

**ASPR/RHCC Meeting
November 29, 2012
1:00 p.m. – 3:00 p.m.
Carle Foundation Hospital
Parkview B Room
Urbana, Illinois**

Present: Jack Fleeharty, Laura Harris, Winfred Rawls, Greg Yurevich, Karen Pendergrass, Linda Angarola, Evelyn Lyons, Mike Maddox, Anu Meka, Sheila McCurley, Laura Prestidge, Anita Guffey, Lisa Wax, Stephanie Kuschel, Paul Banks, John Mayer, Don Schneider, Greg Atteberry, Lisa Wax, Brian Churchill, Troy Erbenraut, Irene Wadhams, Carla Little, T.J. Rajcevich (for Jill Ramaker), and Tsoetsy Harris [Emergency Preparedness Coordinator for Illinois Primary Health Care Association (IPHCA)-coalition partner].

Present via teleconference: Martha Pettineo, Mary Connelly, Elizabeth Houston, Dawn Davis, Shannon Wilson, and Billy Carter.

Absent: Sue Hecht-Mikes (another RHCC states he's filling in for her), Jill Ramaker (T.J. Rajcevich present in her place), Christina Boyd, Carol Bell, John Brennan, Christine Chaput, Mark Edmiston, JoAnn Foley, Lisa Johnson, Brian Kieninger, Ron Meadors, Bridget McCarte, Tammy Moomey, Linda Reimel, Mark Vassmer, Brandy Lane, Duane Wagner, James Zanders, Rob Humrickhouse, and Elizabeth Weber.

TOPIC/DISCUSSION	ACTION
<p>Welcome/Call to Order The meeting was called to order 12:59 p.m. by Jack Fleeharty. Around-the-room introductions include Tsoetsy Harris of IPHCA, who provides a brief overview of who IPHCA is and their part in emergency preparedness. IPHCA includes 48 (federally-qualified) primary care organizations that consist of around 500 sites such as community health centers, etc. that have their own emergency preparedness requirements to maintain their funding; Ms. Harris' role is to help them meet those requirements, get them more NIMS-compliant (focus on ICS), and close the gap between Public Health and IPHCA. One of the Regional Emergency Medical Services Coordinators asks for a list of federally-qualified health centers in their specific regions since it's on the grant deliverables; Jack asks Ms. Harris to email her maps to him and he'll send out to RHCCs.</p>	
<p>Review of October 16, 2012 meeting minutes</p> <ul style="list-style-type: none"> Motion was made by Don Schneider to accept the October 16, 2012 minutes; Brian Churchill motioned to second; no oppositions. The minutes are approved. 	*Minutes approved.
<p>Greg Yurevich—Fiscal Update</p> <ul style="list-style-type: none"> We're done with 2012; discovered an outstanding voucher for \$72,000 that was not paid yet, which will reduce funding allocated out of carryover funds. He's still trying to figure out what will be in carryover funds. He's planning to push this out to the RHCCs as amendments to cover things not included in the last fiscal year. He estimates this will be about \$35,000; hopes to have sent out by January 1, 2013; if no HPP Manager in place yet, 	

<p>Jack and Greg will send out.</p> <ul style="list-style-type: none"> • Troy Erbenbraut asks if Peoria budget workshops still will be scheduled. Greg says he'll be sending out an email stating who of each RHCC Region has not been to one yet. Greg states that Peoria is a definite. • Anita states there's an upcoming budget workshop on December 14, 2012 in Champaign. 	
<p>Jack reminds everyone to send quarterly reports/questions to him as Stephanie Howard is no longer at IDPH. Don asks about AARPs; Jack states they need to go to the REMSC (Greg Atteberry for Don) and then need to go to Karen Pendergrass.</p>	
<p>Training and Exercise Update—Karen Pendergrass</p> <ul style="list-style-type: none"> • BDLS (class is full) and ADLS Training next week at ILEAS. Go to LMS to register. • When MYTEPS are completed (Due 12/31/12), send to REMSC who'll send to Jack. Troy doesn't have an REMSC so will send to Jack. You can contact Jennifer Reid w/ questions. Anita Guffey asks about hospitals that are sending documents incomplete. She doesn't know how to direct them; having problems with formatting/redundancy. Can it be simplified? Karen states the tool came from ASPR but Anita can call Jennifer Reid about what can and cannot be fixed. Troy asks for purpose. How to fill out when they know it'll change over the next five years. Karen says it's a strategic tool; Troy says it doesn't marry with other plans. Karen says the point is to look at gaps; CDC says they want us to be "here" in five years; we need this tool to tell us how to plan/prepare for getting to the end result in five years. Paul Banks questions what the regional hazard vulnerability assessment (HVA) will be so that they can plan. Jack says we've done CPG assessments which will show weaknesses (performance metrics coming, also), and hospitals will be assessing with them very soon, too...CPGs show where you're low. Identifying weaknesses will show you where to implement what's needed. Anita asks if this required by Feds? Karen says yes. Jack says IEMA has an obligation to look at strategic planning and exercise; we're a part of that. Troy says all other things that drive us are annual--not on a five-year plan. Anita asks if this is a request or a requirement? Karen says it's in the grant. Paul asks for guidance as to what areas we think they need to look at; Jack says because hospitals don't have a standardized HVA, we can't know. Paul says there are several exercises scheduled in Chicago area over next few years; Anita asks if they could get a schedule of the training coming up. Karen says the IEMA website has them and IDPH is working on scheduling some. Jack says for grant we only have to do one state-wide exercise over next five years. Troy asks if State has a five-year plan; can IDPH send to RHCCs? Karen says it's on CEMP and Troy can give this to their hospitals. Win says MYTEPS will be a requirement for BP2; RHCCs have access and they should look at it. He'd like to see things shared they'd like to see that would alleviate burden in terms of what State asks, joint commission asks, etc. as there is no point duplicating. At the Federal Level there is the Department of Homeland Security, IEMA, CDC, and ASPR—the goal is to get them talking on the same page. Jack says over next four years we'll do more coalition building; if we can plan those exercises using a coalition format the burden can be alleviated and more regional participation will happen. He suggests to drill as a regional exercise instead of as a hospital and state so: "We will participate in the State/regional exercise..." Win states there are two exercises he knows of; in May 2014 there is the IND exercise and in June 2014 there is the earthquake scenario exercise to follow. • Karen states that ITRAIN is planned to go live the first business day of January (2013); training for administrators in 	

<p>December (2012); then other administrators will be trained with tutorials and webinars. We'll be emailing a memo with timelines, etc. The old LMS site will redirect you.</p>	
<p>CEMP Governance Update—Brian Churchill</p> <p>Major activity is creating a CEMP Governance Committee Charter; consensus at 11/28/12 CEMP Governance Meeting included changes which Sheila McCurley will make. Sheila will send to Jack, then to all RHCCs, then to Executive Committee. They held discussions regarding HVAs, etc. Mike Maddox says that the LHDs are farther along and have a standardization protocol for CEMP, making it more user-friendly. Suggestions made for format adjustments, training, etc. Win adds that for next Governance Committee Meeting, for BP2 there's the LHD LTARs, the hospital CHEMPACK contact list, CPGs, quarterly reports, and standardized HVA, and MYTEP; these are mandatory priorities for BP2 that starts July 1, 2013. Don says the committee has an advisory role, but these come back to RHCCs for approval then to Executive Advisory for the LHDs; then gets approved by Win. Mike said a survey went out in Peoria (reported by Joe Beck?) to learn pit falls and pluses of CEMP system; the Committee should hear the results of that survey soon. Brian Churchill states CEMP is to be ONE place to enter data (reporting) so same info isn't repeated. Jack said LHDs are positive about quarterly reports and CPGs; no complaints. Anu Meka states LHDs are doing their reports in CEMP with no problems.</p>	
<p>New Business—Jack Fleeharty</p> <ul style="list-style-type: none"> • Jack says before Stephanie left she sent out 45-question questionnaire due by December 14, 2012 entitled Healthcare Coalition Questionnaire. • Another performance metrics survey due (ASPR): 145-element performance metrics document due by December 21, 2013. Jack says he'll be sending to all coalition leads (RHCCs, ESF-8, IPHAC, etc.) when he gets it from Jon Elder and will give a solid deadline then. • Another task coming due: mid-year report due by IDPH involves collecting of data; when OLDC data posts, IDPH will review narrative and compile questions to build mid-year survey to send to all hospitals which will be due back by December 31, 2012. • CPG Assessment coming and will go to all hospitals; it's built in CEMP. If IDPH finds CPGs are not due by December 31, 2012, IDPH will work to roll out CEMP Training to all hospitals to do contact information and CPGs first—this will be our initial introduction to CEMP. This will only work if CPGs aren't due till March 15, 2013. BUT, if due December 31, 2012, 155 files will be pushed out to all hospitals in the form of a survey and the deadline will be December 31, 2012. • 2nd Quarter Reports due from hospitals at end of January 2013; due by Regional staff at end of February 2013. • Site visits February 25-March 1, 2013 to start in Springfield then end in Champaign. • Starting in BP1 (July 2013), as the contact info and CPGs will be in CEMP, the new quarterly reports will be done in CEMP. We're hoping to standardize an HVA to have one document and collate data for a good data analysis in CEMP. Anita: is it the HPPs vision that a regional HVA will replace a hospital's HVA? Jack says no, each hospital has their own HVA; we have no way to know at the State where areas were weak—therefore we couldn't tell feds where we were deficient. Until we get a standardized assessment tool done by everybody, we can't justify if we're doing the best we can with the funds. We need a standardized HVA so we can collect data to funnel money where 	

it's best needed.

- Medical Disaster Bag discussion ensues; Jack thanks Christine Chaput, et al, for information. Document referred to by Jack...he says we all seem to have a different view regarding what's important and what's not. Are the medical disaster bags important? In the original disaster plan, they were a rapidly-deployable supplement to a triage or transportation site where EMS needed help—gives them more to work with. When the concepts of these bags came to be, we didn't have MABUS rescue trucks and caches sitting around. Maybe focus of bags should be multi-functional; using them at a medical treatment site until more supplies arrive. Brian Churchill thinks regional coalition of hospitals should decide what they need, or give minimum State requirement--anything else is up to you. Jack says opinions subjective regarding what should be on the list. Brian says what hospitals use the bags for varies, as well. Troy states he doesn't think hospitals know they're there or whether they're obtainable. Lisa Wax states they've used their medical disaster bags (marathon, Taste of Chicago, etc.); Linda Angarola says it gives them portability; Troy says the region should have autonomy. Jack says the bags are fully paid for by HPP funds, although they have to be kept up-to-date. Troy says there is a cost to the hospital involving in storage, somebody's responsibility, etc. Jack says don't need bag or box, just be able to assemble one in 30 minutes. Jack asks if survey monkey sent to EMS providers and asks the question: do you need the local hospital to keep this or do you find this useless in the event of mass casualty incident? If they say they're useless, then Jack will support getting rid of them. If survey comes back and EMS says these supplies will help, we need to keep them. Troy says it's ALS stuff and we should drop list to BLS; offers that they can't use some items in bag if medical director has prohibited it under her license. Jack suggests simple survey; Karen can ask Jennifer to create a simple survey. Mike thinks if we ask them (EMS Providers), we should ask them what they think it should have. Stephanie Kuschel wants to know how to get pharmacist to release these drugs; she says the bags will not be released except to an ER doctor. Paul Banks says current State plan says they can't release the drugs. Discussion ensues about drug releases and what forum to use for discussion of the disaster bag issue.

Closing Comments/Questions—Jack Fleeharty

- Mike asks if listserv for all RHCCs is feasible; Don says very expensive. Jack says communities piece on web portal exists and could be set up for this (125 members on EMS and Trauma Advisory Council used this—remember is FOIA-able); Win says there is the option of workgroups in CEMP and is available today. Greg Yurevich says we already have a listserv but we need to ask for one for HPP (Yali Dong is the contact).
- T.J. Racjevich asks why 25 questions has become 75 in quarterly report worksheet. Troy says program requirements more and more difficult; hospitals are looking for more and more ways to save money; hospitals are asking if it's worth it. Jack says it's their choice; they can't let go of what they built during the last five-year grant period. Jack says a lot of added criteria to check off came from last grant period; and short deadlines are a challenge for IDPH, as well. Anita reiterates short deadlines and lack of guidance still are complaints by hospitals.
- Stephanie Kuschel asks for priority to things due. Jack states the 45-question questionnaire must be back by December 14, 2012, entitled Healthcare Coalition Questionnaire. Then he recommends she start then the performance metrics when she gets it. The mid-year survey for all hospitals will then be due (hopefully we get an

<p>extension on the CPGs). IDPH recognizes all of this work and these deadlines are tough, but this data is what the HHS and CDC must present to keep the funds coming; HHS and CDC has to show that they did what they said they were going to do with the money. Measurements and data have to be submitted; if they don't, funds will get cut. If HPP gets 11 million dollars, we have to demonstrate we appropriately used it to prepare and mitigate a disaster. Events like Katrina, Sandy, and Joplin are keeping the funding alive, too—they are a constant reminder that disaster is inevitable, but we still have to prove we're doing with the money what we're supposed to do with it.</p>	
<p>Adjourn Troy makes a motion to adjourn at 2:52 p.m.; approved unanimously to adjourn at 2:55 p.m.</p>	
<p>NEXT MEETING (via teleconference): Tuesday, December 18, 2012 9:00 a.m. – 10:00 a.m. EMS and Highway Safety Springfield, IL 62702 Conference Call 888-494-4032 Pass code: 8015370587#</p>	