

**ASPR/RHCC Meeting
June 20, 2013
1:00 p.m. – 2:30 p.m.
The Westin—Yorktown Center
Lombard, Illinois**

Welcome/Call to Order at 1:01 p.m.—Mark Vassmer

Roll Call

Present: Mark Vassmer, Greg Atteberry, Brian Kieninger, Mike Epping, Shannon Wilson, Elizabeth Houston, Sue Hecht-Mikes, Laura Prestidge, Anita Guffey, Brain Churchill, Evelyn Lyons, Irene Wadhams, Linda Angarola, Troy Erbenraut, Mike Maddox, Tsoetsy Harris, Dan Lee, Paul Banks, Billy Carter, Mary Connelly, JoAnn Foley, Bridget McCarte, Martha Pettineo, Jill Ramacher, Winfred Rawls, Don Schneider, Duane Wagner, Lisa Wax, Elisabeth Weber, Stephanie Kuschel, Karen Pendergrass, Winfred Rawls (left meeting early), John Rudanski, Karl Schmidt (noted from audio recording), and Laura Harris

Absent: Christina Boyd, Christine Chaput, Dawn Davis, Mark Edmiston, Jack Fleeharty, Sara Fricke, Jackie Hamilton, Rob Humrickhouse, Lisa Johnson, Carla Little, Ron Meadors, Anu Meka, Sheila McCurley, Tammy Moomey, and Greg Yurevich

TOPIC/DISCUSSION	ACTION
<p>Review of May 16, 2013 Meeting Minutes Motion made by Sue Hecht-Mikes to approve. Motion made to second by Brian Churchill; no oppositions; minutes approved.</p>	<p>*Minutes approved.</p>
<p>Training and Exercise—Karen Pendergrass For BP2, IDPH will take information from the last two years of exercises and will do assessments and planning; so in BP2 IDPH will not be presenting any exercises the hospitals and health departments can use for the deliverables. The end of BP3 will include the full-scale exercise required for the end of the grant period (MCM, dispensing, etc.). Planning to take place during summer of 2015 to meet the grant requirement. Don Schneider thought IEMA was performing a Southern (earthquake) and Northern exercise (?). Karen responds that IDPH will participate as member of SIRC and will distribute the dates/times/locations but will not be presenting these exercises—the planning of these are done through the regional IEMA groups. The MYTEP is in CEMP; demonstrations have been done. The plan was to go live July 1st, but may not make this deadline. They're waiting for ISC to develop some reports the coalitions can use. The information provided last year will be inputted into the MYTEP in CEMP (Ryan Tebrugge or Sager Patel may call you to clarify info). Once your region's information is entered, you can update yourself in the future.</p>	
<p>STARCOM/Radio Coordinator—Billy Carter The "second touch" of the re-banding process is underway, requiring each radio to be updated at each IDPH Regional Office scheduled on specific days. If you have ideas regarding logistics alternative to this, please let him know. This</p>	

<p>reprogramming is being paid for by the re-banding funds, but additional costs will not be covered. It takes about 15-20 minutes to reprogram one radio. Program will start in September 2013 and continue till March 2014, to cover all 34,000 users on the network. He'll modify the template and will eliminate obsolete zones/portions.</p> <p>Billy had a call from Carle Hospital asking if their ambulances that have STARCOM radios can get them updated...Billy says it should be okay, but brings up the question of how private ambulance companies (with MERCI radios) communicate with hospitals. Not a big deal to put the ambulances on STARCOM if they want to use that network as dispatch, which may even allow EKG functionality eventually (supporting 12 leads). All STARCOMs have Bluetooth (just have to have it enabled). A communications plan and device approval is necessary for each hospital regarding these proposed changes.</p> <p>Billy needs to perform drill-accountability statistical analysis and asks for a good solution: survey monkey, spreadsheets? Some RHCCs ask Billy to develop a template to send to them and they'll complete it.</p> <p>The National Broadband Network called FirstNet, intended to service the nation with public-safety-grade communication, is a 10 to 15-year development timeframe and deployment and will cost a lot of money. It will enable any kind of data transfer and Billy asks the group to provide feedback regarding what uses it may have; the State has a planning group.</p>	
<p>By-pass System—Dan Lee</p> <p>Dan asks for advice on how to move forward. He previously sent out information regarding changes coming to By-pass, which is funded through Healthcare and Human Services (HHS); our system doesn't meet the current grant requirements. Total beds classification needs to be added and reported upon. Another addition helps Mark Vassmer with grant information he needs on 24-hour SURGE counts. Some other changes won't affect RHCCs at all.</p> <p>IDPH needs to do an activation exercise annually; a SIREN alert will be sent to IDPH asking for an update within a time frame. The data must be collected, aggregated into region levels, then entered for all bed types under different classifications, etc. This entire process must happen in four hours! IDPH needs at least 70% of hospitals reporting in. Hospitals do well getting in reports in one hour, but getting it all entered in the remaining three hours is tough. With the enhancements, the system will be "talking" to the federal system directly; there will be no need for the time-lengthy process. In the last few months, the additional funds became available making these enhancements possible. It's discussed by group and decided that since this required exercise must be done by the end of next week, we'll continue manually as in the past; later we'll put some testing time in on the new system. Thursday is discussed for the exercise with the time being announced as a "surprise." Dan will coordinate with the helpdesk to get it set up.</p>	
<p>Old Business: HPP Grant Deliverables and Healthcare Coalition Development—Mark Vassmer (Mark passes out a draft of the new grant)</p> <p>Mark states that Healthcare and Human Services (HHS) just came out with new HPP performance measures for BP2. He states he sent that information out to RHCCs on Wednesday night (June 19, 2013). The question to answer is what does a successful healthcare coalition look like? The IPHA website will have the presentation available next week for the "Healthy Coalition" workshop.</p> <p>Mark states he wants to do an overview of the draft of the grant (DRAFT F). Mark notes the changes to the schedule for 2013-2014.</p> <p>Two major changes in the grant: 1) Moving to capability-based, gap-prioritized, regional planning 2) Planning to form non-profit entities by 2017.</p>	

<p>The RHCCs ask for the Powerpoint presentation, the fact sheet, and Draft F of the grant via email; Mark says he'll send them.</p> <p>Mark notes the three phases stipulated in the grant.</p> <p>Troy Erbentraut states the federal documentation does not state they have to create a non-profit entity. He states the money involved in legal costs, etc. can't be covered with federal money. Mark states the purpose is to have a fiscal entity to give money to, and to separate interests and sustainability. Mark adds he's using models from Texas and Michigan and we have till 2017 to form these. Sue Hecht-Mikes says this isolates the hospitals if the RHCC becomes a non-profit entity... IDPH is forcing a separation between the RHCC and the hospital. Don Schneider says there's no case law to sign this grant agreement. Paul Banks asks about state models, but notes Iowa isn't mentioned as a state that leaves decisions up to the coalitions. Paul says IDPH is not taking the RHCC's input; Mark says that's why we're discussing now. Discussion ensues presenting tremendous opposition to creating a non-profit entity and the lack of money to do so. Mark says an option is that by 2017 the Health Care Coalitions (HCCs) come up with an idea of how to create non-profit entities. Paul suggests recommended memberships, etc. then leave it open whether they need to form a non-profit entity, and that IDPH and IHA need to talk and address the CEOs. Sue notes that for ten years they (RHCCs) have been asking for IDPH to speak to the CEOs. Mark will make changes and get revised draft out by Friday night, June 20, 2013.</p> <p>Mark continues reviewing the rest of the grant and RHCCs interject suggestions as he proceeds.</p>	
<p>Wrap-up and Call for Public Comment/Closing Comments/Open Discussion/Questions—Mark Vassmer</p> <p>Several RHCCs verbalize their discontent with the non-profit entity expectation once more.</p>	
<p>Adjourn—Mark Vassmer</p> <p>Mark adjourns the meeting at 2:56p.m.</p>	