

Regional Hospital Planning Group  
Trauma Service Area D  
June 14, 2007, Meeting Minutes

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| Present: | HT Fillingim     | RAC-D Chair                       |
|          | Mitch Moriber    | RAC-D Vice Chair                  |
|          | Roger Dickey     | Hendrick Medical Center           |
|          | Tracy Emmons     | Eastland Memorial Hospital        |
|          | Todd Barnes      | Eastland Memorial Hospital        |
|          | LaVona Brown     | Fisher County Hospital            |
|          | Linda Rutherford | Coleman County Medical Center     |
|          | Randy King       | Throckmorton County Hospital      |
|          | Patsy Criswell   | Stamford Memorial Hospital        |
|          | Herbert Spencer  | Abilene Psychiatric Center        |
|          | Lexie Feist      | Brownwood Regional Medical Center |
|          | Clint Taylor     | Hendrick Medical Center           |
|          | Sheila Kuehler   | Knox County Hospital              |
|          | Stephen Kuehler  | Knox County Hospital              |
|          | Wanda McIlvain   | Coleman County Medical Center EMS |
|          | Barbara Vines    | RAC-D Assistant                   |
|          | Alicia Whitt     | Stephens Memorial Hospital        |
|          | Linda Mize       | Mitchell County Hospital          |
|          | Dana Daniel      | Comanche County Medical Center    |
|          | Billie Carter    | Stonewall Memorial Hospital       |
|          | Ted Matthews     | Anson General Hospital            |

1. Meeting called to order at 10:09 by Roger Dickey.

2. Discussion of DSHS Bid Decision

Roger stated HT was running late, due to faxing our appeal to Austin. He will fill the group in with more information when he arrives. We did lose our bid for the Bio-terrorism Grant funds. It went to a private, for-profit company in the Metroplex. Hendrick administration has sent a letter to DSHS contesting their decision. Roger said he was concerned that a private company may not have a full understanding of our disaster planning needs. A similar scenario occurred three years ago. The decision was challenged, and we won the contract back. If this private company retains the contract, our meeting may be moved to the Metroplex.

Todd asked how many RAC's lost their bids.

Roger stated he did not know

Randy and Barbara said six RAC's held on to their contracts.

Roger said that DSHS would not tell him who was awarded our bid.

3. Review of the minutes

Roger reminded the group that the minutes are now being emailed. He told the group that if anyone finds a problem with the minutes, they should email him immediately so they can be corrected by the next meeting. He then asked if everyone had received the May Minutes.

Two members stated they did not receive them.

Barbara told the group that the HPG minutes are posted on the RAC website as soon as they are available.

No changes were requested to the minutes. Approved.

4. Other Business

Roger distributed a Minimum Wage Notice to the group. The document described the new minimum wage rates to be made effective July 2007, and subsequent increases through 2009.

Roger passed around a sheet of paper and requested each member provide a contact number for him to use in the event the MERC is up.

Roger asked if representative from Brownwood, Comanche, and Rolling Plains to stay after the meeting to discuss the Hazard Vulnerability report.

5. Monthly Login Test of WebEOC

Roger reminded everyone that has not participated in the monthly testing of WebEOC, do so no later than tomorrow. This will give HMC time to fix any problems and enable everyone a chance to become more familiar with logging into the system.

6. Disaster Drill Planning Meeting

Roger passed around another sheet of paper requesting a phone number for the contact person he should contact in the event of a drill / real incident.

A draft of the Exercise Plan was distributed to all the members present. Roger asked each member to do the following:

- a. Email the type and number of patients your hospital wishes to receive during the drill.
- b. Select a Safety Controller, Evaluator and a Controller (definitions for each role available on page 6 of Exercise Plan.
- c. Review the Exercise Objectives on pages 2 and 3.

The person chosen to be an Evaluator will need to be very familiar with the Exercise Evaluation Form located at the end of the draft Exercise Plan. The Evaluator will be the person who completes this form. The Evaluator's responsibility will be strictly observation and documentation.

Roger stated that each hospital may get "injects" during the drill to really challenge your disaster preparedness (i.e. loss of power).

Roger said a disaster drill that encompassed all seventeen facilities had never been done before. This was history making. He wants to show that 1) we can communicate, and 2) we can track patients.

Linda Rutherford asked if we could use our Alternate Care Site during the drill.

Roger said it was a very good idea. That is a decision each hospital will have to make.

Lexie asked for clarification on the contact person information Roger wanted.

Roger stated he wanted the number of the phone that would be used in close proximity to the hospital's WebEOC setup.

HC Standard Training – Roger said training on the HC system would be done July 9<sup>th</sup> and 10<sup>th</sup>. The training sessions were purposely scheduled right before the actual drill so that the information will be better retained. The training will be done in the HMC computer room. It can accommodate 20 people. Those who do not wish to travel to Abilene for training may be able to accomplish this "long-distance" via the internet. Roger stated the person who will be responsible for admitting trauma patients will need to be trained also. He suggested more than one receive training. Roger will email more information about the training as it comes available.

Roger told everyone that HC Standard has the capability of tracking blood, plasma, and assets. It can be used daily to track patients, not just in a disaster situation. Data changes in the software can be password protected. One advantage to using it daily is that you would be more familiar with the software in the event of a disaster.

Lexie asked what time the training would be done on the 9<sup>th</sup> and 10<sup>th</sup>.

Roger said he didn't know at this time, but the training should only take 1 to 1 ½ hours to complete.

Lexie asked if the "admitting" person should be a nurse, admissions personnel, etc.

Roger said you need to decide who the best choice is to enter the tracking information. You also have to decide where that person will best be stationed in the disaster. It may be at the ER entrance. This may or may not be the same person who is watching WebEOC.

Roger said a standard rule of thumb used to estimate the number of victims that will show up at your facility in a disaster is – 50% of the total number will show up in the 1<sup>st</sup> hour. For example, if you receive 6 people in the 1<sup>st</sup> hour, you will receive approximately a total of 12 from that incident.

Roger asked that everyone read over the Exercise Plan thoroughly. If you have any questions please notify him immediately. He will send out an email requesting the names of each hospital's disaster drill participants. The training scheduled to be completed the day before the drill cannot be done long-distance.

Wanda asked for clarification on the role assignments to be made – Safety Officer, Evaluator, and Controller.

Roger confirmed.

Roger said if during the drill a real incident occurs, notify the MERC immediately and abandon the drill exercise. The real incident is top priority. Just be sure to document the events of the real incident so it can count as your disaster drill.

7. Further Discussion of DSHS Bid Decision

HT stated our bid was submitted on time. On June 4<sup>th</sup>, the State awarded contracts to the following entities:  
East Texas Gulf Coast Regional Advisory Council  
Hospital Preparedness Council of North Texas  
Panhandle Regional Advisory Council  
Piney Woods Regional Advisory Council  
Response Systems, Grapevine TX  
Southeast Texas Trauma Regional Advisory Council  
Southwest Texas Advisory Council for Trauma  
Trauma Service Area H Regional Advisory Council

This information was sent to Washington. Washington stated this was unacceptable. The State added 6 more:

Coastal Bend Regional Advisory Council on Trauma Service Area U Inc.  
Far West Texas & Southern New Mexico Regional Advisory Council on Trauma  
Golden Crescent Regional Advisory Committee  
Lower Rio Grande Valley Regional Advisory Council on Trauma, Service Area V, Inc.  
Northeast Texas Regional Advisory Council (TSA-F)  
TSA-B Regional Advisory Council (BRAC)

HT sent an email to Austin asking which entity was awarded our contract and what points we failed on. He received a brief response stating we did not meet the criteria and that they would not tell us who was

awarded the contract. HT found out through an alternate source that a group out of Grapevine, Texas tentatively has the contract.

HT read the appeal instructions to the group:

“Bidders who feel aggrieved in connection with the award of the contract must submit a written protest within ten (10) working days. A protest is limited to matters relating to the protestant’s qualifications, the suitability of the goods or services offered by the protestant, or alleged irregularities in the procurement process. A formal protest must contain: (1) a specific identification of any statutory or regulatory provision or procurement procedure that the protested action is alleged to have violated and a specific description of each act alleged to have violated the statutory, regulatory or procurement provision(s); (2) a precise statement of the relevant facts; (3) an identification of the issues to be resolved; and (4) the aggrieved party’s arguments and supporting documentation.

The PRC will issue a written determination within twenty (20) days of receipt of the protest by the PRC, and a copy will go to the protestant.”

HT stated two RACs did not apply for their contract.

Lexie asked if the award decision was based on the earlier problems between the State and our RAC.

HT said no. The State is looking at the administrative capability, audits, work-plans, and budgets of the RACs. He felt that the work-plan weighed the heaviest in their decision. We supplied basic operational information on our work-plan because that is what we thought they requested. Many RACs plan to appeal the State’s decision. Out of all the RAC Chair’s HT has spoken to, none of them understand where they fell short.

Alicia asked how much time we had to appeal.

HT stated the appeal was faxed to Austin today. The State has 20 days from June 15<sup>th</sup> to respond in writing.

Linda Mize asked how the meetings would work if the Grapevine company keeps the bid.

HT said he didn’t know. We will most likely have to meet in Dallas. The State has not specified yet.

Todd asked how much money the RAC would lose.

HT stated 80% of our administrative budget, or approximately \$80,000.

Barbara stated that would leave us around \$28,000 to \$29,000.

HT said this could very easily dissolve the RAC. Small RAC’s will fold. Our Hospital Planning Group could dissolve.

Alicia asked if we still needed a committee to manage our money.

HT said the State has not set guidelines yet. The fact that Washington did not agree with the State’s original selection shows there is a problem between the State and Federal governments.

Ted asked how much money the Grapevine company would be managing.

HT stated \$80,000.

Ted said we would need a lobbyist for fund distribution.

HT acknowledged agreement.

Roger stated in the past we have distributed funds based on percent population. If we are combined with Grapevine, we will lose a large amount of the funds.

Linda Mize asked if organizations like TORCH have been contacted.

HT said TORCH, THA, and our State Representatives have been contacted. Our Senators have shown very little interest in helping us.

Lexie asked HT if he needed anything else from the HPG group.

HT said no, we have done everything we can do.

8. Other Business Continued

HT said he had asked Rich Gabehart if the money which was allocated to ICS training could be used for the 300 and 400 courses. Rich told him yes.

Todd said he thought these courses were going to be available on-line.

HT said they would be taught in a classroom setting.

Lexie asked if the ones from Yale were alright to use.

Roger said they were, and that they were easier than the ones offered by FEMA.

EMSystems Hurricane Drill:

HT asked if anyone participated.

Very few said they did.

HT said we would probably receive a letter of reprimand for poor participation.

9. Being no further business, the meeting was adjourned at 11:20.