

**ASPR/RHCC Meeting  
 May 16, 2013  
 9:00 a.m. – 10:00 p.m.  
 Conference Call Hosted from Springfield, IL**

**Welcome/Call to Order at 9:00 a.m.—Jack Fleeharty**

**Roll Call—Jack Fleeharty**

Present: Jack Fleeharty, Mark Vassmer, Brian Kieninger, Laura Harris, Greg Yurevich, Sheila McCurley, Winfred Rawls, Anu Meka

Present via teleconference: Greg Atteberry, Paul Banks, Christina Boyd, Brian Churchill, Mary Connelly, Troy Erbenbraut, Anita Guffey, Sue Hecht-Mikes, Carla Little, Evelyn Lyons, John Mayer, Mike Maddox, Laura Prestidge, Jill Ramacher, Don Schneider, Irene Wadhams, Shannon Wilson, Dan Lee, Mark Edmiston, Linda Angarola, Jackie Hamilton, Tsoetsy Harris, Stephanie Kuschel (email received after meeting that Tsoetsy Harris and Stephanie Kuschel joined the teleconference after roll call)

Absent: Billy Carter, Christine Chaput, Dawn Davis, Mike Epping, JoAnn Foley, Sara Fricke, Elizabeth Houston, Rob Humrickhouse, Lisa Johnson, Ron Meadors, Bridget McCarte, Sheila McCurley, Tammy Moomey, Karen Pendergrass, Martha Pettineo, Dwayne Wagner, Lisa Wax, Elisabeth Weber

TOPIC/DISCUSSION	ACTION
<p><b>Review of April 16, 2013 Meeting Minutes</b>            Motion made by Troy Erbenbraut to approve. Motion made to second by John Mayer; no oppositions; minutes approved.</p>	*Minutes approved.
<p>Jack turns floor over to Mark Vassmer</p>	
<p><b>Fiscal Update—Greg Yurevich</b>            He’s making many payments. He must fill out a 428-B Form listing equipment purchases over \$5,000; he will need equipment lists and info from the RHCCs; due 90 days after the grant period. He’s on vacation June 28-July 5. Anita Guffey asks if the final reimbursement is due June 30? Greg says July 15. Mark Edmiston adds that by September 30 they’ll need all reports to close out the grant year. Mark Vassmer states the next grant will be pushed out at the end of May/beginning of June once he provides ample time for comments.</p>	
<p><b>Old Business</b>  <b>IMATS and CHEMPACK Move Update—Carla Little</b>            IMATS: IDPH has an IMATS training scheduled at the Summit as a pre-conference workshop on June 18; use the IPHA website to register. The CDC will be at the Summit; they may set up some one on one stations for additional IMATS training, after the pre-conference workshop period. IMATS training was conducted at the RHCC regional meetings and went well; Carla answers John Mayer by stating RHCC may attend the pre-conference workshop on June 18 in lieu of the May 22 phone call. Carla reminds him that May 22 is overview of system; the Summit training focused more on how to</p>	

<p>move inventory (more hands on and technical).  CHEMPACK: Mike Maddox and Linda Angarola went to Salem Hospital and toured the facility; the compiled data was sent to CDC's Ray Carroll; they are awaiting a response. Next Carla will inform Lutheran General. At the CDC's suggestion, they'll pick up the Lutheran General CHEMPACK and drop it off at Salem Hospital during the August sustainment drop. Carla will send more info out when it's finalized. Don Schneider asks about May 22 IMATS training webinar; Carla will send it out again. Carla says a CHEMPACK presentation will be given at the Summit which will include practice of packing the containers (more hands-on).</p>	
<p>CEMP—Sheila McCurley (not on agenda but Mark Vassmer gives her the floor): Sheila states that training continues; hospitals are receptive and responding well. Rockford, Elgin, and Kankakee are coming up; this will conclude training; webinar piece will be soon available to hospitals.</p>	
<p><b>New Business</b>  <b>HPP Grant Deliverables and Healthcare Coalition Development—Mark Vassmer</b>  Mark Vassmer says we're making major changes to the grant; ASPR has ordered us to develop a successful healthcare coalition (one that meets all eight capabilities). This will involve giving RHCCs more responsibility and authority. The workgroup met on May 9 to go over the structure, which included John Mayer, Paul Banks, Troy Erbenraut, Jack Fleeharty, JoAnn Foley, Mike Maddox, and Mark Vassmer. Some changes include: 1) increased RHCC responsibility, 2) division of labor between the hospital and the RHCC, and 3) giving official recognition to those who meet the performance metrics and deliverables each year.  Last week's meeting showed a major culture shift from the coalition being an individual funding operation to a regional operation. They're considering updating the Bioterrorism rules, etc. Last week suggestions included how templates would be helpful, clarification on what matters should be voted upon, an appeal process (REMISC would be coalition liaison but also had authority to veto), and the designation of a co-chair. There is an emphasis on reducing non-RHCC hospital workloads; the healthcare coalition will set the priorities on projects, funding, and needs. (further details of grant DRAFT language, suggestions taken at the workgroup meeting, and training and education are expounded upon) Mark asks that everyone review the provided DRAFT of the grant and provide feedback in the next two weeks.  Mark Vassmer, Jack Fleeharty, and Paul Banks discuss the number of member votes (REMISCs will be non-voting members to provide advice and guidance, but can veto) and voting of the local public health departments and ties to their funding. Mark says IDPH requires them to do community-based planning, but this year's grant doesn't control how they spend their money. Paul Banks says Cook County has five of the seven regions...they have a lot of influence. Winfred Rawls addresses and agrees there's a question, should they carry and equal vote? Anu says she's heard Quincy, DuPage, and Rockford have debates saying they can't come...she thinks something in grant means they should have to participate. Mark addresses that there is language that they're required to cooperate in the hospital venture. Troy wanted to clarify the comment about not-for-profit/independent...if you take RHCC out of hospital then they have no influence. Mark addresses the independence of the hospital interest v. the regional interest. Mark is attempting to emulate the Texas healthcare coalition models. Brian Churchill concerned his hospital may have a problem with this language. A different caller agrees with Brian—we are hospital-based. Mark says it's about hospital preparedness. Mark believes there is a way to get the two cooperating. Don Schneider mentions liability issues; says we would need a lot of legal representation to get this</p>	

<p>done; some administrators will want to drop this if a liability is created. A caller states he doesn't fear the liability as much, but the comparison of the money dwindling and a fight to stay engaged. Mark plans to bring CEOs to the workshops to show the benefits and how they can reduce liability by being in the coalition with mutual aid agreements. Don asks if Mark has presented this to IHA (they represent CEOs), Mark states no as he wanted to discuss the potential problems/solutions with the RHCCs first. Mark asks for everyone to email comments to him.</p> <p>(Mark continues reviewing highlights of grant): The "regions" are currently defined as EMS regions, not the Public Health and Medical Services Response Regions. (Discussion ensues regarding region definitions) Mark agrees to put it back to the Public Health and Medical Services Response Regions. Dan Lee states that By-pass is based on EMS regions but the grant has different reporting criteria; Mark says the grant has a section on By-pass. ???</p> <p>2.1.3 (Governance): Discussion ensues regarding the two-vote per entity in the last sentence of the section. How much control should each entity have to ensure the program is run effectively? (More discussion)</p> <p>2.1.3.8 MOUs or Mutual Aid Agreements and requirements discussed.</p> <p>2.1.3.10 RHCCs to update regional response plans...see outline.</p> <p>2.1.4 Training and Exercise: the minimum training requirements are listed. Mark reminds everyone of the HHS mandate that NIMS training needs to be 100%. The RHCC needs to recommend corrective action if not in compliance.</p> <p>2.1.5: (page 8) the capabilities listed regarding recovery can be tested by drills as well as Functional and Full Scale Exercises; IDPH will provide more guidance later.</p> <p>Greg Yurevich states IDPH is considering moving monthly reimbursements to quarterly reimbursements to reduce burdens on the RHCCs and Greg. All concur.</p> <p>The rest of the grant is divided by capability (Mark reviews each in summary).</p> <p>Mark states he'd like comments back by May 24. It is a DRAFT, more discussion will follow.</p>	
<p><b>Wrap-up and Call for Public Comment/Closing Comments/Open Discussion/Questions—Jack Fleeharty</b></p> <p>Irene questions the distribution/spending of the money that goes to the RHCC; Mark says they won't do it this year or next year, but that next year the individual hospitals will need plans approved by the coalition/RHCC when they submit requests for grant money (this may change in 2017 when we go to independent coalitions). Paul asks about meetings with CEOs...Mark says he'd like to arrange meetings with CEOs as soon as possible—will piggy back on Greg's budget workshops. Paul asking to take the DRAFT to his legal department for input—Mark says he looks forward to their guidance. Greg will try to do budget workshops earlier this year so Mark can piggy back his agenda. Caller says her CEO is not the most appropriate person; to please contact her for info regarding the best person to contact.</p>	
<p><b>Adjourn—Mark Vassmer</b></p> <p>Mark adjourns the meeting at 10:23 a.m.</p>	