MINUTES
STARRS HOSPITAL PREPAREDNESS COMMITTEE
January 13, 2010; 0930-1130

I. Review of Minutes. Following introductions of those in attendance, motion was made and seconded to approve the minutes as written.

II. Patient Tracking & Smart Triage Discussion. Wayne Sanders spoke with the Committee about the SMART Triage system which is a product reviewed for triage—it would not be replacing START triage steps just the product. The product is somewhat expensive but they were successful in obtaining funding through STARRS. The product will be rolled out in five distribution phases:

- Phase One – St. Louis City, St. Charles County Ambulance District, St. Charles City Fire, and St. Louis County Fire and EMS services.
- Phase Two – Jefferson, Franklin, St. Charles County fire services and Washington University medical staff.
- Phase Three --- All STARRS counties in Illinois and private EMS services (Gateway and Abbott).
- Phase Four – Hospitals in St. Louis County
- Phase Five – Hospitals in St. Charles, Franklin, Jefferson counties and any Illinois STARRS Hospital that needs upgrading.

He continued that benchmarks were identified and include:

- STARRS to complete review of funding process by end of January
- Boundtree to discuss production with TSG Associates for timeframe needed
- Educational component; will be provided by TSG Associates and Boundtree
- Storage logistics; established at DMAT
- Distribution coordination with accountability needs to be established

He indicated that STARRS will work on the electronic patient process to tie in with this. The Committee discussed the differences between this product and the current one. It was stressed that the START process does not change. With the current tag, once a triage designation has been made, it does not allow for a change in condition. This will be used for MCIs only. W. Sanders to investigate whether the tag is latex free.

He continued that this system is mandated in three states and that Illinois is one of those states.

A brief discussion was held regarding the utilization of the currently electronic patient tracking equipment and how it will interface with the Smart Triage system.
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seminar/conference. The timeline for these monies to be approved is very short so those interested in taking advantage of these dollars should discuss their request with G. Salsman and V. Poston as soon as possible. Attendees will need to present to the full Committee information covered during the conference.

Training Opportunities—

- Psychological First-Aid Train the Trainers; full for January, waiting list; March class open. A 3-hour train-the-trainer refresher course will be available in March.

She continued that each Committee, including sub-committees, has the directive to develop a mission. J. Grotemeyer presented the proposed mission for approval; Committee approved mission as presented.

Planning and Objectives. The St. Louis Metropolitan Regional Preparedness Logic model was prepared to track what we are doing in our region. As we receive more money for activities they will be added to ensure alignment.

Lastly, she discussed the changes in Medicare/Medicaid requirements for all ambulatory surgery centers in the state of Missouri. These centers are now required to have disaster preparedness plans much like hospitals and coordinate those plans with the community at both the state and local level and to hold annual drills. We will see Centers reaching out to hospitals to coordinate this; they have been encouraged to become part of this Committee.

IV. Gap Analysis (G. Salsman and V. Poston). The National Response Plan requires us to perform a gap analysis and a group of us met to review our previously identified gaps. Some of the things we looked at were mass fatality, strengthening medical surge and mass prophy, supplies and distribution. With the way the analysis was set up it had the hospitals as the primary responsibility for mass fatality. We have requested that this be moved to Public Health. As always we have several opportunities for improvement. Our biggest gaps center around mass fatality and mass evacuation and transportation.

Evacuation and transportation -- Team of D. Beezley, G. Salsman, and V. Poston.

Mass fatality—D. Mays reported that we already have a project to do some fatality planning and in anticipation of a need for storage capability—not brick/motor but portable capacity. We have some equipment coming in such as knock-down coffins and post-mortem kits so that we can align with KC. We are trying to look at process verses just purchasing equipment—we need to have somewhere to store the bodies. Looking at this as a regional asset so that we
provide. It will still count for movement of patients and get your inpatients involved instead of focusing on the ER.

If we do exercises with ASPR (Assistant Secretary for Preparedness and Response) grant support we must use Hseep. What MHA is proposing is that we plan on one big exercise a year that meets the ASPR requirements and we really put many resources into it and get our partners at the tables. If the hospitals don’t have a real world event to fulfill their TJC requirements, we can assist with a second exercise.

VI. **E*Sponder Update (B. Marler & G. Yocovelli).** B. Marler reported that the portal is becoming more permanent. He walked the Committee through screenshots of the portal(s). Discussion of purchasing additional alert units was held. J. Grotemeyer indicated that we may need an official request for monies from the wash-out funds to obtain additional message units. Committee agreed to put proposal together; D. Mays can approach the other entities for their enforcement as well.

The state currently has a system called MARIS; St. Louis county was informed that it will not be funded much longer. St. Louis County is now looking more closely at this system. He continued that working with EMS System we will be able to have two-way communication with E*Sponder. Before we could only feed in to EMS System and now we will be able to enter it on E*Sponder and E*Sponder will feed it to EMS System. Each STARRS Committee has its own page; we can add additional document storage, etc.

There is also an Esponder tab that includes basic timeline; by the end of January we will have created portals for the St. Louis Medical Operations Center (SMOC). Probably next month the hospital portals will be rolled out. Training will be kept to about 2 hours—end user, train the trainer, and administrative. Specifics will be developed soon. How to complete the HICS forms on line will be included in the training. When you enter your information into a HICS form, it will automatically place that same information in other forms where it is required.

He indicated that they are doing our best to keep the calendar current so this is a good way to access STARRS information.

VII. **Subcommitteee**

- Pediatric Committee – C. Green they are working on their Committee’s mission; nothing further to report
- MetroCom Council – J. Brown reported that they will meet tomorrow and that they have been having discussion regarding their day to day operations and they are also working to finalize their mission statement.
Next meeting is scheduled for March 10.

Respectfully submitted:

George Salsman, Co-Chair

Vanessa Poston, Co-chair
I. **Approval of Minutes.** Following introductions of those in attendance, K. Presson made a motion that the minutes be approved as written; motion seconded by H. Betian; motion carried.

II. **RHCP/SMOC Phase II Implementation; G. Parry (BDR).** G. Parry began by giving a brief review of the key concepts for Phase I of the Regional Healthcare Coordination Plan. Phase I included the development of a plan that will facilitate the coordination of healthcare organizations and related resources during an emergency response effort. The Plan also outlines how healthcare and other local responders such as public health, EMS, and emergency management agencies will work together. This coordination will occur through a medical operations center, which could be virtual or in a local emergency management center such as St. Louis County’s. This medical operations center will be referred to as the St. Louis Medical Operations Center or SMOC. SMOC is designed to work much the same way as MedComm but with increased capabilities and resources—it will provide the operational capability to implement the STARRS Hospital MOU and will provide an analytical resources to ensure better coordination, communication and sharing of resources during a disaster with medical and healthcare impact.

The SMOC will be staffed by volunteers from Region C hospitals; volunteers will be on call on a rotational basis. Although the number of volunteers staffing the SMOC during an event is scalable, it is anticipated that four volunteers will work 12-hour shifts during a full-scale event. For the SMOC to be successful, we will need varied backgrounds from both the clinical and administrative areas. She continued that we are now working on Phase II which includes training and implementation of the RHCP and SMOC. Representatives from Beck Disaster Recovery (BDR) visited fifty hospitals in Region C to discuss the RHCP/SMOC team member requirements. Hospitals have been asked to provide 3-4 volunteers to sever on a SMOC rotation. These individuals will receive eight-hours of training and be available refresher training as well.

III. **Exercise Planning. Lois Kollmeyer (MHA).** L. Kollmeyer updated the Committee on the earthquake exercise the State Emergency Management Agency (SEMA) is planning for June 03. She indicated that SEMA is not opening this exercise up to the entire State, but is concentrating on Region E and southern portions of Region C. The exercise will primarily test SEMA’s capabilities. She stated that since SEMA is limiting the number of participants
they will invite, only if the local emergency management agency is invited and agrees, will the hospital within the jurisdiction be included. She indicated that there will also be a tabletop exercise associated with this event. She believes that local public health will be involved in that ESF8 needs will have to be tested in the form of mass care. She continued that Region E is doing a tabletop as well. L. Kollmeyer continued that in May of 2011 there will be a national level exercise to include six to seven states. Planning has already begun. She indicated that she will keep the Committee updated on the progress of this exercise.

The Committee discussed the upcoming regional exercise that will be planned and agreed on September 29, 2010 at 0530 for the date and time. L. Kollmeyer will work with a small number of volunteers who will form the EXPLAN Committee. After a brief discussion, it was agreed that the scenario will involve a tornado which represents a top 3 ranking on hospitals HVAs. L. Kollmeyer will work with the volunteers to set up the first planning meeting. The exercise will meet ASPR (Assistant Secretary for Preparedness and Response) requirements; she indicated that we have done a good job in fulfilling these requirements in the past.

IV. ESponder Training/Update. Brian Marler (STARRS). B. Marler indicated that all participants in the region’s 8 counties now have ESponder portals and that the next step is for each entity to name an administrator for the portal. He explained that the administrator will control access, layout and content on the entity’s portal. He indicated that training classes have been scheduled and that all administrators will need to attend. He explained how hospitals will access their portal on the site. He stressed that although the site is available, not all site components are complete—for example, the HICS forms have not yet been loaded. B. Marler gave a brief demonstration of what each table on the page could be accessed and what information can be found there. He also walked the Committee through the login process. All site components will be available by June 30.

The Committee discussed that after June 30, 2011 the cost of maintaining the site license will be the responsibility of entity users and that the greater the number of entities utilizing the site the smaller the cost. He indicated that ESponder is not an overly expensive system compared to other systems. A very rough estimate given 30 participants was a cost of approximately $3,000 annually. A brief discussion regarding the alerting capabilities of the system was held; 10,000 alerts may be purchased by interested entities for $1,500.
V. **Patient Tracking Pilot. Brian Marler (STARRS).** B. Marler reported that J. Hamiton, St. John’s Mercy Medical Center, is coordinating a pilot that began in April. The pilot program includes hospitals in Illinois Region IV, St. Joseph-West, B-J Progress West, Cardinal Glennon, St. Louis University Hospital and 3-5 EMS providers. He indicated that three training modules will be made available online (STARRS site) next week and is designed to orient the ED charge Nurse, Admitting and EMS on the use of equipment/software. Only the tethered devices will be used by the hospitals. He indicated that it is their hope that later in the summer that at least one day a week admitting clerks can use it in relation to their admits. A brief discussion was held regarding HIPPA issues that are being resolved; B. Marler inquire as to status of this issue.

VI. **Mass Fatality Management. Julie Grotemeyer (STARRS).** J. Grotemeyer updated the Committee on the work being done regarding the development of a regional mass fatality plan. She indicated that a multi-disciplinary team (public health, EMAs, hospitals, DHSS, MHA, medical examiners/coroners, funeral home directors, etc.) has been formed for planning/development purposes. Discussions during the kickoff meeting centered on available assets, Illinois and Missouri statutes related to fatality and current processes. She indicated that the work will be tested on April 29 by tabletop exercise. The final plan will follow.

VII. **Budget Meeting/Investment Justification Update. Debbie Mays (BJC).** D. Mays reported on the recent budget meeting involving a multi-disciplinary group which looked at the Urban Area Security Initiative (UASI) budget. The Region was awarded approximately $7,701,000 of which 25% is required to be earmarked for law enforcement. The Hospital Committee requested $280,000 to purchase contract services that will help our regional build and test a plan to help bridge our gap in transportation related to hospital evacuations. She indicated that $50,000 was recommended to come from the UASI award but that J. Grotemeyer had identified additional monies that could be utilized from ASPR grant as future requirements identify this as a priority for our region.

The Hospital Committee also submitted a $192,314 investment justification (IJ) to help bridge our gaps in the area of mass fatality. She indicated that we received no monies for this IJ; however Public Health had also submitted a similar IJ for funding so monies will go to the Public Health IJ. She also indicated that monies were recommended to fund the purchase of MarkI kits to be placed on ambulances, as well as for a number of other projects such as Smart Triage and swift water rescue equipment. She indicated that she was pleased with the result and that there was much more collaboration among the disciplines than in previous years. These recommends will now be presented for approval to the Advisory Council, STARRS Board of Directions and East-West Gateway Council of Governments in that order.
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VIII. Grant Updates, Julie Grotemeyer (STARRS). J. Grotemeyer updated the Committee on the status of our various grants.

UASI 06, MCI Trailer. She indicated that work is still be done to complete these purchases.

UASI 07, She reported that work on purchase of a pulmonary cache (Joint, Multi-Area) purchase is ongoing and meeting the same obstacles as the MCI trailer equipment purchases.

UASI 08; Burn cache (Joint, Multi-Area); aligning purchases with Kansas City area’s resources.

UASI 09, Mass Fatality (Joint, Multi-Area); working to align purchases with current Kansas City area resources—collapsible coffins/ post-mortem kits, etc.

ASPR 09; working to finalize selection of ventilators and how they will be purchased; we want to align our purchase with the Federal/State ventilator purchase. It is planned that the accepting hospital will maintain these ventilators as well as train respiratory therapists (who in turn will training other RTs on how to use the equipment).

Psychological First Aid—January training class was full; however, there are a few slots available for the upcoming class.

J. Grotemeyer stressed that participants in the upcoming the Hazardous Materials Decontamination Instructor Course must attend all four days of the program and that slots are still available. Participants will also have online quarterly training available to them as well.

She reported that the Long Term Care Emergency Preparedness and Disaster Planning Workshop 2010 will be help May 21. This will be an awareness level, information-based workshop that includes topics critical to the long term care entities in emergency preparedness and disaster planning. This workshop will provide an overview of critical elements related to long term care facilities and participants will be given information, tools and templates to immediately begin putting together an emergency response and disaster recovery plan for their facility. She encouraged hospital participation as well.

IX. Subcommittee Reports.

HARN. Debbie Beasley (St. Anthony’s) & Bill Carroll (Barnes-Jewish Hospital). D. Beasley read the draft mission statement developed by the group that will be
submitted for approval. B. Carroll reported that at the last meeting, three groups were developed to work on policy development; database development and exercise development and implementation. Three individuals were names to each group; however, additional participation may be added as needed. He continued that V. Poston, D. Beezley and he will work with each of the groups in drafting their work.

G. Salsman thanked D. Beezley, B. Carrol and V. Poston for their continued work to bring the amateur radio operators subcommittee together.

**Pediatric.** No Report.

**X. Joint Commission Update.** D. Mays indicated that she had attended the Emergency Preparedness session at BJ Progress West and that the surveyor was really focused on community coordination. The Hospital was asked to bring in a community partner to talk with the surveyor. They elected to include their local fire department whose representative was very adept at describing the relationship they have with the hospital. They discussed one of their exercises and reviewed their deliverables.

Of the 108 standards covering emergency management only two are eligible to receive direct impact findings; those involve credentialing.

**XI. New Business.**

L. Kollmeyer informed the Committee that there will be a presentation at the May MHA annual conference by EMResource regarding their developing emergency management system. She stressed that they are not in competition with ESponder with the building of an emergency management enhancement of EMResource. She continued that there will be a library for forms and the capability of logging events, sending alerts (for an additional charge) ,etc. She indicated that these enhancements will be available for no extra charge to the hospital at least initially. B. Marler reported that a contract had been signed within the last week to migrate EMResource information into ESponder.

D. Mays asked for information that will allow the hospitals to more accurately report grant receipts in that it is her understanding that MHA has allocated cost for EMResources by hospital. She stressed that hospitals are in violation by not reporting these grant receipts. L. Kollmeyer promised to get additional information on this and that she had though that the cost was applied based upon population. D. Mays continued that MHA has done a good job of helping hospitals track other grant receipts/monies.
Committee indicated that it was still their desire to hold an afteraction of the H1N1 response. J. Anthony will work with J. Grotemeyer to set a date. D. Mays indicated that she had met with State representatives regarding BJC's response to discuss issues and that the State is very willing to meet with other hospitals as well.

Tim Norton (St. John's Mercy Hospital, Washington, MO) informed the Committee of an upcoming Trauma Symposium to be held at East Central College in Union, Missouri. The agenda includes TeamSTEPPS, DMAT, NIMS, and a 2-year out update on the rebuilding after the Greensburg tornado presented by M. Sweet.

Committee recognized Helen Sandkuhl on her long-time efforts in support of MO1 DMAT and its activations across the Country.

There being no further business, meeting adjourned at 1130.

Respectfully submitted:

George Salsman, Co-Chair

Vanessa Poston, Co-Chair
The meeting was called to order by the Committee Chairs, George Salsman and Vanessa Poston and introductions were made.

I. Minutes of the March 2010 meeting were approved as submitted.

II. ESponder. B. Marler gave an update/demonstration of ESponder. He encouraged everyone to log on and become learn about the portal; and recommended the use of the training events to become familiar with the software’s layout. He reminded everyone that it is possible to have access to another entity’s portal provided that entity grants permission. Access may be granted for a single event or on a long-term basis. EMS, Fire, Law Enforcement, and Citizen Core tabs will be added in the near future. In addition, the Federal Reserve Bank and the National Weather Service will also have access and be able to post updates regarding an event. He demonstrated that when an incident is created, it appears in RED to distinguish it from routine postings, etc. He also showed the Committee how to access the HICS forms.

B. Marler stressed that EMResource will be used primarily for HAvBED. So, currently, if you are trying to communicate to the state, you will have to go through EMResource. STARRS is in the process of getting an interface that will allow for a two-way flow of information between the two sites. He indicated that the integration piece was approved as part of the UASI 2007 grant. There is an upfront cost for the interface and then an annual charge of $4,000. Following completion of the interface, hospitals would go into ESponder to input their HAvBED data.

B. Marler also demonstrated how to access video conferencing, pointing out the conferencing tab. For those who are not able to attend a meeting in person, this will be a good alternative.

L. Kollmeyer indicated that EMResource has already integrated Federally Qualified Health Care facilities, Public Health, Fire, and EMS. Fire and EMS can currently input on the screen. HAvBED is in use and was used during H1N1. She reminded everyone that we need to report through HAvBED when requested by the State. She continued that the intent was to use EMResource for ESF8, therefore, police were not included. It was noted that although Fire can input information into EMResource, they do not utilize EMResource to manage their event as they will utilize ESponder. L. Kollmeyer indicated that the cost of the system is paid by the ASPR grant; if that funding goes away, we will have to find another way to sustain it.

It was noted that Kansas City uses WebEOC for dashboard and monitoring and the EMResource as St. Louis uses it. As far as hospitals being able to manage an incident, everything will be on the EMResource site if they choose it use it. B. Marler indicated that it was originally STARRS’ intent to hand funding of ESponder over to the users—as is the goal of all grant funded items. Under the grant rules we operate pretty much the way MHA does for funding EMResource. There is nothing that indicates that we cannot continue to fund it through grant funding so long as the funding is reserved through the grants. ESponder nor EMResource is inexpensive. There are some glitches but EMResource is willing to work with ESponder; it will probably be closer to the end of the year before the integration is completed.
EMResource disaster management software is scheduled to be ready for rollout by the end of September; ESponder will rollout June 30.

Everyone was reminded of the ESponder training being conducted; training schedule is on the calendar page of ESponder. You don’t have to go through the training but it is certainly encouraged. It gives you an opportunity to learn how to personalize your hospital’s portal.

S. Fine shared with the Committee that DMAT has a stand-alone ESponder site and that they were able to share information/access with the SSM portal during the tabletop exercise at the recent MHA conference.

III.  **SMOC Update. Giséle Parry (Beck Group).** G. Parry gave a brief update on the Regional Health Care Plan and that they were able to meet with most hospitals--56 out of the 58--and will try to complete the last meetings via a conference call. On April 20 and 21 Beck Group did a briefing for the Public Health and EMS Committees. Since that time they have also provide everyone with information regarding what it means to become a SMOC team member. There are currently 69 volunteers to be trained as team members. Those 69 members represent approximately 18 hospitals, 2 LPHs and 1 EMS entity. She indicated that they will do a greater push in the next few weeks to encourage participation. G. Salsman indicated that SSM will push the number of volunteers to nearly 90.

G. Parry continued that they will be sending a list of volunteers for the System facilities to the System leaders. She stated that when the confirmation is sent out, they also send out a link to the training site. Over the last three days a large number of applications have been received. Another big push will be directed at every hospital who has not yet submitted a name(s) of volunteers. It will be a continual effort to maintain and add to this number. The matter of how the “on call” will work (one 12-hour shift every x months?) is still undetermined; it all comes down to how many people volunteer and are trained. The magic number for every three months would be 180. Or if you do a 24-hour call it will be 90. With 62 people it is one, 12-hour shift every 30 days. It has not yet been determined how the “on call rotation” will work. We have developed an addendum that will phase out the terminolgy of MedComm with SMOC.

SMOC benefits EMS should there be a catastrophic event such as an earthquake. If you start to look at evacuating a hospital, for example, this one-stop-shop will be a true benefit. There was a brief discussion as to how to best educate the EMS community on the SMOC concept. BDR committed to come back to meet with this group. We realize that outreach is a necessary, continuous activity. G. Parry encouraged everyone, even if the hospital is not committing anyone to be a SMOC team member, to send someone to the training so that they can have a better understanding of what will be available through the SMOC. A manual will be created to assist team members. Proposed training schedule, modules (orientation, team member and duty officer/training), and time commitments were reviewed.

IV. **Mass Fatality Plan Update.** D. Mays reported on the regional mass fatality plan and tabletop exercise that was held to validate the plan. A number of county EMAs, EMS, coroners, public health, and hospitals participated. We were separated by jurisdiction/multi-discipline. The
tabletop validated that the plan was headed in the right direction although hospitals will need to do more work on their components to make it a more valuable resource for them. The real benefit proved to be the coming together of different jurisdictions and disciplines that do not routinely work together. We know much more about available resources than before. We will have another meeting to review the tabletop experience.

V. Patient Tracking Update. B. Marler reported that a copy of the new HIPPA document has been received and it is still being reviewed from a legal perspective by the participating facilities. He will be working with J. Hamilton to move the pilot forward once the review is complete.

VI. Committee Updates.

Hospital Amateur Radio Network (HARN) Subcommittee. D. Beezley and V. Poston reported that training for the HARN members on HICS was completed at their last meeting as well as approval of the Charter. The SubCommittee has been divided into three working groups to address the activities the Subcommittee will need to move forward, such as protocols, a database of volunteers, training, implementation, etc.

Pediatric Subcommittee. No update.

Long Term Care (LTC) Subcommittee. J. Grotemeyer reported that STARRS and the LTC SubCommittee are collaborating to provide a workshop for the bi-state region. This workshop will help participants put together a more robust facility plan and will provide an excellent opportunity to network with other players. LTC facilities are very different from hospitals so the focus will be on how they can enhance their programs. The all-day workshop will be held May 21, 2010. Please register on the STARRS website if you are interested.

VII. MHA Emergency Preparedness Summary. L. Kollmeyer reported on the day-long tabletop conducted which involved a tornado scenario. Each region worked as a group to address various target capabilities assigned to them. The tabletop was a big success. She continued that there were a number of excellent presenters providing lessons learned on topics such as evacuation devices, amateur radio networks, implementing the use of surge tents, etc. She reported to the Committee that in outstate Missouri they are rethinking the whole “region” philosophy because of the manner in which their communities already work together—with naturally forming collaborative groups. 200 people attended the conference.

She indicated that the FCC has proposed a regulation that will give us some latitude in utilizing hospital employees as HAM operators during training events. Current the hospital is required to obtain a waiver to allow the employee to participate as a HAM operator. The proposed change would allow employees to perform this role without a waiver provided it is a government-sponsored event. MHA is submitting a comment regarding the importance of covering more than just government-sponsored events.

L. Kollmeyer reported that the first meeting of fall exercise committee was held and that they are hoping to involve more disciplines such as EMS, fire, EOC etc. The exercise will begin at 0530 on September 29; some members suggested that we solicit hospitals for information as to
whether they will be using the scenario but holding the drill at a different time. The scenario will involve an earthquake; efforts are being made to identify realistic scenarios/injects, etc. Next meeting is scheduled for June. St. Louis County EOC is participating in the 2010 state earthquake exercise so if hospitals want to participate, they should contact St. Louis County Emergency Management Agency. The State planned exercise will be conducted on June 03.

The Committee discussed why SEMA is holding the exercise at such a high level; questioned whether there is possible for MHA to get them to move on the decision to exclude healthcare from the exercise. L. Kollmeyer indicated that they have at least gotten them to ask questions about healthcare challenges and the Department of Health and MHA have written injects. The State wants to have some conversations at their level. Hospitals in region E will participate in a tabletop. There will be at least three EMAs that will play directly with SEMA—Cape Girardeau, Stoddard, and Perry; a fourth may be Scott. In 2011 there is a 6-state exercise for which they have agreed to include a medical component. This year’s exercise is a “dry run” for them.

Brief discussion was held on how hospitals can begin to collaborate with FEMA/SEMA more effectively. L. Kollmeyer will extend an invitation for representatives to attend our next Hospital Committee meeting.

VIII. **TJC Update.** H. Sandkuhl, St. Louis University Hospital reported that TJC did emergency management on last day of their survey and that the interview lasted two-hours. She reported that it was the most comprehensive survey they have had. Surveyor wanted to see all of their drills and was impressed with our 96-hour board. They received no citations. They were very interested in the STARRS component.

IX. **New Business.** D. Mays announced that Shawn Icenhower has accepted the BJC position formerly held by K. Munt and that he will be filling this part-time position while also continuing work in the Progress West Emergency Department.

X. **Adjournment.** There being no further business, the meeting adjourned at 11:20 p.m.

Respectfully submitted,

George Salsman, Co-Chair

Vanessa Poston, Co-Chair
Meeting was called to order by the Committee Chairs, George Salsman and Vanessa Poston; introductions were made.

I. D. Beezley motioned that the minutes of the July 14, 2010 meeting be approved as submitted. Motion carried; minutes approved and submitted as final.

II. **FBI Outreach to Owners/Operators of Irradiators Containing High Level Radiological Issues—William Dorsey, WMD Coordinator:** W. Dorsey began by informing the Committee that the FBI is the lead federal agency for terrorist events and that every area has a Weapons of Mass Destruction (WMD) Coordinator whose most practical work is to act as a liaison with the community. He indicated he wanted to speak with the Committee about situational awareness—a topic that indirectly affects everyone in the room. He indicated that the coordinator’s job is unique in that the task is to get out into the community and educate them—help them put a face to the organization and its goals. He continued that post 911, the FBI issued several trip wires—one is BioWatch. He continued that BioWatch, which is active in our region, can be and is used as a “trip wire” in identifying possible bioterrorism events. BioWatch is an early warning environmental monitoring system that can detect trace amounts of biological materials in the air. BioWatch analysis can provide information to assist public health determine whether detected materials are due to an intentional release (bioterrorism incident) or due to minute quantities that occur naturally in the environment. The Federal Bureau of Investigation (FBI) is designated as the lead agency for the law enforcement response if a bioterrorism event is detected.

He continued that they are also conducting outreach to companies that house concentrated peroxides (explosives) for example—such as beauty supply stores. He visits supply stores and educates them on how to recognize potential WMD threats. Of specific concern is the radiological trip wire. They are concentrating on irradiators. Hospitals and research facilities are much easier to access than nuclear power plants so they may be targets. He stressed that the FBI has no current information regarding the planning of a dirty bomb attack. He continued that he has contacted almost every institution that has irradiators and it appears as though they have a pretty good handling on protecting it.

He stressed to the Committee the importance of knowing what our hospitals have on our campuses and that he is available to speak with hospitals regarding this. He indicated that they do not review individual plans but can provide direction when needed. He indicated that he has reached out to hospitals on the He indicated that he is the contact on the Missouri side and can provide a contact for the
Illinois hospitals as well. W. Dorsey will provide his presentation information for distribution to the Committee.

The Bureau together with the Department Of Energy has established the Domestic Voluntary Security Enhancement Program—this group will come to your facility free of charge / no obligation do an assessment on your security system, bring in law enforce into your response, coordinate exercises.

We assume everyone has a plan for their irradiators and if you don’t have a criminal response plan you should. Ensure that the first responders know that you have it; that they know what it looks like and how they will respond. My recommendation is to have plans and exercise them. Include hazmat, police, fire, EMA. This DOE program can assist you with this.

IMPORTANT NUMBERS: W. Dorsey (WMD Coordinator) 314-589-2616 (main 589-2500 and ask for the WMD coordinator). Kristina Hatcher (202-586-7544)—Missouri Region; K. Hatcher can put you in contact with her counterpart in Illinois.

III. ESpoder/Patient Tracking Pilot Trial—Brian Marler: ESpoder—The Committee was reminded that Gina Yacovelli is available to do system integration for any hospital; she has done work with the BJC System hospitals and their work is progressing well. She is also available for onsite training. The ESpoder work group is contracted through December of this year and we are attempting to extend the support contract for another 6 months. The HAvBED information is now available on ESpoder. This section of the page can be used for local events. Although integration with the HAvBED application on EMResource will occur, anticipated by March, 2011, the information when entered on the ESpoder does not currently migrate to the State and would have to be entered both on ESpoder and EMResource.

A generic template for hospitals to assist the SMOC duty officer in activating an incident has been created and we plan to develop others which will display from a drop down box.

Patient Tracking—the pilot began two weeks ago, during the second week additional hospitals began using it. St. Louis University Hospital has done a very good job with high volume usage. There have been some issues related to scanning the armbands. Primarily, the problem stems from how reflective the armband material is. The pilot will continue for another four weeks. J. Grotemeyer indicated that a committee will be developed to look at the patient tracking program that will include multi discipline members. Jeff Hamilton is the chair, Roger Smith (Madison County)

IV. SMOC Update, J. Whitaker—J. Whitaker reported that a newsletter had been written and is available in the back. We will be sending them out electronically as well. It is hoped that the newsletter will be a tool to both provide current information to the
Hospital community and promote SMOC activities. Duty Officers have been assigned through 2010; duty officers are currently on call for a month at a time. Hospitals can access the duty officer through Central County 911. A work group is currently working on activation protocols. The challenge of the duty officer being able to gather credible information from the incident scene was discussed and will be critical component to the SMOC’s activation moving forward.

V. Grant Updates. J. Grotemeyer: J. Grotemeyer reported on the Hospital Preparedness Program grant for 2009 is closed. We are currently under fiscal year 2010. A request for proposal is now up for bid for Phase III of the Regional Healthcare Coordination Plan which will advance the implementation and training of the RHCP and SMOC and will provide a structure for all regional response entities to understand how to coordinate within the healthcare community. The first year objective of the Mass Fatality resource coordination plan was to obtain a workable plan. We were able to do a gap analysis plan assessment, area resources; used as framework to identify what each discipline should be doing at various response phases. Phase II of this process is to build it into an operational plan. The mass fatality focus group met on August 18 and established a formal committee with co-chairs Hollie Milan, Region C Cities Readiness Initiative Planner and Roger Smith, Madison County Coroner’s Office, IL, Chief Deputy Coroner

J. Grotemeyer also reported on an RFP posted for the regional healthcare coordination center. As you know we are trying to wrap our arms around the alternate care site initiative which will involve all disciplines to address mass care and functional needs. The RFP posted is to help the planning group perform a needs assessment and help identify possible locations.

Another initiative is the regional mass medical evacuation plan which will pull together all discipline to perform an assessment/gap analysis.

Additionally, ambulatory surgery centers have come together and will work within our RHCP. They are in the beginning stages outreach has occurred. What we are offering in the spring is NIMS compliance education, building redundancies, and providing templates so that they are able to take them back to strengthen their plans. We are looking for subject matter experts to serve as committee chair.

UASI healthcare project; by December MCI trailers will be complete. We are in the procurement process trying to finalize that with East-West Gateway on remaining items.

UASI 2007--special needs project is the pulmonary cache, we are in the procurement stage; the state of Missouri purchased ventilators and we have aligned our ventilators with the statewide cache.
UASI 2008--burn cache (10 burn patients for five days); baseline package up for bid; looking for approval at the next Board Meeting;

UASI 2009 Joint Investment with Kansas City; impaired mobility cache; not yet rolled out—waiting on review for Kansas City alignment.

VI. **MHA Fall Disaster Drill Update; Lois Kollmeyer:** L. Kollmeyer indicated that she has asked for representatives from all participating hospitals and that group will participate in identifying injects. The controllers are meeting following this meeting to discuss the scenario; everyone is welcome. Victim cards can be provided to those hospitals requesting. Survey monkey will be used for the hotwash as we obtained very good information using this media for the previous exercise.

VII. **Committee Updates:** **HARN, D. Beezley**—Work groups finalizing their protocols.

**Pulmonary Ventilator Task Force**—John Hemkins reported that their first meeting was held yesterday and that they will be looking at the best way to train the Respiratory Therapists and other medical providers as well as performing outreach to the state society.

**Mass Fatality Committee**—R. Smith introduced himself to the Committee and stressed the importance of the work that has already occurred on this project. He continued that we will now focus on the operational phase--addressing concentration of fatalities in one spot as well as multiple death spots. They will be working on putting together a guidance document of best practices.

VIII. **Flu 2010-2011 Discussion:** G. Salsman 9/1 – 10/30 pushing out big campaign. Policy is that you must be vaccination or sign a declination. Wanted to push for mandatory but not there yet. Concentrating on fitting and wanted to standardize to the Prestige mask throughout SSM. Working on the dosage for those 65 and older.

C. Zirges reported that BJC HealthCare began their 3rd year of mandatory vaccination.

IX. **Joint Commission Updates:** None

X. **New Business.** K. Vogt, VA, indicated that they received an assessment by Booz Allen Hamilton on their program. He indicated that they are willing to share with the committee information received. They are currently evaluating the most efficient means of surveying the 13 participating NDMS hospitals for bed availability.

D. Mays reported briefly on the potential for the St. Louis area to receive evacuees from Louisiana. Because many of these evacuees will likely have health needs, it is important
that the healthcare community pull together to plan for this. Our EMAs are actively looking for a location to establish the mass care facility.

H. Betain provided the Committee with an overview of the recent HVAC event at Forest Park Hospital requiring them to transfer mental healthy patients to St. Alexius; Forest Park’s ER remained open. He was appreciative for the use of the spot coolers from Barnes Jewish Hospital; the BJH even delivered the coolers to them.

J. Grotemeyer informed the Committee that there is some MedsPods equipment available for a hospital to accept. Any interested hospital should let her know. Additionally, any hospital that has equipment that they can no longer sustain, that equipment should be turned back over to STARRS to be re-deployed to a participating hospital.

XI. There being no further business, meeting adjourned.

Respectfully submitted:

George Salsman, Co-Chair

Vanessa Poston, Co-Chair
MINUTES
HOSPITAL PREPAREDNESS COMMITTEE
November 10, 2010; 0930-1130
DePaul Health Center, May Conference Center

I. Meeting was called to order by G. Salsman and V. Poston and introductions followed.

II. D. Beezley moved that the minutes of the September, 2010 be accepted as written; motion seconded and approved.

III. Patient Tracking Pilot Project Phase 1 Update/Status. The Patient Tracking group is currently waiting to move into Phase II of the trial. There are four critical functions that can be accomplished through bar code tracking: MCI load balancing; asset allocation/tracking of resources; infectious disease/home health pandemic surveillance; and evacuation. Bar code tracking would allow us to find anyone in the region. Phase II will incorporate the remaining hospitals and EMS agencies in the region. Brief discussion was held regarding the role EMS plays and the point that EMS is not needed to make the system work. The license will expire December 31 and it will cost $60,000 to extend it through June, 2011. The funds come from the Metropolitan Medical Response System grant budget and both EMS and Hospitals have a portion of the grant monies. It was noted that during the last disaster exercise Washington County successfully tracked St. Louis University patients being sent to them.

Grant Updates. J. Grotemeyer. ASPR (Assistant Secretary for Preparedness and Response)—three contracts will allow us
- To continue work on the mass fatality resource coordination plan that was completed in June.
- Advance the implementation and training of the Regional HealthCare Coordination Plan and the St. Louis Medical Operations Center (SMOC).
- Begin planning/development of the St. Louis Regional Healthcare Coordination Center (RHCC) Plan; plan will provide us with the management framework for the coordination of care for the function needs population when they are displaced from their homes or healthcare facility. Collaboration among American Red Cross, United Way, Salvation Army, public health, hospitals, EMS, and our EMAs.

UASI (Urban Area Security Initiative). Still trying to close out the purchases for the MCI trailers (06 funds); we have 12 items remaining; hope to have closed by the end of the year.

UASI 2007—special needs project is the pulmonary cache, we are in the procurement stage; the state of Missouri purchased ventilators and we have aligned our ventilators (Newport HT 50) with the statewide cache.

UASI 2008—burn patient medical cache (10 burn patients for five days); baseline package up for bid; I purchase approved.

UASI 2009 Joint Investment with Kansas City; impaired mobility cache; final decision on funding not yet made.

Hospital Preparedness Program (HPP) Region VII Meeting Update. J. Grotemeyer. All HPP contract coordinators with the Department of Health and Human Services attended for report out of best practices. She indicated that the St. Louis area received recognition and appreciation at the federal level
for our area’s active engagement in working to prepare and improve our ability to respond to bioterrorism and other public health emergencies.

**Esponder Updates.** B. Marler encouraged anyone without an Esponder login to contact him for help is walking through the process. He stressed the importance of developing the individual hospital portals. The Hospital Preparedness page has been loaded with links/information on the various committees and their work, etc. Training has been extended through June, 2011.

**IV. Sub-Committee Reports**

**HARN.** D. Beezley reported that HARN has not had a meeting since the last Hospital meeting because of schedule conflicts but that she had received an update from B. Wallace the leader of the Policy and Protocol group with their work; will receive feedback from other members at the November 16th meeting. Work has also been done on data collection which will provide us with the information we need to validate HARN members, call signs, etc.; B. Carroll is coordinating this in Esponder. Once developed, we will be able to assign operators to the hospitals.

**Mass Fatality Regional Coordination Plan.** H. Milam reported that we are ready to move up to Phase II planning to make the framework already developed operational. She reported that we have requested UASI dollars to assist in the planning process to include establishing operational procedures for collecting and disseminating information relating to a mass fatality event. Monies have also been requested for 5 refrigeration trailers, PPE, and a mobile morgue. Plans include placing the cache of these assets along the 270/255 loop with one trailer in St. Louis City and two on each side of the river. The group meets the first Wednesday of every month from 1300-1500.

**RHCP/SMOC.** D. Beezley reported that the group continues to publish a newsletter (developed by J. Whitaker) to keep everyone informed of the group’s activities/progress. She reported that the team elected to sustain the current on-call roster of primary Duty Officers (7 in total) to allow them to establish and test procedures before bringing in others who may need more training. Additional team members will be brought in as needed for large scale incidents; Duty Officers will select members who have received SMOC training to shadow them when they are on call. The October exercise identified a need to better define how each communications system will be used (for what task). The team is also evaluating what should be the minimum training requirements for Duty Officers and Team Members. The team is also working to educate CCE 911 dispatch about the notification procedures for the SMOC; other dispatch centers will need education as well. D. Beezley is developing a presentation for EMS regarding the role SMOC can play in large scale events. Work is also moving forward on internal SMOC procedures including requests to the EOCS. Next meeting is scheduled for November 19.

**Pulmonary/Ventilator.** J. Hemkens reported on the training completed on the Newport HT50. Twenty-one healthcare providers attended a two-hour training session. Eight bio-med staff attended as well. He indicated that they will reach out to the Respiratory Care Society to push out additional information on the program and train additional RRTs.

** Pediatric Preparedness.** Tabled.

**V. MHA Exercise Follow-Up.** L. Kollmeyer reported that 25 hospitals registered for the event. She thanked M. Smiley for the use of the EOC. J. Whitaker, B. Marler, and L. Kollmeyer worked together as the
SimCell and SMOC. She stressed that EMResource remains the communication link to the State. She will be using Survey Monkey to collect hotwash information. She plans to have the afteraction report available within 60 days.

VI. Joint Commission Discussion. J. Hamilton stressed the importance of a current HVA. J. Grotemeyer will resend the regional HVA to all members.

VII. New Business. NLE/SNS. M. Buxton, Emergency Response Exercise Coordinator and Tom Stiefermann, SNS Coordinator, spoke with the Committee regarding the upcoming national level exercise scheduled for May 16 through May 19. He indicated that May 15 will serve as a setup day; the first 24 hours following a 7.7 earthquake on the New Madrid fault will focus on trying to get resources on the ground. May 16 is a day for communications checks. The functional exercise will cover May 17, 18, and 19 with the hotwash on May 20. He stressed they would like to have hospitals participate. Hospital-related exercise activities will take place May 17 & 18. Hospital injects will be built into the scenario. He provided the Committee with an SNS inventory list for which codes have been developed for use by amateur radio operators. It was noted that some of the designated codes are duplicative of existing codes used by amateur radio operators. HARN members will review the list to identify problem areas. Hospitals were asked to review the inventory for completeness. DHSS, in conjunction with its federal and local partners, will exercise capabilities such as communications, medical surge, medical supplies management, and distribution. Key elements to be tested are: patient tracking; ordering SNS supplies through HAM radio; and communication and coordination. They indicated that an RSS site will be set up in Springfield. The mobile medical unit will be deployed during the exercise as well. L. Kollmeyer indicated that they will have a portion of the mobile medical unit established to tour during the MHA statewide meeting. They will need information as to which hospitals will participate by December 10.

SSM presented information regarding their new triage system that is based on Israel’s system. Utilizing downtime systems they were able to reduce the number of forms from 245 to just 15. They will use the color-code system with bracelets instead of tags. No treatment performed in triage was stressed. S. Fine to provide the PowerPoint presentation to the Committee.

VIII. Adjournment. Meeting adjourned at 11:30.

Respectfully Submitted:

George Salsman, Co-Chair

Vanessa Poston, Co-Chair