

HOSPITAL PREPAREDNESS PLANNING GROUP
TSA-D

Meeting Minutes
June 8, 2006

1. Minutes were not reviewed from the May meeting. Group email of the minutes will go out in the next few days.
2. Updates on FY 3 and FY 4 funding were discussed. In addition to the following discussions, members unanimously agreed that **facilities who fail to respond to requests within the determined timeframe would be considered NON-PARTICIPATING facilities and will receive no funding.**
 - a. FY 3 is completed and mostly closed out. Neil is working with a few facilities that still need to return invoices and check copies.
 - b. FY 4
 - i. Benchmark information has not been returned by Abilene Psychiatric, Haskell, Brownwood and Anson. These must be returned by the 19th of June
 - ii. The State of Texas has hired a new representative to manage the HRSA program. They have sent a request to Neil for the following information:
 - 1). Purchase Plan
 - 2). Rural ready budget (counties without a hospital)
 - 3). Electronic copy of our surge capacity plan – [Neil will submit that part of our regional plan that deals with surge capacity]
 - 4). Agreement that we will provide 10 adult/pediatric negative pressure beds within 3 hours of notification of need. [Roger will submit that request to the HMC CNO for approval. Currently HMC has 18 NP rooms and ARMC has 8.]
 - 5). Updated decontamination plan [Neil will submit the section on decontamination from the regional plan]
 - 6). Electronic mutual aid agreement
 - 7). Written plan for reporting surveillance information to local and state health departments.
 - iii. The critical benchmarks were discussed in detail.
 - 1). Financial Accountability
 - a). All FY 4 funds must be encumbered or spent by August 31, 2006.
 - b). All financial and administrative reports are due prior to November 30, 2006.
 - 2). Surge Capacity
 - a). Will use regional plan that deals with surge capacity
 - 3). Isolation Capacity
 - a). See section 2.b.ii.4). of these minutes
 - 4). Advanced Registration of Volunteer Health Professionals (ESAR-VHP)
 - a). Region wide system of volunteers / supplemental health care personnel to augment a hospital to meet patient care needs that coordinates with the statewide ESAR-VHP initiative.
 - 5). Pharmaceutical caches
 - a). Neil stated the state is going to manage this benchmark

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- 6). Personal Protective Equipment
 - a). Each small facility must have 10-12 PPEs, a single or dual lane decontamination shelter, and 10 trained personnel.
 - b). **Each facility is to send the following information to Roger by the 16th of June:**
 - i. **What PPE & decon equipment the facility currently has**
 - ii. **PPE and decon equipment needs based on the above requirement**
 - iii. **How many people need training**
 - iv. **How many train the trainers are needed**
 - c). **Mike Rollins prepared a spreadsheet that will be sent out via email by Roger for facilities to complete. Facilities who do not return the information by June 16th will be considered non-participating facilities.**
 - 7). Mental Health
 - a). The region must behavioral health training that meets DSHS competency based guidelines
 - 8). Communications and Information Technology
 - a). The region has met this benchmark
 - 9). Emergency Medical Services
 - a). Mutual Aid plans are covered through the RAC Mutual Aid Agreements
 - b). Patient tracking systems – It was felt that with the disaster field tags and WebEOC and HC, the region has met this requirement.
 - 10). Hospital Laboratories
 - a). Hospitals within the region must receive training and capability assessment activities through the Texas Laboratory Network (LRN). **Hospitals who have not received any training should contact Neil White by the 16th of June.**
 - 11). Surveillance
 - a). Hospitals must have the ability to report syndromic and diagnostic data that is suggestive of terrorism or highly infectious disease on a 24/7 basis. It was felt that each facility met this benchmark with the DSHS requirements for public reporting.
 - 12). Education and Preparedness Training
 - a). The Region must use competency based training programs
 - 13). Terrorism Preparedness Exercises
 - a). There is some debate within the State that these exercises have to be TEAKS but TEAKS only does exercises that pertain to situations from the incident to the ER door and do not apply to hospitals. These exercises must be paid for and scheduled by the August 31st deadline. Neil will pursue 3 other vendors and get bids for the evaluations.

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3. Only 9 facilities participated in the WebEOC exercise in May. Roger will schedule another exercise for all facilities within the next couple of weeks. Each facility will be given two tasks. Respond to the two tasks and close them out. The field on the right hand side of the task is where the task may be edited. The following information regarding WebEOC location and log on were provided:
 - a. Turn your pop-up blockers off
 - b. Use the following URL: <http://eoc.hendrickhealth.org/eoc6>
 - c. Highlight your facility in the first menu
 - d. Put in your current password
 - e. Choose the event of the day
 - f. Enter additional log-in information (use real name so Roger will know who he is talking to)
 - g. Enter "Login"
 - h. Go to Tasks/Admissions
 - i. Choose your hospital in the drop down menu
 - j. Use Sig Events for events only – NOT for communicating.
4. Neil and Roger discussed the EMSsystem and its utilization/usefulness. Those who need training using the EMSsystem should contact Neil.