

Regional Hospital Planning Group
Trauma Service Area D
March 8, 2007, Meeting Minutes

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Present:	Tracy Emmons	Eastland Memorial Hospital
	Alicia Whitt	Stephens Memorial Hospital
	Bill Nemir	Haskell Memorial Hospital
	Clint Taylor	Hendrick Medical Center
	Ted Matthews	Anson General Hospital
	Kevin Ray	Abilene Regional Medical Center
	Barbara Vines	RAC-D Assistant
	HT Fillingim	RAC-D Chair
	Paul Ferguson	Brownwood Regional Medical Center
	Philip Smith	Stamford Memorial Hospital
	Linda Mize	Mitchell County Hospital District
	Ray Dillard	RAC-D Coordinator
	Michael R. Moriber	RAC-D Vice Chair
	Pat Moriber	BCRAC
	Linda Rutherford	Coleman County Medical Center
	Sheila Kuehler	Knox County Hospital
	Stephen Kuehler	Knox County Hospital
	Randy King	Throckmorton County Hospital
	Vinny Johnson	Abilene Psychiatric Center
	Wanda McIlvain	Coleman County Medical Center EMS
	Lee Ann Frasier	Stonewall Memorial Hospital
	LaVona Brown	Fisher County Hospital
	Lexie Feist	Brownwood Regional Medical Center
	Rich Gabehart	Department of State Health Services

1. Meeting called to order at 10:04 by Roger Dickey.
2. Review of the Minutes
Barbara stated the dollar amount listed for the Anti-virals under "Review of BT05 Allocated Funds" should be \$192,400.
No other corrections.
Minutes approved with one correction.
3. Throckmorton County Hospital Loss of Communication
Randy King gave a description of the events that took place when Throckmorton County lost the majority of telephone and internet communication:
At 10:00 AM while working in his clinic, Randy went to call in a prescription to a pharmacy, and was unable to make local or long-distance calls. Randy notified the Sheriff and discovered the 911 system was also down. They tried using numerous cell phones, and found the only one with a signal was Brazos Telephone, because Brazos uses microwaves to transmit. All the other cell phone companies use the Alltel tower, which was not working. Randy stated the internet was also down, so he was not able to access EMSsystems or WebEOC. Randy used a Brazos cell phone to notify Hendrick of their situation.
The loss of communication occurred due to a cable being cut. This information was not given to the sheriff until after communications had been restored around 13:00 that day.
Randy commented they were fortunate that no disasters occurred during this time, and there were no patients to be transferred. This was a good opportunity to test redundant communication systems. They have satellite phones on order, and they would have been very useful in this situation. Ham Radios would also have been useful.

Bill Nemir commented that four counties were affected by this incident. His area was without communication for 4 hrs and 20 min.

Roger stated it was good that Randy was able to get in touch with the Sheriff. A temporary WebEOC station could have been set up at the Sheriff's office if necessary.

Linda Mize commented that a similar situation happened in her area last Thursday. A line was cut and no one in the community (hospital, police, etc) was notified. Only Cingular and Verizon phones were working at that time.

Randy stated it is important to know what cell phone providers are in your area for this reason.

Both Randy and Linda were equally surprised that the communities did not receive any type of notification this had happened.

Roger stated that typically internet services usually remain working. This situation is frightening. He encouraged everyone to review their back-up systems for communication. This was a "WAKE UP" call for redundant communication.

4. Yr 4 Funding

Rich Gabehart – Funding cycle ended August 31, 2006. The time period was extended to December 31, 2006, to spend or encumber funds remaining. There were 60 days after December 31st to obtain the encumbered items. By March 31st Yr 4 will be closed out.

Bill Nemir asked about a definition for Supplies and Equipment so that we know what can and cannot be purchased.

Rich stated equipment < \$5000 could be purchased without further approval, unless you are purchasing electronic equipment such as a computer or copier – approval from Austin would be necessary in this case. The approval process usually does not take very long. The state wants hospitals to make "capacity building" purchases. Portable buildings or trailers are acceptable purchases. If your hospital needs more PPE or replacements, that funding is available through HRSA. If you need to purchase any unusual item, just tell the state how you plan to use it and where it fits into the performance measures.

5. Yr 5 Funding and "performance measures"

Rich Gabehart – In Yr 5, the "Critical Benchmarks" were changed to "Performance Measures." Most of the major changes in the program were related to reporting issues. Redundant communication is very important. Satellite phones are a good idea, but consider purchasing an external antenna so the phone can be used inside. Coax cable is the most expensive part.

Ted Matthews asked about the cost of a satellite phone.

Roger said around \$1500.

Rich said after the 1st year, the hospital must pick up the cost.

Alicia asked about the annual cost.

Bill Nemir said his hospital purchased a base unit, antenna, and a portable unit for \$2000, and pays \$60 per month for 120 minutes. Over 120 minutes costs 0.75 cents per minute. He has used the phone maybe 4-5 times.

Rich said Ham Radios are also good to have. Consider having some of your people trained to use them and put it in your emergency plan.

Roger stated Bill Shaw with West COG has a list of counties with Ham Radios.

Bill asked if they were covered under the funding.

Rich said yes, if it was a group purchase. There are now ways of sending encrypted, HIPAA compliant information via Ham Radio. Prepaid phones are also a good resource if service is working. Have tiers of redundancy.

Roger asked Rich about a time table for receiving the Yr 5 funding.

Rich stated the reports are holding up the funds. More than \$300,000 is available once the appropriate reports are submitted. Then it should only take 1-3 weeks for the funds to be sent. Part of the delay was due to the gap between Mike Rollins leaving and hiring a new Executive Coordinator.

Linda Mize asked if there were any purchase restrictions on the \$5000 each hospital is to receive.

Rich stated in regards to the plan to purchase Tami-flu, we need a written plan for how the cache is to be stored, rotated, etc.

Roger said the rationale for need was based on percent population. Each hospital should have their own plan because they will receive different quantities based on this percentage.

Rich said the plan could be collective or individual, but it will need to be submitted to HRSA.

Roger asked for clarification on the number of people required to obtain NIMS training.

Rich stated 90% of those who respond to a disaster need the NIMS training, especially management/supervisors. The courses are available through the FEMA website at no cost. Most people will only need to take courses 100 and 200.

Roger asked Rich for a written statement about the 90% compliance. He also asked for clarification on whether or not HICS training met the NIMS requirement. Several HPG members received the HICS training 2 years ago with the understanding that it met this requirement.

HT said he received an email about NIMS training specific for people in healthcare. He will forward this information to Roger.

6. Discussion on Required Drill Contract

Roger stated HT signed the contract this morning. It will be faxed to Global Emergency Resources today. Within about 1 week Global will have a representative on-site to plan the drill. Global will bring electronic hand-held devices for the Fire Department to create victims in the field. They will be able to send information such as the patient's name, photo, V/S, and a description of the injuries. During the drill, we will be using the HC version for patient tracking. It will be a very realistic portrayal. The drill is planned for sometime in July.

Roger said the CDC has a website that deals with mass casualty data. It gives you information about chemical and blast victims, for example, and what you can anticipate during the 1st hour and the next 7 hrs at your trauma center. He will forward this website to the group.

Ted Matthews and Bill Nemir asked for additional training for their staff on WebEOC.

Roger can only have 20 students at a time. Will check for room availability and get back to everyone.

Linda Mize asked if the transport of patients would be tested.

Roger said not at this time

7. Other Business

Roger stated he missed the last meeting due to attending a ChemPak meeting. There are 3 ChemPaks available in the TSA-D area. In the past, their locations have been kept a secret for the most part. But now, we all need to be sure that EMS, Fire Departments, Trauma Centers and police know where these supplies are. Without this knowledge, lives could be lost needlessly. In TSA-D, the ChemPaks are located in Brownwood at the Law Enforcement Center, Harris Methodist Erath County Hospital in Stephenville, and Hendrick Medical Center. ChemPaks can cross TSA boundaries. For instance, even though Stephenville is not in TSA-D, it may be closer to some areas than Brownwood or HMC. The HMC ChemPak has 3500 pre-measured medications that are field ready. Brownwood may have this same type of ChemPak. He is not sure about the one in Stephenville.

Randy King asked how to go about activating ChemPak usage.

Roger said there is a group working on an activation plan. There is concern about how to verify the identity of the person requesting the ChemPak. For now, contact the HMC Security Officer or Pharmacy. They will get the medications to you via car or helicopter.

Linda Rutherford asked if they needed to have a drill to test their PPE and Decon shower. She also needs assistance putting the Decon shower together.

HT said you should not have to expend your equipment in order to perform a drill. He will look into sending someone to each hospital that needs training with equipment that has already been opened. HT will also look into getting Linda assistance in assembling the Decon shower.

Linda Mize stated she did a "walk-thru" with her staff on the day and night shifts. This format worked well for her staff.

Clint reminded everyone to turn in their Hazard Vulnerability Report. Only 7 hospitals have turned them in so far.

8. Being no further business, the meeting was adjourned at 11:16 AM.