

MINUTES
STARRS Hospital Committee
July 08, 2009; 0930-1130

- I. Review of Minutes. Following an introduction of those present, the minutes were approved with revisions made to the H1N1 update by C. Zirges.
- II. Regional Health Care Coordination Plan. G. Parry encouraged everyone to attend the tabletop exercise planned following the regular STARRS Hospital Committee. She indicated that this will allow members to review the operational concepts of the Plan and how the Plan would be used. The exercise is planned to last approximately two hours. She also updated the Committee on the two meetings scheduled to explain the plan to hospital CEOs. Individuals in chief operating officer type roles will explain how a similarly crafted plan is used successfully in Texas. This should allow the attendees the opportunity to make a cost/budget analysis. Flyers are available if anyone needs them to take back to their facilities.
- III. Fall MHA Exercise. L. Kollmeyer updated the Committee on plans for the September 15 exercise. Following a brief discussion, it was decided that the tabletop exercise would be more beneficial if held following the functional exercise. She indicated that a survey of hospitals indicated that a majority of respondents preferred to use the previously developed exercise. The exercises will be part of a two-day workshop (September 14 and 15) conducted by the American College of Emergency Physicians. She indicated that the final EXPLAN has not yet been distributed in an effort to keep the details as quiet as possible. Allowing for the tabletop following the functional will provide hospitals with the opportunity to truly escalate the impact of the scenario. She indicated that a brief evaluators program will also be scheduled.

A brief discussion was held regarding whether, in the future, exercises should cover a longer period than the traditional, two-hour period. Given the significant impact these exercises have on the hospitals, it was agreed that functional exercises would continue to be limited to two hours unless a mandate from The Joint Commission requires otherwise.

- IV. Global Star Satellite Phones. L. Kollmeyer updated the Committee on actions taken in response to the intermittent service provided by Global Star. She indicated that upon advice from counsel, the contract was cancelled. She stressed that this affects only the phone service being paid for by MHA. The cancellation was retroactive to May 01, 2009. She indicated that the current budget does not allow for startup of a new service contract with another vendor. In response to a question, she stressed that this only affects telephone service being paid for by MHA.
- V. E-sponder. D. Mays gave a brief update on the status of the E-sponder software in that it is currently functional but lacking much of the hospital-specific

components such as inventory features. She continued that part of the contract with E-sponder is that they do some customization of the software so that it better fits the hospitals' needs and interfaces with applications currently in use by the Hospitals such as HAvBED. She reminded members that this software will be available to all hospitals; after two years of use, hospitals will need to decide whether they want to support the software. This should give everyone ample opportunity to test the functionality of the software and allow for budget planning. It was stressed that the more entities that continue the license, the less we will pay for the license. This software will be used extensively in the SMOC (St. Louis Medical Operations Center).

- VI. Altered Standards of Care. D. Mays presented a powerpoint presentation that had originally been prepared for the BJC Healthcare executive team. The presentation focused on what is expected during a pandemic. Planning needs to address the fact that 40% of staff is not expected to be available for work; there will be a shortage of ventilators and other supplies/equipment and of critical care beds. When a hospital is presented with a surge of patients we will need to revert to performing a field-type triage which will help us do the greatest good for the greatest number of people. Not many physicians except emergency department physicians, those who have been in the military or practiced medicine in a third-world country are familiar with this.

Bouncing back from a less than desirable response to Katrina, the federal government was much more proactive during the spring, H1N1 event and we expect that proactive response to continue.

In 2007 a task force was developed at the State level to look at alternate standards of care. The group consisted of representatives from public health, government, MHA, attorneys, ethicists, hospital representatives, etc. The idea was to develop a plan for a mass casualty event. There are several other states that have guidelines; they are not all the same; the best was pulled from these examples. A brief discussion was held regarding just what would be received from the vendor managed inventory and the fact that our staff will not be familiar with the product.

There currently is no real protection for a physician practicing outside evidence-based guidelines. This type of guidance is not expected to come from the federal government. As a state, Missouri will have a white paper that will be vetted to the public in the near future.

One thing being looked at is the use of a triage team made up of a physician (not the physician caring for the patient/patients); respiratory, a medical ethicist, etc. This team will make decisions on the use of rationed equipment/supplies.

L. Kollmeyer indicated that she is participating on a task force that will look at guidelines for EMS to follow.

D. Mays offered to distribute a copy of the presentation for use at other entities.

- VII. Grant Activities. J. Grotomeyer reported on the June 29th meeting for all hospitals signatory to the STARRS Memorandum of Understanding. There was a very good turnout. She indicated that the plan is to have two of this type of meeting each year in the future. Updates regarding the Urban Area Security Initiative Grants; where we are currently and what we want to do in the future, specifically the Regional Healthcare Coordination Plan was provided. The Hospital Preparedness 2008 contract will be ending soon (August 08). HAM installations continue. The 2009 Hospital Preparedness program will concentrate on a future phase of the Regional Healthcare Coordination Plan so that there can be continual development of the plan. Moving into next year we will be looking at more defined protocol and standardized training; a mass fatality plan; hazmat for healthcare program will come back with the Hospital Preparedness grant with an emphasis on a long term care coalition and other partners in the Regional Healthcare Plan.

UASI grant 07 and 08 reflects a joint investment justification with Kansas City area. A joint workgroup has been working on special needs cache for 2007 and burn cache for 2008 purchases.

She continued that the Department of Homeland Security will be doing monitoring visits in August—looking at the Regional Healthcare Coordination Plan and the overarching Regional Plan.

She reported on the application submitted to the CDC for an alternate care site award which would provide assistance for our Region in developing a template. Our application was strong and we have made it to the second level as have 12 other applicants. They will review some pandemic plans from the region and interview stakeholders. The CDC will actually build our plan.

- IX. All Star Game Update. If an event occurs we will be testing patient tracking and setting up command centers. The Committee requested that no alerts be sent over the EMS system unless an actual event warrants them.
- X. The Joint Commission. Little in the way of tabletop exercises done at any of the facilities. Hot topics include: 96-hour plan; H1N1; HVA (looking at the top 3 vulnerabilities); surgery fires; infant abduction; contingency water for dialysis treatments; and disposal of fentanyl patches. G. Salsman indicated that Cardinal Glennon and St. Mary's Hospitals will have a joint survey for emergency preparedness; St. Claire Hospital is scheduled for their first survey in August.
- XI. New Business. J. Grotomeyer reported that not all supplies have been received for the MCI trailers because of an insufficient number of bids.

2010 Meeting Location. G. Salsman asked that any hospital interested in hosting the 2010 meetings contact him.

Respectfully submitted

George Salsman 9/9/09
George Salsman, Co-Chair Date

Vanessa Poston 9-9-09
Vanessa Poston, Co-Chair Date

MINUTES

STARRS Hospital Committee Meeting

May 13, 2009; 0930-1130

Cardinal Glennon Children's Medical Center; Husmann Room

- I. Introduction of Members** – Meeting was called to order at 0930 followed by introduction of members and guests present.
- II. Review of Minutes** – Committee reviewed and approved minutes of March 11, 2009 as written.
- III. H1N1 Update** -- Chris Zirges reviewed with the Committee steps taken by BJC HealthCare in response to the H1N1, epi event. She indicated that approximately one-half of the hospitals in the BJC System stood up their command centers. She continued that the pre-existing relationship with Public Health proved to be extremely beneficial; an epi event is a slow process and trying to collect good data is extremely challenging. When the St. Louis County duty officer was contacted, she received a response back within 30 minutes. She complimented St. Louis County Public Health Department indicating that they were on top of event—they were already looking at communications to the public, etc. We knew there would be an anti-viral distribution and that it would not be accomplished without challenges. She continued that a group hosted by Dr. Steve Lawrence, infectious disease physician at Washington University had been meeting for 1.5 years and this working relation also proved key to an efficient response. We knew that the anti-virals would not be ordered through mosaic with and that this would likely prove to be confusing for the hospitals and that the payer mix would be an issue. The fact that BJC facilities are located in different counties also made managing the distribution more difficult. We found out that two hospitals would be the storage / distribution site. At the last minute, we were looking at MOUs, the need for security, etc. At BJC we believe that the process worked. Some concerns /recommendations coming out of the event are:
- Needs to be a more coordinated process throughout the region so that we don't get into hospital shopping; we have all been taught to work together but this event didn't lend itself to this; asked to provided numbers of PPE etcetera by a number of different entities.
 - Single order system would be beneficial.
 - Hotwash with Public Health would be very beneficial.
- G. Salsman commented that SSM facilities had some of the same experiences. SSM set up a semi-network command and information hotlines for employees; they were surprised that push pack inventory could not used for staff.

D. Schneider reported that Chicago ended up with 597 confirmed cases; likely hit so heavily because of their routine, heavy influx of persons from Mexico. The CDC requested through the ILDPH that inventory be used only for probable cases. Several conference calls were coordinated with the Regions and St. Clair and Madison Counties set up their Emergency Operations Center.

The Committee applauded the efforts of Hope Woodson, Carla Howell, John Anthony and others for Local Public Health (LPH).

H. Woodson indicated that LPH set up three different PODS and that the pharmacy retail side was very complicated to work with.

Committee agreed that the event pointed to the importance of identifying all regional assets available so that a coordinated effort for distribution can be made.

D. Mays indicated that since we now have many regional assets, it is critical that we establish a process to address when, by whom, and how the assets are deployed. J. Grotemeyer indicated that the overarching regional plan will bring together all of the emergency management agencies in the region and will identify such a process; the Regional Healthcare Coordination Plan will be an annex to the plan.

J. Grotemeyer committed to coordinating with STARRS directive a hotwash and the Committee was agreed that pharmacies, federal qualified health centers, hospitals, EOCs, local public health, state (DSR), and MHA should all be included.

IV. SNS Update – G. Salsman and R. Tominack updated the Committee on the planning for the June 17th exercise. They reported that an IC structure has been developed for the point of distribution (POD); identification of individuals to fill several of the IC positions continues; a tabletop will be held May 29 to serve as a dry run. All Hospitals are encouraged to participate; G. Salsman will send out information regarding location, parking, etc. R. Tominack indicated that they are hoping to put about 200 clients through the POD; the MedsPods system will be used; they plan to pick up the cache between 0800-0830 and operated the POD until 1100. A full-scale decontamination will also occur.

J. Grotemeyer reported that the LPH component has changed—they were going to walk through working as a coordinated pod. Instead a tabletop at the local level will be held.

- V. Rescheduling of April 29 Exercise** – Some hospitals conducted the exercise as planned while other hospitals desired to use the H1N1 event in place of the exercise. After a brief discussion it was agreed that scenario developed for the April 29 exercise would be used for the exercise component during the 2-day American College of Emergency Physicians training/exercise seminar. The seminar has been scheduled for September 14 and 15 (exercise to be conducted on the 15th).
- VI. All-Star Game Preparation** -- D. Mays and G. Salsman reported that they have had communications with G. Christmann regarding the City's preparation for this event. Many of the components cannot yet be released but information will be made available at a future date. Plans are being developed to occur over several days (beginning July 12)--a short parade; many VIP events; a 5K run; several performance on the Riverfront by "big-named" entertainers. Preparation for the event is being compared to that surrounding the visit from the Pope.
- VII. Disaster Management Software** — D. Mays reported that purchase of the software was approved by the Gateway Board and that E*Sponder was awarded the bid. She indicated that regardless as to whether a hospital submitted a letter of endorsement for the software, every hospital will be given an opportunity to use the software over a two-year period. Everyone will have two years to decide whether they want to sustain it; sustainment cost cannot be determined until we know how many facilities will continue to participate. J. Grotemeyer indicated that hospitals choosing to sustain it will be required to enter into an MOU. D. Mays indicated that the software will be multi-disciplinary. There will be training opportunities; some hospital components are still under construction; meetings are ongoing. A demonstration of the software will be held prior to a future Committee meeting. We did find out that it has been approved by the Gateway board; awarded to E*Sponder. Some discussion as to whether this should be rolled out all at one time or in phases.
- VIII. Regional Healthcare Coordination Plan Update** — G. Parry reported that work on this Plan is in its final stage. The steering committee will be meeting following the STARRS Hospital Committee meeting. She stressed the importance of all hospitals participating in two very important events. The first is scheduled for July 08 immediately following the Committee's regularly scheduled meeting. The program will include a comprehensive rollout of the plan and an opportunity to test the plan through a tabletop exercise. The plan will be rolled out to healthcare CEOs during a July 30 session. Again, entity participation is vital for the success of the Plan

- IX. STARRS Grant Updates** — J. Grotemeyer reported that the May 01 Hospital Planning Meeting has been rescheduled for June 29 and attendance is mandatory for all entities signatory to the STARRS Hospital MOU.

She continued that another bio-chem tent training opportunity still has openings; program will consist of both a dry and wet scenarios. She encouraged those who have yet to participate to do so that they will understand how this community asset is used. She also requested that if a facility could volunteer to videotape the training it would be very beneficial for all; grant monies cannot be used for this purpose.

She also reminded the Committee of the May 15 seminar, Optimizing Long Term Care Disaster Preparedness & Multi Agency Coordination. Mary Sweet, Kiowa County Memorial Hospital, will be presenting the Hospital's experience following the May 04, 2007, Greensburg, Kansas tornado that devastated the Community. She will share what type of mitigating activities the Hospital had done prior to the tornado that helped in the injury outcomes and in their recovery efforts. She will also discuss lessons learned and steps in their recovery process.

She indicated that there are still openings for the July 10, Israeli Medical System: Response to Disaster program to be held at St. Anthony's Medical Center. Registration is required.

She reported that the MCI trailer audit conducted by the Office of Inspector General went very well and the area was in compliance on its organization of assets.

D. Beezley recommended the American Radio Relay League's online training program for those interested in training for HAM operations.

- X. HARN: Hospital Amateur Radio Network Committee**—K. Munt reported that a committee will be established to bring together HAM operators and hospitals to establish operations protocols within the facilities. More information will be forthcoming.

- XI. The Joint Commission Update**—V. Poston discussed with the Committee MBMC's recent survey. The surveyors used the annual review and emergency operations plan information during nearly all of their clinical tracers. They were very interested in knowing whether staff at all levels were knowledgeable about the hospital's performance improvement and emergency preparedness activities. The Hospital had reference of a lengthy IS downtime and its followup; an FMEA conducted on infant abduction response; 96-hour tabletop and the surveyors were very interested in knowing what everyone knew about these activities.

They knew the Hospital's statistics/plans very well. No tabletop exercise was held; surveyor was impressed during the EM session with the level of knowledge our vice presidents and directors had regarding our plans and community involvement.

S. Icenhower reported that during their first-time survey much attention was placed on infant abduction; patient tracking on EMS system; and the hospital's plans to handle surge.

G. Salsman indicated that during a recent survey the surveyors placed much attention on the HVA and wanted to hear about the Hospital's plans and not about the "NOG" which is a network of their governing bodies.

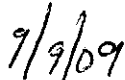
XII. New Business — No new business presented.

XIII. Adjournment -- Meeting adjourned at 1130; next meeting scheduled for July 08, 2009.

Respectfully Submitted



George Salsman



Date



Vanessa Poston

Date

STARRS Hospital Committee

March 11, 2009; 0930

Cardinal Glennon Medical Center; Danis Auditorium

- I. **Introduction of Members** – Meeting was called to order at 0930 followed by introduction of members and guests present.
- II. **Review of Minutes** – Committee reviewed and approved minutes of January 14, 2009 as written.
- III. **Regional Hospital Coordination Plan Update** -- J. Keck with Beck Disaster Recovery (BDR) made a brief presentation regarding the methodology used in gathering information necessary to develop a clear system and process for the coordination of hospitals and other community responders. Phase 1, (assessment) of the three-phase process is complete and from there they have moved into Phase 2 or the development phase. Phase 3 will culminate with training and a tabletop exercise in July; no date yet set.

He thanked the hospitals for sharing their facility specific plans and HVA. Those materials have been reviewed. A brief summary of the review will be contained in the final report. Most hospitals identified both natural and man-made events and have response plans to address these; most plans developed are for those events that provide little or no advance warning. Beyond that there is wide variation on assessments of hazard vulnerabilities, codes, terminology. For the most part plans do not address regional coordination; plans consistently addressed NIMS, ICS, and HICs but did not describe area or unified command issues. BDR staff contacted/interviewed 37 hospitals (either person-to-person or via telephone), all size/type of facilities. A set of questions were developed and while every question was not asked of each facility, they were asked in such a way to determine, inter-relationships with other hospitals and regional responders.

All hospitals had a basic knowledge of MedComm but did not have a clear understanding as to its resources and how it functions during a disaster. All hospitals have a good understanding of hospital MOUs and most hospitals have some form of informal relationship with other hospitals and/or regional responders at varying levels. Rural, specialty hospitals are concerned that the community does not have a good understanding of their resources and capabilities and will not be adequately supported during a regional event.

Next step is to develop a plan that will address the hospitals' needs; this will be coordinated with the oversight committee and with members of the Hospital Committee. Once this plan is complete, a tabletop exercise will be developed to allow the hospitals to test the functionality of the plan. Individual facilities will not be critiqued during this exercise; but rather how well the plan fits the

hospitals' needs will be evaluated. The tabletop exercise will be conducted immediately following the regularly scheduled Hospital Committee meeting and will run approximately 2.5 hours.

Concern was raised regarding the speed with which the plan will be finalized and it was questioned whether the hospitals will have sufficient opportunity to review it. It was explained that the exercise is really the opportunity to train on the plan and evaluate its functionality.

G. Parry indicated that BDR will develop a summarized report, listing participating hospitals to provide the hospital with documentation of their involvement in community disaster planning. BDR will also make contact with St. Luke's Hospital, which was missed during Phase 1 of the process.

- IV. **American College of Emergency Physicians (ACEP) Update** -- J. Grotemeyer reviewed the need for the ACEP to coordinate a two-day education and tabletop event to complete the requirements of their grant (It was necessary for ACEP to cancel the previously scheduled event previously scheduled for December, 2008). To fulfill their requirement this needs to be completed prior to the last week in September. Committee discussed the feasibility of combining this with the Fall exercise coordinated by MHA. The ACEP will work with MHA to develop the exercise. The Committee agreed on September 14 and 15 for this training/exercise.
- V. **Training Update** – J. Grotemeyer reported that STARRS continues to work to resolve the web issues encountered as a result of their move to East-West Gateway. Information regarding two training opportunities was provided at the sign-in table—Israeli Medical System: Response to Disaster seminar and Decontamination Awareness Training for Hospital.
- VI. **MEDSPODS Equipment** – J. Grotemeyer explained that Kenneth Hall Regional Hospital has determined that they cannot sustain the equipment received so it has come back to STARRS. If another hospital within the Urban Area Security Initiative (UASI) region would like to take the equipment it is available. The facility must be signatory to the STARRS MOU and be able to sustain the annual license renewal fee of \$1,400-\$1,500; and also exercise with the equipment. J. Grotemeyer also reinforced the requirement for the other 33 hospitals to train with their equipment and submit compliance by July of this year.
- VII. **Grant Updates/MOUs** – J. Grotemeyer reported that over the past several weeks STARRS staff has been working on UASI fiscal year 09 information which is due to the State by March 20. Hospitals' investment justifications include a continuation of the disaster management software program and the second is

the multi-area investment justification with Kansas City Metropolitan Area Regional Council (MARC). The justification covers special needs populations and burn/trauma care. In fiscal year 2007 we asked for special needs funding which we did receive; roll out of these monies has not yet occurred. Fiscal year 2008 involved burn/trauma care application because of funding continuing, it was further requested in fiscal year 2009 to supplement the 2007/2008 funding.

She continued that the Region is expecting its first audit by the Office of Inspector General (OIG). For the hospitals, the inspection will include the 12 MCI trailers only (not cache) and possibly the MEDSPODS equipment. It is hoped that the OIG will be satisfied with reviewing the equipment that is kept at the STARRS office.

VIII. **MetroCom Council** – D. Blumenfeld reported that the Council is to meet Thursday, March 12. They will discuss the EMS system capabilities not currently being used; L. Kollmeyer will be demonstrating the instant messaging capability. Hospital CEOs will also be reviewing who has access to the data reports. The lack of education provided with the rollout of the EMTRAK equipment is being addressed by STARRS which will develop training for this. She indicated that members of the MetroCom Council must submit application for STARRS membership as well. She further reported that ambulance services would like to be able to use the information pertaining to hospital saturation levels but because everyone has a unique way in which it is calculated, the resultant information is currently not meaningful.

VIII. **Disaster Management Software Program** – D. Mays reported that over the past three years we have been evaluating and working to obtain software that will really serve as both a tactical and strategic tool to use in linking responders. Although no vendor has yet been selected, the Hospital community needs to show their intent to use and sustain such a tool. Because of problems associated with Virtual EOC which received funding in the past, the program has been dropped from sustainment. This gives us an opportunity for our traditional first responders and others such as the Red Cross to utilize a common tool to communicate and coordinate regional assets during a disaster. The products being evaluated will provide tools to address hazard vulnerability assessments, incident event management, asset resource tracking, exercise/drill tools, critical inventory tracking, HICS/NIMS process, directory capability, references, and a 5-point notification system which would allow entities to use multiple methods of communicating with staff during an emergency.

What is now needed to take this forward is a show of intent to use and sustain such a product. We are working to have two years of sustainment included in

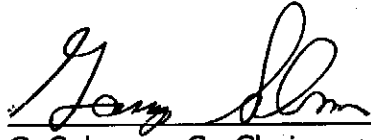
the package; but hospitals will need to show their intent to sustain the product beyond that point. The package would include unlimited licenses within our Region. Annual sustainment will be approximately \$130,000. If forty hospitals will agree to the sustainment plan, the annual cost would be around \$3,250. Again if there are greater than forty participants the cost will go down, fewer and the cost would go up.

D. Mays will push out a sample e-mail that can be used by the hospitals to submit their intent to participate to East-West Gateway. Once a vendor is chosen an MOU would be established and interested parties will become signatory.

- IX. **Spring Drill Update** – K. Munt reported that the Master Scenario Events List (MESL) has already been distributed. Two SSM and 8 BJC facilities have indicated they will be participating. Volunteers continue to be solicited. The planning guide will be e-mailed by L. Kollmeyer. Volunteers will be staged at the individual facilities. Event evaluation guides (EEGs) are part of the materials provided participants although each facility will have to customize them for their entity. An evaluator training meeting is scheduled for April 23.
- X. **Strategic National Stockpile (SNS)** – R. Tominack reported that because of the turnover of personnel since the last SNS exercise, much time has been spent getting everyone up to speed. They are still trying to firm up the location. All hospitals are invited to participate.
- XI. **The Joint Commission Discussion (96-Hour Sustainability Tool)** – G. Salsman reported that this was a significant focus on a recent survey and he provided a handout of the tool used. The surveyors were impressed with the use of this tool and offered it to the Committee. V. Poston offered to e-mail an Excel version of the tool so that facilities can customize it. She also offered a PowerPoint document for training on the 96-hour principle. The information in the document was taken from "Moving into 2008 and Beyond" written by J. Cappiello (Simulation Education Services) and E. O'Toole, Medworxx Emergency Readiness System. This training tool was very useful when covered immediately prior to MBMC's 96-hour tabletop exercise.
- XI. **Pediatric Committee Update** – Tabled.
- XII. **New Business** -- None presented.

XIII. **Adjournment** – 11:30 a.m.

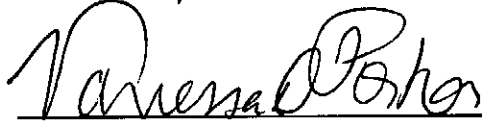
Respectfully submitted,



G. Salsman, Co-Chairman

7/8/09

Date



V. Poston, Co-Chairman

7/8/09

Date