



FY 2015-2016 Hospital Preparedness Program (HPP)
 Healthcare Coalition Conference
 Region 6
 LSU State Emergency Shelter (Mega Shelter), Alexandria, LA
 September 16, 2015
 1:00 P.M. – 3:00 P.M.



Participants: (x indicates present)

Hospitals		EMS	
X	Alexandria VA Health Care System: Kenneth Valentine	X	Acadian Ambulance: Dustin Etheridge
X	Avoyelles Hospital: Mike Johnson	X	LaSalle Parish Ambulance Service District d/b/a Hardtner: James Horn
	Bayne Jones Army Community Hospital	X	LaSalle Parish Ambulance Service District d/b/a LaSalle: Brenda Smith
X	Bunkie General Hospital: Terry Riche	X	Med Express Ambulance Service: Mark Majors
X	Byrd Regional Hospital: John Bennett		Miss-Lou Ambulance Service, LLC
X	Central Louisiana State Hospital: Kelly LaCroix		Vidalia Fire & Rescue:
X	Central Louisiana Surgical Hospital: Thomas Bonnette		
	Christus Dubuis Hospital of Alexandria		
X	Christus St. Frances Cabrini Hospital: Mary Tarver		
	Compass Behavioral Center of Alexandria		
	Doctor's Hospital at Deer Creek		
X	Hardtner Medical Center: Rey Atwood, Melina Wold		
X	Healthsouth Rehab. Of Alexandria: Michael Gallagher		
X	LaSalle General Hospital: Brenda Smith		
X	Leesville Rehab. Hospital, LLC: Jack Causey		
X	Longleaf Hospital: Cheryl Lachney		
	Oceans Behavioral of Alexandria		
X	Promise Hospital of Miss-Lou: Sharon Boothe		Other Partners, Guests
X	Rapides Regional Medical Center: Chuck Butterfield	X	GOHSEP: Teresa Basco
X	Riverland Medical Center: Billy Rucker	X	Office of Public Health: Rebecca Beaman, Patricia White
	Riverside Hospital of Louisiana, Inc	X	ESF8 – State: Jill Hulin
	Specialty Hospital of Winnfield		
	Tri Parish Rehab. Hospital, LLC		
X	Winn Parish Medical Center: Todd Teal		

Facilitators:

Mary Tarver 6 Designated Regional Coordinator (DRC); Allyn Whaley-Martin, LHAREF/Hospital Preparedness Program.

Welcome and Introductions

Ms. Mary Tarver, Region 6's Hospital Designated Regional Coordinator (DRC), welcomed everyone to the meeting.

Regional Updates & Announcements

Ms. Tarver made several announcements to start the meeting. The group discussed priority projects for reallocated funds and identified potential purchases including replacement or back-up batteries for 700 MHz radios.

Ms. Patty White and Ms. Rebecca Beaman informed the group of upcoming events sponsored by PHEP including an infectious-disease focused PPE training on October 28 and a mass-prophylaxis training January 28-29, 2016. Ms. White noted that hospitals are closed PODs and must provide OPH a copy of their mass dispensing and site security plans to

prepare for an audit by the State. These plans are due to her by December 2015. In addition, they announced the upcoming State hurricane exercise scheduled in April 2016 and stated Region 6 would perform a functional exercise.

Hospital Preparedness Program (HPP)

Ms. Whaley-Martin presented a discussion of transitioning from a focus on emergency plans to developing emergency programs. This is an approach at the state-level to reinforce the importance of healthcare coalitions and working together to ensure healthcare readiness for emergency events. Participation at all levels of an organization or regional coalition, especially at the leadership level, is essential for a successful program. Elements of an Emergency Management Program were reviewed and the group discussed examples of activities relevant to each area. The importance of risk assessment was highlighted: Hazard Vulnerability Analysis (HVA) is a critical aspect of planning for emergencies and prioritizing resources for response. The group discussed HPP funded resources that are available for supporting each other during a response. Recovering from an event is another area of focus for regional healthcare coalitions. Recovery activities will vary from event to event, however there are common themes such as operational aspects of healthcare delivery, personnel recovery, and restoration of property loss or damage. Planning and spending priorities for hospitals and EMS providers were reviewed. Summary slides with Region 6's Needs Assessment Data results are included. Gaps identified for hospitals are communications, resource availability, planning, staff competency/skills; EMS priorities are Interoperable Communication and Training and Exercises.

Ebola/Infectious Disease Readiness: Ms. Whaley-Martin shared the status of the Ebola Grant. As of this meeting, no hospital in Louisiana is identified as an "Assessment Hospital", however hospitals are expected to be ready to identify and isolate a person suspected of having Ebola, and to inform or communicate with DHH immediately regarding this patient. Planning is underway to establish a procedure for the transfer of a confirmed Ebola patient from Louisiana to the Region VI Ebola Treatment Center in Texas. Ms. Whaley-Martin also introduced Jill Hulin, RN, who is working with the Louisiana HPP to support planning for Ebola and other infectious diseases.

ESF8 Portal Resources: Ms. Whaley-Martin reminded coalition members about the tools available on the ESF8 Portal and encouraged them to use these documents and tools. Each organization's emergency preparedness contact is responsible for managing users for their facility. A new platform for this system is being evaluated. To facilitate this transition, it will be important to make sure users in the system are correct for each organization. All organizations are encouraged to review the People/Users in the system for their organization and to limit this number to the fewest possible people to make best use of this resource.

HPP Grant: An overview of the 2015-2016 grant was provided. Participants were informed that Louisiana's grant award is slightly less than the grant award for the 2013-2014 grant period. Funds are expected to continue to decrease in the next grant period. The approach to allocating funds was reviewed for both hospital and EMS groups. For both groups, a decision was made to allocate funds in support of the ESF8 regional response network infrastructure, including the Administrative Designated Regional Coordinator role, Volunteer Designated Regional Coordinator role, CHEMPACK host sites and Louisianan Rural Ambulance Alliance equipment management project. Participation Agreements and individual facility allocation amounts are being developed at the time of this meeting.

The process for accepting grant funds was reviewed. The first step is for Hospitals and EMS providers to indicate their interest in receiving grant funds. Facilities must submit the signed letter of intent form by August 31, 2015 indicating they either accept or decline funds in the FY2015-2016 period. In addition, if interested in receiving funds, the facility must attend the Fall HCC Conference meeting and submit the NIMS Compliance Worksheet attesting to their compliance with NIMS implementation activities. Organizations submitting letters of intent will be evaluated to ensure eligibility to receive funds, including current licensure and operating status, compliance with State and Federal audit requirements as well as NIMS compliance.

The next step in the process is the Participation Agreement and Budget Proposal. Facilities accepting funds must submit a budget proposal detailing proposed purchases. Formal quotes are not required as part of the budget proposal process; facilities are encouraged to work with the DRC, ADRC and the HPP Grant Staff to ensure purchases are allowable within grant guidelines. Grant purchases may begin as early as July 1, 2015. A final deadline for purchases will be announced when participation agreements are available. Facilities must submit acceptable proof of purchase documentation in the

Grant Management System. The annual Needs Assessment Survey is also required and must be completed by March 31, 2016. Documentation will be reviewed for reimbursement as soon as all participation criteria are met. The group is reminded that a 10% match of the reimbursable amount is required. Matching expenses may be demonstrated with either cash or in-kind purchases and must be allowable, documented and verifiable. Facilities are reminded that matching submitted for the HPP Grant may not be used in any other federally assisted program.

Site visits will be performed to monitor purchases made using HPP funds, assess facility progress toward meeting established grant goals and compliance with Participation Agreement activities. Approximately 20% of facilities are visited each year. If a "red flag" is found during the site visit, corrective action measures will be taken. Facilities may no longer be eligible to receive grant funds until measures have been met. Facilities may be asked to return a portion of grant funds received or facilities may be asked to provide justification as to why measure cannot be met. Facilities that did not receive funds during the defined period will be visited, however the site visit will focus on preparedness and compliance activities only.

Adjournment

The meeting ended at 3:00 PM.