

**ASPR/RHCC Meeting
February 19, 2013
9:00 a.m. – 10:00 a.m.
Conference Call
Springfield, IL**

Welcome/Call to Order at 9:00 a.m.—Mark Vassmer

Roll Call—Mark Vassmer

Present: Mark Vassmer, Greg Yurevich, Brian Kieninger, Winfred Rawls, Karen Pendergrass, Greg Atteberry, and Laura Harris

Present via teleconference: Linda Angarola, Paul Banks, Troy Erbenraut, John Mayer, Dan Lee, Mark Edmiston, JoAnn Foley, Anita Guffey, Sue Hecht-Mikes, Stephanie Kuschel, Shannon Wilson, Mike Maddox, Anu Meka, Jill Ramaker, Don Schneider, Irene Wadhams, and Carla Little

Absent: Carol Bell, Christina Boyd, Billy Carter, Christine Chaput, Brian Churchill, Mary Connelly, Dawn Davis, Jack Fleearty, Sara Fricke, Elizabeth Houston, Rob Humrickhouse, Lisa Johnson, Evelyn Lyons, Ron Meadors, Bridget McCarte, Sheila McCurley, Tammy Moomey, Martha Pettineo, Laura Prestidge, Linda Reimel, Duane Wagner, Lisa Wax, and Elisabeth Weber

TOPIC/DISCUSSION	ACTION
Review of January 17, 2013 meeting minutes Error noted by Mark Vassmer on page 4 under New Business with Jack Fleearty: business planning “COUP” should be “COOP” (Continuity of Operations). Motion made by Greg Atteberry to approve. Motion to second by Brian Churchill; no oppositions; minutes approved.	*Minutes approved.
Fiscal Update—Greg Yurevich Amendment went out, everyone received. Please return to IDPH ASAP. No questions offered.	
Training and Exercise Update—Karen Pendergrass <ul style="list-style-type: none">Guidance went out 2 weeks ago. Work in progress, useful to all intended. Appreciate any feedback. Sheila and Karen working with Jack re CEMP training. First training with RHCCs and EMSCs. Plan is to do in Springfield. CEMP 101 – ½ day - Hospital training will be 2-3 in Northern, 2 in Central, and 2 in Southern. Will get schedule out as soon as locations are identified. Plan is 2 trainings per day with 20 people in a computer lab. There will be something posted to TRAIN after the in-person training to reinforce training not as primary training. There should be a plan developed to train new HPP coordinators and RHCC coordinators.MYTEP – Jennifer and Ryan are continuing to aggregate data and will enter into CEMP. Will be by local and then regional location.	

<ul style="list-style-type: none"> • Functional and full scale exercises. Functional (9am-noon): March 19 - Southern, March 27 - Central, April 15 – Northern; Full Scale May 16. Don states should have been included in MYTEP. Edwardsville region may have a conflict with their regional Tornado exercise (in same week). The decision was made to pull region together for the IDPH functional exercise and work as a group. • Region 2 and 9 – not getting all information. Mark Vassmer said he will send info to them. • Suggestion to “attach” CEMP training to RHCC and ESF 8 meeting – Good idea. Will consider afternoon before. 	
<p>Old Business, CHEMPACK Move from Lutheran General to Regions 4 or 5—Carla Little, PhD</p> <p>Carla states St. Anthony’s didn’t have the facility space to accommodate a CHEMPACK; Anita Guffey, Irene Wadhams, Linda Angarola, and Mike Maddox will approach some other hospitals. Anita asking for specifics before approaching another hospital. Carla says they’ll handle off line. Winfred Rawls says time is an issue; gives deadline to have a hospital chosen before next RHCC meeting on March 21, 2013. Linda Angarola asks Carla to send specs to Anita, Mike, Irene, and Linda Angarola. John Mayer mentioned to Carla that Cori Swiebocki at Lutheran wasn’t aware of this CHEMPAK move; Win says Carla will reach out to them. Win says we’ll close this out at the March meeting.</p>	
<p>New Business (Mark Vassmer moves <u>HavBed Update Project</u> to next on the agenda)</p> <p>HavBed Update Project—Dan Lee: There is an annual exercise requirement imbedded in Federal Law regarding the updating of the HavBed system. A statewide test regarding ability to collect data must be performed, involving the notification from HavBed team and then IDPH having 15 minutes to acknowledge receipt, and then 4 hours to report back to HavBed by sub-state regions. The report should include available beds (staffed, without beds) and staffed beds (full or empty). The system currently collects available beds only, not total beds. There is funding available to enhance the system but must be done this fiscal year (within a few months). The proposed enhancements to system are:</p> <ul style="list-style-type: none"> ○ Total staffed beds ○ Web service (transmit without manual entry) ○ Some hospitals are “flatlined,” using updates instead of entering accurate data. Dan proposed to “blank out” that screen (to prevent using “update”). ○ Send notifications directly to fax machines <p>Dan will send monthly updates with the report he already sends.</p> <p>Anita Guffey states she’s in favor of some notification to the hospitals. Dan says for federal drills IDPH can give a day or week notice, but not the time. Discussion ensues about notification process (dual preferred); use of SIREN; Dan will talk to SIREN team and ask if they’d want to have this. Dan will follow up with RHCC re: SIREN’s response.</p> <p>Burn Surge Status—Mark Vassmer: We need to create a statewide plan. Collaboration occurring with the City of Chicago; planning hasn’t started yet but out of state plans have been reviewed. Should be modeled on the Pediatric Annex. This is a status update and will be incorporated into the Regional Burn Surge Plan. Elizabeth Houston volunteered to participate</p>	

<p>in planning.</p> <p>Coalition Building—Mark Vassmer: There is a federal push for funding, public and private planning. IDPH is looking at building a template of minimum elements that should be in a coalition. The successful traits for a coalition: sustainable financially, benefits to the hospital, affordable expertise and preparedness when you regionalize, and the access it gives hospitals to public decision makers. There are benefits to state and local government, such as: medical surge capability and situational awareness and healthcare intelligence; and provides an authoritative technical source for an ESF-8 policy decision. There are several successful examples across the country such as in Michigan, MESH in Indianapolis, and in Washington DC. Some things to be included in this template: definitions, groundwork, area covered, formal governance; and boundaries. These items will be written into the IDPH grant. We'd also have to modify IDPH administrative rules to recognize the authority of RHCCs. We'll have to coordinate with the Illinois Emergency Operations Plan and IDPH Emergency Plan. It's a plan for sustainability, to collect performance measures, coordinate response and recovery, exist as a legal coalition, etc. We need some sort of written document to show how coalitions in Illinois are formed and how they operate. Volunteers noted: Don Schneider, Troy Erbentraut, Paul Banks, John Mayer, Sue Hecht-Mikes, Stephanie Kuschel, and Mike Maddox. The next National Healthcare Coalition Conference is in New Orleans on December 11-12, 2013 (abstract deadline is April 15, 2013; go to: www.healthcarecoalitions.org/nhcrc-conference). Don Schneider says his region has somewhat of a template; he replied to all invited to present meeting with their template.</p>	
<p>Wrap-up and Call for Public Comment/Closing Comments/Questions—Mark Vassmer</p> <p>JoAnn Foley asked if Mark Vassmer can share his outline regarding the coalition building criteria; he said he would send it to the RHCCs.</p>	
<p>Adjourn</p> <p>Mark Vassmer adjourns the meeting at 9:55am.</p>	