

ASPR/RHCC Meeting

November 10, 2011

9:30 a.m. – 12:30 p.m.

Illinois Law Enforcement Alarm System (ILEAS) Building, Urbana

Linda Angarola, Carol Bell, George Beranek MD, John Brennan, Christine Chaput, Brian Churchill, Mary Connelly, Dawn Davis, Mark Edmiston, Troy Erbentraut, Jack Fleeharty, JoAnn Foley, Anita Guffey, Sue Hecht, Elizabeth Houston, Stephanie Howard, Brian Kieninger, Molly Lamb, Brandy Lane, Uei Lei, Misty Leonard, Carla Little, Evelyn Lyons, Mike Maddox, Bridget McCarte, Cheryl Miles, Laura Prestidge, Lynne Reagan, Jill Ramaker, Linda Reimel, John Rudzinski MD, Karl Schmitt, Don Schneider, Irene Wadhams, Kathie Wagle, Duane Wagner, Lisa Wax, Jimmy Vinders, Elisabeth Weber, Shannon Wilson, Jerry Wiltfang, Greg Yurevich

TOPIC/DISCUSSION	ACTION
<p>Welcome/Call to Order The meeting was called to order at 9:45 am by Stephanie Howard</p>	
<p>Review of October 18, 2011 meeting minutes</p> <ul style="list-style-type: none">• A motion was made by Jerry Wiltfang to accept the minutes without changes, and seconded by Dr. Rudzinski. All were in favor and none opposed.• Minutes are approved as written.	<p>Minutes approved as written.</p>
<p>Illinois Hospital Preparedness Program Report</p> <ul style="list-style-type: none">• Update on Federal ASPR/CDC alignment<ul style="list-style-type: none">○ The CDC PHP and ASPR HPP programs continue working to fast track the alignment of the 2 programs to enhance efficiencies. An MOU with all key federal partners is in the works (CDC, ASPR, DOT, FEMA, HRSA) to outline collaborative agreements. Also included in the alignment are ESAR-VHP, SNS and FEMA Homeland Security programs.○ Several workgroups are in place targeting key areas such as capabilities, IT systems, grants administration, etc. Liz Weber and Duane Wagner noted that they are both participating on two of the workgroups.○ ASPR will continue to provide oversight to HPP specific activities, and the CDC will do the same for the PHP program. Each remains a stand-alone program in accordance with their authorizing legislation.○ In 2012, there will be one grant application and one award. Some of the capabilities will be joint capabilities, however there will continue to be separate budgets. New HPP performance measures are being developed and a pilot process will begin soon in several states.• The Illinois HPP program will undergo a federal site visit on November 14-16, 2011. Federal personnel from both ASPR and the CDC will comprise the site visit team. Onsite visits to the Region 2 and Region 3 RHCCs are planned.• IDPH is currently looking at the best system to maintain additional key contact information on hospitals (i.e. HBS, SIREN or CEMP). The RHCCs recommended the HBS as the system they would prefer since hospitals can easily	<p>The following additional hospital contact info will be addressed: Administrator, Disaster/Emergency</p>

<p>access the system and update their hospital contact information as necessary. Recommendations by the RHCCs for additional contact information to include in the system are contacts for the following: Administrator, Disaster/Emergency Mgmt, EMS, Fiscal, Lab, Perinatal/NICU, PIO, SNS, Trauma.</p> <ul style="list-style-type: none"> • It was noted that an HPP/Disaster Report will now be provided at the quarterly State EMS Advisory Council meetings and the Trauma Advisory Council meetings by Jack Fleeharty. • Pediatric Update <ul style="list-style-type: none"> ○ The Pediatric Regional Resource Directories were recently emailed to each of the RHCCs. Your assistance in obtaining any updated information from hospitals in your regions is much appreciated. ○ A pediatric surge/disaster planning meeting is scheduled November 30th to bring together pediatric experts, representatives from CAHs and tertiary care centers. RHCC reps include Troy Erbentraut and Mike Maddox. 	<p>Mgmt, EMS, Fiscal, Lab, Perinatal/NICU, PIO, SNS, Trauma. Forward any other recommendations to Stephanie Howard.</p>
<p>Budget/Fiscal Report</p> <ul style="list-style-type: none"> • Greg reported that he has two contracts left to complete • He has received most of the completed inventory lists back from hospitals, and will be sending an email to hospitals that have not yet responded. Don Schneider and Mike Maddox asked if they can be cc'ed on emails to hospitals that have not yet responded. • JoAnn asked if a fiscal site visit schedule is in place. A schedule is being developed, but is not yet available. 	<p>Greg will forward a list of hospitals that have not yet submitted their expense certificates.</p>
<p>Regional Profile – REGION 6</p> <ul style="list-style-type: none"> • Anita Guffey presented the Region 6 Profile. • The Region 6 RHCC resides in Champaign County (population over 200,000) • Main hospital is located in Urbana • A challenge is providing education. Annual safety training-every person must be trained including new hires • Have a dedicated decontamination team 24/7 • Have Alternate Care Sites that are shared • Multiple mobile assets are available including two mobile incident command trailers, as well as a large decontamination trailer and a pickup truck. • Loss of monies is becoming a challenge • They've noted that supplies purchased in early years of funding (2002) are now beginning to expire or are outdated. • Recently developed a regional evacuation plan <p>Regional profile assignments for the upcoming January and March meetings are as follows:</p> <ul style="list-style-type: none"> • January 2012 RHCC meeting – Region 3 (John Brennan and Brian Churchill) • March 2012cRHCC meeting – Region 2 (Troy Erbentraut) 	<p>Region 3 will be the next regional profile presented at the January RHCC meeting by John Brennan and Brian Churchill</p>

<p>Training & Exercise Report</p> <ul style="list-style-type: none"> • Molly reported on the federal NIMS requirements and a planned Training & Exercise guidance that she is working on for local health department and hospital staff. In the future, she will need to report NIMS course completion information to IEMA. • The RHCCs had a number of questions and concerns related to requiring “all staff” to comply with NIMS training. They requested input to the development of a guidance document, and identified that hospitals have already defined the personnel that need to complete coursework. A follow-up conference call will be set up to clarify issues and concerns. • Molly noted that 45 hospitals will participate in the State Level Exercise that is scheduled November 15-17, 2011. 	<p>A conference call will be conducted to address the NIMS guidance and Training & Exercise requirements.</p>
<p>G8/NATO Summit Update</p> <p>Liz Weber provided a briefing on current information regarding the National Special Security Events (NSSE) planning for Spring 2012</p>	
<p>Alternate Care Sites</p> <ul style="list-style-type: none"> • Mary Connelly (IMERT) discussed a new project to address Alternate Care Sites. She noted that these are not patient surge sites that are within the hospital grounds/campus. These are specifically located off the hospital campus. Such sites will be needed, particularly in catastrophic or an outbreak-type scenarios. • Each region has an identified ACS. There is a need to identify more sites within each region so we have many more options available. Regions 5 and 7 have already exercised their alternate care sites. • Major obstacles/challenges have already been identified that need to be addressed. • The plan is to develop an Operations Workgroup to begin working on an operational guide that addresses such components as staffing, protocols, job action sheets, etc to ensure a consistent approach. Mary and IMERT will be in charge of this workgroup. In addition, Winfred Rawls will work with the the ESF-8 Executive Committee to begin to address the longstanding liability and jurisdictional issues. • Drafts of the Operations Guide will be tested through tabletops and other exercises. • Will rename ACS to Interim Medical Treatment Sites (IMTS). • Hope to have plan fully developed in 18 months. • Expect regular updates at future RHCC meetings. 	<p>Mary and Win will provide updates at future meetings on the activities of the Operations Workgroup and the ESF-8 Executive Committee.</p>
<p>Patient Tracking Workgroup Report</p> <ul style="list-style-type: none"> • Discussed at the October RHCC meeting to set up Patient Tracking Workgroup. Don agreed to chair the workgroup. He will be convening the workgroup for a future meeting. He has been provided the name of Joe Lamana as a contact for JPATS through DHHS, and plans to contact Joe to further discuss JPATS. • Don identified that JPATS is a free program through DHHS, which is an important consideration for states as federal dollars dwindle. However the downside of the JPATS system is that it is strictly hospital based and does not yet have capabilities to include prehospital/EMS information. • Don will continue to look into patient tracking and will provide further updates at future RHCC meetings. 	<p>Don will continue to provide updates at future RHCC meetings</p>

<p>Grant Subrecipient Monitoring Quarterly Report update</p> <ul style="list-style-type: none"> • Reminder that the quarterly report is due thirty days after the end of quarter. Hospitals should submit the report to their REMSC and cc the RHCC. • It is recognized that this is a new process and will be a learning curve for all involved. • A guidance document will be made available soon for the hospitals. <p>Hospital Site Visit planning</p> <ul style="list-style-type: none"> • A DRAFT Site Visit Process document was shared with the RHCCs. The document includes additional updates from the version that underwent review at the September meeting. There were concerns about including the supply list from the State Medical Disaster Plan since it is from 2003. • California Hospital Association Planning Checklists were discussed. It was noted that hospitals that are accredited by the Joint Commission have their emergency operational plans reviewed, however Linda Angarola noted that not all hospitals are accredited by Joint Commission. Having guidelines/checklists for these hospitals would be helpful. The guidelines would also provide minimum standards for all hospitals. • It was recommended to develop a Site Visit workgroup to review the Site Visit Process document as well as the California planning standards. The following volunteered to serve on this workgroup: Linda Angarola, Chris Chaput, Troy Erbentraut, Anita Guffey, Sue Hecht and Mike Maddox. 	<p>A Site Visit Workgroup will be convened.</p>
<p>Other</p> <ul style="list-style-type: none"> • Dr. George Beranek announced that he will be devoting more time to his family and has stepped down from his disaster preparedness activities. He introduced Dr. John Rudzinski as taking over his preparedness activities. • Dr. Beranek was thanked for all his contributions over the years. 	<p>Thanks Dr. Beranek! Welcome Dr. Rudzinski!</p>
<p>Adjournment The meeting was adjourned at 12:18pm</p>	
<p>Next meeting – RHCC Conference call Tuesday, December 6th from 9am-10am</p>	<p>A meeting reminder will be emailed out .</p>

Meeting minutes submitted by Misty Leonard.