

Regional Hospital Planning Group  
Trauma Service Area D  
April 12, 2007, Meeting Minutes

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Present:	HT Fillingim	RAC-D Chair
	Roger Dickey	Hendrick Medical Center
	Tracy Emmons	Eastland Memorial Hospital
	LaVona Brown	Fisher County Hospital
	Patsy Criswell	Stamford Memorial Hospital
	Linda Rutherford	Coleman County Medical Center
	Linda Jones	Rolling Plains Memorial Hospital
	Bill Nemir	Haskell Memorial Hospital
	Randy King	Throckmorton County Hospital
	Vinny Johnston	Abilene Psychiatric Center
	Lexie Feist	Brownwood Regional Medical Center
	Clint Taylor	Hendrick Medical Center
	Ted Matthews	Anson General Hospital
	Sheila Kuehler	Knox County Hospital
	Stephen Kuehler	Knox County Hospital
	Dan Curl	Hendrick Medical Center
	Paul Ferguson	Brownwood Regional Medical Center
	Wanda McIlvain	Coleman County Medical Center EMS
	Barbara Vines	RAC-D Assistant
	Alicia Whitt	Stephens Memorial Hospital
	Michael R. Moriber	RAC-D Vice Chair

1. Meeting called to order at 10:00 by Roger Dickey.
2. Review of the Minutes  
Motion to approve the minutes as presented by Ted Matthews.  
Motion seconded by Dan Curl.  
Motion Carried.
3. Year 5 Funding – HT Fillingim  
95% of the HRSA funds have been received. A breakdown of the allocated funds was distributed to the group. HT encouraged each member to start spending their portion of the \$91,492.00 allocated for alternate care sites (ACS) supplies and equipment (\$5364.00 per participating hospital). He requested invoice copies AND check copies be submitted to the RAC for these purchases. The Anti-virals will be a group purchase.

Roger asked if the anti-virals would be purchased in bulk or by hospital / county, and how the medication would be stored.

HT stated the anti-virals would be purchased by hospital. Each hospital would be responsible for appropriate storage.

Alicia confirmed there was previous discussion about the hospitals being responsible for storage.

HT agreed this was the best way to handle it. He also stated hospitals can use the Tami-flu, as long as it is replaced.

Vinny asked when the anti-virals would arrive.

HT stated Summer 2007.

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Linda Jones asked if there was a deadline for returning ACS receipts.

HT said there was no deadline – please return them as soon as possible.

Patsy asked for clarification on required paperwork for ACS purchases – invoice, check, or both.

HT stated both.

Alicia asked for confirmation that it was appropriate to start spending ACS funds.

HT confirmed.

Roger clarified the funds should be used to purchase supplies for ACS.

HT stated the supplies/equipment could be used by the hospital until they are needed for the ACS. You must keep an inventory. HT reminded everyone to keep the unit price under \$5000.00. Above \$5000.00, the item becomes capital.

Linda Rutherford suggested purchasing items in bulk for cost savings, and asked if efforts could be coordinated.

HT said, yes, and passed out a sheet for each member to write their email address for better communication.

Linda Jones stated she was missing the floor grate to her decon shower, and asked if anyone may have received it in error.

Roger asked who ordered it.

Linda Jones stated Mike Rollins.

Roger suggested checking the invoice to see if it was included.

Linda Jones stated she never received training on using the decon shower.

Roger asked HT to follow up with the Grainger representative on training.

HT passed out a sample Letter of Support for the RAC, and requested that each entity take it to their administrator. He asked that the letter be printed on hospital letterhead, signed by an administrator, and returned to the RAC no later than June 2007.

A member asked if the letter could be emailed.

Barbara Vines said she would email the letter to everyone.

Bidding: HT informed the members that HRSA no longer awards grants automatically. Going forward, the grants must be bid on. Several organizations are bidding for HRSA funds that have gone to the 22 RACs in the past. James L. Whitt, former Director of FEMA, and 4 large Texas RACS are bidding on all 22 contracts. Three RACs are bidding on contracts of their neighboring RACs. The Dallas RAC is bidding on ours. We need to be diligent in turning in the required paperwork when it is due, or we could lose the bid for our HRSA contract. When the contracts are awarded, they will be automatically renewed to that bidding organization for the next 4 years, as long as they are in good standing. If our contract is awarded to another RAC or some other organization, we

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would still get the funds, however, that organization would dictate how the funds are spent. Our initial bid is due by May 15, 2007 at 2:00 PM.

Alicia asked why the process had changed, and why all 22 RACs are being penalized.

HT stated the government wants to be sure the funds are not wasted. Some RACs have done a poor job of managing the funds. Three Texas RACs have not received their funds due to inefficiencies.

Alicia asked how these organizations would benefit from obtaining the contracts.

HT stated they wanted the Administration Funds.

Roger said that the Dallas RAC has attempted this before. He asked HT what the bidding process was.

HT said the #1 criteria the State is looking for is which group will represent the best interest of the State. These entities stand to receive approximately \$70,000 of our Administrative funds. If we loose the bid, we will only have approximately \$24,000. The end result will be each RAC member having to contribute more money to support the RAC. RAC-K is one of the RACS having difficulty – they were late turning in their reports. Our RAC has met the reporting deadlines and that is why we received 95% of our funds.

Bill asked for clarification on the purchase of HAM radios. Rich Gabehart stated they would be funded by the state if bought as a group purchase.

HT said he was unsure if a group purchase was required. He thought it would be appropriate to use the ACS funds to purchase the radios. HT will look into the issue.

Barbara reminded everyone to check their email frequently in-case information is needed to submit a report to the state.

Alicia asked when we would know if the RAC was awarded the contract, and if anything was standing in the way of us meeting the May 15<sup>th</sup> deadline.

HT stated we would have preliminary information about the contract by June 4<sup>th</sup>, and a confirmation by August. The funds should be available by September. The only hindrance to meeting the May 15<sup>th</sup> deadline is filling out the 30 page application.

NIMS: HT stated he received conflicting information on the compliance of HICS training. Commander Sanders told him hospitals are not exempt from taking NIMS. Other officials have stated HICS does not cover every topic covered by NIMS. Ray Apodaca stated NIMS 100, 200, 700 and 800 are required. HT said this may change, but that is what he is standing on – his group is completing the NIMS training. The training must be complete by September 2007.

LaVona said she has asked her people to complete the hospital version of NIMS.

Linda Brown asked if everyone had to take all 4 courses.

LaVona said general staff should take course 100 and 200. Supervisors should complete all 4.

Tracy asked for clarification on the number of staff that is to complete the training – 90% of responders.

HT confirmed. He said that even some schools are having students complete NIMS training. The purpose of NIMS is to get everyone on the same page.

Lexie asked about the status of the trauma registry.

HT said it was down due to the age of the computer system the State was using. The delay in getting back on-line is partially due to some of the IT people leaving the department. The State is considering the use of an outside vendor. Their goal is to have the system back up and running by the end of April.

Roger stated that a representative from NIMS communicated via email that HICS training would qualify. There seems to be a power struggle between NIMS and HICS. Roger will forward a copy of the email to HT. Hendricks has chosen to follow HICS training.

4. Discussion on Required Drill Contract

Roger stated all the drill paperwork has been filed with Austin and approved. We are just waiting for Jack Collies' signature. The time frame is critical. We can't wait until June to receive the funds if the drill is to take place in July. Global is on stand-by for the final approval. Roger requested that each entity send him the following information from an ER standpoint – how many patients it will take to test your surge capacity, what are you testing (i.e., decon), and what type of patients. The Abilene Fire Dept. will be the staging area. They will use hand-held devices to collect patient data. This data will be uploaded into the WebEOC system from the field. An After Action Report will be required. It will not be possible to have an observer at each site. Hospitals that do not have an observer during the drill will need to delegate someone to document the information. Roger will email everyone when the planning meeting for HPG is to be held. This drill should meet JCAHO requirements.

5. Monthly Log-in Test of WebEOC

Roger went through the log-in process and performed a demonstration. He showed the members information we would potentially receive during the drill, including pictures of the victims. Since the last HPG meeting, Throckmorton lost communication again. The MERC stood up. Randy went to the courthouse and verified he could still log-in to WebEOC. A log of their communication was maintained in the system. Roger let the group know that email is also available through WebEOC.

Roger stated monthly testing of the system is extremely important. During the last test, he found that some hospitals were denied access due to a problem in Hendrick's IT system. The problem has since been corrected.

Stephen Kuehler asked if we needed to enter any information into the system after logging in.

Roger said, no. Be sure to let Roger know immediately if you have any trouble logging in to the system.

Stephen asked if we needed to log-off to change the incident.

Roger said, yes. If there is an incident, it will be defaulted on the log-in screen.

Roger said the HC Standard component of WebEOC will be used during the drill. It will provide photos of the victim, patient data, and a means for tracking the patient – patient

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name and number, triage status, destination, and method of transport. This information can be entered manually or electronically. Through the HC component, you will also be able to look up each hospital to view diversion status, EOC status, and security status. This drill will test if we can really track patients appropriately.

Lexie asked about a training date.

Roger said he will not know until the contract has been approved.

Stephen asked if we could log into the HC component yet.

Roger said not at this time.

6. Other Business

HT distributed a Jane's Mass Casualty Pocket Handbook to all members that were present. He stated it was a useful tool in developing your mass casualty plan.

7. Being no further business, the meeting was adjourned at 11:14.