

**Regional Hospital Planning Group
Trauma Service Area – D**

Meeting Minutes
May 11, 2006

Present:	Vincent Johnston	Abilene Psychiatric Center
	Randy King	Throckmorton County Hospital
	Bill Deitenbeck	Abilene Regional Medical Center
	Wanda McIlvain	Coleman County Medical Center
	Linda Rutherford	Coleman County Medical Center
	LeeAnn Fraser	Stonewall Memorial Hospital
	Patsy Criswell	Stamford Memorial Hospital
	Stephen Kuehler	Knox County Hospital
	Linda Jones	Rolling Plains Memorial Hospital
	Ronnie Brown	Knox County Hospital
	Ellen Weaver	Stephens Memorial Hospital
	Sherry Clements	Eastland Memorial Hospital
	Roger Dickey	Hendrick Medical Center
	Mike Rollins	Big Country RAC

1. Sherry Clements will get meeting minutes from the April and May meetings to members before the scheduled June meeting.
2. New members were introduced. Wanda McIlvain will be representing Coleman County at the HPG meetings.
3. Mike Rollins gave members on an update on the critical benchmarks that need to be completed by participating hospitals. To date, Coleman, Comanche, Eastland, Hendricks, Stamford, Stephens, Stonewall, Throckmorton and Rolling Plains are have completed and returned their benchmarks. Members were encouraged to return their forms as quickly as possible. If we do not meet the deadlines set by the state, monies will be withheld. Mike's contact information is as follows:
 - Phone: 325-672-2625
 - Fax: 325-437-2478
 - Email: coordinator@bigcountryrac.org
4. Roger Dickey distributed a draft of the HRSA benchmarks for the State of Texas. It was stressed that members be informed of Federal expectations of the State. The handout is added to these minutes. Roger also discussed the 18 disaster scenarios on which JCAHO may conduct a tracer. The hot spots most recently targeted include:
 - a. Transportation collision
 - b. Fire and Collapse of a public building
 - c. Tornado
 - d. Heat wave and drought
 - e. Severe winter storm
 - f. Detonation of a truck bomb
 - g. Suicide bombing

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- h. Toxic spill/industrial accident
- i. Tanker truck chemical spill
- j. Terrorist attack using a chemical agent
- k. Botulism attack
- l. Anthrax outbreak
- m. Tularemia outbreak
- n. Smallpox outbreak
- o. Tuberculosis presentation
- p. Flu outbreak
- q. Nuclear power station accident
- r. Detonation of a radiological bomb

During tracers, hospitals must demonstrate that they have tested staff in handling conditions presented in each selected scenario.

- 5. Roger reported on the April 20th state-wide EMS system test. Only four (4) facilities in our region participated. Roger requested each facility examine who is responsible for getting the alerts and where the alerts are actually being posted. The alerts should be placed where they will be received twenty-four hours per day, seven days a week.
- 6. A test drill of the WebEOC is scheduled for Tuesday, May 16th at 10:00 AM. Roger will activate the MERC, send a task to facilities that have logged in, facilities will acknowledge receipt of the task and mark the task completed. Roger explained the process for member log on to participate in the exercise.
- 7. A tour of the Hendricks' Emergency Operations Center was held for members. The Center is where the MERC operations will be handled.
- 8. Mike Rollins distributed laptops and battery backups to members present that had not yet received a computer.
- 9. The meeting was adjourned at 12 noon.

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HRSA NBHPP Performance Measures

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Goal	Proposed Measure	Target	Explanation	Definitions and Guidance
Equipment and Systems				
1. Increase current staffed bed capacity	1. Percent of HRSA participating hospitals that can increase bed capacity within a specified time period	1. 100% of HRSA participating hospitals that can increase staffed bed capacity by 10-20% within 8 hours of event notification.		
2. Ensure the healthcare system can communicate with key partners (e.g., other hospitals, state or local public health, EMS, local EOC, and law enforcement, etc.)	2. Percent of HRSA participating hospitals that have redundant communication capabilities utilizing multiple modalities (voice, data, and fax) through landlines, cell lines, satellite, internet, and/or radio)	2. 100 % of HRSA participating hospitals ensure communications capability through use of a redundant system	Measures 2 and 3 are consistent with CDC's outcome 6A "Emergency Response Communications", Required Critical Tasks 4 and 6. Measure 2 is consistent with DHS' TCL	For the DHS' TCL on Interoperable Communications HRSA is adopting the definition of redundant communications as capabilities utilizing multiple modalities (voice, data, and fax) through landlines, cell lines, satellite, internet, and/or radio)
	3. Percent of HRSA participating hospitals that test internal and external communications systems used during an emergency at least monthly	3: 100 % of HRSA participating hospitals test internal and external communications systems used during an emergency once per month.		
	4. Percent of HRSA participating hospitals that have the ability to communicate in a bi-directional with their response partners	4: 90 % of HRSA participating hospitals demonstrate ability to communicate in a bi-directional fashion with their response partners.		
	5. Percent of participating hospitals that have "essential service" designation from their telephone provider and cellular telephone provider	5: 90 % of HRSA participating hospitals have a documented "essential service" designation from their telephone provider and cellular telephone provider.	"Essential Service" designation allows customers with a public health and safety responsibility such as hospitals, fire departments, police, mayors, city council members, etc. to solely use the local telephone system during an area-wide emergency event; the local telephone company	
	6: Percent of HRSA participating hospitals that have priority restoration designation from their telephone provider	6: 90 % of HRSA participating hospitals have agreements in place with telecommunications provider to ensure priority restoration of services.		

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Goal	Proposed Measure	Target	Explanation	Definitions and Guidance
			has a plan for telephone service in the event of an area wide disaster such as an earthquake or hurricane, which typically entails the shut down of the dial tone of all customers' without an "essential services" designation to prohibit ability to make outgoing calls.	
3. Enable risk communication with external agencies	7. Percent of HRSA participating hospitals that can report public health threat information in a timely and accurate manner in real time to response partners who need to know	7a. 90% of HRSA participating hospitals can transmit clinical data in near real time through a Public Health Information Network (PHIN) – compliant standards based biosurveillance system (e.g., BioSense). 7b. 90% of HRSA participating hospitals have identified the agencies they will notify, as appropriate, based on type and magnitude of emergency, in their Emergency Response Plan	This is consistent with JCAHO's Environment of Care Standard 4.10, element 8, "The plan provides processes for notifying external authorities of emergencies, including possible community emergencies identified by the hospital" Consistent with CDC's Preparedness Goal 2: Detect/Report, "Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies" and CDC Preparedness Goal 4: Detect/Report, "Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event	

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			detection in real time to those who need to know.” Consistent with DHS’ TCL.	
3. Enable risk communication with external agencies	8. Percent of HRSA participating hospitals that have communicated to its response partners the means and the appropriate department/ personnel that should be notified of a significant event in the community that may impact hospital operations	8. 90% of HRSA participating hospitals have communicated to its response partners the appropriate department/personnel that should be notified of a significant event that may impact hospital operations, and the means by which this dept./personnel may be contacted.	As above	
Exercises				
Goal	Proposed Measure	Target	Explanation	Definitions and Guidance
4. Link planning and exercises in a cycle of continuous improvement	9. Percent of HRSA participating hospitals that conduct and/or participate in at least 2 exercises per year, one of which is with the community 10. Percent of HRSA participating hospitals participating in an exercise or responding to a actual event that develop an after-action report to identify: a.) weaknesses in their plan b.) their response capabilities	9. 100% of HRSA participating hospitals will participate in at least 2 exercises per year, one of which will be with the community. 10. 100% of HRSA participating hospitals participating in an exercise or responding to a real life event will develop an AAR within 60 days.	Consistent with JCAHO Environment of Care Standard 4.20, element 4, “The hospital participates in at least one community-wide practice drill a year (where applicable) relevant to the priority emergencies identified in its hazard vulnerability analysis. The drill assesses the communication, coordination, and effectiveness of the hospital’s and community’s command structure. Consistent with several critical tasks in the DHS’ TCL.	
Planning				
4. Link planning and exercises in a cycle of	11. Percent of HRSA participating hospitals that review the plan and make modifications to the plan as	11. 85% of HRSA participating hospitals make modifications to their emergency response plan as appropriate		

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continuous improvement	appropriate following the after-action report	within 30 days following completion of AAR.		
5. Integrate the development of health care emergency response plans with the broader response community.	12. Percent of HRSA participating hospitals that review and share their Emergency Response Plans with the broader response community partners to indicate expected roles in a response as appropriate (other health care institutions, fire, police, EMS, public health sec	12. 100% of HRSA participating hospitals review and share emergency response plans with broader response community partners.	Review of plans will ideally be conducted in workshops. Roles and responsibilities are indexed in plan	
6. Ensure hospitals have an NIMS compliant incident command system consistent with their community response partners	13. Percent of HRSA participating hospitals whose plans contain an ICS component that integrates with their response partners' ICS structure	13a. 100% of HRSA participating hospitals exercise the ICS component of their response plan during drills and exercises. 13b. 100% of HRSA participating hospitals integrate their ICS component with that of their response partners' ICS structure.		
7. Integrate with the incident command structure (ICS) through planning, training and exercises.	14. Percent of HRSA participating hospitals whose plans contain an EOC component that integrates with their response partners' ICS structure	14. 90% of HRSA participating hospitals integrate with a community based ICS structure through an EOC.		
Personnel				
Goal	Proposed Measure	Target	Explanation	Definitions and Guidance
8. Ensure healthcare personnel have the ability to access and work	15. Percent of HRSA participating hospitals that have established a process to continuously identify key and essential personnel, needing access to the facility at the	15. 100% of HRSA participating hospitals have a process in place, developed in conjunction with appropriate agencies that allow essential healthcare workers and personnel to	In instances when security parameters are necessary around healthcare facilities, (e.g., extreme weather, interruptions in road	

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in healthcare facilities during an emergency	onset of an event and as that event unfolds.	safely access their delivery care sites.	infrastructure, or criminal events), hospitals must insure for personnel access to the facility.	
9. Provide subsistence and protective measures to essential personnel so they may serve necessary functions in an emergency situation	<p>17. Percent of HRSA participating hospitals that have access to 72 hours worth of prophylaxis for essential personnel</p> <p>18. Percent of HRSA participating hospitals that have a plan to provide behavioral health support to staff</p> <p>19. Percent of HRSA participating hospitals that have a plan to provide child and elder care for staff dependents</p> <p>20. HRSA participating hospitals have a plan to provide food and shelter for staff and volunteers</p> <p>21. HRSA participating hospitals provide PPE for staff and volunteers</p>	<p>17. 80% of HRSA participating hospitals have access to 72 hours worth of prophylaxis</p> <p>18. 75% of HRSA participating hospitals have a plan to provide behavioral health support to staff throughout the duration of response.</p> <p>19. 75% of HRSA participating hospitals have a plan to provide childcare and eldercare throughout the duration of response.</p> <p>20. 100% of HRSA participating hospitals have a plan to provide food and shelter for staff and volunteers as needed throughout the duration of response.</p> <p>21. 100% of participating hospitals provide PPE for staff at risk as per Federal Guidelines</p>	<p>Sources of prophylactic medication could include hospital, local, regional, or state caches.</p> <p>Consistent with OSHA Guidelines CFR 1910.132 (d) "The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such hazards are present, or</p>	

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			likely to be present, the employer shall: Select, and have each affected employee use, the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment.”	
10. To establish state level credentialing databases that are ESAR VHP (or a similar program?) compliant. Systems must be able to “talk” to each other. Integrate with MRCC. Metric: Have 100% Metric: Develop around phases		Develop metrics around phases. 100% of p1 states have operational ESAR-VHP programs. Phase 2: 100% of p2 and p3 have established.... (Chris and Melissa to provide)		

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