STARRS HOSPITAL COMMITTEE
JANUARY 16, 2008; 0930

Meeting was called to order by co-chairs G. Salsman and V. Poston. Minutes were approved following amendment to the 2007 MOU/MO MAA/MAST report.

I. **Pediatric Cache**. Brief discussion was held regarding trailer and inventory (20' trailer that includes some shelving and storage for equipment. The Pediatric Surge equipment includes diapers, toddler cots, cribs, sheets, pillows, pacifiers, etc.) J. Sackmann indicated that all Region C Hospitals will receive an acceptance notice and each hospital must verify that it can comply with the terms before accepting.

II. **SNS Exercise.** Chris Zirges and Jerry Glotzer reported that Barnes Jewish Hospital will participate and has scheduled a planning meeting for 1/24/08 at which a representative from the Department of Health and STARRS will attend to help coordinate the exercise. BJH plans to exercise activating their Mass Prophylaxis Plan including use of MOSAIC for order placement and retrieving SNS from RSS; activating/managing a closed point of distribution in the College of Pharmacy auditorium including the use of the MEDSPODs software.

J. Sackman indicated that the LPHAs are planning to order and pick up supplies from the RSS site, which will be fully active. Missouri Counties participating are: St Louis City, St Louis County, St Charles and Jefferson. Three Illinois counties are working to determine their level of participation. An evaluator (4 total) will be deployed to each county; they are trying to get an extra evaluator for the participating hospital--BJH. Contractor is still writing the exercise. Operational time line is from 0800 to 1600; hotwash will be held on March 19. S. Henderson reported that the LPHAs will focus on alternative dispensing methods such as regional distribution centers, closed PODs, etc. The St. Louis County EOC will be open and the SLCHD is Clayton will be open. They will also operate a First Med location out of an institution of higher learning; a distribution site will be open from which all supplies will be distributed.

Brief discussions were held regarding BJC's pre-population of employee data into the MEDSPOD software and the advantages of this time-saving step and the need for contingency planning for how supplies will be ordered should MOSAIC be unavailable—such as via HAM Radio and that coordinating with LPHD is key. It was noted that MedComm has no authority to manage the actual resources.

L. Porth led a discussion regarding whether to roll Region C's spring exercise in with the SNS exercise. Complete exercise details were not yet available although it is known that the event will involve a biological contaminant. She also reported that MHA will be reworking the exercise tools distributed to hospitals prior to exercises. Discussion was held regarding high risk/impact events identified on the hospitals' HVA's. Committee agreed to separate the Community-wide Spring exercise from the SNS exercise and to hold that event in May; It was agreed that a tornado exercise being developed by MHA for the out-state regions could be used by Region C as well. L. Porth to provide scenario

once it is complete. The pre-exercise meeting will be held prior to the March STARRS Hospital Committee meeting.

III. **Patient Tacking System Update.** K. Arnold, MetroCom Council Chair provided a brief history of how diversion status in the St. Louis area was tracked via the CHORAL system which had many operational problems. EM Resource is the current vehicle; it is a web-based program providing real-time information on hospital emergency department status, hospital patient capacity, availability of staffed beds and available specialized treatment capabilities. MetroCom provides oversite for the EM tracking component and development of policies/protocols through a subcommittee. One of the things being worked on is how passwords will be distributed and what type of access users will have. It is hoped that the draft will be completed by June.

N. Gragnani gave a brief overview of the advantages of making the mobile routers available to ambulance services. The mobile routers will help draw in internet access and replace the old handhelds including those with cell cards which are very expensive to use. T. Sofian indicated that order of rollout is St. Louis City, St. Charles County then St. Louis County. Illinois Region IV has been working to pilot upgraded software under a separate contract; their project is compatible with that of the St Louis region. It adds capability across a wider region and adds new functionality. N. Gragnani reported that J. Nowak will be traveling to Cook County to do a demonstration for them and if they like the technology, others will follow. This is important because the system currently used is not accessible to Missouri. He continued that what began as an idea coming out of St. Charles County Ambulance District has grown into an opportunity for the entire community.

IV. **American College of Emergency Physicians Survey.** G. Salsman reported that the American College of Emergency Physicians was awarded a grant by the U.S. Department of Homeland Security to develop and conduct an assessment and training for hospitals in 19 cities/territories with a goal to improve the preparedness of health care systems in responding/recovering from disasters. The ACEP will perform an on-site survey of three hospitals (DePaul, St. Louis Children's Hospital and St. Louis University Hospital). As part of this program, all hospitals will participate in an all hazards self-assessment designed to give us an overview of where our region stands on hospital emergency preparedness. In the near future, hospitals will receive a 44-page assessment to complete; information will be collated and used as part of the region's assessment—tying directly into target capabilities directive.

V. **Votran Resuscitators.** J. Sackman briefly updated the Committee on information she received from Votran regarding the use of their resuscitators. She indicated that it is important to keep in mind that the Vortran is to be used as an "automatic resuscitator" and not a portable "ventilator". When using the Vortran, it is important to use the product for its intended use as it is not approved as a portable ventilator and lacks the alarm capabilities required to be used as such. J. Sackman to e-mail copy of information to Committee.

VI/VII. Committee Restructuring & Target Capability List. N. Gragnani reported on the STARRS Committee restructuring and the eight elements of the capabilities-based preparedness process. He continued that unlike in previous grant years, the five capability specific priorities will be focus areas for grant funding using the target capabilities designed to address prevent capabilities, protect capabilities, response capabilities and recover capabilities. We are expected to conduct a hazard vulnerability analysis addressing what are our hazards, our capabilities and our gaps. We will essentially be expected to develop a business plan supporting our request for monies. This format will funnel our funding to identified gaps, thus strengthening our grant application and planning efforts and eliminate the silo effect.

The National Priorities—the five capability specific priorities—will be used to establish the structure of the STARRS Committees. For example:

Information Sharing -- EOC and VEOC
Interoperable Communications – SOPs and Technology
CBRNE Response – Fire and Law Enforcement
Medical Surge & Mass Prophylaxis – EMS, Hospitals, Public Health, MetroComm, etc.
Planning & Citizen Preparedness – Citizen Corp and Family Services; Red Cross, Salvation Army, etc.

He emphasized that Hospitals would also have supporting roles such as under the CBRNE Response.

VIII. Training Committee Course Agenda. G. Salsman reminded the Committee of the available training and encouraged hospitals to take advantage of the offerings.

IX. HRSA/UASI Update. J. Sackman reported that the Pediatric surge trailer/inventory items had been submitted and will go through the bid specifications process and then out for bid. She continued that she met with the Hospital Committee Chairs and reviewed the bids received for the MCI trailers. RFP went back out for disaster triage training and HAM radios because fewer than 3 proposals were received.

E. Hammond is working with the vendor on the satellite telephone rollout for all the agencies. Discussion continues regarding talk group issues. A MOU is being drafted to which all receiving hospitals/agencies will be signatory. The package includes a set number of talk minutes and hospitals are encouraged to contact the vendor, MSV, directly to set up a contract for additional minutes.

X. MAST Team Report. Committee was informed that there are now 50 hospitals signatory to the St. Louis MOU. The MAST is working on reimbursement issues pertinent to Mental Health and for-profit hospitals/critical access hospitals. P. Hales will send out an additional MOU with an explanatory cover letter; all hospitals will need to sign it as it runs parallel in support with the original MOU.

N. Gragnani indicated that with respect to the emergency declarations, the Disaster Relief Fund (DRF), administered and overseen by the FEMA under the Stafford Act, may be made available by FEMA to reimburse cooperating departments and agencies for funds expended and costs incurred in support of response efforts. He continued that if a not-for profit hospital has an MOU with a for profit hospital to provide specific services (accompanied with a schedule of charges for those services), it would make it easier to obtain reimbursement dollars. P. Hales is researching how this can be managed.

XI. Cooling Contingency Planning. G. Salsman introduced F. LeRouge of Trane Systems who spoke to the importance of hospitals proactively developing a contingency plan for their critical services. It was agreed that Trane Systems would present a program designed to familiarize the Committee with steps Hospitals can take to prepare the facility for a catastrophic failure that could occur as a result of a natural disaster or internal disaster. An attempt will be made to consolidate this with the next meeting.

XII. New Business. It was reported that Simulated Education Services is working on a "Pandemic" webinar.

J. Glotzer reported that BJH was invited to present at the National Emergency Management Summit in Washington D.C. on Vertical Evacuations in Hospitals and Long-Term Care Facilities. Scott Aronson of Phillips and Associates will co-present.

Respectfully Submitted,

G. Salsman & V. Poston
Hospital Co-Chairs

MINUTES
STARRS HOSPITAL COMMITTEE MEETING
MARCH 12, 2008; 0900

I. **MHA Spring Disaster Drill Pre-Meeting**

Confirmation of Exercise Date – Discussion lead by L. Kollmeyer who briefed the Committee on the proposed exercise scenario which includes severe weather with a tornado outbreak covering the entire region with multiple tornado sightings and homes destroyed. Multiple injuries will provide an opportunity for hospitals to respond to surge, evacuation and communication redundancies and the integration of local, state, and regional assets. The exercise has been designed to exercise key gaps within the community.

L. Kollmeyer will schedule a telephone conference for April 11 and an after-action report template will follow as well. Exercise debriefing will be held prior to the May 21 STARRS Hospital Committee Meeting, at 0900 to be held at the Trane facility.

II. **Introductions**

III. **Approval of January 16, 2008 Meeting Minutes**

Motion was made by J. Anderson and seconded by J. Mueller that the January, 2008 minutes be approved as submitted. Motion carried.

IV. **MedComm Restructuring**

D. Mays gave a historical perspective regarding the development of MedComm which included concerns regarding the lack of interface between hospitals and the local EOCs during emergencies. Out of these concerns MedComm was born and has been used as the voice of hospitals; everyone agrees that this central voice has been beneficial. Although STARRS has done much to staff MedComm; some staffers have been pulled away during actual emergencies. After much discussion and problem solving, a plan has been presented to and approved by STARRS Advisory Council to float MedCcmm into the EOCs; MedComm is a virtual entity that doesn't have to be in one place. This new vision for MedComm will help align us with NIMS. MedComm will still be MedComm but STARRS staff will be assigned to the larger EOCs instead of the current location. Although the staff will work remotely from one another, they will be working in tandem for the hospitals. Hospitals should see no difference in assistance. We will still call a certain number and ask for the

duty officer. The MedComm representative within the EOC will probably fall under the jurisdiction of the Department of Health in the hierarchy because DHSS does have that responsibility. Historically, the resources that have been needed during disasters have come from the EOCs—transportation and other logistical issues. T. Sofian indicated that MedComm will be stood up for the upcoming exercise and he encouraged anyone not participating in the exercise to volunteer to assist MedComm. Everyone is welcome to attend tomorrow's MedComm meeting (1400).

D. Mays indicated that most of the functions located here (MoDot) will go away. There may be times when Medcomm needs to be stood up and the EOC will not. T. Sofian indicated that MedComm does not have physical resources. Currently many of the EOCs do not recognize MedComm. Currently there is one EOC for each county; it is yet to be determined where MedComm staff will be positioned; however, it is likely they will be at the St. Louis City, St. Louis County, and St. Charles County EOCs. The other counties may have to double up with another county. Illinois runs its own POD and resource hospital; so that will not change.

Hopefully, this will allow us to better identify asset sharing as well.

V. BJC Strategic National Stockpile Exercise

C. Zirges updated the group on the March regional exercise for which BJC volunteered to be a closed POD. She indicated that they currently have approximately 75 volunteers and that those wanting to participate can still volunteer. She stressed that observers will not be permitted; everyone must actively participate. After a brief discussion regarding the death of Jeff Overlease, one of the creators of the MedsPods software, it was decided that the exercise would be dedicated to his memory.

VI. American College of Emergency Physicians' Survey

G. Salsman began that he hoped everyone has returned their survey and that as we begin to work on our target capabilities we can pull some of the information off of these submitted surveys. He continued that Homeland Security had targeted 19 cities to participate with 3 hospitals in these cities to be surveyed. It was decided that DePaul, St. Louis University and St. Louis Children's Hospitals will participate. The physical survey is 8 hours long; rather like a TJC survey where the surveyors rotate through the areas. Participants are eligible to go to Dallas and participate in a best practices conference. A lot of information will be

available as a result of this survey—individual hospitals will not be named—only commonalities will be addressed. Facility surveys are scheduled as follows: DePaul on April 8, SLU on April 9, and St. Louis Children's on April 10.

VII Target Capabilities List Assessment

V. Poston reported that several weeks prior a work group met to review the two target capabilities tied directly to hospitals--medical surge and management of medical supplies and materials. The group reviewed all points falling under those capabilities and identified our capabilities gaps. She reported that J. Sackman put together a spreadsheet and that this afternoon the group will reconvene to determine how these gaps will relate to our 08 investment justifications; the assessment will be used to strengthen our investment justifications by tying our needs directly to our proposals. J. Sackman indicated that the target capabilities will align with our applications but will also identify gaps in our region's overall readiness and allow us to determine whether we need more planning, etc. She continued that the target capabilities will be distributed to all members so that we can be aware of the gaps and the importance for the Pediatric and Alternate Care Site sub committees because the issues addressed by these groups tie directly into our region's gaps

EMS, MedComm, Public Health, and the long term care networks all own pieces of these capabilities. D. Mays reported on an RFP for a regional plan. Lack of a true collaborative regional plan is a significant missing link. Although there are things in the TCLs which we don't, as hospitals, have much control over, a regional plan will enhance our level of readiness. She encouraged everyone to meet with their jurisdictions and get them more involved so that they can better understand how hospitals work. G. Salsman indicated that there may be other spin-off committees coming out of this document so we may be asking others to become involved in addressing these areas.

VIII. Anniston Seminar

J. Sackman reported on the upcoming HealthCare Leadership course being held in Anniston, Alabama. The program is by invitation only and is a collaboration with MARC as well as other outstate Missouri regions. The program was put together for our state; bringing partners from the KS and IL side who are HRSA ASPR representatives. 3 representatives from the largest hospital entities from the KS and STL and outstate regions will

participate. The goal is to bring together the entities with a diverse group of people including public health and MO-1 DMAT to collaborate and exercise together not only regionally but state-wide. This is the first time the CDP has put this type of program together.

IX. J. Sackman reported on funding status.

- UASI FY2005 funding, Satellite phones. Hospitals are receiving a letter and agreement to be signed by the CEO; agreement must be returned to East West Gateway as soon as possible because all must be signed/returned before any are distributed.

  A brief discussion was held regarding the hospitals' responsibility to sustain the contracts for these phones. Approximately 6 BJC facilities have accepted the telephones which will require an approximate $69 monthly expenditure after the first year. It was noted that the new 2008 EC standards require use to demonstrate our redundancies.

- UASI FY2006, MCI BLS Trailers; procurement stage in bid process; at EWG being reviewed.

- UASI FY 2007, Multi-area investment justification for special needs population caches; collaborative with Kansas City is coming up and there is a DHSS supplement received by the region. The scope has not yet been received but it is known that it must be executed by August, 2008. The contract will provide an oxygen supply to the special needs cache. The cache will include ventilators for 100. Discussion was held regarding the life safety code requirements hospitals must meet regarding the storage of oxygen and the need to effectively collaborate with the State so that we can get a package that hospital's will be able to accept. The LSC requirements under which the hospital must work have been communicated to the State.

- 2nd approved IJ is for an incident management software pilot program which will assist pilot hospitals with the management of medical supplies/plans, etc. D. Mays indicated that since this project was developed there have been vendor cost changes, as well as, additional vendors identified which should lead to the number of pilot hospitals being increased from 5 up to 10 depending upon the proposal selected.

- HRSA 07 pediatric surge trailers; currently in procurement process; peds surge supplies must go out for re-bid because we did not receive sufficient number of bids.

  Brief discussion held regarding hospitals ability to receive caches in smaller quantity to alleviate storage limitations. Should sufficient funding remain following the purchase of trailers/caches, caches similar to the PPE caches received from the State may be purchased. Communications regarding this are going out to hospitals; requested that all hospitals respond quickly as to whether they can receive this smaller cache.

- UASI FY08; application guidance has come out but process has been delayed. There is an emphasis on mass fatality, evacuations, and alternate care sites. This coincides with what we are currently working on. HHS will not be supporting the competitive grant; will be working under the general ASPR grant funding only. We will be working on three IJ—multi-area burn cache; incident management software pilot project (phase II); and alternate care site tents.

  T. Sofian updated the committee on upcoming changes that will be required of our radio communications. He indicated that although our current HEAR system does what it needs to do, it will need to be replaced once narrowbanding becomes required in 2013. Radio will need to have digital 700 and 800 capabilities. We are working with MHA to determine where we stand as a region. FY08 funding will go toward making sure that all hospitals are 700/800 megahertz capable. A 700/800 MHz talk group has already been established in all eight of the region's counties.

  He also reported regarding ETS—EMSystem will be in town next week and we will be working with St. Johns Hospital in putting together an evacuation exercise to be held this summer. We are working with St. Charles County Ambulance who will be the first to make the onboard mobile router operational. The ETS worker group has been integrated into MetroCom Council. As soon as USAI funding becomes available, IBM will be back on line. Committee members encourage to contact T. Sofian with any questions.

D. Mays reported on a Homeland Security competitive grant available to not-for-profit institutions; $75,000 with 25% matching. Grant designed to

provide facility hardening; members to contact N. Gragnani for additional information if interested.

X. **Disaster Triage Workshop**

G. Salsman reported that workshop information has been posted on the STARRS webpage; scheduled for June 26 and put on by the Texas Engineering Extension Services. The workshop is designed to test a disaster triage and biological mass scenario. ED staff is an apposite group to attend. Attendance is free; location pending; 150 participants. The Workshop will address first responders and healthcare triage methodologies on biological triage and trauma triage; best practices and collaborative among those working in the field and in the hospital will be emphasized. We want to have EMS/fire attend as well. A working lunch with tabletop exercise (25-30 in group) will provide opportunities to discuss either a trauma or bio scenario; everyone will reconvene to talk about what they have learned; an excellent opportunity for networking .

XI. **Decon Awareness**

G. Salsman reported that we need more people involved in this training; if a hospital receives one of these trailers in a disaster, they need to know what to use it. The biochecm trailer training is scheduled for April 24 at Progress West; May 16 at St. Anthony and June 13 at the Eureka Fire Academy. Basic decon training is also scheduled for May 13 and 14 at St. Joseph's Kirkwood.

XII **New Business**

D. May read thank you note from D. Beezley for the flowers that were sent by the Committee.

Next Meeting: May 21 at TRANE in Fenton, MO; Spring Exercise critique will begin at 0900 followed by regular meeting agenda items; closing with a lunch and presentation on utilities contingencies.

XIII. J**oint Commission – 2008 Emergency Management Standards Presentation**

Joe Cappiello, President and CEO of Simulation Education Services, is a former Vice President for Accreditation Field Operations at The Joint

Commission. J. Cappiello spent 10 years at The Joint Commission directing its several hundred member field surveyor team.

Mr. Cappiello explained that beginning in January of 2008, the Joint Commission put into effect a significant change to its requirements for emergency preparedness. These changes came about as a result of the lessons learned from a variety of disasters that impacted health care organizations over the past five or six years. Joint Commission staff identified these lessons through direct debriefings with health care organizations impacted by these disasters, engaging emergency management experts, serving on national emergency management expert panels, and reviewing current literature on emergency management. These new standards were released for field review early last year and have been widely published in all the various media outlets of the Joint Commission. Yet here we are in 2008 and for many these standards seem to have snuck up on them.

It is anticipated that in 2009, emergency management will have its own chapter in the accreditation manual where all emergency management related standards will be consolidated for clarity and ease of identification.

SES provides customized solutions and scenario development bringing together multi-disciplinary/multi-jurisdictional partners to conduct exercises that meet the regulatory requirement. Their exercise model integrates simple methodologies, subject matter experts, event coordination, and evaluation services connecting diverse components of the preparedness and response network.

He stressed the importance of getting senior leadership involved and that desktop exercises can be a good way to do that. SES offers these desktop exercises and simulated patient evacuation and surge exercises.

Meeting adjourned at 11:40

Respectfully submitted by:

Vanessa Poston, Committee Co-Chair

George Salsman, Committee Co-Chair

STARRS Hospital Preparedness Committee
MINUTES

May 21 2008
9:30 am – 11:30 am
Location: Trane, 101 Matrix Commons, Fenton, MO 63026
Chair(s): George Salsman & Vanessa Poston

MHA Spring Disaster Drill Post-Meeting

Discussion lead by L. Kollmeyer who briefed the Committee on the results of the severe weather scenario exercise that took place on May 7, 2008. The exercise had been designed to exercise key gaps within the community as well as test internal operations at hospitals. From the feedback thus far, it seems each hospital was able to test their internal objectives, however, this exercise was not as well coordinated as it could have been regionally. In moving forward, a planning "EX PLAN" group will be established to bring in key stakeholders to assist MHA and STARRS in building of a more robust exercise for hospitals that meets the community partnership piece of Joint Commission.

L. Kollmeyer made a request of members to volunteer to be part of the EX PLAN group. She also stated if volunteers did not step up that she would be tasking some hospital point of contacts to take on this role. EX PLAN group meetings will be established as well as with collaboration with STARRS to bring in regional partner agencies.

I. Introductions

All participants at the meeting introduced themselves.

II. Approval of Minutes

L. Porth stated a correction in the minutes that she was not in attendance at the March meeting. Every where it is stated L. Porth to change to L. Kollmeyer. Motion to make changes and approve minutes was made by C. Zirges and second by A. Pesti with all approval. Motion carried.

III. Discussion Items

ACEP Update

M. Gardner and D. Jester of the American College of Emergency Physicians joined via conference call to provide the Hospital Preparedness Committee a brief update and progress of their survey and data collected from our region. M. Gardner reported he provided late to STARRS the power point presentation, however, with the coordination of STARRS that copies or through via e-mail the presentation may be distributed to all members. He commended our region for our regional efforts especially impressed in our physician participation. He was surprised how much participation we have regionally. 29 out of the 55 hospitals have completed the ACEP survey that was distributed. Out of those 29 were compiled aggregate data of our region.

CDP Healthcare Leadership Course

G. Salsman pointed out to the group the members that attended the Healthcare Leadership Course in Anniston, AL. The training was held at the end of March and first week of April. He stated how important and well received this course was to work with other areas of the State such as KC and out-state regions. G. Salsman was very impressed by the course as well as the Center for Domestic Preparedness was impressed by our State preparedness. He explained how the course consisted of two intense days of classroom and the other part was intense hands on exercise/training. G. Salsman announced we were the first class to all past the first time and to solve the scenario of where the public health incident started.

D. Mays concluded as the training was not an educational experience, it was however a very good outlet for networking with other hospitals statewide and working with key partners.

H. Sandkuhl expressed that the course was very good, well received and recommends others to attend if possible.

J. Sackman said it was a very good course and this course not only brought together hospitals but it was Fire/EMS folks and public health. If interested in attending this course or others the CDP website is on the STARRS website –training page.

L. Porth announced MHA, STARRS and MARC are working at offering another course like this, however, that it will not be a the capacity since the CDP would like to have a variety of other States involved in the training.

DMH MOU

J. Sackman announced that Department of Mental Health Memorandum of Understanding has been distributed to all the signatory hospitals in the region. This MOU is parallel to the 2007 Hospital MOU and has been developed by the MAST to be inclusive to DMH facilities in the St. Louis Region.

Statewide MOU/ABLS Instructor Course/MHA Survey

L. Porth explained that MHA Legal Counsel guidance in the Fall 2007 was that hospitals in the St. Louis and Kansas City regions did not have to be signatory to the MHA Statewide Memorandum of Understanding (MOU) if they were already signatory to the regional MOUs. L. Porth was very apologetic of the situation of now as of February/March of this year, MHA Legal Counsel, is now requesting the STARRS/MARC area hospitals to become signatory to the MHA Statewide MOU. MHA Statewide MOU roll out will be sent with a letter explaining the changes and Department of Mental Health amendment. The MHA DMH MOU Amendment is inclusive to all the DMH facilities in the State. MHA DMH MOU Amendment is in draft form. L. Porth is working with DMH to finalize the document. L. Porth brought copies of both the MHA Statewide MOU and draft DMH Amendment for anyone would like a copy. Members of the hospital committee requested MHA provide an email explaining this with dot points simplifying the changes. L. Porth verified she would be sending out an email with the dot points and changes to all points of contacts. MHA stated if there are different point of contact they should use for hospitals to notify her.

L. Porth discussed the issues with the MHA survey explaining that it is quite similar to the ACEP Survey that went out. D. Mays and G. Salsman addressed that the thought was hospitals were not going to have to fill out the MHA Survey since the region had the ACEP Survey this year. The explanation was that MHA Survey is shortened in length and is asking a few questions outside of ACEP Survey questions that need to be answered for future regional planning efforts. L. Porth explained in the next few days this information will be distributed. The piece stated that has not been included in the past was on estimate of staff time and educational time on emergency preparedness.

L. Porth provided an update on the equipment roll out by MHA. There will be three purchase orders being released to all hospitals in the next coming days on Burn Cache, Evacuation Equipment and Oxygen Equipment. L. Porth also informed pediatric hospitals that if they wanted to switch out some of the equipment to meet the needs of pediatrics that would be alright. The Evacuation Equipment PO is a choice between the MedSleds or EvacuSled and a total of $5k. The Oxygen Equipment PO is with Airgas products to choose from a large cache or small cache or reimbursement up to $5,150. The storage requirements for the Oxygen Kit will be attached to the PO. The oxygen kit equipment is a state mandatory roll out. L. Porth announced the State MO 1 DMAT teams are looking at purchasing oxygen refilling tanks in the region. D. Mays and D. Beezly asked if these Oxygen Kits could be stockpiled and L. Porth answered yes, however, each hospital has to keep in mind audit issues.

L. Porth announced that they are trying to pull together an Advanced Burn Life Support (ABLS) Instructor Course; however, they must have at least 25 individual names and resumes to apply for a course for our State. At this time, they need at least 8-10 more names of individuals. T. Sofian asked if an EMT could take this course. H. Sandhukl and L. Porth both concluded it was for RN and physicians, however, she would check into it. She made a request any interested person in this ABLS Instructor Course to email her. D. Mays and other hospitals stated they did not remember a request for participants for this course. J. Sackman stated it was pushed out to hospitals via e-mail back earlier this year. The information will be pushed out again to the hospitals by MHA.

Grant Updates (HRSA & UASI)
J. Sackman provided the HRSA FY07 Equipment purchase updates. FY07 HRSA Equipment of Pediatric Surge Trailers, Small Pediatric Surge Caches, Special Population Need Caches and HAM Radio equipment are going through the procurement process. M. Siegel from Warner Communications (vendor) was in the audience announcing to hospitals what services his company can provide them to HAM Radio and other items. J. Sackman stated that the HAM Radio Equipment only bid was awarded by EWG to Warner Communications yet it is at the discretion of the hospitals of what provider they wanted to do the installation.

J. Sackman provided the UASI funding updates for hospitals. UASI FY05 purchase of the Satellite phones will soon be rolled out and training provided. The MOUs have been completed by all the hospitals in the region and one last final one from another agency is being finalized. Hospitals should be hearing something very soon. UASI FY06 purchase of MCI BLS trailers are purchased and on order. The MCI BLS supplies for trailers are up for bid at EWG website and going through the procurement process. UASI FY07 purchase of Hospital Incident Command Software and Special Need Caches are in being worked on. The Hospital Incident Command Software RFP is in the

development stages and the collaboration with MARC on the Special Need Caches are in discussion phase. UASI FY08 application has been submitted to the SEMA. Two hospital preparedness projects were investment justifications –Burn Cache Joint Project and continuation of funding for the Hospital Incident Command Software.

MedComm Pilot Test
M. Thorp was unable to make the meeting due to a conflict so he provided T. Sofian with his notes of feedback. T. Sofian first explained the MedComm Pilot Test during the MHA Spring Exercise. VEOC was not utilized during this exercise. MedComm location was changed to test it residing inside an Emergency Operation Center. The test was at the City EOC. Some issues that arose during the exercise such as St. Louis City no PL tones with their HEAR radio so communication was poor and sketchy; one phone line at EOC for MedComm without rollover capabilities made the system bogged down by busy tones for hospitals; no HAM Radio Operator due to last minute emergency and no back up HAM Operator established; lack of computer access with one laptop available at the facility for use; lack of mobile resources; and lack of seating inside the EOC was an issue. Due to these were not unforeseen issues they logistically hampered the exercise communication pathway.

At this time, MedComm will remain as it is at TMC Building and be implemented as it always has. T. Sofian requested again for personnel to step up and be trained and volunteer being part of the MedComm call down system.

ACS Committee Update
G. Salsman announced that J. Mueller had contacted him that morning that he would be unable to make the meeting and providing George with updates. G. Salsman turned the update announcement to J. Sackman. J. Sackman explained the thorough discussions topics of regional alternate care site; piloting a regional alternate care site before implementing in all regions; a letter to be developed by Chair and members inviting more regional partners to the table; and development of possible regional ACS sites in St. Charles County of a school or SSM Medical Center.

J. Sackman announced the next meeting will be at SSM St. Joseph St. Charles Hospital on Monday, July 7, 2008, from 1:00 p.m. to 3:00 p.m.

Pediatric Preparedness Committee Update
J. Sackman provided this update to announce the new Chair of the Committee is Chris Green. The Pediatric Preparedness Committee was to meet on a quarterly basis but due to transition in leadership it has not met since last October of 2007. The next meeting will be held at SSM Cardinal Glennon Hospital on Friday, June 20, 2008, from 12 noon to 2:00 pm.

HRSA Audit Update
J. Sackman announced out of the 45 hospital HRSA FY 05 & 06 Equipment audits that 8 hospitals remain open. In the next coming months those audits will be completed. Hospitals who are receiving HRSA FY07 grant funded equipment can expect those audits to start after January 2009.

IV. Action Items

Regional Hospital Planning Committee
Anyone interested in being part of the stakeholders group that reviews the drafted regional hospital plan is to notify J. Sackman.

MHA Fall Exercise Planning Committee
Notify L. Kollmeyer if you want to be a part of the "EX PLAN" MHA Fall Exercise Planning group.
Fall Exercise Date
Primary Date Discussed & agreed as a group: October 15, 2008, 6:00 a.m.-10:00 a.m.
Back up Date Discussed & agreed as a group: October 8, 2008, 6:00 a.m.-10:00 a.m.

L. Kollmeyer requested hospitals go back internally to make sure it fits their schedule. Each hospital is to validate in the next week the set dates to L. Kollmeyer. The focus of this MHA Fall Exercise is to test the 3rd Shift employees. J. Papes addressed the committee that they are working with the airport on a possible October exercise and suggested to build the MHA Fall Exercise into that one. J. Papes will find out more information and notify L. Kollmeyer.

CDP Healthcare Leadership Course
Anyone interested in attending the course to notify L. Porth.

V. Other Business/New Business/Reminders

G. Salsman suggested and asked the Committee if they would be interesting in having Joint Commission topic as a standing agenda item. The entire group agreed, yes.

G. Salsman asked C. Zirges of BJC Healthcare to provide the Committee with a brief overview of the March 18th SNS exercise. C. Zirges said she was very pleased by the turn out of volunteers from not only her internal hospitals within BJC but also the supporting regional hospitals. The exercise overall was very successful. She explained some lessons learned on just in time training, communication and incident command structure. BJC Healthcare closed POD was able to meet or exceed their expectations even with all the communication difficulties on that day. The exercise and usage of MedsPOD equipment was a success. C. Zirges recommended to all hospitals with MedsPOD equipment to take it out, use it, test it and work with it.

J. Sackman reached out to the hospitals requesting they take advantage of the training opportunities provided to the regional hospitals/healthcare workers at no cost. Explaining how the grants are moving towards more planning, coordination, training and exercising. The grants have established regional assets and it is the responsibility of all hospitals not just the accepting hospitals of the equipment to be crossed train on equipment because it is likely in a time of need those equipment assets could be deployed to their facility. J. Sackman also stated the Bio Chem Decon Tent Training in June is mandatory for hospitals with the equipment, however, the expectation of other hospitals to be trained as well. D. Beezly addressed the committee about how STARRS is going to work on providing all hospitals step by step instructional sheet of the Bio Chem Decon Tent. J. Sackman stated once those were established it would be a real test to deploy our assets to a regional hospital to test their ability to set up on their own.

Disaster Preparedness for Hospital Administrators Seminar –June 4, 2008
MoDOT Traffic Center Building–one day educational & tabletop exercise

Bio Chem Decon Tent Advanced Training ~ Mandatory ~ June 13, 2008
Eureka Fire Protection District Training Center–one day
REGISTER NOW!!! www.stl-starrs.org

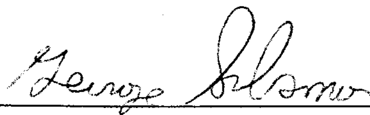
Disaster Triage Workshop –June 25, 2008
St. Charles Convention Center –one day workshop
REGISTER NOW!!! www.stl-starrs.org

VI. Next Meeting: SSM St. Joseph Kirkwood, July 16, 2008, 9:30 a.m.–11:30 a.m.

VII. Adjournment @ 11:31 p.m.

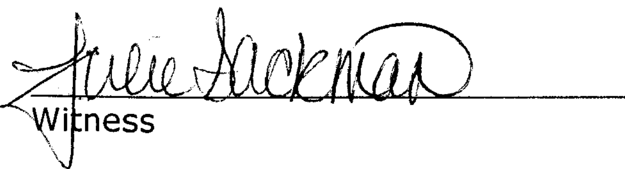
Approval of Minutes:

Date: 7/16/08



George Salsman, Chair

Vanessa Poston, Chair



Witness

STARRS HOSPITAL COMMITTEE
September 17, 2008; 0930 – 1130

St. Joseph's Hospital of Kirkwood, Carondelet A

INTRODUCTIONS

Roundtable introductions of all attending.

APPROVAL OF MINUTES

Motion was made by M. Dundon and seconded by D. Beezley to accept the minutes as written.

REVIEW OF DEPAUL/ST. ANTHONY CHEMICAL INCIDENT

D. Beezley gave a brief summary of issues occurring on the St. Anthony campus.

- Problem getting onto the campus–consider ICS badges for Hospital command team and providing information to local municipality
- Problem getting valid information from the scene and from within the Hospital
- HVAC and p-tube system should be shut down immediately
- Notification needs to go out to community over the EMSystem so that hospitals are put on notice of possible incoming victims
- Need to discuss sequence in which community resources will be brought back up
- Need for hazmat/ICS training; multiple individuals giving different instructions
- Important to contact waste hauler and linen vendors
- Lockdown was not effective; manual lockdown at St. Anthony takes from 30-40 minutes
- Once contaminated victims present through triage, area is contaminated and everyone in it
- Need to manage a list of those impacted and keep them contained, handled, managed and communicated with because frustration/anger will build; pastoral care important to be involved
- Be sensitive to staff questions/concerns in quarantined area; provide them written communication
- Consider using next shift to set up alternate ED
- Need for tight chain of custody for personal belongings
- Problem with decontamination of personal belongings and hospital equipment
- Problem accessing emergency restoration contacts; used Environmental Restoration, 888-814- 7477, Lonnie Wright (636-680-2422 cell)
- Problem with contaminated vehicles brought onto campus
- Manage list for recovery as you go; get finance in right away
- Helpful that MoDot indicated ED closed on signing, but hospital must notify them when the event has ended
- Have cell phone chargers for all types of equipment used by IC team
- Perform a formal sweep of the area once decontamination of area is complete to prevent need to suit up for re-entry into area
- Manage testing of staff immediately

- When closing ED, ensure you have EMS on site
- Ensure you have plan/supplies needed to bring facility back up (change of filters, etc.)
- Take pictures from the beginning
- Use careful consideration as to location of decon ppe and equipment
- Media–received in excess of 100 calls from Washington DC to Seattle; five people doing nothing but media

J. Mueller gave an overview of some of the issues encountered on the DePaul campus

- Limited number of trained decon personnel
- Inaccurate information; scenarios quickly changed
- Difficulty in gaining access to campus
- Fire did a good job of establishing external hot zone
- North Central Fire sent out hazmat team
- No hospital IC
- Poor communication; Nursing Director and VP were in the building but he was not aware
- No recognition of hot zone by hospital staff
- Did not know how to neutralize contaminant
- Could not find anyone to shut down HVAC
- Restoration vendor was Belin Environmental (call made by Fire)
- Restoration vendors took instructions from Center for Toxicology and Health; coordinated monitoring/restoration activities on both campus and at private homes in University City, Granite City and in Jefferson County
- Concern over EMTALA violations if patients presenting to the hospital were not cared for
- Continue to look for missing fire equipment, keys, etc.
- 15 drums of hazardous waste still on site waiting to be shipped
- Wayfinding within the hospital issue for some staff

D. Mays indicated that discussion following the event led to recognition that we have an opportunity for training for the municipalities; their incident command did not go well. She also indicated that she was able to confirm that they do not have the authority to dictate what must be done in the hospital unless the hospital invites them in. She stressed the importance of hospitals having strong incident commands so that they are able to maintain jurisdiction in events such as these.

She continued that at a recent meeting with 1st responders the need to have Public Health be a contact for hospitals and that public health make the contact through MedComm for hospitals.

The need to involve Poison Control for their expertise was also discussed.

J. Mueller indicated that DePaul had over 30 people attend their hotwash; St. Anthony's has not yet completed their. More detailed information regarding the event will be submitted for distribution to all Committee members.

UPCOMING TRAINING

J. Sackman reported that by the November meeting she will have finalized the 2009 training calendar.

She reported that as a follow-up to a survey pushed out to hospitals in April, a site visit at three of our local hospitals and a best-practices conference hosted in June, the American College of Emergency Physicians (ACEP) will be conducting two training events in December. On December 11 there will be a seminar focused on alternate care sites, surge, and volunteer management. December12 a tabletop exercise will be held focusing on a hospital only hazmat scenario per their deliverable. Concern was raised regarding the recent events identifying that these types of events are truly community based and that including only hospitals may not be a productive use of time. No agenda has been provided; more information to follow.

Classes for 2009: two focus on decon training and hazmat for healthcare. She indicated that a contractor has been found that has much experience in hazmat for hospitals–building hospital teams, awareness, and train-the-trainer based programs.

ALTERNATE CARE SITE COMMITTEE

D. Mays reported that there has been much work at the State level on alternate care site and pallative care planning and it was her recommendation to the Committee that we place their work on hold until we see what guidelines comes out of the State-level planning.

GRANT UPDATES

J. Sackman reported that the pediatric cache will roll out by year's end and that the MCI trailers will roll out mid-Spring, 2009. The delay in receiving the MCI trailers stems from a vendor backlog of supply.

Hospitals will need to report by the end of July, 2009 their NIMS completion; also each contact will have to submit documentation showing training/testing of grant-purchased equipment–MedsPods, MedSleds, radios, cots, etc. Hospitals can submit testing/training from September, 2008 through July, 2009 of all grant purchased equipment

D. Mays offered the suggestion to the Committee of incorporating use/testing of these items into the hospital's quality program. Include date, activity, what equipment was involved in documentation to STARRS.

C. Zirges informed the Committee that NexGenisys just released an influenza module to the MedsPods software.

In response to a concern regarding whether grant purchased could be deployed by year's end to coincide with declarations complying with 8133, L. Porth indicated that MHA is pushing out in mid-November a listing of everything given out during the grant year.

The State is conducting a SNS exercise and per our grant deliverable we are required to have one hospital participate in the exercise. G. Salsman indicated at an SSM facility will be the participating hospital.

Two requests for proposals are out–one for development of a healthcare regional plan and the other for an incident command /disaster management type of software.

HAM radio equipment. 26 hospitals have accepted equipment and we have experienced some problems associated with this purchase. Phase 1 bought the equipment. We placed monies into the 2008 grant to cover any associated problems encountered during Phase 1. We are working with East-West Gateway to finalize a proposal for a vendor to do installations.

J. Sackman indicated that it is her understanding that In Phase 1 there is some disconnect as to what communications have taken place between the hospitals and the vendor. She requested that hospitals who have not been communicated with should let her know. Per the vendor's contract the equipment must be delivered; the vendor approached some hospitals to sign off delivery of equipment and that the vendor will store the equipment. There are some problems for hospitals regarding installation. What is being proposed to hospitals and the vendor, and in working with East-West Gateway, the vendor will store the equipment provided that specific serial numbers are recorded for each piece of equipment and that both the vendor and the hospital sign the acceptance documentation. She indicated that she will push out what equipment will be received. She continued that If the vendor is holding your equipment, your acceptance document must show specific serial numbers of each piece of equipment.

D. Mays requested that BJC facilities should not accept the equipment unless it can be installed right away.

The requirement for hospitals to have licensed HAM operators available to their facility was also discussed. STARRS should have a copy of any MOUs the hospitals have with these operators.

METRO COM COUNCIL UPDATE

N. Gragnani reported that several years ago, HAMSL purchased a diversion management software, CHORAL. MetroCom Council was estblished to coordinate the use of CHORAL. Although HAMSL is no longer in existence, MetroCom Council continued to operate as a

subgroup under the Missouri Hospital Association. The Council has been involved with the patient tracking initiative as well. K. Arnold has chaired that group throughout this period but announced she is stepping down in January, 2009. Because of STARRS' involvement with the Hospitals and MedComm, MHA has requested that the MetroCom Council become a committee under STARRS. It was agreed that placing the Council under the Medical Surge and Mass Prophylaxis capabilities, with hospitals and public health, was a good fit and this proposal was made to both the Advisory Council and the Board. Both unanimously approved the move.

He informed the Committee that T. Sofian has resigned his position at STARRS. As a result he will be filing the role of Duty Officer, J. Sackman will serve as the point of contact in the planning sense and Brian Marler will serve as the technical expert/point of contact for the patient tracking system. He continued that some of the issues that have existed with the patient tracking system related to the mobile routers have been resolved.

N. Gragnani reported that with the previous problems related to HEAR tests have been resolved and he foresees no further problems. He asked that members let him know if problems do develop.

He also informed the Committee of STARRS' move from the MoDOT Traffic Management Facility to the East-West Gateway offices downtime. The move is expected to be complete around mid-November.

PEDIATRIC COMMITTEE UPDATE

C. Green reported the Committee is tabulating data received from a survey developed to determine what equipment and capabilities are in our community.

MEDCOMM COMMITTEE UPDATE

D. Mays reported that in keeping with the national guidelines–ESF8--we are looking at placing MedComm back under the EOC. She indicated t hat it has been difficult for our first responders to see MedComm as part of the EOC. Moving this functional area under the EOC has received strong support from the EOCs. They are currently working through the process now, but it should mimic what we have done in the past.

D. Mays also extended her thanks to both N. Gragnani and J. Sackman for their tireless efforts in advancing our capabilities.

REGIONAL PLAN

F. Fitz presented an overview of the work begun on our regional plan. He indicated that the most significant activity occurring presently is that of information gathering and assessment. They will be reaching out to the Hospital Committee for information and will be contacting everyone in an effort to determine how to best integrate all stakeholders into

the regional plan. He stressed that this plan will not be designed to replace our local plan but integrate it into a regional concept.

N. Gragnani indicated that an request for proposal is out for the development of a regional hospital plan that will complement the catastrophic plan being developed for the entire region.

JOINT COMMISSION UPDATEG

G. Salsman stressed the need for a resource tool containing all contact information for key individuals at each hospital. J. Sackman reported that she is in the process of putting together such a document and that it will include local public health and other contacts as well.

G. Salsman asked that if any hospital receives a TJC survey to contact him so that he/she can present at the next meeting.

2009 MEETING LOCATION

Next year's meeting will be held in the McGowen Meeting Room at Cardinal Glennon Hospital. In an effort to involve more Illinois hospitals in the meetings, scheduled dates will be on the second Wednesday of the odd-numbered months; same time.

MEDSLED TRAINING/STAFF & PATIENT SAFETY

R. Pirtle, BJH, presented the findings of a LEAN, Six Sigma study done on the vertical evacuation process concentrating on both staff and patient safety. Their goal was to improve the existing policy and standardize the process/training. They expected to show that increased training would result in a decrease in errors. However, results revealed that the device is very intuitive to use allowing just-in-time training to be as effective as more extensive training sessions.

There being no further business, meeting adjourned at 1149.

Approval of Minutes:

Date:______________________________

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George Salsman, Chair

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Vanessa Poston, Chair