

ASPR/RHCC Meeting
October 16, 2012
9:00 a.m. – 10:00 a.m.
Via teleconference
422 S. Fifth St., 3rd Fl. Conference Room
Springfield, IL

Present: Stephanie Howard, Laura Harris, Brian Kieninger, Jennifer Reid, Elizabeth Houston, Jack Fleearty, Winfred Rawls

Present via teleconference: Don Schneider, Greg Yurevich, Sue Hecht-Mikes, Anita Guffey, Jill Ramacher, Stephanie Kuschel, Paul Banks, John Meyer, Rob Humrickhouse, Shannon Wilson, Carol Bell, Greg Atteberry, John Brennan, Lisa Wax, Brian Churchill, Troy Erbenraut, James Zinders, Irene Wadhams, Carla Little (joined later).

Absent: Linda Angarola, Christina Boyd, Billy Carter, Christine Chaput, Dawn Davis, Mark Edmiston, JoAnn Foley, Lisa Johnson, Crystal Jurich-Paul, Brandy Lane, Evelyn Lyons, Mike Maddox, Ron Meters, Anu Meka, Bridget McCarte, Sheila McCurley, Martha Pettineo, Laura Prestidge, Mark Vassmer, Duane Wagner, Liz Weber.

TOPIC/DISCUSSION	ACTION
<p>Welcome/Call to Order The meeting was called to order 9:02 a.m. by Stephanie Howard.</p>	
<p>Review of August 21, 2012 meeting minutes—Stephanie Howard</p> <ul style="list-style-type: none"> • Motion was made by Don Schneider to accept the September 20, 2012 minutes; Troy Erbenraut seconded; no oppositions. The minutes are approved. 	*Minutes approved.
<p>HPP Program Update—Stephanie Howard</p> <ul style="list-style-type: none"> • EOY report submitted to HHS 10/15/12. • Quarterly reports confusion addressed; should be able to print all tabs now. Received two from hospitals. Quarterly report expands; must click on +; some people say they've met deliverable—encouraged to comment something in addition. Region 2 not covered, send reports to Stephanie Howard. Send EMS materials to central office. Question asked about After-action Reports—Stephanie answers you send those to Karen Pendegrass, copying Stephanie Howard. • Linda Reimel not back till sometime in November; continue to send reports to assigned list. • Annual reports for Region 8 and 9 are hit and miss; send copy to Stephanie Howard if they are sent to RHCC; she only has one from Region 9, two from 8. • Site visits continue; any feedback from hospitals? Are visits beneficial? Anita Guffey says one hosp left to go; excellent feedback—they appreciate guidance. Irene Wadhams said they appreciate the visits and the review. John 	

<p>Meyer says 4 of 13 done and everyone gets something from visits; remaining hospitals since Region 9 not covered have been told site visits aren't scheduled, although they still question dates/times of same. Stephanie asks John Meyer, Region 9, to send her list of people so she can send letter explaining situation. Don Schneider says all have expressed appreciation/like a free consultant. Irene Wadhams says they are comforted by knowing they're doing it right; the reassurance is appreciated. Stephanie asks if any hospitals on wrong path? Sue Hecht-Mikes says yes—one hospital, but they recovered by second visit. Brian Churchill says good cooperation—nothing seen off track; good responses. John Brennan echoes Brian Churchill's comment.</p> <ul style="list-style-type: none"> • John Brennan also questions if final list made for contents of the disaster bag? Stephanie says she hasn't gotten any feedback from February meeting. Jack Fleeharty says we're still open to suggestions but we've not received follow-up. Sue says she gave ideas to Christine (Chaput) and she's going to compile and send to IDPH. Paul Banks says he'll speak to Christine to send an email re: status. Jack asks to have recommendations before November RHCC meeting so discussion may be held at that time. • Jennifer Reid asks if analysis needed during site visits; would survey tool be needed to facilitate these visits? She'd be willing to work with them. Stephanie and Sue agree it would be beneficial. • Stephanie says she's participating at a table top in November in Wisconsin; a good opportunity to see how transfer corridors between Chicago and Milwaukee are impacted. Stephanie talking with Missouri HPP Manager, Cathy Hadlock, re: possibly doing exercises with Missouri, as well. 	
<p>Deputy Director Winfred Rawls—Chempack Map</p> <ul style="list-style-type: none"> • Map (sent earlier by Stephanie via email) shows most current Chempack locations; there are 33 in State at 32 locations. HPP/RHCCs asked to reassess locations, as this map is based on 2010 census; have things changed much? Consider any new threats to possibly reposition Chempacks. The map shows we're covered, but the map was created 10 years ago; does it still make sense? CDC said there are no more containers at this time; if repositioning to be done, must come from cache in Illinois. There are two Chempack containers at Lutheran General--may have one redeployed, as there isn't one in Region 4, 5, and 6. Secondly, make sure Chempack contact list continues to be updated (spreadsheet sent out and contents to be loaded onto CEMP); asking Chempack hospitals to update quarterly--most recent contact info needed. Don Schneider says map shows Effingham County is centrally located and there's a gap—might be an area where one may be placed. Jack Fleeharty agrees. Win says a possibility to move one container from Lutheran General to Effingham. Don asks Anita Guffey her thoughts—she agrees. Two major highways in that city. Sue Hecht-Mikes noticed two in Joliet vicinity, would love to move to Riverside or Kankakee off 57 to help Anita's area and Region 7. Jack says Gottlieb and Foster close to one another, may move one of them. Carla Little states that moving Chempacks involves a concrete strategy. Originally the location placement was based on population centers, but let's understand the threats in specific areas before we move the cache. Jack says we're getting ready to roll out an Hazard Vulnerability Assessment (HVA) and maybe through HVA we could map out (using GIS) highways, chemical plants, etc. to decide where they should be placed. If data from HVAs could be collated, it may help us assess threats better. Win adds that IEMA is doing THIRA assessment to conclude by Dec 31, 2012—that info may help us with assessment. Win defers to Jack and Stephanie to work with 	

RHCCs in agree-upon recommendations. Carol Bell asks about map missing Rockford St. Anthony's; Stephanie will send most current map, along with contact list and matrix, to be used with map. Stephanie will also send the Chempack Plan, as well. Irene Wadhams adds that hospitals receive extra ASPR dollars to have Chempack; taking one from a hospital means it cuts their grant. Win acknowledges but threats need addressed and it's \$2,500. Carla adds that for hospital accepting container, HPP allocates money for safe/storage room creation. Win says keep on agenda and let's discuss at next meeting before we talk to hospitals, after hazards and population are assessed. Stephanie Kuschel asks if hospitals know where their Chempack hospitals are. Carla says awhile back this was kept secret, but now all hospitals know where Chempacks are. Hospitals can sign up for the Chempack share point site at the CDC site, which tells where caches are, etc. Carla should send email with site to Stephanie so she can distribute (approval has to come from Carla Little).

- Win discusses recruitment—asks if anyone did assessment re: who to recruit for coming year. Of 216 hospitals in State: 152 in program, 36 or 38 in Chicago, there are 26 hospitals not in program. Where are the 26, which are in your region, when's last time you talked to them about coming into program? We should help RHCC with messaging. Maybe a Powerpoint developed here with Duane's assistance re: federal reasons why should be a part of program. To market/sell to hospital administrators/CEOs. Thinking of lawsuit in LA County, there is a push for preparedness, some communities want to show how they're showing preparedness and they may open themselves up for some liability if they aren't in program. RHCCs probably know who these hospitals are. Elizabeth Houston says she knows of tiny/smaller hospitals; Jack says our GIS people could do overlay and figure out who they are. Don Schneider states St. Elizabeth's in Belleville dropped out three years ago; were supposed to get in this year, but when saw deliverables they didn't think they could catch up. Don suggests as part of CON (certificate of need), IDPH requests that hospital participates in program. Troy Erbenraut says he spends more time convincing hospitals to stay in program then recruit; grant deliverables seen as unobtainable, etc. Win agrees, but we have to keep message positive; emphasis on due diligence shown re: only 8 capabilities, then they get the money. RHCCs and REMSCs are faces of program and we need RHCC's help. Win says we'll have GIS guy do overlay of who's in, who's out. Win encourages we make reaching effort; they may not know benefits of program. Win says we've been successful in retaining our funding; compared to Homeland Security (Emergency Management Agencies). Win says veterans hospitals should be included in our program; there are five in the state; regions should be talking to them from a preparedness standpoint about what they can depend on if disaster occurs, if part of program. Paul Banks says he speaks with Hines often; they come to meetings occasionally; they are the FHCC in the area but have limited funds. Jill Ramacher has Lowell in their area and they participate in meetings and exercises. Win says IDPH should draft something for RHCCs to use to market/brand the program with assistance from Duane Wagner. Stephanie Kuschel asks if there's a list of hospitals; Win says he'll get list to Stephanie.

Jennifer Reid—Training and Exercise Update

- Basic Life Support Training at ILEAS on December 14, 2012 and Advance Life Support Training on December 5 & 6, 2012. Plenty of time to register through LMS; each class ½ full right now.
- Anita Guffey says she's never received amended contract from Greg Yurevich—will it include the match? Greg says

<p>they'll cover match with IL Poison Control Center. Greg working on this week.</p> <ul style="list-style-type: none"> Jennifer says Stephanie Howard sent Excel spreadsheet workbook to capture training and exercise plans over five-year period; Jennifer reminds regional staff she needs them back by November 16th. Stephanie sent 10/15. Anita says she has no idea what to do over the next five years and where's state guidance? Stephanie replies that stating what exercises, who's playing, etc. says guidance from Duane Wagner is "do the best that you can." Jennifer says LHDs have submitted five-year plan and guidance shows stair-step approach, suggests they use stair-step approach. Each year exercise progresses to next level. Anita asks if IDPH can put out calendar of what State will do State-wide (as far as table tops). Jennifer says to access CEMP for five-year exercises (2011 through 2016). Sue Hecht-Mikes asks for clarification if only RHCCs or each hospital required to do it; can they extend deadline to bring to region plan? Jennifer says each hospital is expected to have its own training and exercise plan. Jennifer says it's ok to be sketchy—will be updated each year. Sue doesn't think November 16th deadline will be met. 	
<p>Greg Yurevich—Fiscal Update</p> <ul style="list-style-type: none"> Greg says we're caught up; we'll discuss later how to parcel money out from last year carry over. 	
<p>Closing Comments/Questions—Stephanie Howard</p> <ul style="list-style-type: none"> John Brennan says he and Brian Churchill never got email containing training Excel spreadsheet. Stephanie said she'll send again. 	
<p>Adjourn The meeting was adjourned at 10:01 a.m. by Stephanie Howard.</p>	
<p>NEXT MEETING: Thursday, November 29, 2012, 1:00 p.m. – 3:00 p.m. at Carle Hospital, Parkview B in afternoon (ESF-8 in morning at Pollard Auditorium).</p>	