility Company at any point During the Event

Date Power Loss

Date of Power Restoration

- e. If the “Electricity” status indicates power loss, the system user will need to supply where the issue(s) reside. Check the box next to each that apply. If the electric company needs to restore power to the facility, check the first box. If the facility needs to make a repair to be able to accept power, check the second box. In some cases, both may need to be checked.

 **Waiting on Utility Company Repair**

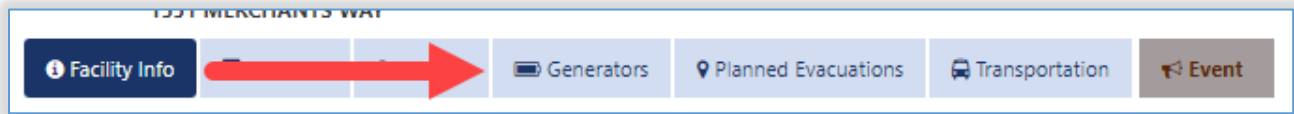
 **Waiting on Facility / Provider Repair**

- f. If the system user is a Partner user/superuser or AHCA staff, there will be an additional date field. This field should only be used if information is received directly from the electric company.

Anticipated Date of Restoration

9. The “Generators” status tab is used to report which generators are currently being utilized for powering the facility and information about the fuel status for each generator. All generators entered in the general information section will be displayed.

- a. If a generator needs to be removed or updated, proceed to the “Generators” tab to make changes.



- b. If another generator needs to be added, click the “Add New Generator” button. The screen for adding a generator will open. Input the information and save.

- c. The generator will now display on this list. Enter the information requested about each generator.

	Make/Model	Type	Fuel Type
Details	todays best	Permanently Installed	Diesel
Details	Test Gen 4	Portable	Gasoline

10. The “Damages” tab is used to report any damages sustained by the facility during the event.
 - a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information including the type of damage and the severity.

Facility Damages

Did the facility sustain any damages?

If your facility is repaired and may resume service, please edit the appropriate damage type entries below to reflect this.

Is the facility out of service due to damages?

Please add each type of damage sustained by the facility one at a time. Each entry should include the type, severity, date occurred, date resolved (if applicable), and a brief description of the damage. Click either 'Save' to save and add the next type of damage or 'Save and Proceed' to save and go to the next tab.

Damage Type

Damage Severity

Date Damage Occurred

Date Resolved

Out of Service: Currently unable to occupy the facility due to damages.
Minor: Damage has occurred but does not affect the safety of patients, residents, or staff or the ability to deliver care; can be fixed at a later date.
Moderate: Damage has occurred but is isolated; partial patient/resident evacuation/relocation may be necessary, but the facility is safe and able to deliver care; repairs will be needed before the area or system affected can be used.
Major: Damage has occurred and safety and/or patient/resident care is effected; facility evacuation is necessary (if occupied); repairs will be needed before the facility can be reoccupied.

Damage Description

* For Damage Description - Character Limit: 500

c. Save an entry for each type of damage sustained.

Did the facility sustain any damages? Yes ▼

If your facility is repaired and may resume service, please edit the appropriate damage type entries below to reflect this.

Is the facility out of service due to damages? Select ▼

Please add each type of damage sustained by the facility one at a time. Each entry should include the type, severity, date occurred, date resolved (if applicable), and a brief description of the damage. Click either 'Save' to save and add the next type of damage or 'Save and Proceed' to save and go to the next tab.

Damage Type	Select ▼
Damage Severity	Select
Date Damage Occurred	Elevator
Date Resolved	Floor
	Foundation
	Roads
	Roof
	Wall/Structural
	Water Intrusion/Flooding
	Windows/Door

Out of Service: Currently unable to occupy the facility

Minor: Damage has occurred but does not affect the staff or the ability to deliver care; can be fixed at a later date.

Moderate: Damage has occurred but is isolated; partial relocation may be necessary, but the facility is safe and able to deliver care; the area or system affected can be used.

Major: Damage has occurred and safety and/or patient relocation may be necessary (if occupied); repairs will be needed before the facility evacuation is

d. Include a brief description of the actual damage.

Damage Description

* For Damage Description - Character Limit: 500

- e. Each damage type will make an entry in the “History” table. If an entry needs to be updated/edited, select the “Details” button next to the damage type. Once the damage entry opens, select the “Edit” button to be able to enter the changes.

History						
	Date Submitted	User	Damages?	Out of Service	Damage Type	Severity
Details	07/25/2018 3:32 PM	Contact_Sample	Yes	No	Roof	Minor
Details	07/25/2018 3:31 PM	Contact_Sample	Yes	No	Elevator	Major

Did the facility sustain any damages?

Is the facility out of service due to damages?

Damage Type

Damage Severity

Date Damage Occurred

Date Resolved

Out of Service: Currently unable to occupy the facility due to damages.
Minor: Damage has occurred but does not affect the safety of patients, residence ability to deliver care; can be fixed at a later date.
Moderate: Damage has occurred but is isolated; partial patient/resident evacuation be necessary, but the facility is safe and able to deliver care; repairs will be necessary; system affected can be used.
Major: Damage has occurred and safety and/or patient/resident care is effected; repairs necessary (if occupied); repairs will be needed before the facility can be reoccupied.

Damage Description

[Edit](#) [Add New Damage](#) [Proceed](#)

11. The “Resource Needs” tab is used to inform AHCA that a provider has needs that the local emergency management officials should be assisting with.

- a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information about what types of things are needed, who to contact about these needs, and whether these have been reported to the local or state emergency management officials. If these have been reported to the emergency management officials, enter the available tracking or mission numbers provided.

Resource Needs

- If you have immediate health or life threatening issues call 911.
- If your facility has any needs or requests for assistance, you must contact your local Emergency Operations Center : [County Emergency Management Contacts](#)

As a result of the emergency, do you currently have any needs for the facility? Yes ▼

Select all needs that currently apply:

<input type="checkbox"/> Diabetes Supplies	<input type="checkbox"/> Food
<input type="checkbox"/> Dialysis Supplies	<input type="checkbox"/> Fuel
<input type="checkbox"/> Gases	<input type="checkbox"/> Generator
<input type="checkbox"/> Medical/Pharmaceuticals	<input type="checkbox"/> Ice
<input type="checkbox"/> Oxygen Equipment/Ventilators	<input type="checkbox"/> Personnel
<input type="checkbox"/> PPE Supplies	<input type="checkbox"/> Portable Toilets
<input type="checkbox"/> Other Medical Supplies	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Water
	<input type="checkbox"/> Other Resources Needed

Provide a point of contact who can be reached to answer questions about these needs:

Name

Telephone Number

Have your needs been reported to your local EOC? Select ▼

12. The “National Reporting” tab is used to collect information that is requested by federal partners. This information is for reporting purposes only.

National Report Data

Thank you for submitting reports regarding your emergency status.
We do appreciate your continued compliance with Florida Statute 408.821. As part of our ongoing efforts to manage emergency circumstances, we request you fill out the information requested as accurately as possible.

Have any residents/patients been injured during this emergency event?

How many residents/patients have been injured?

Have any residents/patients expired during this emergency event?

How many residents/patients have expired?

13. Depending on event requirements, there may be specific additional questions concerning your facility, its capabilities, and inventory of critical items. There may be multiple screens if your facility is involved with multiple events and each event screen will be different with questions changing unexpectedly. Please read each screen in its entirety and answer all questions to the best of your ability. Example Below:

COVID-19 Monitoring: Additional Info

Do you have a guaranteed delivery prior to depletion of your face masks inventory?

At your current usage rate, how many days of N95 masks do you have?

Do you have a guaranteed delivery prior to depletion of your N95 masks inventory?

Do you have any N95 masks?

At your current usage rate, how many days of face masks do you have?

14. All event/situational awareness information has been entered and saved. Please review and update by the specified reporting times and as the provider's situation changes.