

**ASPR/RHCC Meeting**  
**July 19, 2012**  
**9:30 a.m. – 12:00 p.m.**  
**ILEAS Auditorium, 1701 E. Main St., Urbana, Illinois**

Present: John Brennan, Brian Churchill, Mary Connelly, Anita Guffey, Sue Hecht-Mikes, Paul Banks, Mike Maddox, Martha Pettineo, Jill Ramaker, Irene Wadhams, Kathie Wagle, Stephanie Kuschel, Carla Little, Greg Yurevich, Jack Fleeharty, Linda Fred (Carle), Karen Pendergrass, Laura Harris.

Present via audio conference: John Meyer (Sherman Hospital), Stephanie Howard.

Absent: Region 2 and 4 members.

TOPIC/DISCUSSION	ACTION
<p><b>Welcome/Call to Order</b>            The meeting was called to order at 9:35 p.m. by Jack Fleeharty. Due to several other meetings being held simultaneously throughout the state we have a small turn-out. The ESF-8 meeting originally scheduled to follow has been cancelled. Jack requests that attendees sign-in.</p>	
<p><b>Review of June 21, 2012 meeting minutes</b>            A motion was made by Sue Hecht-Mikes to approve the June 21, 2012 meeting minutes and seconded by John Brennan and Brian Churchill; no oppositions. The minutes were approved as written.</p>	Minutes approved.
<p><b>HPP Program Update—Jack Fleeharty</b></p> <ul style="list-style-type: none"> <li>• Jack Fleeharty states that Stephanie Howard is now in Dallas at National Performance Metrics Training. She'll bring back information that may guide some of our survey questions and monitoring.</li> <li>• End of the year survey will be pushed out by the middle of August; it's due by the end of August.</li> <li>• At the Summit in June 2012 some questions were raised about STARCOM radios that were distributed, and what options hospitals have regarding use. Per Billy Carter, it's up to the hospital where additional radio is kept/used, whether it's issued to another in their agency or to a designated person at an alternate treatment site. Radio still must be maintained, however, and subscription kept up. Remember that if maintenance/repairs are needed to repair STARCOM radios only at authorized Motorola centers, because of the encryption. Five authorized service centers exist; Billy Carter has the list. John Meyer (via audio conference) stated that Billy Carter has agreed to give them (Sherman) a STARCOM portable 101 (training) at their 1:00pm, August 10, 2012 quarterly meeting at the Holiday Inn, Elgin, IL; Jack emphasizes Billy's willingness to teach and train.</li> <li>• The next quarterly report is due by July 31<sup>st</sup> and annual reports are due by the end of August.</li> <li>• Deliverables are finalized; Greg Yurevich will discuss grant applications...some of deliverables are just a carry-on of what's already been established.</li> </ul>	RHCCs are asked to remind their hospitals that the next quarterly report is due by July 31 <sup>st</sup> . Annual report is due Aug.31 <sup>st</sup> .

<ul style="list-style-type: none"> <li>• Mike Maddox asks for clarification on when quarterly v. annual reports are due. Stephanie Howard confirms quarterly due July 31<sup>st</sup> and annual due August 31<sup>st</sup>, but Jack mentions most will likely submit both at the end of July since spreadsheet contains both tabbed options. Sue Hecht-Mikes questions end-of-year-survey due date and duplication of quarterly and then annual; Jack Fleeharty explains they're two different reports using the same spreadsheet. Sue thought the quarterly reports were to take the place of surveys; but Jack said we learned that we couldn't collate the data for the purpose of incorporating information into the End of Year Report.</li> <li>• Stephanie adds that "Train the Trainer" CD she'll be bringing back will aid them in capturing provisional performance measures. Once reviewed with Jennifer Reid and Brandy Lane, she'll get the CD out and set up a meeting (in August) to explain it; it's the method required by the feds for use in capturing the deliverables over the next five years.</li> </ul>	<p>Request made to provide another email with instructions regarding use of tabs on quarterly and annual reports. Also, an email clarifying the end-of-the-year survey and the reports that serve different functions/fulfill requirements for reporting.</p>
<p><b>Fiscal Update—Greg Yurevich</b></p> <ul style="list-style-type: none"> <li>• Greg Yurevich asks if Don Schneider or Troy Erbentraut is on the conference call? No answer. Greg said he passed out grant agreements to the RHCC's present; the others will get theirs via email. Hospitals will get theirs in the next week; they will have to execute documents and mail signed originals back to Greg for Director's signature.</li> <li>• According to his calculations, there will be 1.2 million dollars of unspent monies; he notes they've done better this year than years past at getting their money spent. He'll have to use the money to cover last year's deliverables and will let them all know how much will be distributed to each of their RHCC's. Anita Guffey asks about how much time they have to spend the funds; Greg answers they have till June 30, 2013. Sue Hecht-Mikes asks if Greg checked into whether these funds may be used to support BDLS/ADLS; Greg asks if Brandy Lane is on the phone-no answer. Karen Pendergrass addresses: She needs to know who is interested; the BDLS/ADLS trainings are presented back to back for 3 days total; all days (except 5<sup>th</sup> and 9<sup>th</sup>) available in November 2012; 48-person capacity for ADLS (one day), up to 100-person capacity for BDLS (two days); need to know who'll host training as there's a need for indoor and outdoor space. Sue Hecht-Mikes stated they would find a place to host if someone would bring in class. Sue proposes training be open state-wide to HPP on a first-come, first serve basis, and cost may be deducted from left over monies and the rest distributed to the RHCC's. Greg tells Karen he needs to know cost and believes some of these funds may be used for this training. Anita Guffey suggests ILEAS is a great location and says room today was \$100, but difficult to reserve in November. Karen states for BDLS there needs to be a classroom, projector, and screen; for ADLS there needs to be two rooms with table and chairs and for day two they need space for mass-casualty drills outside. Greg asks to revisit this discussion at next meeting (August 21<sup>st</sup>) so he has time to get approval for fund use and Karen can research cost.</li> <li>• Evelyn Lyons asks if there's a possibility to use some of that leftover money for Critical Access Summit? It's a one day session identifying unique issues in rural communities re: disaster preparedness. Evelyn says there's no funding</li> </ul>	<p>RHCC's need to make a decision regarding location and dates.</p> <p>Greg Yurevich will discuss with his staff whether they can use funds for BDLS/ADLS training.</p> <p>Karen Pendergrass will get total cost to Greg for BDLS/ADLS training and announces to let her or Brandy Lane know who's interested in hosting.</p>

<p>to support this summit and the cost is less than \$20,000. RHCC's in room affirm Critical Access is important. Mike Maddox notes two Summits identified gaps and then possible solutions—now we should do something with data. Jack Fleeharty discusses the need to reach out to coalition partners over the next five years. Mike: what they're doing helpful for hospitals of any size. Greg says he needs a proposal sent to him.</p> <ul style="list-style-type: none"> <li>• Mary Connelly suggests we have an official process for pieces that need support such as Critical Access Program. Mary suggests all may send in proposals with costs to Greg; many are absent today. Sue Hecht-Mikes states ADLS was brought up last meeting and how long will decisions take. Greg suggests a committee is formed to decide these issues, but Greg reminds that these funds need to fit within the deliverable from last year--this money is no-cost extension money. Mary says these decisions shouldn't take forever. By the next meeting we should have some evidence how to address deliverables and be done. Greg suggests that once RHCC's know their fund amount to get together with their other hospitals collectively and decide where that money needs to be spent. If it fits this deliverable, etc. he doesn't have a problem. Jack Fleeharty encourages RHCC's to send suggestions for use of money.</li> </ul>	<p>Greg Yurevich agrees a committee should be formed to discuss proposals for use of left-over monies; send him proposals outlining purpose, set-up, costs, etc.</p>
<p><b>Training and Exercise Update—Karen Pendergrass (for Brandy Lane)</b></p> <ul style="list-style-type: none"> <li>• Karen Pendergrass stated there are no updates.</li> <li>• Jack Fleeharty states we're trying to build out training and exercise reporting into CEMP. Developers working on this. Hospitals later may report into CEMP. CEMP governance going on re: how to standardize use. Some in room are part of the committee (started at Summit). Jack introduces Karen Pendergrass as replacing Molly Lamb. Question posed to Karen: what's the status of the Learning Management System (LMS) transition to TRAIN? Karen states they hope to go on-line with TRAIN around August 10<sup>th</sup>; Bob Teel has been contacting Local Health Department (LHD) and hospital administrators verifying correct information on LMS so that a smooth transition is made. LMS has link in announcement area to TRAIN.</li> </ul>	
<p><b>ChemPack Update—Dr. Carla Little</b></p> <ul style="list-style-type: none"> <li>• Sustainment drops will occur last 3 wks of September; we'll be switching out Mark 1 Kits (Atropen Auto Injector and Pralidoxine Chloride Injector); she will announce dates to the Regional Coordinators when they're available. In 2013, the Mark 1 Kits will be replaced with Duodotes. Rae Carol wanted to pass along, if you're still experiencing a shortage of Diazepam, and all other means are exhausted, it's okay to open a CHEMPAK to access the Diazepam, but to remember that replacing it is the responsibility of the hospital; the CDC will not replace anytime soon.</li> <li>• Jack Fleeharty asks if RHCC's are reporting shortages of EMS meds-- Jack needs to report to Medical Directors, (Dr. Conover); Anita Guffey introduces Linda Fred, pharmacy director. Jack asks for a list; Sue Hecht-Mikes replies that Mary Ann Miller of Emerging Issues Subcommittee has this, but that Jack should send an email out to EMS System Coordinators requesting this list. Brian Churchill presents exchange issues; many discuss that the Diazepam issue is not resolved. Linda Fred lists shortages, etc. Jack explains "gray marketing" and Linda discusses shortages exist also because companies may stop making a drug. NASEMSO (says Jack) is getting pushed at several angles; the federal government is trying to address. Evelyn suggests reaching out to hospital pharmacy representatives as there are likely drugs that EMS isn't even aware of. Jack explains there is no state pharmacist so IL can't dictate use of</li> </ul>	<p>Jack Fleeharty acknowledges he will send an email to EMS System Coordinators requesting list of various meds on which RHCC's are running in short supply.</p>

<p>expired drugs—State of IL has no authorization to determine shelf life, etc. Jack says there are questions on how to improve initiatives on this.</p> <ul style="list-style-type: none"> <li>• Carla continues with report: Sustainment drops in the past used the <i>DOTS system</i> to set medical countermeasures in groups of 250 patients; CDC is suggesting the use of the same set in a <i>checklist</i> affixed to the outside of the CHEMPAK. Will be explored more with Regional Coordinators to decide.</li> <li>• Carla says CHEMPACK question arose during the Summit that old language says can't take controlled substances out of a CHEMPACK hospital; this is not consistent with CDC policy. CHEMPACK Plan (2005) needs to be revised. Linda Fred says can't transfer to another entity because of that hospital's DEA policy. Mike Maddox thinks IDPH (David Culp) legally interpreted it that way at the time (2005). Many agreed that in an event, this misleading CHEMPACK language would be ignored. Linda asks for better language to handle this. Carla says she'll work with Jack to resolve and topic will be brought up again later.</li> <li>• John Brennan asks if we're still using CHEMPACK 2.0 Plan? Carla says yes but plan will be changed when they switch out the Duodotes, especially with controlled substance language changes that are needed. CDC wants us to address.</li> <li>• Anita Guffey poses question about drops; Carla states she'll send schedule to EMS Coordinators who will push out to hospitals.</li> <li>• Stephanie Howard asks Carla to clarify who can activate the CHEMPACK's. Carla said CHEMPACK activated at lowest level possible, depending on authority given by that hospital, such as an ER nurse, pharmacist, etc. Once activated then up to hospital to call State (PHEOC duty officer) to let them know CHEMPACK is activated. CDC knows the moment it's opened. Paul Banks asks about transportation, sealed container acceptance, etc. Carla said she needs to develop into the CHEMPACK Plan reiteration of transportation. She's working with Phil Pullman/State Police who was going to go to ILEAS to reiterate among ISP their roles and responsibility in CHEMPACK transportation. Springfield Police Department is fine with transporting CHEMPAK, says Brian Churchill. Paul Banks says County Department of Homeland Security (Cook County) offered to transport CHEMPAK.</li> </ul>	<p>Dr. Carla Little to meet with Regional Coordinators to decide on DOTS v. checklist for CHEMPAK set medical countermeasures.</p> <p>Dr. Carla Little says she'll work with Jack Fleeharty on revising CHEMPAK Plan language re: controlled substances removal from hospital.</p> <p>Dr. Carla Little says she will continue to work to resolve transportation of CHEMPAK issues.</p>
<p><b>Inventory Management and Tracking System (IMATS)—Dr. Carla Little</b></p> <ul style="list-style-type: none"> <li>• Carla reminded that back in January she asked that anyone in your RHCC with a role in Strategic National Stockpile (SNS) Inventory Management should sign up for IMATS. If you don't have access and are not verified, you won't know it's there. Illinois' system is not fully set up; no inventory entered yet and still entering facility names/info. Using H1N1 event as lesson which involved the cumbersome process of sending out SNS survey monkeys asking how much inventory on hand—IMATS is a solution.</li> <li>• Carla (referring to PowerPoint presentation) says IMATS has multiple functions as a full, on-line inventory management tracking system that tracks all the way down to the dispensing site. IL's implementation of IMATS involves tracking SNS medical countermeasures during an event so weekly survey monkeys aren't needed. Carla discusses the benefits of IMATS. Linda Fred asks if IMATS tracks expiration dates of drugs; Carla says yes. Carla also explains IMATS allows initiation of re-supplying SNS supplies, instead of hospital sending requests to LHD's, LHD's sending to IEMA, IEMA forwarding to IDPH. Introductory IMATS webinar done late last year and RHCC's state they</li> </ul>	<p>Dr. Carla Little urges RHCC's to get themselves (and others involved in SNS inventory) access and get verified for use of IMATS. Carla states she'll be available for hands-on training during SNS Updates when Greg Yurevich</p>

<p>didn't understand it. Carla expresses importance of getting registered. RHCC's discuss again complexity of IMATS. Carla states she'll be available for hands-on training during SNS Updates when Greg Yurevich does the Budget Workshops. Mike Maddox asks if PowerPoint can be pushed to him to push out to his hospitals to help them. Carla refers to manual sent out in January introducing IMATS; newsletter, etc. RHCC's ask if Carla can send it out again as not all confirmed they saw it.</p> <ul style="list-style-type: none"> <li>• Paul Banks asks if IMATS mandatory to maintain as well as CEMP. Jack Fleeharty says we'll be moving to IMATS, statewide, to maintain inventory. Carla says CEMP is not an inventory management and tracking system. Monthly or quarterly IMAT report can be put into CEMP; CDC will send SNS supplies list to State, State will send a picklist that RHCC's accept into their system. Sue Hecht-Mikes asks if IMATS is in grant; Greg Yurevich, Jack, and Stephanie Howard confirm language about IMATS is in the deliverables. Discussion ensues about IMATS; Jack says government needs to know where inventories are in the event of an emergency so that when resources are requested they can be accessed efficiently. April and June webinars available on LMS (and will be on TRAIN) for IMATS training. Sue asks if IMATS info can go to CEO's so they understand it's being pushed by State? Carla says, "Okay." Sue asks who gets on IMATS website besides RHCC's? Carla said to assign at least two hospital administrators (must be verified by CDC so role is important). SNS only sent to HPP hospitals; but HPP hospitals may share with adjacent hospitals when needed.</li> <li>• SAMS (secure access management services) invite initiates process of registering; Carla is asked to re-send invites to Regional EMS Coordinators who will push out to their hospitals and to Regional EMS Coordinators.</li> <li>• Jack Fleeharty says ESF-8 meetings will determine how to track, manage, etc. these resources entered by the RHCC's. John Brennan notes we need to identify standardized nomenclature, etc. Carla says we'll use CDC's "orange book" terminology.</li> <li>• Carla will re-send info to get hospitals signed up, w/ Power Point's, back-up material with website, and she'll remind RERC's and Regionals to get signed up.</li> </ul>	<p>does the Budget Workshops.</p> <p>Dr. Carla Little states she will send an(other) email/packet out to assist RHCC's in IMATS training.</p> <p>Dr. Carla Little asked to send email to hospital CEO's about State pushing IMATS, to which Carla responds, "Okay."</p>
<p><b>Temporary Medical Treatment Stations Operations Guide—Mary Connelly (IMERT)</b></p> <ul style="list-style-type: none"> <li>• Mary reports that IMERT received a grant in March to address operational issues of alternate care sites. Part of the grant used in holding Catastrophic Medical Surge Summit. In an event that involves evacuation, Katrina showed us that one of only means available to manage patient care is the concept of the alternate treatment site—called Temporary Medical Treatment Stations in this Guide. Operational aspects required when site opened for alternate care (gymnasium). The goal of this Guide is to not overlook crucial pieces needed. IMERT distributed and promoted this Guide; NATO involved set up of a Temporary Medical Treatment Station (CFD participated). The Guide (distributed to today's meeting attendees) is provisional (a draft). Send revisions and/or suggestions to <a href="mailto:INFO@IMERT.org">INFO@IMERT.org</a>.</li> <li>• Mary discusses that a state plan is needed to address these issues...local public health authority bears burden of responsibility to set up a Temporary Station in the event of a disaster, although not in writing in IL. Operations need to be looked at. There has to be command structure; providing medical care different than putting out a fire. A complex issue with many layers—states all over still trying to come up with the right strategies. A comprehensive</li> </ul>	

<p>state plan is needed eventually.</p> <ul style="list-style-type: none"> <li>• Mary notes the section re: Implementation. Open the emergent concept and focus on strategic utilization. With a pandemic; decompress the hospital, for example. Katrina an example that involved both the emergent aspect and the strategic aspect. Earthquake or nuclear plant disaster is another example.</li> <li>• Mary proposes talking at the regional meetings about this, or she can partner in a training to use these concepts. Mary hoping she can do a webinar and put it out there; CD in Guide has Excel spreadsheet.</li> <li>• Anita Guffey mentions the supply list and questions that even though she has things that are not “deliverables” but have expired, can we spend some left-over money to replace these? Jack Fleeharty said he knows that hospital preparedness on-site is important but that the ability to surge (using Medical Treatment Station) is the intent of the grant, as well, and that coalition-building is necessary; reiterating rotation. Sue Hecht-Mikes notes money spent on unused items; Mary agrees with problem. Jack says Sustainability is built into the grant so a mechanism needs to be in place to exchange items...Greg said originally items bought with no plan for how to buy, use, and replace.</li> <li>• Mary says if you need alternate treatment site on your own campus that this Guide will help you. Mary says she’ll send out electronic material—it’s not copyrighted. Share it. Anita said she’ll take Mary up for regional meeting training.</li> <li>• Jack applauds Mary’s efforts. The project is good guidance for us. We have a working document now.</li> </ul>	
<p><b>Questions/Other Topics</b></p> <ul style="list-style-type: none"> <li>• Sue Hecht-Mikes asks how RHCC site visits will be done; Jack thinks HPP manager (Stephanie Howard) and Regional will perform visits; Jack says that site visit not regulatory in nature; site visits are educational and informative, ensuring that dollars are used wisely.</li> <li>• Anita Guffey asks the status on the required medical bag? Jack says he has not received recommendations; we pushed it out and are open to recommendations.</li> </ul>	
<p><b>Adjourn</b> The meeting was adjourned at 12:25 p.m. by Jack Fleeharty.</p>	
<p><b>NEXT MEETING:</b> <b>9:00 a.m. – 10:00 a.m.</b> <b>Tuesday August 21, 2012</b> <b>Conference Call</b> <b>888-494-4032</b> <b>Pass code: 8015370587#</b></p>	