

**Illinois Hospital Preparedness Program
All RHCC Meeting
October 18, 2011**

**Conference Call
Meeting Minutes**

Present: Linda Angarola, Carol Bell, John Brennan, Mark Edmiston, Jack Fleeharty, JoAnn Foley, Sue Hecht-Mikes, Elizabeth Houston, Stephanie Howard, Brian Kieninger, Molly Lamb, Brandy Lane, Uei Lei, Misty Leonard, Mike Maddox, Bridget McCarte, Cheryl Miles, Jill Ramaker, Lynne Reagan, Linda Reimel, Matt Ringenberg, Karl Schmitt, Don Schneider, Jimmy Vinders (for Anita Guffey), Irene Wadhams, Kathie Wagle, Shannon Wilson, Jerry Wiltfang, Greg Yurevich

TOPIC/DISCUSSION	ACTION
Welcome/Call to Order 9:02 am by Evelyn Lyons	No action
Review of September 16, 2011 meeting minutes <ul style="list-style-type: none"> • Motion by Don Schneider to accept without changes; seconded by Jerry Wiltfang. All in favor, none opposed. • Minutes are approved as written. 	Minutes approved.
Welcome – Stephanie Howard, RN – new Illinois HPP Manager <ul style="list-style-type: none"> • Stephanie is the new HPP Manager. Her first day was yesterday. She reports to Jack Fleeharty. • A formal announcement memo will be issued this week. • Email Stephanie but continue to cc Evelyn Lyons over the next few months through her orientation phase. 	Jack will send out an announcement memo this week with Stephanie's contact info.
ESF-8 Response Regions Transition process <ul style="list-style-type: none"> • Karl Schmitt identified that the next steps in the map process are to implement a transition process. • A “go-live” date needs to be determined. Don suggested Jan 1st. Further discussion recommended that although Jan 1st may be the “go-live” date, there should be at least a 6-month window to allow transition. There are still issues and concerns, particularly with affected Critical Access Hospitals (CAH). RHCCs need to reach out to hospitals. ERCs need to educate the LHDs. Karl noted that a series of meetings will be necessary. • Bridget McCarte noted that some sort of official notification needs to come from IDPH with the date. Jan 1st might be a little soon for those that have to realign and develop new MOUs. She noted that we need to figure out what the message needs to be as people continue to learn about the plan. • It was asked whether inter-regional agreements would be acceptable, and this will need to be determined. Further discussion is needed with the ESF-8 committee. Cheryl Miles will set up a conference call within a week. 	Cheryl will arrange a conference call for further discussion.
Review of Initial HPP Site Visits in Regions 2, 3 & 5 <ul style="list-style-type: none"> • Three initial site visits have been conducted in Regions 2, 3 & 5; one will be conducted in Region 6 next week • These have been positive visits. One at a 200 bed community hospital while the others have been at small rural CAH hospitals (25 beds). • The site visit team consisted of 2 REMSCs and the RHCC. Evelyn participated on 2 of the visits. 	

TOPIC/DISCUSSION	ACTION
<ul style="list-style-type: none"> Each hospital provided a presentation based on the Site Visit Process document that was forwarded to them prior to the visit. They then provided a tour of their facility and time was allocated for document review and Q & A. We consider these “pilot” visits and will modify the process based on feedback and observations. <u>Positives:</u> Having the RHCC involved was a plus for both the hospital (someone they know) and for the RHCC (to see the efforts taking place inside the hospital); provided an opportunity to address educational needs and clarify deliverables or other preparedness questions. <u>Areas to improve:</u> Need to give hospitals more notification prior to the site visit; we asked them to provide their EOP, however we didn’t have a specific process in place for reviewing it – after discussion, for future visits, we will request specific plans per deliverables (i.e. fatality management plan) and review these plans using defined criteria to assure a standard approach on all surveys. We plan to present the process to the federal officers at the November site visit for their review and feedback. Don asked whether hospitals were concerned that IDPH was there to visit. The team was well received, however its important to note that the hospitals were handpicked for these visits. Joann Foley asked how will we select hospitals in the future. This is still pending since frequency of visits and a schedule process will need to be built. Also may be dependent on the 2012 federal grant guidelines. We will be compiling all the site visit information and will keep everyone informed as we move forward. <p>HPP Quarterly Report</p> <ul style="list-style-type: none"> The first quarterly report is due October 31st. Please send to your Regional EMS Coordinator, and cc the RHCC. Mid-Year and End-of-Year surveys will still need to be done, however there are plans to meet with John Elder to see how we can streamline these surveys. 	<p>Please remind your hospitals regarding the upcoming quarterly report due date.</p>
<p>JPATS Workgroup</p> <ul style="list-style-type: none"> At the September meeting, it was agreed to convene a committee/workgroup to start looking at a statewide patient tracking system. There was agreement to continue in this direction. Don Schneider agreed to chair the committee. Liz Houston, Uei Lei, Mike Maddox, Jill Ramaker and Shannon Wilson volunteered to serve on the committee. Don has a contact through Scott AFB/VA Hospital system who gave him the Chief Program Development Branch contact (Helga Scharf-Bell) in D.C. It was noted that there is another contact in Chicago who is very knowledgeable about JPATS. Don will followup. 	<p>Don will follow-up with any updates at the next meeting.</p>
<p>Fiscal Update</p> <ul style="list-style-type: none"> Greg noted that the inventory list is due back on Friday October 28th. Sue Hecht asked how far back the inventory lists should go. Greg and Mark noted that any fixed asset should be on the list. Anything bought with ASPR or HRSA funds that isn’t obsolete should be listed. Go back as far as possible. Use whatever tagging asset policy that the hospital uses to guide the process. Budget workshops have been completed in Regions 2, 3, 9 & 10. Positive feedback has been received. SF questions can be directed to Greg Yurevich. Mark Edmiston noted that fiscal site visits are underway. Will try to visit hospitals once a year. There was a question regarding the need to obtain bids on purchases. Mark Edmiston noted the need to try to get the best value for items that are purchased. Federal guidelines identify that anything over \$25,000 needs to have three bids. 	<p>Contact Greg with any fiscal questions.</p>

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<p>Other</p> <ul style="list-style-type: none"> • A question was raised regarding the Director, IDPH and whether there is movement on getting a replacement. It was noted that Craig Conover, MD is the Acting Director, IDPH and there is no further information at this time. • Another question was raised as to whether the ASPR grant program will continue. We are currently in the third year of a 3-year grant. There are efforts between the CDC and ASPR to align both grant programs for the FY2013 grant year, so it appears there will definitely be continued grant funding next year. • Sue Hecht asked if G-8/NATO Summit information can be shared at future meetings. This will be placed on future agendas. • The next All-RHCC meeting will be November 10th in Urbana. Hotel information will be sent out. Based on the September meeting minutes and discussion with Jack who chaired the September meeting, it was identified that Anita Guffey will provide the regional profile for Region 6. 	
<p>Adjourn Meeting adjourned at 10:05am.</p>	
<p>Next meeting - Thursday, November 10th from 9:30am - 12:30pm Illinois Law Enforcement Alarm System (ILEAS) Office 1701 E. Main Street, Urbana, IL 61802</p> <p>REMINDER: ESF-8 Meeting will follow from 1:00pm-3:00pm</p>	<p>A meeting reminder will be emailed out.</p>

Meeting minutes submitted by Misty Leonard