

ASPR/RHCC Meeting
January 17, 2013
9:30 a.m. – 12:00 p.m.
IEMA, SEOC
2200 S. Dirksen Parkway
Springfield, IL

Welcome/Call to Order at 9:31 a.m.—Jack Fleeharty

Roll Call—Jack Fleeharty

Present: Greg Atteberry, John Brennan, Brian Churchill, Mark Edmiston, Anita Guffey, Sue Hecht-Mikes, Stephanie Kuschel, Winfred Rawls, Shannon Wilson, Mary Connelly, Karen Pendergrass, Laura Harris, Brian Kieninger, Evelyn Lyons, Mike Maddox, Sheila McCurley, Laura Prestidge, Don Schneider, Mark Vassmer, Greg Yurevich, Jack Fleeharty, Dawn Davis, and Carla Little

Present via teleconference: Carol Bell, Troy Erbenraut, Elizabeth Houston, Lisa Johnson, John Mayer, Martha Pettineo, Duane Wagner, Dan Lee, and Rob Humrickhouse

Absent: Linda Angarola, Paul Banks, Christina Boyd, Billy Carter, Christine Chaput, JoAnn Foley, Ron Meadors, Anu Meka, Bridget McCarte, Tammy Moomey, Jill Ramaker, Linda Reimel, Irene Wadhams, Lisa Wax, and Elisabeth Weber

TOPIC/DISCUSSION	ACTION
<p>Review of December 18, 2012 meeting minutes</p> <ul style="list-style-type: none"> Motion made by Mike Maddox. Motion to second by Brian Churchill; no oppositions; minutes approved. 	*Minutes approved.
<p>Fiscal Update—Greg Yurevich</p> <ul style="list-style-type: none"> Getting ready to complete mid-year report; he should have all payments through end of December paid out by end of week. Around \$70,000 for each hospital for an amendment he’s going to do with carry over funds; each RHCC needs to be thinking of ways to spend their money. He’ll push out as amendments to your grants; only spend on deliverables from last year; the funding available to all hospitals in your region. By January 25, 2013, he’ll be pushing out mid-year reports, and he acknowledges the short turn-around time. Anita Guffey asks when they should receive \$70,000, Greg Yurevich says by the 1st of February, hopefully. Greg asks if questions about how to dispose of obsolete items; no questions presented. 	
<p>Training and Exercise Update—Karen Pendergrass</p> <ul style="list-style-type: none"> Grant guidance will be coming out Friday, January 25, 2013, through Jack Fleeharty to RHCCs, REMSCs, and to 	

hospitals. This guidance is for this cooperative agreement period for next four and a half years; as changes come, you'll just pull out and insert instead of new preparing a new document.

- Working with Sheila McCurley on training schedule to roll out CEMP; the plan is to identify locations to accommodate travel; hopefully to start first of March 2013.
- Exercise schedule was forwarded to Jack Fleearty on 1/17/13, updated from IEMA. IDPH has scheduled three functional, webinar-based exercises to be conducted regionally to cover some requirements in the grant (Information Sharing, Emergency Operations Coordination, Volunteer Management, etc.). IDPH will be pulling in people as needed in the planning process; there's a planning meeting 1/18/13. The South region is scheduled for February 27, 2013, the Central region on March 27, 2013, and the North region is scheduled for mid-April 2013. If you can't make the exercise scheduled in your region, you may participate in a webinar of another date/region. Win Rawls says it's important that you pay attention to the MYTEP on CEMP; the goal is to have these dates on calendar and plan; will take us through the end of the cooperative agreement (2016).
- Full scale webinar exercise planned (working with Chicago Department Public Health) for May 16; likely a pandemic flu exercise. Win Rawls clarifies that this exercise is the State offering hospitals the opportunity to participate; they may still do their own if they choose. Sue Hecht-Mikes asks if instead of using the same flu exercise, maybe we could use biological attack to use SNS caches and antibiotics; Karen said Jennifer Reid sent out survey asking for suggestions and no one responded; Karen asked Sue to submit her request in writing as she's meeting with planning group tomorrow. Sue presented Laura Harris with written request, which Laura subsequently emailed to Karen on 1/17/13.
- Win adds that there are two more exercises: IND exercise in May 2013 and the earthquake exercise in 2014; IDPH will add them to MYTEP and hopefully have more details by the next meeting.
- Sue Hecht and Brian Churchill share that they're going to try active shooter drills using local PD, ER staff; a stabbing; bringing in a response team; just like a simulated functional exercise with teams.
- Aggregation of MYTEP currently underway to promote the automation of CEMP (to allow you can go in and make your own updates). Jack thanks everyone for efforts in getting MYTEPS in.
- LMS transition into iTrain which is a national system. Karen distributed material to RHCC attendees present. Bob Teel is contact and Karen announces Bob's email address as bob.teel@illinois.gov. Karen encouraged hospitals to use iTrain as it has national courses available. Jack says we'll have to push hospitals to get ICS and NIMS training done; iTrain can help them meet these requirements.

SNS Update—Carla Little, PhD

- She sent out two updated guidance documents from CDC on the use of antivirals from H1N1 response from 2009 and 2010; we can't use antivirals for seasonal influenza. She also sent out a memo on atropine and diazepam. Jack says systems have modified EMS protocols to reflect substitutes as replacements for shortages; he says they've been approached to open the CHEMPACKS stockpiles; Carla says it's why they've reissued the guidance. Carla says if you have to open one, call her so she may notify CDC. CDC will call you to ensure all alternatives were considered first; then you'd have to provide written justification that life-saving measure was reason. Jack says IDPH has been

asked if IDPH can authorize the use of expired drugs during shortages; IDPH legal says they need clearance by FDA, not IDPH. Carla says please hold onto stocks of Tamiflu and antivirals; CDC considering extending life as an option-- still waiting for written guidance from CDC. Carla will be sending out an email to the REMSCs asking for stock levels of expired Tamiflu or antivirals. You may put into IMATS so Carla can access info there. Sue Hecht-Mikes says they were told to get rid of it; Carla says that was a miscommunication. Some RHCCs say they aren't using IMATS; Carla says they haven't done Anita's region yet; but others have. At the last RHCC meeting, Greg Yurevich sent all supply lists from last year and they've been entered into IMATS; Carla encourages RHCCs to go into IMATS and verify data isn't missing.

- John Mayer reminds Carla they need to finish and he needs to send dates to Carla.

CEMP Update—Sheila McCurley, AuD

- Sheila displays CEMP using computer equipment and room monitor, to talk about hospital instances that have been cloned. She is the All-Hazards Planning Section Chief for the Office of Preparedness and Response. Recently ISC created a CEMP instance for each hospital in the State tied into the IL EMS regional CEMPS. She used Mike Maddox's region for an example. Some hospitals may not know the instances are available to them because IDPH has not done the training yet. The March training with Karen will be collaborated with her (Sheila)...everything in the instance will be tied to a grant deliverable. Using EMS Region 5 CEMP as an example on the screen Sheila notes the index, hospital contact information (which needs filled out for the respective hospital), region contact information; RHCCs and REMSCs can ask for help in completing this by calling Sheila McCurley. Hospitals may enter their own information; quarterly reporting done in CEMP; also contains a CPG component. This gives hospitals something real to work with. The hospital will maintain its own information and will automatically be shared with regional person only (not other hospitals). She notes the fields are now empty because it's not rolled out yet. She shows the modules for CPG; Jack says CPGs due in March and has hopes that hospitals can do their CPGs in CEMP after training is done. ISC can aggregate data cleanly for IDPH after that. Sheila says the narrow focus will make it easier for everyone.
- Jack adds that we hope that by roll out of training the hospital contact info will be done and the CPGs will be done. Jack reminds everyone that at the last meeting we agreed to put quarterly reports in CEMP, but goal not realistic for third quarterly report; but quarterly reports for sure done by July 1, next grant period. Jack talked with Mark Edmiston to determine that next year's grant will be a continuation of what they're currently doing, making the transition easier going into next year's grant and deliverables. Lisa Wax asks if Region 11 involved; Jack says Elisabeth Weber's group may not be on CEMP; Win Rawls addressed and isn't sure, although CDPH is on it; Lisa Wax sees value in CEMP. Win says we'll discuss at next ECG meeting (Executive CEMP Governance). Sheila announces that she has info that Elizabeth Houston was given by Lisa Wax to compile CEMP contacts. Sue Hecht-Mikes recommends that CEMP (and IMATS, Jack adds) link is put on the HAN (portal log in); this keeps website links in one place on HAN. Win says we'll add links on HAN.
- Jack says the training Karen mentioned will allow disaster managers to log on to CEMP to perform hands-on training.

New Business—Jack Fleeharty

- Coalition Leads Surveys were sent out and were back timely; feds have it and collated data.
- Mid-year Performance Metrics Survey went out and back; OLDC entry is the next step.
- Quarterly reports that were sent in for Region 2 hospitals haven't been reviewed yet as there hasn't been an REMSC; Mike Epping is the new REMSC for Region 2 but will take awhile to transition; Troy Erbentraut asked to help Mike with acclimation. Jack will continue to review quarterly reports; will eventually get into CEMP. Jack says Region 5 had questions regarding training on recovery; Karen Pendergrass, Mark Vassmer, and Jack discussed the grant deliverables involving how hospitals get their info regarding COOP business planning and recovery efforts; part of coalition building is looking at continued operations/sustainability of operations. Hospitals to become more involved in these; IDPH is not going to provide recovery operations training this year. Hospitals may do their own and include that training on deliverables. Anita Guffey says most hospitals have alternate plans, and Jack agrees that partially-met requirements are acceptable while showing how hospitals can improve in these areas. Disaster Management also includes a longer duration of catastrophe/evacuation. Mitigation Response is not the only thing to consider, but sustainability of the healthcare system as a WHOLE. HPP program will focus on this with everyone in the next five years--how do we respond to the community and recover the entire system?
- Don Schneider said he recently had contact with his regional long term care person that he didn't know existed. Don's recommendation: find out who your regional long term care coordinator is, and bring him/her into your coalition meetings. Jack adds that long term care has had experience in disaster management and evacuation issues regarding how to mobilize and move their ambulatory patients/bed-bound patients or how to sustain shelter, food, etc. RHCCs are wise to include long term care in their coalition building. Win Rawls says IDPH can send out long term care personnel contact names/information; Jack suggests they are invited to RHCC Meetings. Don says the Licensing Act for Long Term Care states that if long term care is invited to regional planning, they MUST attend. But if not invited, they don't have to attend. It's up to RHCCs to reach out to them. Regional long term coordinator can provide names/contact info to RHCCs.
- Mary Connelly takes the floor stating she was called by someone who runs an ambulatory surgery center (ASC), who said they have Medicare rules that require them to participate in disaster planning on a local or state level. The 143 IDPH-licensed ASCs should be viewed as assets for the region—know of what value these ASCs are in your region--this is an untapped medical resource! Staff do not have traditional role in disaster but intensive care capability. Jack adds that one of our coalition groups is Illinois Primary Healthcare Association (IPHCA), consisting of 450 primary care clinics, which can take some of the pressure off acute-care EDs. IDPH has discussed with FEMA the alignment of HPP/PHEP guidelines with theirs (i.e. ITTF, Homeland Security, HHS, CDC) for better partnership and coalition building. Jack continues with discussion of hospitals on By-pass and what burden this creates. The overrun of hospitals needed coordination of transfer of less-acute patients to another hospital downstate, or another acute-care hospital. Lisa Wax adds not only were EDs holding patients that should have been admitted, but psych patients in ERs are a problem--holding them for 3-6 days waiting for placement; Jack says these are questions to answer while working with coalition partners. Rob Humrickhouse (MCHC) provides the following

<p>numbers for the day Jack and Lisa mentioned, when the hospitals went on By-pass: 261 being held in ERs awaiting admission, 514 presented influenza-like illness, and 101 psych patients awaiting placement; Rob concludes, of 700 beds in ED capacity, 362 were filled with people who were not moving, reducing capacity by nearly 50%. Jack refers to a Massachusetts study in which they gave up the By-pass system, resulting in <i>reduced</i> wait times in ERs. Removing By-pass forces hospitals to change their internal processes to manage the ER, producing better outcomes. Jack suggests doing away with By-pass, but that we need to have this conversation with the trauma community. Discussion ensues involving the onus By-pass places on medical directors/system coordinators; Elizabeth Houston addresses issues involving across-state-line hospitals in Chicago. Win Rawls notes the consensus about bypass and wants to plan a meeting with Rob Humrickhouse/stakeholders (Jack says change has to be done legislatively). Sue Hecht-Mikes says we need to talk to other hospitals; her trauma surgeon may disagree. Jack adds that getting rid of By-pass forces ER to increase resources or become more efficient in business practices.</p> <ul style="list-style-type: none"> • Jack encourages RHCC leads to bring more people as coalitions to the meetings. One of things to be looked at during site visits is sub-recipient monitoring; this will continue. • HPP BP1 deliverables: Jack suggests RHCCs/Disaster Planners and IDPH need to set aside time where we go through grant and talk about each deliverable and how it best fits; maybe performed via webinar. (Overwhelming agreement by everyone in room) • CPGs to be done in CEMP: they're already being done in CEMP on the health department side and results are positive. • HVA: Jack, Win, and Mark Vassmer have been discussing. The goal is to get a standardized HVA to be able to collate data; a decision will be made and a standardized HVA will eventually be put on CEMP or linked; components need to be discussed and incorporated by the end of the year (per our grant). • Win asks for follow-up regarding St. Anthony's taking a CHEMAK? Anita Guffey has no info; Irene is out today. Jack asks if Anita can approach St. Anthony's Disaster Planner or CEO; Anita said she'll talk to Irene. Win says that Carla can get "footprint" to Anita to help with discussion with St. Anthony's; Win says he would like this in place for the next grant year. 	
<p>Wrap-up and Call for Public Comment/Closing Comments/Questions—Jack Fleeharty</p> <ul style="list-style-type: none"> • John Brennan takes the floor and states he is officially retiring 1/18/13; Sara Fricke is his replacement. John says the group works together well and hopes they continue the collaboration. Jack gives accolades of John's service and dedication. • Don Schneider presents that he spoke with Elliott Data Systems; they have a pharmaceutical coordination program; the system has great potential and he'd like to share with Dr. Carla Little. This system would make available information on every person in the state that would receive medications; STARS was bought for St. Louis hospitals only. Jack notes that interoperability and communications is always a problem in disaster situations. 	
<p>Adjourn Brian Churchill motions to adjourn at 11:23am; Win Rawls seconds. All in favor; no oppositions. Meeting adjourned.</p>	